



SOUTHERN
ADVENTIST UNIVERSITY

**School of
Education and Psychology**

MS in Counseling

Clinical Mental Health Counseling Internship Manual



2022-2023 Edition

Forward

This manual is designed for both students and site supervisors. It includes necessary information for navigating the process of both being a Southern Adventist University (SAU) Clinical Mental Health Counseling (CMHC) trainee and being a supervisor.

Students should read this manual carefully. Here you will find guidelines for selecting an internship site and a comprehensive listing of roles and responsibilities for trainees. You will also find all forms needed for proceeding through the Internship process, documenting training experiences, and evaluating performance.

Site supervisors will find basic information about the SAU Clinical Mental Health Counseling program, as well as specific supervisor roles and responsibilities. This manual is not designed to add to your responsibilities as a supervisor, but rather to take you through the process of supervising our students with ease. Here you will find all forms that you will need for both recording training experiences and evaluating performance.

Please note that when referring to students, from this point forward in the manual, the term candidate(s) or counselor candidate(s) will be used. Where the manual seems incomplete for your purposes, you may direct questions and feedback to the SAU supervisor of clinical field experiences in CMHC, the director of graduate studies in professional counseling or graduate enrollment counselor (see contact information below).

The supervisory experience may very likely to be a rewarding experience, both as a supervisee and a supervisor. We look forward to working with you, our site supervisor, to provide the quality education our candidates need. We realize that your time and expertise are valuable, and we greatly appreciate your willingness to assist us in training our students.

We also look forward to working with you, our candidate. We hope to assist you in providing the best services possible for the clients under your care, as well as facilitating your development into the highly effective professional counselor that you desire to be.

Contact Information:

Professor Tami Navalón 423.236.2647 tnavalon@southern.edu
Clinical Faculty Supervisor

Dr. Ileana Freeman 423.236.2960 ileanaf@southern.edu
Director of Graduate Studies in Counseling

Ms. Mikhaile Spence 423.236.2496 maspence@southern.edu
Graduate Programs Manager

Contents

<i>Philosophy and Purpose of the Clinical Internship Experience</i>	1
<i>To Serve, To Lead, To Transform</i>	1
<i>Description of the Clinical Internship</i>	2
<i>General Information About Supervision</i>	3
Benefits of Supervision	3
Professional Training and Experience Required for Site Supervisors	3
Ethical Supervision.....	4
Supervision Style	4
Four Roles of a Supervisor	4
Four Focal Points or Issues of Supervision	4
<i>Roles and Responsibilities of Site Supervisors</i>	6
<i>Roles and Responsibilities of the SAU Supervisor of CMHC Field Experiences:</i>	6
<i>Clinical Internship Assessment Plan</i>	7
CACREP Data Collection.....	7
<i>General Requirements for Clinical Internship</i>	7
SAU Requirements for Clinical Internship.....	7
Candidate Qualifications for Clinical Internship.....	8
Process for Enrolling in Clinical Internship	8
A. Deadlines and Acceptance Procedures	8
B. Placement Procedures	9
C. Liability Insurance and Enrollment in COUN 581 CMHC Internship.....	10
During the Clinical Internship Experience	10
A. Formative Evaluations.....	10
B. Ethical Conduct	11
C. Professional Behavior.....	11
D. Record Keeping	11
E. Use of Technology.....	12
F. Provision of Telemental Health Counseling Services	12
G. Telemental Health Etiquette	12
H. Privacy and Confidentiality in Telemental Health	14
I. Telemental Health Protocol	14
End of the Clinical Internship	16
1. Summative Evaluations	16
2. Final Grade for COUN 581 CMHC Internship	16
<i>Summary of Internship Requirements</i>	17

Summary of Expected Outcomes.....	17
Summary of Required Documents and Forms	18
During the Process of Applying for Internship	18
During First Interview with Candidate, Site Supervisor, and SAU Supervisor	18
During the Course of the Internship Period (<i>Formative Evaluations</i>).....	18
During Last Interview with Candidate, Site Supervisor and SAU Supervisor (<i>Summative Evaluations</i>).....	18
APPENDIX A Forms and Performance Indicators	20
CMHC Internship Form A-1 Setting and Site Supervisor Information	22
CMHC Internship Form A-2 Supervision Contract	27
CMHC Internship Form MP-1 Site Individual Supervision Session Report	32
CMHC Internship Form MP-2 Supervisor Contact Report	34
CMHC Internship Form MP-3 Self-Evaluation of Recorded Counseling Session	36
CMHC Internship Form MP-4 Recorded Counseling Session Feedback.....	39
CMHC Internship Form MP-5 Daily Activity Log	44
CMHC Internship Form E-1 Case Study Rubric	46
CMHC Internship Form E-2 Field Experience Diversity Form.....	52
CMHC Internship Form E-3 Evaluation of Internship Site	54
CMHC Internship Form E-4 Evaluation of Candidate’s Clinical Practice	54
CMHC Internship Form E-5b Field Professional Conduct and Dispositions	64
APPENDIX B Area Mental Health Agencies & Services	72
HAMILTON COUNTY SERVICES	132
CHATTANOOGA SERVICES	132
CALHOUN, GA SERVICES.....	133
CLEVELAND, TN SERVICES.....	133
CHILD WELFARE SERVICES	133
DAYCARE SERVICES	134
EDUCATIONAL SERVICES (Cleveland, Bradley County)	134
HEALTH SERVICES	134
HOME HEALTH CARE	132
HOTLINES AND EMERGENCY ASSISTANCE	132
INFORMATION AND REFERRAL SERVICES	132
MENTAL HEALTH SERVICES.....	133

YOUTH PROGRAMS.....	133
SERVICES TO THE ELDERLY.....	134
SUPPORT GROUPS	134
<i>APPENDIX C Resources in Supervision</i>	<i>132</i>
TEXTBOOK:	133
JOURNAL EDITION DEVOTED TO SCHOOL COUNSELOR SUPERVISION:	133
OTHER RESOURCES:	133

Philosophy and Purpose of the Clinical Internship Experience

Professional mental health counseling has never been more needed than it is today. The ever-changing world of the 21st century provides the benefits of a mobile society, new technologies, and increased access to information. However, with these benefits, individuals and families also face unique and diverse emotional well-being and mental health challenges that may adversely impact their quality of life.

The Clinical Mental Health Counselor Education program at Southern Adventist University recognizes the importance of developing competent professional counselors who will meet the needs of the clients they serve. In order to provide the proper training for those enrolled in the program, supervised practicum and internship experiences are made available and required. This field experience is considered to be one of the most critical elements in the program, and it is guided by the overall mission of the Clinical Mental Health Counselor Education program.

To Serve, To Lead, To Transform

- A. *Mission of the School of Education and Psychology:* Our mission is to prepare all students to be effective professionals who demonstrate a commitment to the pursuit of truth, wholeness, and a life of service in a diverse society.
- B. *Goal of the School of Education and Psychology:* The goal of the School of Education and Psychology is to facilitate the comprehensive development of professionals as servant leaders in their communities. This goal is realized by providing opportunities for the counselor candidate to become effective in the following roles: (1) a caring person, (2) an informed facilitator, (3) a reflective decision maker, and (4) a committed professional. Together these roles lay the foundation for the professional excellence on which the counselor education unit bases the CACREP core curricular experiences and expected learning outcome.
- C. *Core Curricular Experiences and Learning Outcomes:*
 1. As a Caring Person, the counselor candidate is provided with curricular experiences in the areas of social and cultural diversity, helping relationships, and group work. The counselor candidate is then expected to demonstrate knowledge, skills, and practices requisite to:
 - a) effective **counseling, prevention, and intervention**;
 - b) service to clients who represent **diverse populations**; and
 - c) **advocacy** to better the lives of individuals and communities.
 2. As an Informed Facilitator, the counselor candidate is provided with curricular experiences in the areas of assessment, human growth and development, and career development. The counselor candidate is expected to demonstrate knowledge, skills, and practices requisite for:
 - a) meaningful **assessment** facilitating a plan of action,
 - b) **diagnosis** leading to appropriate treatment, and
 - c) promoting optimal **academic development** in the school setting.
 3. As a Reflective Decision Maker, the counselor candidate is provided with curricular experiences in the area of research and program evaluation. The counselor candidate is expected to demonstrate knowledge, skills, and practices requisite to:
 - a) conducting **research** that contributes to the knowledge base of the profession
 - b) critically **evaluating** research and applying current information to decision making; and

- c) conducting meaningful **program evaluations** that inform development and enhance services.
- 4. As a **Committed Professional**, the counselor candidate is provided with curricular experiences in the area of professional orientation and ethical practice. The counselor candidate is expected to demonstrate the knowledge, skills, and practices requisite to:
 - a) applying and adhering to **ethical and legal standards** specific to the counseling practice
 - b) adhering to the **professional orientation** and roles relevant to the counseling practice;
 - c) **collaborating and consulting** with other professionals, both within the clinical or school setting and with other community professionals;
 - d) utilizing the **foundation knowledge** specific to the area of counseling practice, and
 - e) **leading** in the development and management of counseling practice in a clinical or school setting.

Description of the Clinical Internship

At Southern Adventist University (SAU), the clinical internship is an arranged, supervised experience of 600 clock hours of clinical mental health counseling services and activities. This experience begins after successful completion of at least 50 credits of graduate course work in counseling and 100 clock hours of clinical practicum supervised experience at the Summerour Counseling Center.

Completion of the internship experience must take place at a community clinical setting, center, agency, or hospital where full, comprehensive mental health counseling services are provided, and a licensed mental health provider, with at least 2 years of experience as a practicing professional in the counseling field, is available to provide site supervision.

The total of **600 hours** is equivalent to 4 academic credits, and it must include **240 hours of direct**, face-to-face contact with clients and/or their families. The clinical internship is typically completed over the course of two academic semesters.

During the internship experience, candidates are required to meet with their site supervisors for **one (1) hour of individual supervision** every week. They are also required to attend **one-and-a-half (1½) hours of group supervision** at the SAU campus, discussing any relevant issues related to their counseling practice. Reviewing video recordings of counseling sessions is required. However, if video recordings are beyond any possibility, audio recordings will be allowed as a second, less desirable option for supervision purposes. Role playing, presenting cases, learning about community resources, discussing how to work effectively with diverse cultures, and evaluating relevant legal and ethical issues are additional examples of supervision activities.

The SAU supervisor of CMHC field experiences will meet with the site supervisor at the **beginning** of the candidate's placement, sometime during **midterm**, and at the **end** of the candidate's placement. These meetings will provide the site supervisor the opportunity to discuss with the SAU supervisor, they should contact him or her by phone or email at any time considered necessary.

At the end of the clinical internship experience, candidates are expected to demonstrate knowledge, skills, and dispositions consistent with those of the beginner clinical mental health counselor who is capable of practicing professionally in the clinical setting, and regularly employed as a professional clinical mental health counselor.

General Information About Supervision

Benefits of Supervision

Certain benefits of supervision include:

1. Contributes to the profession by training new professionals
2. Invigorates supervisors' work by re-experiencing the joy of learning
3. Facilitates communication of supervisors with well-trained colleagues
4. Provides opportunities for consultation and collaboration with SAU's training faculty
5. Facilitates access to professional development provided by counseling program faculty

A. Opportunities for Consultation and Collaboration

As counseling practitioners, site supervisors possess an incredible knowledge base critical to the candidates' learning experience and the treatment of the clients they serve. That knowledge is also extremely important for the continuous improvement process of the SAU Clinical Mental Health Counselor Education program.

If site supervisors wish to become more involved in the rewarding experience of consultation and collaboration, they may join a group of SAU academic faculty and staff members, as well as other site supervisors and community counselors, who work together and form the *Counselor Education Program Advisory Board*. This board assists SAU faculty by providing consultation on all aspects of the counseling field experience. Interested site supervisors may contact the SAU supervisor of CMHC field experiences and express their desire to participate.

B. Opportunities for Professional Development

Every summer, the SAU counseling program faculty offers intensive courses that can be taken by site supervisors as professional development opportunities. Parenting and Generational Influences is one of the courses that is regularly offered. Participants have the option to take these trainings as graduate course credits or continuing education credit units.

Site supervisors who have not received previous training in supervision are asked to complete a two-hour training resource developed locally, available on demand. This resource provides valuable information and is offered free of charge for those who are responsible for supervising the SAU counseling candidates during their field experience. Site supervisors who need to take this supervision training should contact Ms. Elaine Hayden at haydene@southern.edu.

Other opportunities for professional development are offered based on perceived needs in the field and may vary from year to year. For additional information, site supervisors may be contacted the SAU director of graduate programs in counseling.

Professional Training and Experience Required for Site Supervisors

1. Licensed mental health professional.
2. Minimum of Master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.

3. Minimum of two years of pertinent professional experience in the clinical mental health counseling field as an LPC.
4. Relevant training in counseling supervision.
5. Knowledge of the SAU Clinical Mental Health Counselor Education program's expectations, requirements, and evaluation procedures for candidates.
6. Involved with professional associations (e.g., ACA, ASCA, TSCA, and TCA).

Ethical Supervision

According to the Association for Counselor Education and Supervision (ACES), training in supervision is necessary. If supervisors lack a course in supervision, resources are available to learn about this important skill. Resources for development in supervision are offered at the end of this manual.

Training in supervision for site supervisors is also provided through the SAU Counselor Education program, as described under the *Opportunities for Professional Development* section of this manual.

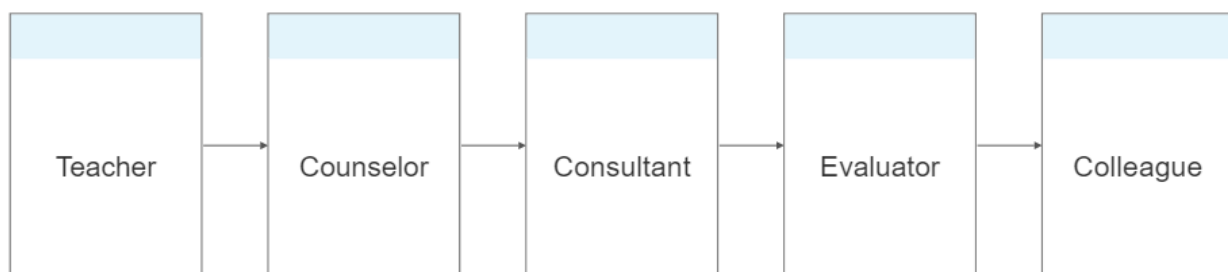
Supervision Style

A number of theories exist about conducting supervision. Nelson and Johnson (1999) provide a useful template for thinking about the roles taken during supervision and the topics, or focal points, of supervision. A summary of their theory and a matrix for using their approach are offered here.

