Southern Oregon University
Master in Clinical Mental Health Counseling

Clinical Mental Health Counseling Practicum & Internship Manual

Fall 2015 - Spring 2017

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Links to the following professional guidelines and legal statutes:

- Oregon Administrative Rules Chapter 833 - Professional Counselor and Therapist Licensing
- Oregon Legislature House Bill 2506
- American Mental Health Counselors Association Code of Ethics
- American Counseling Association Code of Ethics
- Ethical Guidelines for Counseling Supervisors
- CACREP Accreditation Standards

To the CMHC Student:

Welcome to the Southern Oregon University Master in Clinical Mental Health Counseling (CMHC) Program. Faculty members are committed to the development of mental health counselors who will provide effective counseling services, characterized by interpersonal attunement, ethical and evidence-informed practice, and support of the diversity of human experience.

Supervised experiential activities are vital to a counselor's development. Through your course work, particularly your Practica and Internship experiences, you will benefit by receiving practice and supervision from both faculty and supervisors practicing in the field.

We insist on ethical practice on the part of our faculty, students, and supervisors, and students are required to carry professional liability insurance.

This manual provides an overview of the supervised experiences in the CMHC Program. Supervision occurs in four courses over the two-year program, a pre-practicum course (part of COUN 502), Individual and Group Practica (COUN 504 and COUN 506), and in Internship (COUN 510). An overview of each of these courses, as well as guidelines and required paperwork, are detailed in this manual. You will need this manual as you progress through the CMHC Program. Throughout your training, please be sure that your supervisor receives the necessary evaluation and contact hour forms in a timely manner.

We trust this manual will assist in explaining some of the details and requirements of your experiential courses. Please read and consult the manual throughout your journey as a student in the SOU CMHC program.

A sincere welcome from the SOU CMHC Program Faculty,

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SECTION I

Overview of Experiential Training

CMHC Curriculum and Staffing 2015 – 2017

CMHC Program Coordinator: Cody Christopherson CMHC Clinical Coordinator: Dominick Robertson

Fall 15	Course Name	Credits	Faculty
COUN 571	COUNSELING THEORY	4	Robertson
COUN 570	ADVANCED HUMAN GROWTH/DEVELOP	4	Kyle
COUN 502	THE HELPING RELATIONSHIP	4	Wilson
	PRE-PRACTICUM SUPERVISION	0	4 adjunct supervisors
COUN 599	PROFESSIONAL GUIDANCE	1[1]	Robertson
WINTER 16			
COUN 581	ETHICS AND ROLES	4	Christopherson
COUN 575	CRISIS INTERVENTION	4	Kyle
COUN 504	INDV COUNSELING PRACTICUM	4	Robertson, 3 adjunct supervisors
COUN 599	PROFESSIONAL GUIDANCE	1	Christopherson
SPRING 16			
COUN 583	ADVANCED PSYCHOPATHOLOGY	4	Robertson
COUN 574	GROUP COUNSELING	4	Kyle
COUN 506	GROUP COUNSELING PRACTICUM	4	4 adjunct supervisors
COUN 599	PROFESSIONAL GUIDANCE	1	Kyle, Murray
SUMMER 16			
COUN 572	MHC: IDENTITY & PRACTICE	2	Pierson
COUN 510	INTERNSHIP	1[2]	Murray, Christopherson
COUN 585	TREATMENT PLANNING & CONSULTATION	3	Smith
COUN 525	SUB. ABUSE & CO-OCCURING DISORDERS	3	Lein
COUN 586	MULTICULTURAL MENTAL HEALTH	4	Kyle
FALL 16			
COUN 576	FAMIILY & COUPLES COUNSELING	4	Kyle
COUN 521	ASSESSMENT	4	Smith
COUN 507	ELECTIVE	1[3]	TBD
COUN 510	INTERNSHIP	3	TBD
COUN 599	PROFESSIONAL GUIDANCE	1	tba
WINTER 17			
COUN 549	CAREER COUNSELING	4	TBD
COUN 542	APPLIED RESEARCH DESIGN	4	Smith
COUN 507	ELECTIVE (if not taken)	1	TBD
COUN 510	INTERNSHIP	2	TBD
COUN 599	PROFESSIONAL GUIDANCE	1	TBD
SPRING 17			
COUN 573	MENTAL HEALTH PROFESSION	4	Robertson
COUN 531	COMMUNITY COUNSELING	4	Christopherson
COUN 584	PSYCHOPHARMACOLOGY	2	Clark-Pelton, Pelton
COUN 507	ELECTIVE (if not taken)	1	TBD
COUN 510	INTERNSHIP	3	TBD
COUN 599	PROFESSIONAL GUIDANCE	1	TBD