Four Roles of a Supervisor

1. Teacher: Providing instruction, best using *GUIDED DISCOVERY*
2. Evaluator: Providing feedback
3. Counselor: Addressing personal issuers impairing performance
4. Consultant: Providing expert opinions as a colleague

Developmental progression moves from:



Four Focal Points or Issues of Supervision

1. Therapeutic skills: Candidates' ability to use therapeutic interventions (listening, establishing rapport, summarizing, showing empathy).
2. Conceptualization skills: Candidates' ability to understand the issues presented by the individuals and families they serve and to select appropriate interventions (application of theory to reality, understanding developmental and systemic issues).
3. Management skills: Candidates' ability to conduct non-counseling professional activities (record keeping, assessment instruments, information and referral, in-service and staff meetings)
4. Personal issues: Candidates' evidence of being appropriate for the profession and clinical mental health setting (respect for others, self-care management, ability to function for and with

authority). Supervisors use the roles most comfortable to address the issues observed in the interns' performance, as outlined in the following matrix.

ROLES	TEACHER	EVALUATOR	COUNSELOR	CONSULTANT
FOCUS on	Instructing	Giving Feedback	Personal Issues	Consulting as if talking with a colleague or expert
ISSUES				
Therapeutic Skills Listening Rapport Empathy	Teach new therapeutic skills	Give feedback on status of therapeutic skills	Give advice about managing own personal issues interfering with counseling	Give expert opinions about progress and direction of counseling and support
Conceptualization Skills Apply theory, know developmental issues	Teach new conceptualization skills	Give feedback on status of conceptualization skills	Show where personal issues interfere with objectivity	Give expert opinions about how to apply counseling theories, and provide support
Management Skills Conduct non-counseling activities, record keeping, assessment instruments, information and referrals, in-service and staff meetings	Teach new skills in deficit area(s)	Give feedback on status of management skills	Show where personal issues interfere with management skills	Give expert opinion about how to conduct non-counseling activities
Personal Issues Respect others, work with authority, personal challenges	Teach the importance of dealing with personal issues	Give feedback on effect personal issues have on job performance	Counsel about personal issues	Give expert opinion about effect of issues or on methods of dealing with issues; support

Roles and Responsibilities of Site Supervisors

1. Being a site supervisor offers both roles and responsibilities to those who participate:
2. Adhere to ethical standards of their profession and be familiar with the ACA Code of Ethics and the ACES Ethical Guidelines for Counseling Supervisors.
3. Provide appropriate physical workspace with privacy for counseling sessions, equipped with telephone, internet connection, and other office communication means and supplies as applicable.
4. Assist candidates in becoming familiar with other staff, and the organizational structure of the agency or mental health institution.
5. Help candidates to become familiar with the structures and policies of the agency (i.e., submission of insurance claims, scheduling, crisis or emergency plans, etc).
6. Facilitate participation in case management case conferences, treatment team meetings, clinical staffing, agency supervision meetings, community enrichment programs, crisis management teams, and other essential agency functions.
7. Assist candidates in learning intake and diagnostic procedures, as well as follow-up and termination.
8. Allow candidates to review client files.
9. Allow video recordings of client sessions (with client permission) to be reviewed in individual supervision. (If video recordings are beyond any possibility, audio recordings will be required as a second, but less desirable, option.)
10. Provide candidates with opportunities to learn methods of assessing individuals and families (behavioral observations, standardized tests, behavioral rating scales, etc.) for the purpose of counseling and consulting with other professionals.
11. Provide candidates with time and opportunities to review available counseling materials (such as games, kits, career information, software programs, etc.)
12. Assist candidates in locating technological resources for use during counseling sessions, and any other counseling service enhanced with the use of technology.
13. Assist candidates in locating clients appropriate for individual and group counseling.
14. Provide candidates with opportunities for conducting group counseling.
15. Provide weekly site individual supervision for candidates.
16. Discuss candidates' progress with SAU supervisor at least during midterm and at the end of the internship experience.
17. Complete all required SAU fieldwork forms in a timely manner.

Site supervisors receive ongoing support from the SAU supervisor of CMHC field experiences during the time when SAU candidates are completing internship hours in their agencies. The SAU supervisor is expected to assume the roles and responsibilities delineated below.

Roles and Responsibilities of the SAU Supervisor of CMHC Field Experiences:

1. Makes certain the candidate has been approved and registered to enter the internship experience.
2. Ensures the candidate has been accepted to begin work at a qualified community clinical mental health provider facility during the semester before internship starts.

3. Provides initial program orientation and training for site supervisor.
4. Adheres to the ACA Code of Ethics and the ACES Ethical Guidelines for Counseling Supervisors, and model appropriate ethical decision making for the candidate.
5. Meets with site supervisor at least at the **beginning, midterm, and end** of the internship experience to evaluate candidate's progress.
6. Provides a minimum of 1½ hours per week of group supervision.
7. Provides effective and timely feedback to candidate on his or her performance using the applicable evaluation forms included in this manual.
8. Promptly communicates with candidate and site supervisor if any major concern regarding performance or ethics occurs, or any changes need to be made in structure or timing of fieldwork.
9. Reviews all submitted forms and maintains updated candidate's field experience file.
10. Provides additional support and supervision as needed when candidate developmental or remedial performance deficiencies exist.
11. Submits a final grade for the candidate.

Clinical Internship Assessment Plan

CACREP Data Collection

(Council for Accreditation of Counseling and Related Educational Programs, www.cacrep.org)

Because the professional counselor education unit of the School of Education and Psychology at Southern Adventist University follows CACREP standards, data is collected about each candidate in the Clinical Mental Health program. Important data provided by clinical site supervisors in this process will be collected at various points during the internship experience of the candidate.

Once it has been decided that a particular candidate will be working with the site supervisor toward his or her internship requirements, the site supervisor will receive specific information on how to complete several forms. These forms are designed to evaluate the candidate's knowledge, skills, and dispositions, and are included in Appendix A of this manual. Site supervisors' timely completion of those instruments is critical and appreciated. Any additional input site supervisors may provide for the SAU Counseling program faculty regarding the development and usage of these forms is valued as well.

General Requirements for Clinical Internship

SAU Requirements for Clinical Internship

1. State qualified and approved mental health service provider settings with at least one mental health professional on staff who meets the established qualifications to function as site supervisor.
2. Appropriate space for counseling (confidentiality).
3. Equipment to video record for supervision, if necessary, and allowed by the site, or to provide live supervision of candidate's interactions with clients at least twice a semester, and to provide at least one clock hour of face-to-face individual supervision of the candidate on a weekly basis. This supervision must be provided by a licensed practitioner as specified elsewhere in this manual.

4. Availability of computers and other technological resources necessary for up-to-date counseling practice.
5. Opportunities to lead counseling groups.
6. Diverse client population available.

Candidate Qualifications for Clinical Internship

1. All candidates are required to obtain a complete background check as part of their admission requirements for the Clinical Mental Health Counseling program.
2. Before applying to the clinical internship experience, candidates must have completed the following courses:
3. Professional Counseling I
4. Ethics and Legal Aspects of Counseling
5. Theories and Techniques of Counseling
6. Adult Psychopathology
7. Foundation of Clinical Mental Health Counseling
8. Multicultural Issues in Counseling
9. Advanced Lifespan Development
10. Drugs and Addictions
11. Research and Program Evaluation
12. Group Counseling and Procedures
13. Marriage, Couples and Family Counseling I
14. Child and Adolescent Problems and Treatment
15. Assessment and Appraisal
16. Clinical Practicum I
17. Clinical Practicum II
18. Professional Counseling II
19. Spirituality and Religious Diversity in Counseling
20. Career Counseling
21. Readiness for clinical internship is assessed by the Counseling Programs Council and is based upon the candidate's previous performance. The assessment process enables program faculty to prescribe appropriate remedial experiences when necessary and/or identify areas of concern related to candidate performance, which can then be monitored closely by the site supervisor.

Process for Enrolling in Clinical Internship

A. Deadlines and Acceptance Procedures

1. All students must have obtained a passing score on their latest *Student Semester Progress and Annual Review* form and received Counseling Program Council (CPC) approval to enroll in the CMHC Internship course.
2. CPC approval should be granted no later than March 1 to begin the first semester of Clinical Internship in the following summer and fall terms. CPC approval should be granted no later than October 1 to begin the first semester of CMHC Internship in the following winter term.
3. Counseling Program Council's decision will be registered on the *Student Semester Progress and Annual Review* form completed for each candidate by the faculty at the end of every semester and made available on *Anthology*. *Anthology* is the online

platform that manages assessments and field experiences in the counselor education program. Candidates have access to Anthology at any time during their studies in the counselor education program and will be able to find out about the CPC's decision by accessing this form on Anthology.

4. Once the candidate has been approved to begin Internship, the graduate programs manager will provide permission to register for COUN 581 CMHC Internship. The faculty supervisor of clinical mental health counseling internship will then provide additional orientation and guidance through the rest of the CMHC field experience.

B. Placement Procedures

1. It is the candidate who, in collaboration with the SAU supervisor of CMHC Internship, must assume **full responsibility for finding** his/her own internship placement.
2. Immediately after receiving notification of the Counseling Programs Council's approval, and no later than eight (8) weeks prior to the beginning of internship, the candidate must consult with the CMHC Internship faculty supervisor, to identify at least four (4) local agencies or clinics, based on counseling practice goals and personal preference, where he or she prefers to complete the clinical internship experience. The faculty supervisor of CMHC Internship will assist candidates with any other needed guidance through the placement procedures.
3. To facilitate accessibility of an ease of travel for SAU supervisors of CMHC internship, site will ideally be located within a 50-mile radius of SAU. However, candidates residing outside the 50-mile radius will be allowed to practice at placements closer to their homes. In such cases, candidates must let their academic advisor know of their need for an out-of-area placement. The academic advisor will in turn communicate such need to the CMHC Internship faculty supervisor. Out-of-area sites must meet the same requirements established for local area sites, as stipulated by the SAU counselor education program.
4. Once preferred sites have been identified, the candidate will contact the facility and arrange for initial interviews.
5. After the initial interviews have taken place, an agency or clinic will probably notify the candidate he or she has been accepted. At this point, the candidate will be expected to arrange a meeting with the site and SAU supervisor to:
 6. Discuss weekly schedule
 7. Become familiar with agency regulations and site supervisor expectations
 8. Explore personal counseling practice goals and objectives
 9. Discuss availability of site individual supervision
 10. Discuss opportunities for leading counseling groups
11. At the end of the meeting with SAU and site supervisors, the following forms and documents must be signed and uploaded to Anthology and included in the candidate's electronic file:
 12. A-1 Setting and Site Supervisor Information
 13. A-2 Supervision Contract
 14. Site supervisor's résumé or vita
15. All interviews must be conducted, and placements secured no later than the end of the semester prior to beginning internship.
16. Candidates who wish to add a second site must follow **ALL** the same procedures as were required for their first site. Candidates who wish to add additional sites may do so only at the beginning of a semester.

17. Candidates **will not be allowed to begin their first day of clinical internship practice** unless they have enrolled in COUN 581 CMHC Internship and the faculty internship supervisor has confirmed that all initial documentation has been submitted to the candidate's file on Anthology. Initial documentation includes: CMHC Form A-1 and Form A-2.

C. Liability Insurance and Enrollment in COUN 581 CMHC Internship

1. Physical liability coverage is provided for each candidate by Southern Adventist University while they are enrolled in COUN 581 CMHC Internship. For details regarding this coverage, contact the Risk Management Office (phone: 423.236.2266).
2. In order to retain this physical liability coverage during their clinical internship experience, **candidates must remain registered for COUN 581 CMHC Internship or COUN 589 Internship Continuation during any semester in which they collect hours** toward completion of the requirements.
3. In the event that a candidate has registered for the total of 4 credits needed for COUN 581 and is unable to complete all course requirements by the end of the semester for justified reasons, the candidate will be assigned an *In Progress* (IP) grade. However, he or she will have to register for one (1) additional credit of COUN 589 Internship Continuation every semester in which the candidate is still working toward the completion of the total 600 clock hours.
4. At all times during their internship, candidates must be members of the American Counseling Association (ACA) and be covered by their complimentary professional insurance available to ACA Master's level students.

During the Clinical Internship Experience

A. Formative Evaluations

1. Candidates are required to progress toward meeting the program's core objectives and expected proficiencies as established by the Conceptual Framework of the SAU professional counselor education unit and the standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Therefore, learning goals and performance indicators congruent with these standards have been developed for the clinical internship experience. These goals and indicators are measured using various formative evaluation forms.
2. During the period between the first and last interviews with candidate, site supervisor, and SAU supervisor, the following forms must be signed and submitted to the SAU supervisor of CMHC field experiences for the purpose of monitoring the candidate's progress:
3. MP-1 Site Individual Supervision Session Report
4. MP-2 Supervisor Contact Report
5. MP-3 Self-Evaluation of Recorded Counseling Session
6. MP-4 Recorded Counseling Session Feedback
7. MP-5 Activity Log (or Time Log in Anthology)

Important Note: If the site supervisor observes that the candidate is not fulfilling his or her requirements regarding ethical conduct, professional behavior or any other type of performance expected professional counselors-in-training, the site supervisor is asked to contact the SAU supervisor of CMHC field experiences immediately and avoid waiting until the end of the semester to make the SAU supervisor aware of the situation.

B. Ethical Conduct

Candidates are expected to follow the code of ethics endorsed by the American Counseling Association (ACA).

C. Professional Behavior

Candidates are expected to conduct themselves professionally during their work at their internship locations. Their dress and appearance should reflect a practicing counseling professional. Further, candidates must be punctual and respectful of both clients, supervisors, and others.

D. Record Keeping

1. **Under no circumstance** will candidates be allowed to enter information about any of their clients in their personal computers. All progress notes will be completed at internship locations and no client record will be taken outside such location.
2. For group supervision purposes, candidates will only be allowed to draft brief outlines concerning client issues to discuss them during such supervision. These outlines will not include any name or identifying client characteristic. Outlines must be destroyed immediately following the group supervision session.
3. A typed Daily Activity Log will be kept by the candidate on Anthology, specifying all internship activities performed.
4. This log will be electronically approved and signed by the site supervisor and submitted to Anthology every week for SAU faculty supervisor's review. Candidate's file will be audited periodically during any given semester to ensure all pertinent documentation is kept up to date.
5. The Daily Activity Log must document a total of 600 hours of counseling activities at the end of the internship experience. These 600 hours will be divided into **Direct** and **Indirect** hours.
 - a) **Direct Hours:** At least 240 clock hours of direct, face-to-face counseling services must be completed with clients and/or their families. These services will include individual and group counseling sessions provided for the benefit of clients who have been assigned to the candidate's case load.
 - b) **Indirect Hours:** At least 360 clock hours of indirect counseling activities. These activities will include the following:
 - Attending one (1) clock hour of individual supervision every week.
 - Attending one-and-a-half (1½) clock hours of group supervision every week.
 - Observing peer counseling sessions and providing feedback.
 - Writing treatment plans, intake reports, progress notes, and termination/transfer summaries, as well as any other pertinent record-keeping activity.
 - Using assessment instruments.
 - Consulting with counselors, psychologists, social workers, physicians, supervisors, and/or other professionals concerning clients when needed, as well as making referrals.
 - Reviewing media containing recorded counseling sessions with assigned clients and reflecting on professional practice with these clients.
 - Reading extracurricular psychiatry and psychology textbooks, relevant texts, self-help materials,

journal articles, and online information with the specific purpose of learning how to best treat a particular client who has been assigned to the candidate's case load.

- Attending counseling conferences, seminars, or workshops for professional development, if they have been required by site supervisors, and as part of professional development activities provided at the specific internship placement.
- Attending in-service and staff meetings.

Important Note: Hours spent attending other courses in the Clinical Mental Health Counseling program, completing assignments for other courses in the program, attending counseling or psychotherapy sessions in which the candidate functions as a client, as well as attending conferences, seminars, or workshops required by a site supervisor cannot be counted toward indirect internship hours.

E. Use of Technology

It is crucial that 21st century professional counselors become professional counselors become proficient and integrate the use of technology in all aspects of their practice. Therefore, candidates are expected to demonstrate knowledge and skills in this area.

Specific internship assignments are designed to ensure that candidates use technology to enhance communication and foster clients' personal growth and quality of life. For example, they may use technology in the delivery of career counseling services, during case study presentations, and to conduct needs assessments and program management evaluations, among others.

It is important that supervisors assist candidates in thinking about creative ways to integrate technology in their practice and in locating technological resources that could be used throughout their clinical experience.

F. Provision of Telemental Health Counseling Services

Telemental health encompasses any form of counseling service that is not conducted on site and face to face. If the internship site is equipped and willing, and if individuals' counseling needs are appropriate for telemental health, candidates may provide counseling services via videoconferencing and/or secure messaging. Clients must agree to telemental health services by signing the appropriate, site-specific informed consent form and any other paperwork required by the internship site for this purpose.

G. Telemental Health Etiquette

Background and Environment

- Remember to keep your counseling space clean, clutter free, and professional.
- You should be in a secure and confidential space. It is best not to have doors directly behind you where someone may accidentally enter or mirrors where others can potentially see reflections.
- It is best practice to show your clients the space around you so they can confirm that it is private.
- Clear your desktop or table top space so it is free of clutter and therefore potential sources of noise and distraction.

- Silence phone and computer notifications, clear your computer's desktop before beginning your recording, and close out any potential programs that may interrupt your session (e.g., software updates on your computer, email notifications, instant messaging, etc.).
- Please do not eat during session with your client. If you have water nearby, be sure it is in a container that is not too noisy or distracting. It is likely that a cup of coffee or tea is okay as long as it does not distract the client or you, and/or puts your computer at risk if it is spilled.

Lighting

- You should have adequate lighting in your physical environment. It is important that the client see your facial features clearly, so reduce shadow.
- Light should illuminate your face and natural light is ideal (i.e., facing a window). If no natural light is available, be sure to locate the light so it is not behind your (which creates dark shadows on the face) or above you (which creates a light halo and causes shadows in the face).
- Encourage your clients to adjust their lighting as well so you can see them clearly.

Wardrobe

- Keep your wardrobe simple and clean. Avoid busy patterns, bright prints, and stripes. These types of patterns can cause visual distraction through the computer, making the video session difficult for the client.
- Although the client will likely only see the top half of your torso, be sure to have professional attire on the bottom half as well. In the event that you need to stand up to adjust lighting or something in your space, you will want to make sure you are professionally dressed.
- Avoid wearing hats, sunglasses, or other things that may create shadows on your face. If you wear glasses, be mindful of potential glares that block the client from seeing your eyes. If this cannot be avoided, please alert your client of it so they will not be distracted.
- It is always best to dress professionally, as if you were going to the SCC for a face-to-face session. This will help you get in the right frame of mind and you will be more prepared for your session.

Noise Reduction

- Assess your environment for noise
 - Think about things that will beep or make noise unannounced (cell phones, fax machines, computer alerts, home phones, door bells, coffee makers, etc.). Try to control as much as possible. If some things cannot be avoided, please alert your client of the potential interruption (i.e., someone is working outside, road construction, there is a thunderstorm happening, etc.).

Gaze Angle and Eye Contact

- Gaze angle
 - Your gaze angle should be level with the camera. Avoid an upward tilt angle where clients can see up your nose, and avoid a bird's eye angle where they feel they are looking down on you.
 - It's best to have your computer in a fixed location (like a desk or table), to ensure consistent gaze angle throughout the session.
 - Do not expect the same from your clients. If they are using a cell phone, their image may move around quite a bit.

- If you are having difficulty with the video image freezing or being pixelated, this may be improved by you and your client remaining still.
- Eye contact
 - Eye contact is still important even in video conferencing.
 - To make eye contact, you will need to look at the camera; however, when you do this, it does not allow you to view your client's face when they are talking. There are some tricks you can use to help reduce this:
 - Move the video image of the client closer to the camera so it appears you are looking at them.
 - Step back from the camera so your gaze angle is not as noticeable.
 - If it cannot be avoided, please alert the client, because it may seem like you are not looking at them.
- Other potential distractions
 - Looking at yourself instead of the client. Try to watch the client and not yourself. Sometimes, as humans, we are prone to do this automatically (just like when there are mirrors around). However, it is important to be mindful of this and try to control for it as much as possible.
 - Typing/writing notes. Avoid unnecessary note writing and typing of notes. If you need to jog something down or check something on your computer (such as your calendar to schedule an appointment), let your client know you are doing this so they will not feel like you are doing other tasks while in session or taking private notes about them.

H. Privacy and Confidentiality in Telemental Health

Risk Assessment

- It's important to analyze your environment and identify possible privacy breaches. This includes potential breaches of privacy through teleconference sessions, documentation, email, and/or texting. Take the time to ensure your phone, laptop, and email are secure and not left visible to others. (Make sure passcodes are updated and secure. Be sure the information on the computer is encrypted and password protected. Please use an encrypted USB (provided by SAU faculty supervisor) for recording sessions. This should be stored in a secure location at the internship site. Please do not store other personal information on the same USB.
- If there is a possible breach of information, please alert your supervisors right away.
- Also, remember to educate your clients on how to protect their own privacy. Encourage them to meet you in a private space without others around or within earshot. Educate them on sending information through email and texts. This type of communication (email and texts) should only be used for appointment reminders and rescheduling.
- Have a plan in place of what clients can say if someone walks into their space. You may agree that you will hang up and wait for text from them that all is clear. Alternatively, you may work out another plan that protects their privacy and confidentiality.
- Be sure to go over the informed consent with them and know what they are comfortable with and what they are not.

I. Telemental Health Protocol

Any services provided via telemental health or communication with clients (videoconferencing, email, client recordkeeping) should be pre-approved by your site supervisor and conducted in compliance with HIPPA guidelines and the policies and procedures of the internship site.

USB Drive Recording: (Encrypted flash drive, stored in a locked container, kept in a locked space)

- Record client sessions to the USB drive (not to the cloud)
- Password protect recording
- Store the USB drive in a locked container when not in use
- The space where the locked container is stored must be kept in a locked space
- Recording should only be reviewed in a private space

Telephone Communication:

To call a client, please use the appropriate site-designated phone line.

Recording Sessions:

- You will set the encrypted USB drive (provided to you by your SAU faculty supervisor) to record your session
- After the session, proceed as with any other session by watching your session and typing your progress notes as required by the internship site.
- When recording your screen, pay attention to other webpages, email, and programs you have open on your screen. Remember to protect your own privacy and to always maintain professionalism. Close out all unnecessary webpages and programs before you begin recording your session. Although your client will not see these things, you will be sharing the video recording with your supervisor and peers.

Teleconferencing:

Teleconferencing should only be employed as/if approved by the internship site. If the internship site approves providing telemental health services, students should ensure that the platform(s) being used for this purpose comply with HIPAA guidelines. Students should, if possible, record sessions conducted via videoconferencing. One camera will face you and the other the laptop, so the supervisor can see both (client and student counselor).

General Rules:

- Please remember to secure your client's physical location before starting a teleconference setting. This means asking where they live and where they are now (for the session). Remind the client that the need for **privacy** and that interruption should be avoided as well as noise reductions. Make sure that your environment is clean, uncluttered, non-distracting, and professional in appearance (it should be since you are in the clinic but it is always good to check).
- Pay attention to lighting and eye-gaze level. Remember eye contact is still important even over teleconferencing. Encourage your clients to have adequate lighting and to be visible on screen as well.
- For the first session, you may have to troubleshoot a bit with your clients in order to develop a good system. If they have a poor connection (bandwidth or phone service) encourage them to move closer to the modem, change location in home, close out other windows and programs open on their computer/phone, and, if necessary, to restart their computer/phone. If connection is still poor, please connect with your client through a phone call and complete your session over the phone. Once the session is over, alert your site supervisor of the complications. The supervisor will help you assess and make a decision regarding how to proceed.

Supervision:

Individual and Group Supervision

- Each week your site supervisor will meet with you for 1 hour of individual supervision
- 1½ hours of group supervision from your SAU faculty supervisor will be provided once per week via Zoom or in-person. **Student must attend weekly group supervision for the duration of their enrollment in Internship, either via Zoom or in person.**
- If attending group supervision via Zoom, your supervisor will send you a Zoom link to your Southern email, and post the link on eClass.
 - When it's time for your supervision session, you will login using the link provided.
 - Be sure to have reviewed your counseling session and be ready to share with your supervisor and classmate(s).

End of the Clinical Internship

1. Summative Evaluations

- a) At the end of each semester, site supervisors will be asked to fill out CMHC Internship Forms E-4 and E-5 found in Appendix A of this manual. When completing Form E-4, site supervisors are asked to rate the performance of candidates on a scale of 1-5, with "5" representing complete mastery of the performance indicator. Candidates enrolled in COUN 581 CMHC Internship must achieve a minimum rating of "4" on all indicators and a final grade of at least "B" to be considered competent for independent practice in the clinical mental health counseling setting and be able to graduate from the Clinical Mental Health Counseling program at Southern Adventist University.
- b) Once these forms have been completed, the candidate will be responsible for arranging an end-of-semester site evaluation session where candidate, site supervisor, and SAU supervisor will discuss the candidate's performance at the internship site and will exchange feedback regarding the candidate's experience.
- c) The following completed and signed evaluation forms must be uploaded to the candidate's Anthology file immediately after the end-of-semester evaluation session:
 - E-1 Case Sample Rubric
 - E-2 Field Experience: Diversity Form
 - E-3 Evaluation of Internship Site
 - E-4 Evaluation of Candidate's Clinical Practice
 - E-5 Field Professional Conduct and Dispositions

2. Final Grade for COUN 581 CMHC Internship

All required forms must be in the candidate's internship file at the end of each semester in which the candidate is registered for COUN 581. It is the responsibility of both the candidate and the supervisor to ensure that forms are not missing from the file at the end of the semester. **Failure to complete file will result in a grade of "F" for the course.**

Summary of Internship Requirements

INTERNSHIP	
FOCUS	Individual and group counseling in addition to all activities of a regularly employed professional counselor in a clinical mental health counseling setting.
HOURS	600 clock hours, typically over 2 semesters
DIRECT CONTACT HOURS	240 clock hours defined as: Individual counseling Group counseling Counseling or consultation with clients' families
INDIRECT HOURS	360 clock hours of planning, supervision, meetings, record keeping, consultation with other professionals, referrals, etc.
AUDIO/VIDEO RECORDING OR LIVE SUPERVISION	Video recordings will be required as the first option. Where video recordings are beyond any possibility, audio recordings will be accepted as a second, less desirable option. If audio or video recordings are not allowed by the site, live supervision will be essential.
SUPERVISION	1 hour of individual supervision each week with site supervisor 1.5 hours of group supervision each week with program faculty supervision each week with program faculty supervisors at the SAU campus

Summary of Expected Outcomes

Upon successful completion of the clinical internship experience, the candidate should be able to demonstrate the following knowledge, skills, and practice outcomes:

1. Demonstrate the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
2. Understand the principles of crisis intervention for people during crisis, disasters, and other trauma-causing events.
3. Use the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
4. Promote optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
5. Apply effective strategies to promote understanding and access to a variety of community resources.
6. Demonstrate appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
7. Provide appropriate counseling strategies when working with clients with addictions and co-occurring disorders.

8. Maintain information regarding community resources to make appropriate referrals.
9. Advocate for policies, programs, and services that are equitable and responsive to the unique needs of clients.
10. Demonstrate the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.
11. Select appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.
12. Apply the assessment of client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.
13. Develop measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
14. Analyze and use data to increase the effectiveness of clinical mental health counseling interventions and programs.
15. Demonstrate appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe symptoms and clinical presentation of clients with mental and emotional impairments.
16. Conceptualize an accurate multi-axial diagnosis of disorders presented by clients and discuss the differential diagnosis with collaborating professionals.

Summary of Required Documents and Forms

During the Process of Applying for Internship

- Candidate's résumé or vita
- Counseling Program Council letter of approval to start internship

During First Interview with Candidate, Site Supervisor, and SAU Supervisor

- A-1 Site and Site Supervisor Information
- A-2 Supervision Contract
- Site Supervisor's résumé or vita

During the Course of the Internship Period (*Formative Evaluations*)

- MP-1 Site Individual Supervision Report
- MP-2 Supervisor Contact Report
- MP-3 Self-Evaluation of Recorded Counseling Session
- MP-4 Recorded Counseling Session Feedback
- MP-5 Activity Log on Anthology

During Last Interview with Candidate, Site Supervisor and SAU Supervisor (*Summative Evaluations*)

- E-1 Case Sample Rubric
- E-2 Field Experience Diversity Form
- E-3 Evaluation of Internship Site
- E-4 Evaluation of Candidate's Clinical Practice
- E-5 Field Professional Conduct and Dispositions

APPENDIX A Forms and Performance Indicators

Note: “A” forms must be completed at the beginning of Internship. “MP” forms must be completed between the beginning and end of Internship. “E” forms must be completed when the candidate is exiting Internship.



Setting and Site Supervisor Information

Purpose: An assessment of clinical mental health counseling setting suitability, and site supervisor qualifications to serve as SAU partner in the provision of supervised internship experience for Clinical Mental Health Counseling candidates.

Completion: During initial meeting with candidate, site supervisor, and SAU supervisor of CMHC field experiences; and before candidate begins internship work at any site.

Instructions: Please answer the following questions in Anthology.

Candidate's Name: _____ **Date:** _____

Name of Internship Site: _____

Address of Internship Site: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Name of Site Supervisor: _____

Site Supervisor's Position or Title: _____

Site Supervisor's E-mail Address: _____

Site Supervisor's Phone Number: _____ **Years as professional CMHC counselor:** _____

I. Site Supervisor Formal Training

Universities Where Graduated	Degrees Earned	Majors
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Site Supervisor Professional Certifications/License and Professional Work Experience.

1. What professional license do you hold in order to practice in the field of Clinical Mental Health Counseling?

2. Do you hold any other professional credentials? Yes No
If yes, which one(s)? _____

III. Professional Associations

List the **counseling professional association(s)** and divisions in which you currently hold membership.