[1] Students must take 1 credit of COUN 599 in each quarter (except Summer), for a total of 6 credits of COUN 599.
[2] Students must have 9 credits of COUN 510, allocated across the entire internship period.
[3] Students must have 1 credit hour of elective coursework.

Overview of the CMHC SUPERVISED TRAINING EXPERIENCE

Supervised experience is a substantial part of the Clinical Mental Health Counseling program curriculum. The sequence of courses, including the Pre-practicum (COUN 502), Individual and Group Practica (COUN 504 and COUN 506), and the Internship (COUN 510), are designed to meet national counselor education training standards and specifically, the educational requirements of the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT). Our graduates are eligible to apply for to become Registered Interns and to eventually apply for the credential of Licensed Professional Counselor (LPC) after completing additional post-graduate requirements.

We are proud to note that the CMHC program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), a national accrediting body for mental health counselor preparation programs (see http://www.cacrep.org). CACREP accreditation is an important step in our effort to help our graduates gain mobility in responding to changing employment needs; it allows CMHC graduates to be eligible for licensure in all 50 states.

The CMHC program involves completing 90 credit hours over a two-year period, with full-time attendance. Some students attend part-time because of family and/or work commitments; they usually require additional time and we try to accommodate their needs as they balance responsibilities. Individual students may also take some of the core courses out of the usual sequence in order to meet their individual needs. Additional electives may be added to a student's planned program as well.

During the supervised experience, students will function as mental health counselors first in a laboratory setting on the SOU campus and then in community mental health agencies, most of which are in Jackson, Josephine and Klamath Counties in southern Oregon and Siskiyou County in northern California. Students are required to complete 100 hours of practica (COUN 504 & COUN 506) and 600 hours during Internship, of which 280 must be client contact hours (COUN 510).

THE PRACTICA

Purpose

Practica consists of two courses (COUN 504 and 506) designed to move the student from basic to more advanced counseling skills and client conceptualizations. The student is guided toward developing clinical awareness and intentionality within the context of respectful, ethically based professional relationships. Student counselors work with volunteer undergraduate students (PSY 318 and 319).

PRACTICA STUDENT ROLE AND TIME COMMITMENT

Student Role

In order to facilitate this requirement the practicum student:

- is required to conduct a minimum of 40 hours direct client contact, including individual and group counseling settings;
- will attend group supervision weekly;
- will attend individual or triad supervision weekly;
- will develop a Supervision Contract that identifies specific objectives for each practicum; and
- is responsible for completing other requirements as outlined in the class syllabi.

Time Commitment

The practica consist of a minimum of 100 total hours of supervised experience:

- Twenty (20) hours must be direct contact with individual clients (COUN 504).
- Twenty (20) hours of direct contact which includes group counseling, individual intake and post-session interviews for group (COUN 506).
- Fifteen (15) hours in weekly group supervision (1.5 hrs/week for 10 weeks) for COUN 504.
- Fifteen (15) hours in weekly group supervision (1.5 hrs/week for 10 weeks) for COUN 506.
- Ten (10) hours in weekly individual or triadic supervision (1 hr/week) during Individual Counseling Practicum (COUN 504).
- Ten (10) hours in weekly individual or triadic supervision (1 hr/week over the entire term) during Group Counseling Practicum (COUN 506).
- The practicum student is required to complete case notes, to review videotapes for supervision, and other relevant paperwork as outlined in the course syllabus, which constitutes the remaining required hours in 504 and 506 (minimum 5-hours each term).