IV. Supervision

1. Do you have any supervision credential(s)? Yes No
If yes, which one(s)? _____

2. Have you received any supervision training from a source other than Southern Adventist University? Yes No
If yes, please provide a description including the approximate dates.
- _____

3. Have you taken the supervision training offered by the SAU Counselor Education program? Yes No

4. If you have not received any previous training in supervision, the SAU Counselor Education program requests that you participate in a supervision training offered by the program. Will you be willing to complete this training? Yes No
If yes, please make sure that you complete this training before you begin supervision of an SAU student.

5. Have you previously served as a site supervisor for the SAU Clinical Mental Health Counselor Education program? Yes No
If yes, please include the approximate date(s):
- _____

6. In total, approximately how many students have you supervised? _____
Of those supervised, how many have been SAU students? _____

7. Will you be able to provide at least 1 hour of individual supervision per week for our candidate? Yes No

V. Internship Site Characteristics

1. Will candidates be able to provide individual counseling? Yes No
2. Will candidates be able to provide group counseling? Yes No
3. Will candidates be provided with private office space for individual and/or group counseling? Yes No
4. Will candidates be able to video record their counseling sessions? Yes No

- If not, will candidates be able to audio record their sessions? Yes No
- If video or audio recordings are not possible, will candidates be able to receive live supervision of their interactions with clients? Yes No
5. Will candidates be able to participate in professional counseling activities, in addition to direct service, such as record keeping, assessment instruments, information and referral, in-service training, and staff meetings? Yes No
6. Will candidates have access to computers and other technological resources? Yes No
7. On average, how many clients does your agency serve per month? _____
8. What are the typical age ranges of the clients served at your site?
 0 – 5
 6 – 12
 13 – 19
 20 – 40
 41 – 65
 65+
9. What is the approximate number of ethnically diverse clients you serve every month?
 American Indian/Alaskan Native: _____ Asian Pacific Islander: _____ African American: _____
 Caucasian: _____ Hispanic: _____ Other: _____
10. What about your site would be the most helpful for our candidates? _____

11. What (if anything) about your site would limit the clinical experience of our candidates? _____

VI. PROGRAM REQUIREMENTS AND CONCEPTUAL FRAMEWORK

1. Do you have a good understanding of the SAU Clinical Mental Health Counselor Education program internship requirements and *Conceptual Framework*? Yes No
2. Do you have any positive feedback about these requirements and *Conceptual Framework*? Yes No
- Please elaborate: _____
3. Do you have any constructive feedback about these requirements and *Conceptual Framework*? Yes No
- Please elaborate: _____

VII. COLLABORATION

1. How could we, as the SAU Counselor Education program faculty, and you, as our supervision partner share expertise to support candidates' learning in field experiences and clinical practice? _____

2. What preparation or professional development activities and benefits would you like to receive in order to be better equipped for your role as site supervisor? _____

Site Supervisor's Name

Site Supervisor's Signature

Date



Supervision Contract

Purpose: A contract made by the candidate, SAU supervisor of CMHC field experiences, and site supervisor about their roles and responsibilities, as well as the candidate’s learning goals during the internship experience.

Completion: By the candidate, SAU supervisor of CMHC field experiences and site supervisor during their initial and last meetings regarding the candidate’s fieldwork experience.

Instructions: Use this form to agree on the roles and responsibilities that will be assumed by the candidate, the site supervisor, and the SAU supervisor of CMHC field experiences during the internship period. Where candidate’s roles and responsibilities are specified, please check (✓) the learning activities initially planned by the candidate, and whether or not these were accomplished by the end of the internship period. This form may be completed in Anthology.

Candidate’s Name _____ **Date** _____

A. Roles, Responsibilities, and Learning Goals of the Candidate:

	WILL DO	COMPLETED
I. As a CARING PERSON, the candidate will engage in the following:		
Maintain an active caseload of diverse clients, seen in individual counseling, which is comparable to the load carried by a regularly employed counselor at this setting.		
Lead or co-lead at least <u>three</u> (3) small counseling groups on site during the course of the entire internship experience.		
Video record individual and group counseling sessions or audio record if video is not allowed.		
Assist site supervisor in offering crisis-related counseling services to clients in crisis, as needed.		
Make community referrals as necessary.		
Sit in and observe at least <u>three</u> (3) case conferences, when the site supervisor is consulting with family members and/or other professionals.		
Consult with parents/guardians, teachers, school counselors, social workers, medical personnel and other mental health professionals on behalf of clients and their families.		
Intentionally seek opportunities to work and demonstrate proficiency in working with clients with addictions and co-occurring disorders.		
	WILL DO	COMPLETED
II. As an INFORMED FACILITATOR, the candidate will engage in the following:		
Become familiar with practical counseling materials useful for treatment (e.g., books, games, activities, DVD’s).		
Select and provide counseling services for a client with particularly challenging issues, and submit a formal case study report to the SAU supervisor (see Form E-1 from this manual).		

	WILL DO	COMPLETED
Present at least <u>one</u> (1) mental health wellness seminar or workshop for individuals and/or families in the community.		
Regularly use comprehensive assessment tools to assist in diagnosis and treatment.		
Create and actively seek opportunities to integrate technology in all possible tasks and activities.		
Intentionally seek opportunities to demonstrate ability to modify counseling interventions to make them appropriate for diverse populations.		
	WILL DO	COMPLETED
III. As a REFLECTIVE DECISION MAKER, the candidate will engage in the following:		
Become oriented to the general procedures and policies of the clinical setting, including procedures developed to address crisis/emergency situations.		
Participate in at least <u>one</u> hour of individual supervision every week.		
Participate in 1½ hours of group supervision with SAU supervisor and other candidates currently enrolled in internship.		
Participate in staff meetings and in-service training required of regular site staff.		
Acquire good working knowledge of budget issues, program funding resources, and insurance claims procedures.		
Reflect on his/her own learning needs and participate in one activity that is personally meaningful to him/her. The activity will involve:		
	WILL DO	COMPLETED
IV. As a COMMITTED PROFESSIONAL, at all times, the candidate will engage in the following:		
Practice ethical and legal standards relevant to clinical mental health counseling, and in agreement with the ACA code of ethics.		
Model attitude, language, and attire that are highly desirable in the professional counseling setting.		
Establish rapport and provide services to clients from diverse groups.		

B. Roles and Responsibilities of the Site Supervisor:

1. Adhere to ethical standards of his/her profession and be familiar with the *ACA Code of Ethics* and the *ACES Ethical Guidelines for Counseling Supervisors*.
2. Provide appropriate physical work space with privacy for counseling sessions, and equipped with telephone, internet connection, and other office communication means and supplies as applicable.
3. Assist candidates in becoming familiar with other staff, and with the organizational structure of the agency or mental health institution.
4. Help candidates to become familiar with the structures and policies of the agency, i.e. submission of insurance claims, scheduling, crisis or emergency plans, etc.
5. Facilitate participation in case management and case conferences, treatment team meetings, clinical staffing, agency supervision meetings, community enrichment programs, crisis management teams, and other essential agency functions.
6. Assist candidates in learning about intake and diagnostic procedures, as well as follow-up and termination.
7. Allow candidates to review client files.
8. Allow video recordings (audio allowed as a less desirable option) of client sessions (with

client permission) to be reviewed in individual supervision.

9. Provide candidates with opportunities to learn methods of assessing individuals and families (behavioral observations, standardized tests, behavioral rating scales, etc.) for the purpose of counseling and consulting with other professionals.
10. Provide candidates with time and opportunities to review available counseling materials (such as games, kits, career information, software programs, etc.).
11. Assist candidates in locating technology resources for use during counseling sessions, and any other counseling service that could be enhanced with the use of technology.
12. Assist candidates in locating clients appropriate for individual and group counseling.
13. Provide clients with opportunities for conducting group counseling.
14. Provide weekly on-site individual supervision for candidates.
15. Make at least three (3) contacts with SAU supervisor (during the initial interview, and at midterm and exit), to discuss candidate's progress.
16. Complete all required SAU fieldwork forms in timely manner.

C. Roles and Responsibilities of the SAU Supervisor of CMHC Field Experiences:

1. Make certain the candidate has been approved and registered to enter the internship experience.
2. Provide initial program orientation and training for site supervisor before the candidate begins work at the internship site.
3. Adhere to the ACA Code of Ethics and the ACES Ethical Guidelines for Counseling Supervisors, and model appropriate ethical decision making for the candidate.
4. Make at least three (3) contacts with site supervisor (during the initial interview, and at midterm and exit), to discuss candidate's progress.
5. Remain available for consultation with candidate and site supervisor at all times during the semester.
6. Provide a minimum of 1 ½ hours per week of group supervision at the SAU campus.
7. Provide effective and timely feedback to candidate on their performance using the applicable evaluation forms included in the *Clinical Mental Health Counseling Internship Manual*.
8. Promptly communicate with candidate and site supervisor if there is any major concern regarding performance or ethics, or if any changes need to be made in structure or timing of fieldwork.
9. Review all submitted forms and maintain candidate's field experience file up-to-date.
10. Provide additional support and supervision as needed when candidate developmental or remedial performance deficiencies exist.
11. Participate in a final evaluation meeting with candidate and site supervisor, and collect all evaluation forms due at this time.
12. Submit a final grade for the candidate.

D. Agreement

I have read and discussed the roles and responsibilities involved in the supervision and clinical practice of Southern Adventist University Clinical Mental Health Counseling candidates, and I am willing to fulfill the expectations pertaining to my position as described above.

Candidate's Printed Name: _____

Candidate's Signature: _____ Date: _____

Site Supervisor's Printed Name: _____

Site Supervisor's Signature: _____ Date: _____

SAU Supervisor of CMHC Field Experiences' Name: _____

SAU Supervisor's Signature: _____ Date: _____

Site Individual Supervision Session Report

Purpose: A report of the topic(s) covered during the one-hour individual supervision meeting of candidate with site supervisor on weekly basis.

Completion: At the end of the weekly meeting. May be completed in Anthology.



Instructions: Please fill out the following chart according to the topic(s) discussed during your individual supervision meeting. This report may be completed by either the candidate or the site supervisor and must be reviewed by the SAU supervisor of CMHC field experiences.

Candidate's Name _____ **Week #** _____

Site Supervisor's Name: _____

Name of Counseling Setting, Center or Agency: _____

SUBJECT	COMMENTS
Focus of the supervision session (weekly topic)	
Strengths of candidate (related to weekly topic)	
Areas for growth	
Follow-up for next session	
Ethical concerns about issues at the site	

Candidate's Signature: _____ **Date:** _____

SAU Supervisor's Signature: _____ **Date:** _____



Supervisor Contact Report

Purpose: A Report of supervision issues discussed between site supervisor and SAU supervisor of CMHC field experiences related to a given candidate.

Completion: At the end of any personal visit or telephone/email contact between site and SAU supervisors.

Instructions: Please fill out the following chart according to the issues discussed during your contact. This report must be completed by the SAU supervisor of CMHC field experiences and kept in the candidate’s personal internship file.

SUBJECT	COMMENTS
Focus of the conversation	
Strengths of candidate	
Areas for growth	
Ethical concerns	
Other issues	
Follow-up communication with candidate if necessary	

Candidate’s Signature (if there was communication with candidate): _____

SAU Supervisor’s Signature: _____ **Date:** _____

Self-Evaluation of Recorded Counseling Session



Purpose: To evaluate own performance during counseling session in order to increase awareness of areas of strength as well as areas for future growth.

Completion: To be completed by candidate after listening to or viewing audio/video recorded counseling session.

Instructions: Listen or watch carefully your audio/video recorded counseling session, at the same time that you reflect on and evaluate the entire experience. Then, provide the information requested below before presenting your recording in individual supervision. This form is to be completed in Anthology prior to the presentation of recorded media at the site individual supervision session.

Candidate's Name: _____ **Date:** _____
Client Initials: _____ **Session #:** _____

1. **Background information. (client description, demographics, presenting problem, major conflict)** _____

2. **Intended goal. (What was your goal for the session? How were you attempting to accomplish this goal? What happened in the session? Any behavioral observations?):** _____

3. **Counseling microskills. (What microskills were predominantly used in this session? Were these appropriate to the timing and issue(s) being discussed?):** _____

4. **Conceptualization. (Your interpretation of what was happening with the client, hypotheses concerning possible intervention approaches):** _____

5. **What was the point in this session where you felt you needed most help?** _____

6. What point on tape was the most crucial for the client? (Was there an “Aha! Moment”? Was the point of understanding forced on by you, or did the client come up with his/her own understanding?)

7. Your reaction to the session. (YOUR thoughts and feelings about what happened in the session, what went well (or didn’t go well) in the session, and why): _____

8. What would you have done differently and why? (What are some different counseling skills, responses, and interventions that you might have used instead and why?): _____

9. _____

10. Plans for further counseling with this client: _____

11. How does this assignment relate to your future work as a counselor? In other words, how (cite examples) will you be able to use and apply the knowledge, skills, and dispositions learned in this assignment in your future work as a counselor? _____

12. Rate your overall performance in this session based on the criteria delineated below:

Level 1	Level 2	Level 3	Level 4	Level 5	Enter Score
Unacceptable. Have no knowledge of how to conduct a counseling session	Remember & understand central concepts.	Apply knowledge of central concepts	Analyze and evaluate the situation, but do not know what to do.	Create meaningful responses and interventions.	① ② ③ ④ ⑤

13. Why did you choose to rate your performance at this level? _____

14. What additional supervision and feedback do you feel you need from your clinical counseling group supervisor on this assignment? _____



Recorded Counseling Session Feedback

Candidate's Name: _____ Course # & Name: _____

Agency Name: _____ Practicum Internship

Purpose: An evaluation of candidates in terms of their counseling knowledge and skills.

Completion: At the time when candidates present their video or audio recorded counseling session during individual supervision. Rating is completed by the site individual supervisor in Anthology.

Instructions: This rubric has been organized using BLOOM'S TAXONOMY (Revised, Anderson & Krathwohl, 2001), which outlines the shifts in thinking that learners experience as they progress from "novice" to more "expert" thinking.



For the purposes of this rubric, **LEVEL 1** represents candidate behaviors that indicate that the candidate does not have access to, or chooses not to access, the information learned about conducting Counseling sessions. He/she is not able to remember or chooses not to remember professionally relevant priorities in this area.

LEVEL 2 represents candidate behaviors that indicate the candidate does remember and understand professionally relevant priorities, but *struggles to apply* that knowledge and understanding during the Counseling session.

LEVEL 3 indicates that the candidate is able to apply knowledge of professionally relevant priorities during Counseling sessions. **This level is expected of successful candidates at the end of their Clinical Practicum II experience.**

LEVEL 4 represents candidate behaviors that indicate both analysis and evaluation of Counseling sessions, but the candidate is inconsistent in or unable to *create* appropriate responses.

LEVEL 5 indicates that the candidate is consistently evaluating Counseling sessions in order to create professionally meaningful responses that help clients achieve competency in their personal domains. **This level is expected of successful candidates at the end of their Clinical Internship experience.**

For each proficiency, mark the score corresponding to the level of attainment described in the cells of the form, using the scale indicated below. If a proficiency is not applicable or there is not enough information to make an evaluation, please leave it blank. Comments and suggestions for improvement are vital for the candidate's growth. Please feel free to attach additional pages as needed.

Expected Skill	Level 1	Level 2	Level 3	Level 4	Level 5	Rating
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates	
CSF 1. Rapport with Clients	Makes the client(s) uncomfortable.	Is warm, caring, respectful, non-judgmental, and genuine.	Demonstrates ability to establish working relationships with clients.	Is able to analyze and evaluate the level of rapport established with client(s).	Creates meaningful responses to enhance rapport with client(s), in a manner consistent with Christian	

Expected Skill	Level 1	Level 2	Level 3	Level 4	Level 5	Rating
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates	
CSF 2. Management of Process	Jumps from topic to topic and/or engages in chit-chat.	Conducts relatively smooth session with some sidebar discussions that do not contribute to the therapeutic agenda.	Maintains session focused on the therapeutic agenda.	Is able to analyze and evaluate what is happening at each moment during session.	Provides meaningful responses to enhance or improve what is happening at the moment.	
CSF 3. Management of Therapeutic Dialogue	Does not respond to client statements, but moves to next question. Interrupts client.	Provides minimal response to client comments.	Acknowledges client communication before making next comment.	Analyzes and evaluates client comments in order to provide meaningful responses.	Provides creative and meaningful responses for client comments.	
CSF 4. Delivery of Content	Candidate's questions, comments, and statements are random and lack purpose.	Candidate's questions, comments, and statements seem to have purpose, but candidate appears to be moralizing, lecturing or preaching.	Candidate's questions, comments, and statements are relatively focused and well delivered.	Candidate analyzes and evaluates own questions, comments, and statements in order to improve delivery of content.	Creates meaningful responses to improve delivery of content.	
CSF 5. Therapeutic Skills (silence, encouragement, empowerment, confrontation)	Therapeutic skills are random and do not function to facilitate a therapeutic relationship.	Therapeutic skills are developing, but candidate feels insecure about using them.	Candidate is beginning to feel more comfortable about using therapeutic skills.	Therapeutic skills are used with confidence, and candidate is able to analyze and evaluate their effectiveness.	Uses therapeutic skills creatively; therapeutic skills are well chosen for the situation.	
CSF 6. Introduction and Summary	Introduction and summary are not present.	Introduction and summary are rushed or incomplete.	Introduction and summary are present, but not fully connected with session content.	Introduction and summary present purpose and evaluation of session content.	Creative ways are used to present introduction and summary in a comfortable and complete manner.	

Expected Skill	Level 1	Level 2	Level 3	Level 4	Level 5	Rating
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates	
CSF 7. Management of Emotions	Candidate processes own issues in session or does not know how to help client with his/her emotions.	Candidate tries to manage client's emotions, but is only partially effective.	Candidate is able to manage the client's emotions during the session.	Candidate is able to analyze and evaluate client's emotions.	Candidate consistently manages own emotions, and demonstrates ability to help client manage emotions.	
CSF 8. Assessment	Candidate does not conduct assessment before setting goals.	Candidate conducts assessment, but assessment may be incomplete.	Does not rush to provide answers or to problem-solve, but conducts thorough assessment before discussing goals.	Analyzes appropriateness of the assessment conducted, and evaluates its accuracy.	Provides appropriate and accurate assessment.	
CSF 9. Goal Setting	Does not discuss any goals with client.	Projects goals onto client or moves to advice-giving under the guise of goal-setting.	Conducts goals discussion, but may miss important parts of the client's issues.	Analyzes and evaluates all parts of the client's issues.	Counseling goals are primarily the client's, and are thoroughly discussed with the client.	
CSF 10. Theoretical Congruence	Interventions are not connected to any theory, and are ineffective or inappropriate.	Candidate is clear about the theoretical orientation he/she wants to use, but does not know how to connect it to interventions.	Interventions are not clearly connected to theory, but are developing.	Candidate analyzes and evaluates how his/her interventions are connected to theory.	Therapeutic interventions are theoretically consistent, well delivered and appropriate.	
CSF 11. Self-Supervision of Counseling	Candidate is not able or interested in evaluating own counseling work.	Interested in evaluating own counseling work, but feels self-conscious or uncomfortable about it.	Evaluates own counseling work, and is fully open and relaxed about discovering areas where he/she needs to improve.	Analyzes and evaluates own counseling work with accuracy.	Is able to appropriately correct issues noted for improvement.	
CSF 12. Termination	Termination is not present.	Termination is present, but needs improvement.	Termination is acceptable.	Candidate is able to analyze and evaluate termination issues.	Candidate makes appropriate recommendations for the future.	
Rating	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	
	<21	21 - 23	24 - 44	45 - 56	57 - 60	

(PRACTICUM
EXPECTED
RATE)

(INTERNSHIP
EXPECTED
RATE)

Additional Comments:

Supervisor Signature: _____ **Date:** _____



Daily Activity Log

Students will log into their Anthology placement record daily and complete their activities in the time log. They will submit each entry to the site supervisor for approval and signature.

CMHC Internship Form E-1 Case Study Rubric

Case Study Rubric

Candidate's Name: _____ **Date:** _____

Purpose: An evaluation of the clinical mental health counseling candidate's case study.

Completion: By faculty supervisor on candidate's presentation of case study. This form is completed in Anthology.

Instructions: Indicate the performance level that most closely reflects the level of proficiency demonstrated by the candidate on each performance indicator.

Performance Indicator	Unacceptable (1)	Proficient (2)	Exceptional (3)	P.I. Rating
CMHC CS 1a Background and History	Background and history section is not integrative or complete.	Background and history section is integrative and complete.	Background and history section is integrative and complete, and adequately supports the next steps in the counseling process.	
CMHC CS 1b Referral Concerns and Context	Referral concerns and/or their context are not mentioned or are inadequately described.	Referral concerns and their context are clearly described.	Referral concerns and their context are described clearly and in a way that appropriately informs the next steps in the counseling process.	
CMHC CS 2a Need Appropriate for candidate's level of expertise	The need being addressed is inappropriate for the candidate's level of expertise.	The need being addressed is appropriate for candidate's level of expertise.	The candidate demonstrated attention to ensuring that the need being addressed was appropriate for his/her level of expertise.	
CMHC CS 2b. Intake Evaluation and Background Information	Comprehensive intake evaluation and/or background information are missing or inadequate.	A comprehensive intake evaluation was conducted and important background information analyzed.	The analysis of the comprehensive intake evaluation and relevant background information was used to inform effective counseling.	

Performance Indicator	Unacceptable (1)	Proficient (2)	Exceptional (3)	P.I, Rating
CMHC CS 2c Conceptualization of Assessment Results	Assessment results were not conceptualized according to the counseling theory of candidate's choice.	Assessment results were conceptualized according to counseling theory of candidate's choice.	Assessment results were conceptualized according to counseling theory of candidate's choice, giving support to appropriate re-definition of concerns.	
CMHC CS 2d Use of Assessment Results	Assessment results were not used to redefine concerns objectively, clearly, in diversity context, and/or in measurable behavioral terms.	Assessment results were used to redefine concerns objectively, clearly, in diversity context, and in measurable behavioral terms.	The use of assessment results to redefine concerns objectively, clearly, in diversity context, and in measurable behavioral terms indicates competence in this skill.	
CMHC CS 2e DSM Diagnostic Suggestions	DSM (current edition) diagnostic suggestions were available but were not included.	DSM (current edition) diagnostic suggestions were included if available.	DSM (current edition) diagnostic suggestions were correctly made and applied to support effective counseling.	
CMHC CS 3a Practical Theory-based Recommendations	Practical theory-based recommendations for treatment were not provided or were inappropriate.	Practical, theory-based recommendations for treatment were provided.	Practical, theory-based recommendations for treatment imply competence in treatment recommendations.	
CMHC CS 3b Provision of Services	Candidate failed to provide appropriate direct and indirect services or failed to adequately describe such services	Candidate provided direct and indirect services as appropriate.	The provision of direct and indirect services as reported implies skill in providing services that support positive change in client functioning.	
CMHC CS 3c Progress Notes	Progress notes are not included or are incomplete.	Progress notes are included.	Progress notes demonstrate effective observation and intervention.	
CMHC CS 3d Data Collection and Revision of Treatment	Ongoing data collection and revision of treatment are not documented.	Ongoing data collection and revision of treatment are documented.	The report of ongoing data collection and revision of treatment indicates competence and insight in the use of data collection to revise treatment.	

Performance Indicator	Unacceptable (1)	Proficient (2)	Exceptional (3)	P.I. Rating
CMHC CS 3e Samples of Contracts or Case Management Interventions	Contracts and/or case management interventions were used but samples are not included.	Samples of any contracts or case management interventions are included. (Rating of Proficient is appropriate if no contracts or case management interventions were used or needed.)	Samples of any contracts or case management interventions are included and demonstrate appropriate, insightful selection of these measures.	
CMHC CS 4a Multi-method, Multi-informant, Diversity-sensitive Post Evaluation/Testing Procedures	Competent multi-method, multi-informant, diversity-sensitive post-evaluation/testing procedures were not followed or are not described.	Competent multi-method, multi-informant, diversity-sensitive post-evaluation/testing procedures were followed.	The description of multi-method, multi-informant, diversity-sensitive post-evaluation/testing procedures demonstrate insightful competency in their use.	
CMHC CS 4b Graphs	Graphs of baseline, intervention, and follow-up data are not included or do not present data appropriately	Graphs of baseline, treatment, and follow-up data are included.	Graphs of baseline, treatment and follow-up data enhance the reader's understanding of the case and of the results of treatment.	
CMHC CS 5a Follow-up Data to Assess Change	Follow-up data is missing or does not accurately assess measurable, positive change on client's identified needs.	Follow-up data indicate that the candidate's interventions had a measurable, positive change on client's identified needs.	Follow-up data indicate that the candidate's interventions had a measurable and greater than expected positive change on client's identified needs.	
CMHC CS 5b Summative Evaluation	Summative evaluation is missing or does not adequately address the impact of the treatment on the client's functioning.	A summative evaluation addresses the impact of the treatment on the client's functioning.	The summative evaluation shows competence and insight in appropriately addressing the impact of the treatment on the client's functioning.	

Performance Indicator	Unacceptable (1)	Proficient (2)	Exceptional (3)	P.I. Rating
CMHC CS 5c Outside Referrals and Additional Information	Outside referrals for additional intervention were needed but were not made or were made inappropriately.	When necessary, candidate facilitated outside referrals for additional intervention. (Rating of Proficient is appropriate if no outside referrals for additional intervention were used or needed.)	Needed referrals were appropriately effected, with sensitivity and insight to the client's needs and perceptions.	
CMHC CS 6a Intervention and Treatment Were Accepted by Other Professionals	Needed intervention and/or treatment by onsite supervisor, SAU supervisor, and/or other professionals were not accepted.	Intervention and treatment were accepted by onsite supervisor, SAU supervisor, and other professionals as needed. (Rating of Proficient is appropriate if no intervention or treatment were used or needed.)	Intervention and treatment by onsite supervisor, SAU supervisor, and/or other professionals were readily accepted and integrated as needed	
CMHC CS 6b. Integrity of Intervention and Treatment Monitored	Integrity of intervention and treatment was not monitored or verified by the onsite supervisor.	Integrity of intervention and treatment was monitored by the onsite supervisor.	Integrity of intervention and treatment was monitored and verified by the onsite supervisor.	
CMHC CS 7a Effective Writing	Poor sentence construction, poor grammar, and/or incorrect spelling distract from the content of the presentation.	Report has good sentence construction, grammar, and spelling.	The report demonstrates a competent writing style that enhances its presentation, while adhering to accepted conventions of sentence structure, grammar, and spelling.	
CMHC CS 7b Clarity and Organization	The lack of clarity and organization detracts from the effectiveness of the presentation.	Report is clear and well-organized.	The organization and clarity of the report contribute to its effectiveness.	
CMHC CS 7c Professional Language	The choice of less-than-professional language detracts from the effectiveness of the presentation.	Professional language is used throughout the report.	The consistent use of professional language contributes to the effectiveness of the presentation.	

Performance Indicator	Unacceptable (1)	Proficient (2)	Exceptional (3)	P.I. Rating
CMHC CS 7d APA Style	APA style is not followed or is followed inconsistently to the point that style considerations detract from the presentation.	APA style is followed throughout the report.	Adherence to APA style is at a level that contributes to the effectiveness of the presentation.	

Total Points _____

Overall Score	Total Points
Exceptional	68 - 78
Proficient	52 - 67
Unacceptable	<52

Additional Comments:

Evaluator Name: _____ Evaluator Signature _____



Field Experience Diversity Form

Purpose: To evaluate the richness of diversity available during the field experience.

Completion: To be completed at the end of all field experiences.

Instructions: In the appropriate spaces below, provide specific information about the field experience being completed, and return to the CMHC faculty supervisor. This form may be completed in Anthology.

Candidate's Name _____ Semester & Year _____

Name of Clinical Site _____

Street Address _____ City/State/Zip _____

Length of Experience in Hours _____

1. Identify the number of clients with the following ethnic backgrounds that you served at your clinical site

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

2. Indicate the number of identified special needs persons that you treated at your clinical site. _____

3. Identify the socioeconomic groups represented by your clients: _____

4. Identify the number of clients by gender with whom you worked.

Males _____

Females _____

Non-binary _____

5. Identify the ethnicity of your faculty supervisor:

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |



CMHC Internship Form E-3 Evaluation of Internship Site
Evaluation of Internship Site

Purpose: An assessment of the quality of training perceived or experienced by the candidate at the internship site.

Completion: At the end of the candidate’s internship experience in each practice site.

Instructions: Using the scale provided below, mark the number that best corresponds to your perceptions. Once every item has been rated, add up all the marked numbers to obtain a total score, and answer the remaining questions. Turn in this form to the SAU supervisor of CMHC field experiences as soon as you finish your internship work at any site. Alternately, this form may be completed in Anthology.

Candidate’s Name: _____ **Date:** _____

Site Supervisor’s Name: _____

Name of Internship Site: _____

Address of Internship Site: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____

Would you recommend this site to others? Yes No

A. THE SETTING	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
1. I had appropriate office space to meet with clients and/or their families.				
2. Video recording of counseling sessions was very easy in the office space available.				
3. Professional ethics were discussed and exemplified within the practical work setting.				
4. Problems of discrimination appeared to be handled adequately within the practical work setting.				
5. Staff members were quite willing to spend extra time to train or teach me in areas where I needed additional help.				
6. I was viewed by staff members as a professional, an equal, and a colleague.				
B. THE ONSITE SUPERVISOR				
My site supervisor...				
7. Was competent and knowledgeable in his/her clinical field.				
8. Fully shared opinions and ideas with me on professional issues.				
9. Encouraged independent thinking and action.				