Individual Practicum Supervisor Role

The practicum supervisor:

- assures the appropriateness and welfare of volunteer undergraduate student clients and works with the practicum students to make necessary assessment, treatment plans, and referrals;
- approves a practicum student’s Supervision Contract that identifies specific objectives;
- assists practicum students to acquire counseling skills needed to participate in internship;

- provides practicum students with counseling situations in which they can gain experience in practical application of methods and techniques;
- provides practicum students with at least 1 hour of individual or triadic supervision per week during COUN 504 and at least 1 hour of triadic supervision per week during COUN 506;
- provides students with 1.5 hours per week of group supervision during the Individual Counseling Practicum (COUN 504) and 1.5 hours per week of group supervision during the Group Counseling Practicum (COUN 506).
- evaluates the quality of 504 and 506 assignments;
- evaluates the overall performance and extent to which Student Learning Objectives are met, and assigns a course grade;
- communicates at least three times each term with the Clinical Coordinator, typically at the beginning of the term, mid-term, and at the end of term. Meetings with all supervisors are typically held on campus at a mutually agreed upon time at mid-term and at the end of the term to review students' progress. Dates are established at the beginning of each term. CMHC faculty members are invited to attend.

Experiential Training

COURSE #	COURSE TITLE	# CR HRS	CLIENT CONTACT HOURS	HOURS INDIV/ TRIAD SUP.	HOURS GROUP SUP.	MIN. TOTAL HOURS (incl. administrative work)
502	**The Helping Relationship Pre-practicum** A portion of the COUN 502 includes skills practice and supervised experience. Students practice with each other in class and in the Counseling Lab.	**4**	**8** (approx. 1 hour of weekly skills practice X 8 weeks)	**0**	**16** (2 hrs weekly X 8 weeks)	**20**
504	**Individual Counseling Practicum**	**4**	**20** (2-3 clients X 9 weeks)	**10** (1 hr wk)	**15** (1.5 hrs wk for 10 wks)	**50**
506	**Group Counseling Practicum**	**4**	**20** (2 hr group X 8 wks, plus pre & post interviews)	**10** (1 hr wk for 10wks)	**15** (1.5 hrs wk for 10 wks)	**50**
	TOTAL PRACTICA COUN 504 & 506	**8**	**40** (+ at least 5 administrative hours per term = 50 hours)	**20**	**30**	**100**
510	**Internship** Work load for internship: 1 credit = about 80 hours, including individual supervision on site and group supervision at SOU	**9**	**280**	**1hr**. ave/ week with field site supervisor	**1.5 hr**. ave/ week with faculty group supervisor	**600**

- **502 hours do not count for total required practicum hours**
- **504 and 506 hours includes tape preparation and administrative work**
- **510 minimum total hours do include administrative hours on site**

Policy on Confidentiality of Client Records during Practica

The CMHC faculty has developed the following guidelines for the maintenance and security of client records during the SOU pre-practicum and practica experiences (COUN 502, COUN 504, COUN 506). We have used the Ethical Guidelines of the American Mental Health Counselors Association and the Oregon Revised Statues (ORS 192.525 Medical Records) in establishing the minimum criteria for these policies, in conjunction with legal counsel for Southern Oregon University.

During all practica experiences, counseling students will keep on-going case notes on their work with clients. These will be kept in the designated locked file in a client folder during the term. They may be removed only for purposes of supervision and must be returned promptly to the locked file cabinet. Counselors-in-training should access their client files only.

A key system is in place for current counseling students to access their client files. The Graduate Office Coordinator or Graduate Assistant will explain the system in COUN 502.

COUN 502 - Pre-practicum

Students entering COUN 502 will be taught to set up client files.

COUN 504 Individual Counseling Practicum & COUN 506 Group Counseling Practicum

Because these two practica experiences involve undergraduate students who are presenting genuine concerns, the case notes will be treated as medical records during the term. At the end of the term, all case notes, PSY 318 Individual or PSY 319 Group Counseling Application forms and attendance records will be destroyed. All case reports presented in supervision, classes, professional meetings, or publications must be disguised so that no client identification is possible unless the client has read the report and agreed in writing to its presentation or publication.

All video or audiotape recordings must be treated as confidential materials. Once the term is completed, all recordings must be erased or destroyed to protect the confidentiality of clients.

Student counselors will discuss confidentiality, limits of confidentiality, and permission to tape with each client in the practicum. Student counselors will not work with an undergraduate student volunteer who does not agree to the terms of confidentiality and videotaping.