B. THE ONSITE SUPERVISOR (continued) My site supervisor --	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
10. Supported and helped me to apply, in my practice, my preferred theory of counseling.				
11. Wasted little or no time during supervision.				
12. Fostered a non-threatening environment during supervision.				
13. Helped me to improve my ability to establish therapeutic relationship with clients.				
14. Helped me to gain better insight into various client dynamics.				
15. Helped me to develop better assessment skills.				
16. Helped me to become more proficient in the use of the DSM-5.				
17. Helped me to learn how to integrate the use of appraisal instruments, computers, professional literature/research, and multimedia training resources in the overall treatment process.				
18. Helped me to improve my treatment planning skills.				
19. Helped me to improve my report writing skills.				
20. Encouraged me to examine issues of my own that could interfere with the effectiveness of the counseling I provided.				
21. Facilitated my development of multicultural counseling skills.				
22. Gave me ample opportunity to fulfill my roles, responsibilities and learning goals according to my <i>Internship Contract</i> .				
23. Helped me to be exposed and have ample opportunity to develop the knowledge and skills explained in the COUN 584 course syllabus and the <i>CMHC Internship Manual</i> .				
C. MY GENERAL EXPERIENCE				
24. I was completely satisfied with my internship experience.				

TOTAL SCORE: _____

25. Suggestions for improving this internship experience:

26. What would you have liked to know before you applied to this site?

Candidate's Signature: _____ Date: _____

CMHC Internship Form E-4 Evaluation of Candidate's Clinical Practice
Evaluation of Candidate's Clinical Practice

Candidate's Name: _____ **Course:** COUN 580 _____ COUN 581 _____

Location: _____ **Semester:** _____

Purpose: An evaluation of the candidate in terms of his/her performance during the practicum and internship experiences.

Completion: At the end of the candidate's field experience at each practicum and internship site. Rating is completed in the online assessment platform (Anthology) by the faculty supervisor for CMHC Practicum II and by the site supervisor for CMHC Internship.

Instructions: This rubric has been organized using Bloom's Taxonomy (Revised, Anderson & Krathwohl, 2001), which outlines the shifts in thinking that learners experience as they progress from "novice" to more "expert" thinking.



For purposes of this rubric, **LEVEL 1** represents candidate behaviors that indicate that the candidate does not have access to, or chooses not to access, the information learned about the profession. The candidate is not able to remember or chooses not to remember professionally relevant priorities.

LEVEL 2 represents candidate behaviors that indicate the candidate does remember and understand professionally relevant priorities, but struggles to apply that knowledge and understanding.

LEVEL 3 indicates that the candidate is able to apply knowledge of professionally relevant priorities. This level is expected of successful practicum candidates.

LEVEL 4 represents candidate behaviors that indicate both analysis and evaluation of professional situations, but the candidate is inconsistent in or unable to create appropriate responses.

LEVEL 5 indicates that the candidate is consistently evaluation professional situations in order to create professionally meaningful responses (i.e., behaviors and programs) that serve to enhance the clinical mental health counseling program. This level is expected of successful internship candidates.

For each proficiency, indicate the score corresponding to the level of attainment described in the form, using the scale indicated below. If a proficiency is not applicable or there is not enough information to make an evaluation, please leave it blank. Comments and suggestions for improvement are vital for the candidate's growth. The practicum candidate must achieve an overall rating of Level 3 to pass Practicum. The internship candidate must achieve an overall rating of Level 4/Level 5 to pass internship.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 1. Rapport with Clients	Makes the client(s) uncomfortable.	Is warm, caring, respectful, non-judgmental, and genuine.	Demonstrates ability to establish working relationships with clients.	Is able to analyze and evaluate the level of rapport established with client(s).	Creates meaningful responses to enhance rapport with client(s), in a manner consistent with Christian ideals.
CMHC 2. Management of Process	Jumps from topic to topic and/or engages in chit-chat.	Conducts relatively smooth session with some side-bar discussions that do not contribute to the therapeutic agenda.	Maintains session focused on the therapeutic agenda.	Is able to analyze and evaluate what is happening at each moment during session.	Provides meaningful responses to enhance or improve what is happening at the moment.
CMHC 3. Management of Therapeutic Dialog	Does not respond to client statements, but moves to next question. Interrupts client.	Provides minimal response to client comments.	Acknowledges client communication before making next comment.	Analyzes and evaluates client comments in order to provide meaningful responses.	Provides creative and meaningful responses for client comments.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 4. Delivery of Content	Candidate's questions, comments, and statements are random and lack purpose.	Candidate's questions, comments, and statements seem to have purpose, but candidate appears to be moralizing, lecturing or preaching.	Candidate's questions, comments, and statements are relatively focused and well delivered.	Candidate analyzes and evaluates own questions, comments, and statements in order to improve delivery of content.	Creates meaningful responses to improve delivery of content.
CMHC 5. Diagnostic Process	Lacks understanding of DSM diagnoses and lacks skills to apply.	Has a working knowledge of DSM diagnoses but lacks skills to apply.	Has a working knowledge of DSM diagnoses, and emerging skills for application of knowledge.	Is able to diagnose with supervision and is confident with therapeutic skills for treatment.	Is comfortable with diagnosis and therapeutic treatment.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 6. Therapeutic Skills (silence, encouragement, empowerment, confrontation)	Therapeutic skills are random and do not function to facilitate a therapeutic relationship.	Therapeutic skills are developing, but candidate feels insecure about using them.	Candidate is beginning to feel more comfortable about using therapeutic skills.	Therapeutic skills are used with confidence, and candidate is able to analyze and evaluate their effectiveness.	Uses therapeutic skills creatively; therapeutic skills are well chosen for the situation.
CMHC 7. Introduction and Summary	Introduction and summary are not present.	Introduction and summary are rushed or incomplete.	Introduction and summary are present, but not fully connected with session content.	Introduction and summary present purpose and evaluation of session content.	Creative ways are used to present introduction and summary in a comfortable and complete manner.
CMHC 8. Management of Emotions	Candidate processes own issues in session or does not know how to help client with his/her emotions.	Candidate tries to manage client's emotions, but is only partially effective.	Candidate is able to manage the client's emotions during the session.	Candidate is able to analyze and evaluate client's emotions.	Candidate consistently manages own emotions, and demonstrates ability to help client manage emotions.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 9. Diversity Competency	Demonstrates intolerant behaviors toward persons different from themselves.	Respects persons different from themselves, but does not know how to meet their needs.	Demonstrates knowledge of diversity issues in counseling, and applies these concepts with guidance from supervisor.	Analyzes and evaluates situations affected by diversity issues in an effort to learn and provide interventions effective for the individual client.	Celebrates diversity, actively works to cross boundaries of differences, and provides interventions that are effective for each individual client.
CMHC 10. Recognition of Normal and Abnormal Development	Lacks understanding and ability to apply knowledge to practice.	Understands normal and abnormal development but lacks ability to apply knowledge to practice.	Understands normal and abnormal development and demonstrates emerging ability to apply knowledge to practice.	Understands normal and abnormal development and demonstrates consistent ability to apply knowledge to practice.	Understands normal and abnormal development and demonstrates the ability to make therapeutic decisions with reference to human development and evaluation.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 11. Assessment	Candidate does not conduct assessment before setting goals.	Candidate conducts assessment, but assessment may be incomplete.	Does not rush to provide answers or to problem-solve, but conducts thorough assessment before discussing goals.	Analyzes appropriateness of the assessment conducted, and evaluates its accuracy.	Provides appropriate and accurate assessment.
CMHC 12. Goal Setting	Does not discuss any goals with client.	Projects goals onto client or moves to advice-giving under the guise of goal-setting.	Conducts goals discussion, but may miss important parts of the client's issues.	Analyzes and evaluates all parts of the client's issues.	Counseling goals are primarily the client's, and are thoroughly discussed with the client.
CMHC 13. Theoretical Congruence	Interventions are not connected to any theory, and are ineffective or inappropriate.	Candidate is clear about the theoretical orientation he/she wants to use, but does not know how to connect it to interventions	Interventions are not clearly connected to theory, but are developing.	Candidate analyzes and evaluates how his/her interventions are connected to theory.	Therapeutic interventions are theoretically consistent, well delivered and appropriate.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 14. Theory-specific Case Conceptualization	Significant problems with case conceptualization, such as misunderstanding key theoretical concepts, mixing theories, or missing significant diversity issues.	Inconsistent or incorrect use of theory-specific conceptualization elements. Ignores subtle diversity issues.	Case conceptualization on narrative uses theory-specific concepts to address salient client issues.	Thoughtful and specific case conceptualization narrative that includes discussion of major theory-specific elements; addresses diversity and unique client needs.	Thoughtful and specific case conceptualization narrative using theory-specific elements; integrates diversity, trauma, substance abuse, and subtle diversity issues; unique and specific.
CMHC 15. Termination	Termination is not present.	Termination is present, but needs improvement.	Termination is acceptable.	Candidate is able to analyze and evaluate termination issues.	Candidate makes appropriate recommendations for the future.
CMHC 16. Readiness for Crisis Intervention	Does not know how or is not interested in providing counseling and support to clients and families facing emergencies.	Has theoretical knowledge of how to approach situations, but does not know how to apply this knowledge.	Is somewhat able to apply knowledge of how to deal with client/family emergencies, but still needs guidance and support.	Is able to analyze and evaluate approaches commonly used in agencies to address client/family emergencies.	Is able to use/propose creative and appropriate ways to address client/family emergencies.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 17. Use of Referrals	Has no knowledge of referral sources in the community to deal with crises such as suicidal ideation, violence, abuse, depression, etc.	Has compiled a list of referral sources, but is not familiar with the services they provide.	Is familiar with all referral sources available in the community, and feels confident about contacting any of them for help.	Is able to analyze and evaluate the quality of the referral sources available in the community to deal with crisis.	Is able to create professionally meaningful responses in order to address crisis situations.
CMHC 18. Small Groups for Clients' Identified Needs or Interests	Does not know how to conduct small groups to respond to clients' identified needs or interests.	Has knowledge of how small groups work, but feels inadequate or appears insecure about applying that knowledge in an actual group.	Conducts small groups with clients, but guidance and support from site supervisor are still needed in order to ensure effectiveness.	Is able to analyze and evaluate his/her own performance as a small group counselor.	Conducts effective, interactive small groups without much direction from site supervisor.
CMHC 19. Consultation with Other Professionals	Has no knowledge of consultation concepts or is unwilling to consult with other professionals in the community.	Understands the process of consultation and is willing to consult, but is insecure about doing it.	Is able to participate as an observant in a consultation meeting conducted by the site supervisor with other professionals.	Is able to analyze and evaluate the situation consulted with other professionals, and identifies appropriate action in response.	Consults effectively with other professionals, and confidently takes appropriate action based on the consultation.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 20. Collaboration	Does not think collaborating with others is important, and fails to collaborate with those in the community.	Understands the importance of collaboration, but is unmotivated, or motivated by external factors to do so.	Is motivated and participates in collaboration activities as suggested by the supervisor.	Is able to analyze and evaluate how collaboration activities will benefit the agency and the community at large.	Actively seeks out opportunities to collaborate with peers, professionals, and the community at large, in a manner consistent with Christian service ideals.
CMHC 21. Teaming	Candidate is unaware of the needs of peers and other professionals in the counseling office, and acts in own self-interest.	Becomes aware of the needs of others when prompted to do so.	Demonstrates awareness of the needs of others without being prompted to do so.	Analyzes and evaluates counseling program's team interpersonal dynamics, as well as specific situations affecting the needs of teammates.	Is able to balance the needs of self and others to allow for smooth functions within the agency.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 22. Self-Supervision of Counseling	Candidate is not able or interested in evaluating own counseling work.	Interested in evaluating own counseling work, but feels self-conscious or uncomfortable about it.	Evaluates own counseling work, and is fully open and relaxed about discovering areas where he/she needs to improve.	Analyzes and evaluates own counseling work with accuracy.	Is able to appropriately correct issues noted for improvement.
CMHC 23. Follow-Through with Tasks/Work	Tasks/work is usually left undone.	Tasks/work is done with prompting from others.	Tasks/work is completed without prompting.	Analyzes and evaluates the quality of tasks/work completed.	Is highly motivated to complete tasks without prompting, and work is high quality, thoughtful, and complete.
CMHC 24. Attendance	Is frequently late or absent without calling.	Is late or absent a few times without calling.	Is late or absent several times, but calls in.	Is late or absent a few times, but calls in.	Is almost never late or absent, and always calls in.
CMHC 25. Ethical Behavior	Has violated at least one ACA ethical principle.	Operates with minimal awareness of ethical issues in the counseling setting.	Is aware of ethical issues in the counseling setting, but still needs guidance from supervisor.	Takes time to analyze and evaluate specific ethical situations encountered, and frequently consults with supervisor about these situations.	Demonstrates highly ethical behavior, awareness of ethical codes, and sensitivity to ethical issues in the agency setting.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 26. Growth Activities	Is neither interested nor participates in available in-service training or professional associations' opportunities for membership.	Knows that participating in these activities and associations is important, but uses excuses to not participate (e.g., too busy, lack of financial resources).	Participates in available in-service training and maintains membership in at least one professional organization.	Analyzes and evaluates his/her own growth needs in order to determine what kind of training or professional organizations will be most beneficial to him/her.	Actively seeks opportunities to participate in in-service training and professional organizations. Is able to explain current issues in the counseling field, as published in professional organization journals.
CMHC 27. Use of Feedback	Does not take ownership of problems that are the source of negative feedback.	Takes ownership of problems with prompting.	Takes responsibility and makes changes suggested in feedback.	Analyzes and evaluates negative feedback in order to understand contributing factors.	Actively seeks feedback and takes responsibility for making changes to improve skills in timely manner.

v2021713

Field Professional Conduct and Dispositions



Candidate's Name: _____

Name of Counseling Center: _____

Name of Site Supervisor: _____ Course: COUN 580 _____
COUN 581 _____

Purpose: Monitoring and feedback to the candidate on non-academic characteristics and dispositions recognized as relevant to effective counseling practice.

Completion: By site supervisors at the conclusion of each term or each placement. Completed in Anthology.

Directions: In each row, indicate the level that most closely describe the skills demonstrated by the candidate. "Not observed" should be used sparingly.

<i>Caring Person</i>				
<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
1. Genuineness, Empathy, and Interest in Others				
Fails to demonstrate genuineness, empathy and/or interest in the welfare of others.	Endeavors to demonstrate genuineness and empathy; sometimes or usually shows an interest in the welfare of others.	Consistently demonstrates genuineness, empathy, and interest in the welfare of others.	Proactively conveys a clearly genuine empathy and caring interest in the welfare of others in a manner that facilitates effective communication.	0 1 2 3 not observed
2. Sensitivity to Others				
Disregards the feelings, thoughts, and/or needs of others.	Endeavors to exercise sensitivity to the feelings, thoughts, and needs of others.	Consistently displays sensitivity to the feelings, thoughts, and needs of others.	Consistent display of sensitivity to the feelings, thoughts, and needs of others; is clearly effective in facilitating open communication.	0 1 2 3 not observed
3. Respects Autonomy				
Fails to respect the autonomy and beliefs of others and/or imposes own personal beliefs on others.	Understands and tries to respect the autonomy and beliefs of others; sometimes approaches imposing personal beliefs on others.	Respects the autonomy and beliefs of others and refrains from imposing one's personal beliefs on others.	Respect for the autonomy and beliefs of others is conveyed in a manner that enhances the candidness and comfort level of the dialog.	0 1 2 3 not observed
<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
4. Cultural Sensitivity				
Fails to exhibit sensitivity to individual and cultural identities of	Endeavors to exhibit sensitivity to the individual and cultural identities of others;	Consistently exhibits sensitivity to the individual and cultural	Consistent sensitivity to the individual and cultural identities of others, along with	0 1 2 3 not observed

others, and/or fails to act respectfully in interactions with others.	displays a degree of cultural competence by usually acting respectfully and skillfully in interactions with others.	identities of others and displays cultural competence by consistently acting respectfully and skillfully in interactions with others.	cultural competence, effectively contribute to enhanced openness and effectiveness of dialog.	
5. Personal Wellness – Physical Health				
Shows disregard for habits of self-care and/or wellness that contribute to physical health.	Is working toward establishing daily habits of self-care and wellness that contribute to physical health.	Demonstrates commitment to self-care and wellness by practicing daily habits that contribute to physical health.	By example and influence in self-care and wellness, encourages others to practice daily habits that contribute to physical health.	0 1 2 3 not observed
6. Personal Wellness – Mental Health				
Shows disregard for habits of self-care and/or wellness that contribute to mental health.	Is working toward establishing daily habits of self-care and wellness that contribute to mental health	Demonstrates commitment to self-care and wellness by practicing daily habits that contribute to mental health.	By example and influence in self-care and wellness, encourages others to practice daily habits that contribute to mental health.	0 1 2 3 not observed
Informed Facilitator of Learning and Growth				
7. Information into Practice				
Seems unable to translate academic information into practice.	Demonstrates some ability to translate academic information into practice.	Demonstrates ability to translate academic information into practice.	Effectively draws on academic information to enhance practice.	0 1 2 3 not observed
8. Open-mindedness				
Appears close-minded to ideas, learning, and/or needed change.	Endeavors to remain open to ideas, learning, and change.	Remains open to ideas, learning, and change.	Seeks exposure to ideas, learning, and potential growth informed by current studies, presentations, publications or media in the field.	0 1 2 3 not observed
9. Follows Procedures and Policies				
Disregards the procedures and/or policies of the school or counseling agency of placement.	Sometimes follows the procedures and policies of the school or counseling agency where completing field experience.	Follows the procedures and policies of the counseling program.	By example and influence, encourages other to follow the procedures and policies of the counseling program.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
10. Facilitates Learning				
Shows lack of concern for facilitating learning and/or growth of students or clients served.	Endeavors to facilitate learning and growth for students or clients served.	Facilitates learning and growth for students or clients served.	Professional skills, demeanor, and commitment support enhanced learning and growth for the students and clients served.	0 1 2 3 not observed
11. Willing to Adjust and Improve				
Makes little or no effort to cooperate with remediation plans (when applicable); appears to make little or no effort to adjust or improve behavior.	Cooperates with remediation plans (when applicable) and endeavors to adjust or improve behavior.	Continually endeavors to adjust and improve behavior.	Personal and professional behavior consistently supports and enhances effective professional practice.	0 1 2 3 not observed
12. Accepts Supervision and Consultation				
Appears unable to engage productively with supervisions and/or consultations with site supervisor.	Is learning to engage productively with supervisions and consultation with site supervisor.	Engages in productive supervisions and consultation with site supervisor.	Engagement in supervision and consultation activities contribute to the effectiveness of clinical practice.	0 1 2 3 not observed
13. Aware of Impact on Others				
Appears unaware of how personal actions impact others.	Can act with awareness of how personal actions impact others.	Consistently acts with awareness of how personal actions impact others.	Awareness of how personal actions impact others leads to increasingly effective communication and professional practice.	0 1 2 3 not observed
Reflective Decision-Maker				
14. Maintains Objectivity				
Appears unable to maintain the objectivity appropriate to the situation or setting.	Can demonstrate objectivity appropriate to the situation or setting.	Consistently demonstrates objectivity appropriate to the situation or setting.	Demonstrates consistent objectivity appropriate to the setting, and a demeanor that encourages objectivity in others, contribute to effective dialog.	0 1 2 3 not observed
15. Maturity and Judgment				
Often fails to exhibit maturity and/or good judgment in reactions and behaviors.	Can exhibit maturity and good judgment in reactions and behaviors.	Consistently exhibits maturity and good judgment in reactions and behaviors.	By example and influence, encourages maturity and good judgment on the part of others.	0 1 2 3 not observed
16. Accepts Responsibility for Own Actions				
Chooses not to accept responsibility for actions and/or problems.	Endeavors to accept responsibility for actions and problems.	Accepts responsibility for actions and problems.	Acceptance of responsibility for actions and problems leads to growth and/or changes that result in more effective life skills or professional practice.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
17. Manages Own Issues				
Appears unable or unwilling to manage personal mental health, emotional problems, stress, and/or interpersonal issues.	Is making progress toward managing personal mental health, emotional problems, stress, and/or interpersonal issues effectively.	Manages personal mental health, emotional problems, stress, and/or interpersonal issues effectively.	By example and influence, encourages others to manage personal mental health, emotional problems, stress, and/or interpersonal issues effectively.	0 1 2 3 not observed
18. Demonstrates Integrity				
Appears deficient in personal and professional integrity.	Demonstrates personal and professional integrity in stated thoughts and actions.	Consistently demonstrates personal and professional integrity in stated thoughts and actions.	By example and influence, encourages personal and professional integrity in professional practice.	0 1 2 3 not observed
19. Use of Constructive Feedback				
Appears indifferent or resistant to constructive feedback from others.	Sometimes solicits constructive feedback from others and/or usually considers and responds thoughtfully to such feedback.	Solicits, considers, and responds thoughtfully to constructive feedback from others.	Grows personally and/or professionally as a result of soliciting, considering, and responding to constructive feedback from others.	0 1 2 3 not observed
20. Self-reflection				
Appears unable or unwilling to participate in self-reflection and self-exploration.	Is learning to participate in self-reflection and self-exploration.	Participates in self-reflection and self-exploration.	Self-reflection and self-exploration effectively lead to personal and professional growth.	0 1 2 3 not observed
21. Accuracy and Truthfulness				
Shows lack of commitment to communicate information truthfully and/or accurately.	Endeavors to communicate information truthfully and accurately.	Consistently communicates information truthfully and accurately.	While maintaining truthfulness and accuracy, demonstrates wisdom and sensitivity in the communication of information.	0 1 2 3 not observed
22. Respects Interpersonal Boundaries				
Appears to lack awareness of or chooses not to respect appropriate interpersonal boundaries.	Exhibits some awareness of and respect for appropriate interpersonal boundaries.	Consistently exhibits awareness of and respect for appropriate interpersonal boundaries.	Recognizes even subtle signals from others that interpersonal boundaries are at issue, and adjusts communication to convey sensitivity, respect, and acceptance.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
23. Aware of Personal Beliefs				
Appears unable to recognize personal beliefs, values, needs, strengths, and/or limitations as such; and/or gives little or no indication of understanding their potential influence on personal or professional performance.	Exhibits some awareness of personal beliefs, values, needs, strengths, and limitations; theoretically understands their potential influence on personal and professional performance.	Consistently exhibits awareness of personal beliefs, values, needs, strengths, and limitations, and is guided by an understanding of their potential influence on personal and professional performance.	Proactively seeks greater awareness of how personal beliefs, values, needs, strengths, and limitations may influence personal and professional performance, and uses such awareness to enhance communications and practice.	0 1 2 3 not observed
Committed Professional				
24. Professional Identity				
Appears unable or chooses not to maintain professional identity as a counselor.	Endeavors to maintain professional identity as a counselor.	Consistently maintains a professional identity as a counselor.	Consistent attention to maintain professional identity as a counselor effectively supports and contributes to effective practice.	0 1 2 3 not observed
25. Respects Privacy				
Fails to respect the privacy and/or confidentiality needs of others.	Sometimes respects the privacy and confidentiality needs of others.	Consistently respects the privacy and confidentiality needs of others.	Recognizes possible privacy and confidentiality issues and is proactive in protecting the needs of others for privacy and confidentiality.	0 1 2 3 not observed
26. Maintains Ethical Guidelines				
Gives little or no indication of understanding ethical guidelines for counselors and/or disregards ethical guidelines.	Theoretically understands and tries to maintain the ethical guidelines for counselors as published by the profession.	Understands and consistently maintains the ethical guidelines for counselors as published by the profession.	Along with consistent adherence to ethical guidelines, recognizes possible ethics issues that may need clarification and seeks consultation when necessary.	0 1 2 3 not observed
27. Professional Growth				
Shows little or no interest in learning, training, or experiential processes and opportunities for personal or professional development.	Is beginning to engage in learning, training, and/or experiential processes and opportunities for personal and professional development.	Engages actively in learning, training, and/or experiential processes and opportunities for personal and professional development.	Actively identifies areas in which he/she would like to grow and seeks learning, training, and/or experiential processes and opportunities to develop those interests.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
28. Prioritization of Interests				
Chooses not to prioritize the interests of clients over self-interests.	Sometimes fulfills the expectation that interests of clients are to be prioritized over self-interests when providing professional services.	Consistently prioritizes interests of clients over self-interests when providing professional services.	Is proactive in ensuring that interests of clients are prioritized over own interests when providing professional services.	0 1 2 3 not observed
29. Sensitivity to Role and Dynamics				
Seems unaware of an/or fails to appropriately manage the role differences and power dynamics that may exist in relationships and settings.	Is aware of role differences and power dynamics that may exist in relationships and settings, and endeavors to manage them appropriately.	Consistently demonstrates sensitivity to role differences and power dynamics that may exist in relationships and settings; manages the role differences and dynamics appropriately.	Is particularly effective in navigating role differences and power dynamics in a manner and to an extent that open, trusting dialog is supported.	0 1 2 3 not observed
30. Attention to Professional Appearance				
Disregards expectations of professional appearance, attire, and/or demeanor as appropriate to different settings.	Shows awareness of how professional appearance may influence others and is willing to choose appropriate attire and to order demeanor as expected in different settings.	Consistently exhibits appropriate attire and demeanor as expected in different settings, and is guided by awareness of how professional appearance may influence others.	In addition to attire that is consistently appropriate for different settings and awareness of how professional appearance may influence others, shows a demeanor that contributes to open, confident dialog.	0 1 2 3 not observed
31. Refrains from Substance Abuse				
Uses behavior – and/or mind-altering substances that impede professional functioning.	Demonstrates commitment to avoid using behavior- or mind-altering substances that impede professional functioning.	Demonstrates commitment to avoid, and does not use behavior- or mind-altering substances that impede professional functioning; makes this practice a consistent way of life.	In addition to own commitment and consistent practice of avoiding behavior- or mind-altering substances, uses personal influence to encourage others to choose lifestyle habits that contribute to wellbeing.	0 1 2 3 not observed
32. Effective Relationships				
Appears unable to establish and/or maintain effective and functional relationships personally, professionally, and/or therapeutically.	Endeavors to establish and maintain effective and functional relationships personally, professionally, and therapeutically.	Establishes and maintains effective and functional relationships personally, professionally, and therapeutically.	Addresses potentially difficult relationships as opportunities for creative outreach that overcomes the difficulty and establishes functional communication.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
33. Professional Communication				
Engages in communication that is not respectful, professional, and/or appropriate to the setting.	Endeavors to communicate with clients and colleagues respectfully and professionally using appropriate written, oral, and non-verbal language.	Consistently communicates with clients and colleagues respectfully and professionally using appropriate written, oral, and non-verbal language.	Written, oral, and non-verbal communications are consistently respectful, professional, and appropriate, and enhance effective dialog with others.	0 1 2 3 not observed
34. Fulfills Obligations				
Often fails to fulfill obligations promptly, consistently, and/or reliably.	Sometimes fulfills obligations promptly, reliably, and according to expectations stated by professor or supervisor.	Consistently fulfills obligations promptly, reliably, and according to expectations stated by professor or supervisor.	Anticipates obligations and needs and takes initiative to meet them promptly and reliably, within the expectations of the practice.	0 1 2 3 not observed

Scoring (Ranges are based on numbers from Section III ratings only)				
<34 = Unacceptable	34 – 62 = Developing Any item at Unacceptable requires a remedial action plan.	63 – 85 with no item below Developing = Expectation Met.	86 – 102 with no item below Developing and no more than 2 items at Developing = Expectation Exceeded.	Score: _____

Comments and Signatures

Site Supervisor Comments:

Site Supervisor Signature _____ **Date** _____

Candidate Comments:

Candidate Signature _____ **Date** _____

Please return the completed form to the Unit Assessment System Manager of the School of Education & Psychology, PO Box 370; Collegedale, TN 37315-0370, or fax to (423) 236-1765.
For questions on this form, please call (423) 236-2846 or send email to haydene@southern.edu.