Case notes and other relevant information will be released to a third party only if the client submits an authorization to disclose medical records from their provider or a referral is made for continued services. Both the Authorization and Referral forms are included in this document (see Table of Contents).

INTERNSHIP (COUN 510)

Purpose

The internship is regarded by the faculty as a summative experience of the training program leading to the Master–of Mental Health Counseling degree. Prior to starting the internship, the student will have completed the basic core counseling courses and COUN 504 and COUN 506 practicum experiences.

As far as the student is concerned, the principle objective of the internship is to provide an opportunity for integration of clinical knowledge and skills and ethical practice in a relevant setting. Applying theory and counseling skills under competent supervision enables the student to make the necessary transition from graduate school to the actual work setting. If the transition is made with adequate supervision, the student gains competence and confidence in the delivery of mental health counseling services. The reality of the internship setting provides the necessary bridge between training and professional competence.

In addition to preparing students for transition into the world of work, the internship program is beneficial to the involved agency or educational setting. The student brings an enthusiasm and willingness to learn as well as basic counseling knowledge and skills. It is expected that the Masters student in clinical mental health counseling will have supervised responsibilities similar to regular staff members, thereby contributing substantially to the functioning of the particular counseling setting.

The basic assumption underlying all internship arrangements is that the primary responsibility of each agency is the welfare of its clients. We assume that all intern activities are to be conducted within the context of responsibility for client welfare.

SOU Clinical Mental Health Counseling Program faculty cooperates in the internship endeavor with agencies and educational institutions in the community. It is the objective of faculty to continually evaluate and improve the internship experience.

To the Internship Site-Supervisor:

Welcome to the Southern Oregon University Masters in Clinical Mental Health Counseling (CMHC) Program. Thank you for agreeing to supervise a counselor-in-training from our program.

Faculty members and field supervisors are committed to the development of mental health counselors who will provide effective counseling services which are interpersonally attuned, ethically and scientifically informed, and sensitive to and supportive of the diversity of human experience. With your assistance our goals can be accomplished. The counseling education field is maturing and you are a vital part of the qualifying process for those students who seek to become Licensed Professional Counselors.

The student has received a manual that provides an overview of the supervised experiences in the Clinical Mental Health Counseling Program. Each site supervisor receives an abbreviated form of the manual that focuses on the internship experience. Supervision occurs in several courses over the two-year program. A pre-practicum (COUN 502) and individual and group practica (COUN 504 and COUN 506) compose the experiential components during the first year. Internship (COUN 510) involves supervised work outside of the Psychology Department during the second year. Guidelines and required paperwork are detailed in this manual. At all levels of training, we insist on ethical practice according to the ACA and the AMHCA on the part of our faculty, students, and supervisors. Students are required to carry professional liability insurance.

The roles and responsibilities of the on-site supervisor include selecting the Student-Intern(s) through the Internship Match Process (see p. 70). The site supervisor also orients the Intern to the site, including specific policies and procedures. A student-intern should be given more responsibility as skills and knowledge increase. The on-site supervisor reviews the Intern's Goals each quarter (see p. 79) and meets weekly with the Intern to critique counseling recordings, supervise cases, and discuss the student's progress. The site supervisor will co-sign case notes, client assessments and other relevant work and will complete an evaluation at the end of each term. It is the student's responsibility to provide you with evaluation and contact hour forms in a timely manner.

The Intern and the SOU Group Supervisor (COUN 510) should acquaint the site supervisor with requirements of the supervised experience. During Internship, the Clinical Coordinator or SOU Group Supervisor will be available for consultation whenever needed and will make an initial and ending site visit, if feasible, to review the progress of the student and the suitability of the internship site for the training experience. The Clinical Coordinator will also establish a university – internship site agreement before the commencement of the internship.

You will be invited to a Supervisors' Consultation Seminar during the year in order to support your professional development as well.

Again, we thank you for supervising a student in the SOU Clinical Mental Health Counseling Program. We trust this manual will assist in explaining some of the details of a supervised experience. While the campus supervisor will be your primary contact person, we hope that you will feel free to contact any CMHC faculty member if you have questions, concerns, or would like more information.

Sincerely, SOU - CMHC Program Faculty

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INTERNSHIP STUDENT ROLE AND TIME COMMITMENT

Student Role

The intern is essentially a guest team member in the internship setting. This mutually beneficial situation requires that the intern follow guidelines that are similar to those followed by the regular contract~~ed~~ staff. While expectations of staff, and therefore, the intern, vary from setting to setting, there are some general guidelines that the student and supervisor should be aware of in order that all gain the most benefit from the experience.

The role of the intern is to obtain practice and experience in counseling - not to change the system or the setting. The privileges that are extended to an intern are tenuous and may be revoked by the agency, school, or institution at its discretion.

The student will apply for an internship using the Internship Match Process (p. 70). The student will review agency information, attend an Internship Fair, and interview at a number of sites. Some sites also require completion of specific forms and/or criminal background checks. The student's advisor and the Clinical Coordinator are available to help the student select internship sites appropriate to his or her skills, knowledge, and specific area of interest. CMHC faculty will review each student's progress to determine readiness for Internship placement and the student will be notified as to this Advancement to Candidacy before beginning the internship.

Each student will commit to one internship site for a specified period of time and for a specified number of hours per week. A secondary internship placement will usually not be approved unless there is a compelling reason to pursue such a course; the counseling faculty must discuss this situation in advance. Students who wish to arrange for an internship at a second site must first talk with their advisor, the Clinical Coordinator, and Program Coordinator. If all are in agreement, the student may then communicate their desire to the relevant site supervisor.

Once a match is made by the CMHC Clinical Coordinator, based on rankings by both student and agency, the intern proceeds as follows:

1. The intern completes in writing, an Internship Agreement Student/Host Agency/University form (see p. 73) and Internship Site/University Agreement form (see p. 75) with relevant personnel the setting in which the internship is to take place. The agreement describes the objectives, duties, and responsibilities of the internship experience and the legal parameters of the internship experience. The agreement forms should be completed, signed, and copied in **triplicate** prior to commencement of the internship. Please distribute copies to: The Internship Site and SOU Clinical Mental Health Counseling Program. As with all practicum and internship forms, make a copy for your personal files.

2. Supervision from a qualified professional in the internship setting is required. The supervisor must hold a graduate degree in an appropriate area and have a minimum of two years experience with the population and problems the intern will encounter. The supervisor must hold the appropriate license or certification required for work at the site.

3. Within the first month, the intern, in consultation with the site supervisor and SOU Group Supervisor, completes the Internship Plan and Supervision Contract (see p. 79). This form should be submitted to the SOU Group Supervisor, reviewed and updated each term and filed in

the student's clinical file.

4. Over the course of the internship, the student is required to complete a minimum of 4 oral and 3 written case studies demonstrating assessment, diagnosis and treatment planning and that focus on specific areas of competence; the COUN 510 syllabus details these specifics. The SOU Group supervisor reviews these case studies.

5. The intern participates in a minimum of 1 hour per week of individual or triad supervision at the site.

6. The intern participates in an average of 1-½ hours of campus-based group supervision per week of internship (usually scheduled for 2 hours per week over the 10 week term). Onsite group supervision may also be required by the agency and may provide additional supervision opportunity for the student. **Attendance at internship group supervision on campus is required.**

7. The intern participates in counselor-in-training activities such as staff meetings, client record retention, client file maintenance, and training recommended by the supervisor.

8. The intern maintains a log of activities and hours, to be discussed with and signed by the internship site supervisor periodically. The log is submitted to the CMHC Graduate Office Coordinator no later than Thursday of Final Exam week at the end of each term.

9. The intern is evaluated by the site supervisor each quarter. Evaluation procedures and forms are included in this manual (see COUN 510 section). Submit these forms in a timely manner to your COUN 510 group supervisor. Remember to make copies of evaluation forms for your personal files.

10. After the Internship is successfully completed and the student has graduated, the CMHC Coordinator will verify internship hours and endorse the alumna on applications for licensure. Examples of procedures and necessary Oregon forms (see the Oregon Board of Licensed Professional Counselors and Therapists http://www.oregon.gov/oblpct/Pages/Forms.aspx) are provided as part of this manual. Since other states may have different requirements and forms, students are advised to seek relevant information as soon as possible.