APPENDIX B Area Mental Health Agencies & Services

HAMILTON COUNTY SERVICES

Adolescent Pregnancy Prevention	209-8152
AIDS Education	209-8272
AIDS-HIV Case Manager	209-8276
Child Support	209-6707
Child Support Info Hotline	209-6707
Children's Special Services	209-8080
Child Health Services	209-8050
Department of Education	209-8400
Before/After Child Care	893-3530
Student Services Department	209-8496

District Attorney's Office	209-7400
Equal Employment Opportunity	209-6144
Family Planning/Birth Control	209-8050
Health Services Recorded Info	209-6120
After hours emergencies	893-8010
Branch Health Centers:	209-8496
Birchwood Clinic	961-0446
Homeless Health Clinic	265-5708
Ooltewah	238-4269

Humane Society	624-1754
Juvenile Court	209-5250
Sheriff's Department	622-0022
Social Services	209-6833

CHATTANOOGA SERVICES

Bradford Health Services (Crisis response)	892-2639
CADAS: Substance Abuse Services	756-7644
207 Spears Avenue, Chattanooga, TN 37405	
Community Kitchen	756-4222
South East Career Center	894-5354
Erlanger Health System	778-7000

Human Services	209-6800
Child Care Program	757-0952
Foster Grandparent Program	757-5509

Head Start/Early Head Start Program	493-9750
Low Income Energy Assistance	757-5524
Social Services	757-5541
Johnson Mental Health	870-9033
Crisis Response Services	634-8995
413 Spring Street, Chattanooga, TN 37405	
Neighborhood Services and Community Development	425-3700
Police:	
Non-emergency Police Services	698-2525
Police and Accident Reports	698-2525
Crime Stoppers	698-3333
Domestic Violence Task Force	755-2700

CALHOUN, GA SERVICES

Walker County Sheriff's Department	706-638-1909
------------------------------------	--------------

CLEVELAND, TN SERVICES

Hiwassee Mental Health Center 1855 Executive Park, Cleveland,	479-5454
--	----------

CHILD WELFARE SERVICES

(battered children, foster care, adoption, casework consultation)

Bachman Memorial Home	(423)479-4523
Behavioral Research institute	(423)479-1590
Bradley County Juvenile Court	(423)728-7081
Bethany Christian Services	(423)622-7360
Children's Home Chambliss Shelter	(423)698-2456
Child Shelter Home, Inc. (TN Baptist)	(423)892-2722
Children's Advocacy Center	(423)266-6918
Dept. of Children's Services (Bradley County)	(423)478-0300
Dept. of Children's Services (Polk County)	(423)338-5332
Dept. of Human Services (Bradley County)	(423)478-0300
Dept. of Human Services (Polk County)	(423)338-5332
Four Points, Inc.	(706)638-1555

Holston Home for Children	(423)855-4682
New Life Maternity Home	(423)478-5351
Partnership for Families, Children and Adults	(423)755-2822
Tennessee Home Ties	(423)479-0413

DAYCARE SERVICES

Child Care	(423)757-0953
Day Care/Family Resource (children)	(423)478-3727
Head Start	(423)493-9750
The Parent's Place	(423)629-4174

EDUCATIONAL SERVICES (Cleveland, Bradley County)

Cleveland City School Preschool Program	(423)339-0681
Center for Community Career Education , UTC	(423)425-4475
Free Developmental Testing - City	(423)472-9571
Free Developmental Testing - County	(423)476-0620
Head Start	(423)479-4210
J.O.Y. Center	(423)476-5584
Junior Achievement	(423)476-6772
Kids on the Block	(423)478-5437
Life Challenge	(423)476-6627
The Learning Center for Adults and Families	(423)478-1117
Pre-School Program (Bradley County Schools)	(423)476-0620
Siskin Foundation	(423)634-1700

HEALTH SERVICES

AIDS - Information	(423)476-0568
Alcohol and Drug Treatment	(423)624-7451
Alcoholics Anonymous (confidential)	(423)499-6003
Alzheimer's Association	(423)265-3600
American Cancer Society	(423)267-8613

American Red Cross	(423)472-1595
Arthritis Foundation	615)254-6795
Benton Family Health Center	(423)338-2831
Beverly Cannon Massage Therapy	(423)472-8646
Birth Defects Center	(423)778-2222
Blind Vital Center	(423)624-0025
Bradley Memorial Hospital	(423)559-6000
Candlelighters	(423)874-5734
Chattanooga Cares	(423)265-2273
Chattanooga State Tech Disability Support Services	(423)697-4452
Children's Advocacy Center	(423)266-6918
Children's Special Services (Health Dept.)	(423)209-8000
Epilepsy Foundation	(423)756-1771
Hamilton County Health Department (Ooltewah)	(423)238-4269
HealthSouth Chattanooga Rehabilitation Hospital	(423)698-0221
Hispanic Outreach	(423)264-5708
Kidney Foundation	(423)265-4397
March of Dimes Birth Defects	(423)267-7172
Muscular Dystrophy Association	(423)855-0645
Narcotics Association	(423)899-6500
Nancy's House	(423)559-8592
New Hope Pregnancy Care Center	(423)479-6683
Orange Grove Center, Inc.	(423)629-1451
Reality House (Halfway House)	(423)479-0353
Ronald McDonald House	(423)778-4300
Sequoyah Health Center	(423)842-3031
Signal Center for Special Children	(423)614-0199
Siskin Hospital for Physical Rehab	(423)634-1200
Sky Ridge Medical Center	(423)339-4100
The VITAL Center	(423)624-0025
TennCare Information	(423)634-6200

HOME HEALTH CARE

Home Health Care in Chattanooga	(423)499-0018
Family Home Health	(423)559-6092
Good Neighbors, Inc.	(423)266-1772
Hospice of Chattanooga	(423)267-6828
Home Health Care of East Tennessee	(423)479-4581
Memorial Hospital Home Health	(423)476-1001
NHC Homecare	(423)745-4246
TLC Home Nursing	(423)476-5800

HOTLINES AND EMERGENCY ASSISTANCE

AA - Alcoholics Anonymous No Listing	(423)499-6003
AIDS Hotline	(423)265-2273
Chattanooga Cares/Aids Hotline	(423)265-2273
Children's Advocacy Center	(423)266-6918
Cleveland Emergency Shelter	(423)478-1458
Emergency Management Agency (Hamilton County)	(423)209-6900
Emergency Medical Service (Bradley County)	(423)479-4121
Harbor Safe House	(423)476-3886
Life Challenged of Cleveland	(423)476-6627
Middle Tennessee Poison Center	(800)288-9999
Narcotics Anonymous - No listing, confidential	(423)899-6500
Sky Ridge Medical Center	(423)559-6000
United Way	(423)265-8000
United Way of Bradley County (Food)	(423)479-8575
TN crisis line	1800-809-9957

INFORMATION AND REFERRAL SERVICES

Bradley/Cleveland Community Services	(423)479-4111
Dept. of Children's Services (Bradley County)	(423)478-0300
Dept. of Children's Services (Polk County)	(423)338-5332

Dept. of Human Services (Bradley County)	(423)478-0300
Dept. of Human Services (Polk County)	(423)338-5332
United Way 211	(423)265-8000

MENTAL HEALTH SERVICES

ARC of Hamilton County, INC.	(423)624-6887
Behavioral Research Inst.	(423)479-1590
Bradley/Cleveland Developmental Services	(423)472-5268
Bright Outlook	(423)559-6109
Children's Advocacy Center	(423)266-6918
Cumberland Hall for Kids	(423)499-9007
Dept. of Mental Health and Retardation	(423)622-0500
Fortwood Center	(423)266-6751
Hiwassee Mental Health Center	(423)479-5454
The Youth Counseling Services in Cleveland	(423)476-1933
Tennessee Home Ties for Children & Families	(423)479-0413

YOUTH PROGRAMS

Boy Scouts of America	(423)892-8323
Boys & Girls Clubs of Chattanooga	(423) 266-6131
Boys & Girls Clubs of Cleveland	(423)472-7301
Cleveland Public Library	(423)472-2163
Girl Scouts of the USA	(423)877-2688
YMCA	(423)476-5573
AA - Alcoholics anonymous (no listing confidential)	(423)499-6003
Blind Vital Center	(423)624-0025
Bradley County Juvenile Court	(423)476-0538
Bradley/Cleveland Developmental Services	(423)472-5268
Chattanooga State Community College Disability Support Services	(423)697-4452
Division of Rehabilitation Services	(423)478-0330
HealthSouth Chattanooga Rehabilitation Hospital	(423)698-0221
Care Support Center Chattanooga	(423)238-9636

Orange Grove Center Inc.	(423)629-1451
Reality House (Halfway House)	(423)479-0353
Signal Center	(423)614-0199
Siskin Hospital for Physical Rehabilitation	(423)634-1200
South Cleveland Recreation Center	(423)559-3322
TEAM Evaluation Center	(423)622-0500
TEAM Evaluation Center's Family Support Program	(423)622-0500

SERVICES TO THE ELDERLY

Alexian Brothers Community Services	(423)698-0802
Bradley County Nursing Home	(423)472-7116
Community Services	(423)479-4111
Department of Human Services (Bradley County)	(423)478-0300
Department of Human Services (Polk County)	(423)338-5332
Life Care of Cleveland	(423)476-3254
Partnership for Family, Children and Adults	(423)755-2822
Rural Transportation	(423)478-3053
Signal Centers	(423)698-8528
Signature Health Care of Cleveland	(423)476-4444
Senior Congregate Nutrition	(423)559-2171
Senior Home Delivered Meals	(423)479-4111
Social Security Administration	(423)339-0519
Wellington Place	(423)479-8899

SUPPORT GROUPS

AA 39 meeting sites. (call central office)	(423)499-6003
AL-ANON Family groups	(423)499-6003
Alzheimer's Support Group (at UTC Campus)	(423)425-4546
Attention Deficit Disorder	(423)876-1241
Bridgemakers (Grief Support Group)	(423)472-1969
Candlelighters (Parents of children with cancer)	(423)874-5734
Cancer (Memorial Cancer Center)	(423)495-7778

Cardiac (for patients, families or anyone touched by heart disease)	(423)495-7764
Children's Advocacy Center (for sexually abused children)	(423)266-6918
Diabetes Support Group	(800)342-
Diabetes (Chattanooga Lifestyle Center)	(423)778-9400
Divorce Care	(423)648-2963
Divorce Support Group	(423)902-7502/778-9400
Eating disorders, GM & Associates	(423)894-9878
Epilepsy Support Group	(423)634-1772
Families Anonymous (family members of substance abusers or	(423)886-6425
Family Resource Agency/Harbor House Battered and Abused Women	(423)479-9339
Forever Angels (for people who have lost an unborn or newborn	(423)559-6722
Forward (Grief Support Group)	(423)476-6181
Gamblers Anonymous	(423)892-1410
Hearts United	(423)559-6032
I Can Cope Breast Cancer Support Group	(423)622-4454
Journey of Hope (Families of mentally ill)	1877-924-4483
La Leche League (Breastfeeding mothers)	(423)875-0421/517-8902
Light House (female spouses of sexual addicts)	(423)499-9335
LUPUS (for those with immune disorders)	(423)320-2135
Memorial Hospital Cancer Support Group	(423)495-7730
Memorial Hospital GRIEFCARE Support Group	(423)495-7730
Memorial Hospital Prostate Cancer Group	(423)495-7730
Memorial Hospital Wellness Program (For Breast Cancer Survivors)	(423)495-7730
Narcotics Anonymous	(423)899-6500
Ostomy Association	(423)877-1988

APPENDIX C Resources in Supervision

RESOURCES IN SUPERVISION

TEXTBOOK:

Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston: Pearson Allyn & Bacon.

JOURNAL EDITION DEVOTED TO SCHOOL COUNSELOR SUPERVISION:

Counselor Education and Supervision, 45(4). June 2006.

OTHER RESOURCES:

Agnew, T., Vaught, C. C., Getz, H. G., & Fortune, J. (2000). Peer group clinical supervision program fosters confidence and professionalism. *Professional School Counseling*, 4, 6-13.

Association for Counselor Education and Supervision (1993). *Ethical guidelines for counseling supervisors*. Alexandria, VA: Author.

Auxier, C. R., Hughes, F. R., & Kline, W. B. (2003). Identity development in counselors-in-training. *Counselor Education and Supervision*, 43, 25-38.

Baltimore, M. L., & Brown, L. (2004). On-demand interactive clinical supervision training: Using multimedia for building basic skills in supervision. In J. W. Bloom & G. R. Walz (Eds.), *Cybercounseling and cyberlearning: An encore* (pp. 259-274). Greensboro, NC: CAPS Press.

Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education and Supervision*, 19(1), 60-68.

Borders, L. D., Bernard, J. M., Dye, H. A., Fong, M. L., Henderson, P., & Nance, D. W. (1991). Curriculum guide for training counseling supervisors: Rationale, development, and implementation. *Counselor Education and Supervision*, 31, 58-80.

Borders, L. D. & Usher, C. H. (1992). Post-degree supervision: Existing and preferred practices. *Journal of Counseling and Development*, 70, 594-599.

Bradley, L.J., Gould, L.J., & Parr, G.D. (2001). Supervision-based integrative models of counselor supervision. In L.J. Bradley & N. Ladany (Eds.), *Counselor supervision principles, process, and practice* (pp. 93-124). Philadelphia, PA: Brunner-Routledge.

- Bradley, L.J. & Ladany, N. (Eds.). (2001). *Counselor supervision principles, process, and practice* (3rd ed.). Philadelphia, PA: Brunner-Routledge.
- Clingerman, T. L., & Bernard, J. M. (2004). An investigation of the use of email as a supplemental modality for clinical supervision. *Counselor Education and Supervision, 44*, 82-96.
- Council for the Accreditation of Counseling and Related Educational Programs (2009). *CACREP accreditation manual*. Alexandria, VA: Author.
- Crutchfield, L. B., & Borders, L. D. (1997). Impact of two clinical peer supervision models on practicing school counselors. *Journal of Counseling and Development, 75*. Retrieved February 22, 2005 from <http://web30.epnet.com>
- Dollarhide, C. T., & Miller, G. M. (2006). Supervision for preparation and practice of school counselors: Pathways to excellence. *Counselor Education and Supervision, 45*, 242-252.
- Freeman, B., & McHenry, S. (1996). Clinical supervision of counselors-in-training: A nationwide survey of ideal delivery, goals, and theoretical influences. *Counselor Education and Supervision, 36*, 144-158.
- Getz, H. G. (1999). Assessment of clinical supervisor competencies. *Journal of Counseling and Development, 77*, 491-497.
- Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide*. Belmont, CA: Brooks/Cole Thompson Learning.
- Herlihy, B., Gray, N., & McCollum, V. (2002). Legal and ethical issues in school counselor supervision. *Professional School Counseling, 6*, 55-60.
- Luke, M. & Bernard, J. M. (2006). The school counseling supervision model: An extension of the Discrimination model. *Counselor Education and Supervision, 45*, 282-295.
- Magnuson, S., Norem, K., & Wilcoxon, S. A. (2002). Clinical supervision for licensure: A consumer's guide. *Journal of Humanistic Counseling, Education, and Development, 41*, 52- 60.
- Magnuson, S., Wilcoxon, S. A., & Norem, K. (2000). A profile of lousy supervision: Experienced counselors' perspectives. *Counselor Education and Supervision, 39*, 189-202.
- Matthes, W. A. (1992). Induction of counselors into the profession. *The School Counselor, 39*, 245-250.

- Miller, G. M., & Dollarhide, C. T. (2006). Supervision in schools: Building pathways to excellence. *Counselor Education and Supervision, 45*, 296-303.
- Nelson, M. D., & Johnson, P. (1999). School counselors as supervisors: An integrated approach for supervising school counseling interns. *Counselor Education and Supervision, 39*, 80-100.
- O'Byrne, K., & Rosenberg, J. I. (1998). The practice of supervision: A sociocultural perspective. *Counselor Education and Supervision, 38*, 34-42.
- Page, B. J., Pietrzak, D. R., & Sutton, J. M. (2001). National survey of school counselor supervision. *Counselor Education and Supervision, 41*, 142-150.
- Peace, S. A., & Sprinthall, N. A. (1998). Training school counselors to supervise beginning counselors: Theory, research, and practice. *Professional School Counseling, 1*, 2-8.
- Peterson, J. S., & Deuschle, C. (2006). A model for supervising school counseling students without teaching experience. *Counselor Education and Supervision, 45*, 267-281.
- Studer, J. R. (2005). Supervising counselors-in-training: A guide for field supervisors. *Professional School Counseling, 8*, 353-359.
- Wood, C. & Rayles, A. D. (2006). A model of school counseling supervision: The Goals, Functions, Roles, and Systems model. *Counselor Education and Supervision, 45*, 253-266.