Time Commitment

The SOU Mental Health Counseling Program requires at least 600 hours of documented internship experience with at least 280 hours of direct client contact hours. The State of Oregon licensing board will accept up to 400 hours of direct client contact during graduate training carried forward towards licensure. If the student plans to seek licensure in another state, he or she should learn about the state's specific clinical training requirements before the internship begins.

Student and site supervisor agree upon the number of internship hours each quarter. Hours are based on student needs and competencies and upon the needs and desires of the setting involved. The total 600-hour Internship is normally completed over a four term sequence for students attending full time; 1 credit hour equals about 67 hours on-site, including on-site individual supervision and SOU group supervision (1 credit = ~67 hours internship; 9 credits = 600 hours).

SITE SUPERVISOR ROLE

The site supervisor is an experienced professional with a minimum of a master's degree in counseling or a related profession, two years minimum of professional counseling experience, and appropriate licensure or certification. The supervisor assists the intern in establishing goals, assessing and evaluating professional development, and in helping the intern to become an integral part of the staff and internship setting.

To assist the supervisor, the following general objectives for internship supervision are listed:

1. Guide the intern toward the acquisition of counseling competencies that include specific skills and knowledge related to direct delivery of service to a specific client population.

2. Provide the intern with assessment, counseling, and consultation situations in which s/he can gain experience in the practical application of methods and techniques.

3. Assist the intern with the further integration of ethical understanding and practice.

4. Assist the intern in planning for efficient use of time and resources.

5. Assist the intern in assessing client potential, problems and prognosis, diagnosis, developing and implementing treatment plans, and effectively utilizing referral and consultation services.

6. Help the intern develop positive working relationships with supervisors, peers, and related agencies.

The internship site supervisor is expected to follow specific procedures. These may be modified to meet the needs of the student intern and the site:

1. Assist the intern in developing an Internship Plan and Supervision Contract that lists objectives, responsibilities, and tasks specific to the agency or institution involved (see p. 79). Sign and accept a copy of this document at the beginning of the internship.

2. Include a minimum of one (1) hour per week of individual or triad supervision. This supervision time requirement should increase if the student is participating in an intensified internship.

3. Provide opportunities for live or recorded observation of counseling and use this information in the supervision process. Regular observation in some form is required by CACREP.

4. Review the intern's record keeping and case study reports, and sign off at the designated lines.

5. Communicate with the SOU Group Supervisor regarding progress of the intern.

6. Provide intern evaluations for the SOU Group Supervisor and share these evaluations with the intern (see Intern Performance Evaluation Form).

ROLE OF ON-CAMPUS GROUP SUPERVISOR & CLINICAL COORDINATOR

Supervision of student skills and acquisition of knowledge has been the responsibility of the faculty up to the time of internship. During the internship the SOU Group Supervisor or the Clinical Coordinator is expected to function as a liaison person between the SOU Clinical Mental Health Counselor Training Program and the agency. Primary individual supervision of the intern is with the on-site supervisor. Weekly group supervision will be with the on-campus group supervisor. Some agencies provide supervision or case consultation for staff; interns are encouraged to participate in group supervision in the agency as an additional opportunity.

During the course of the internship, the SOU Group Supervisor or Clinical Coordinator performs the following tasks:

1. Immediately establishes the Internship Site/University Agreement (see p. 75) & reviews supervisor qualifications (see p. 80 for Supervisor Registration form).

2. Reads and signs the Internship Agreement/Host Agency/University (see p. 73) within the first term of internship.

3. Reviews and signs the Internship Plan and Supervision Contract (see p. 79) within the initial phase of internship.

4. Evaluates the entire internship experience for both student and agency and works toward continued improvement of learning opportunities for the student.

5. Reviews the intern's records at least once during the course of the internship.

During the internship, the SOU Group Supervisor performs the following tasks:

A. Meets with the intern for on-campus supervision during each term (average 1 ½ hours per week of group supervision).

B. Maintains bimonthly phone or email contact with the site supervisor or as needed and, if possible, visits the site at least once during the course of the internship.

C. Reviews the Internship Plan and Supervision Contract at the beginning of each term.

D. Reviews and evaluates written and oral case studies presented by the student.

E. Reviews the site supervisor's evaluation of the student (see p. 81) and all 510 forms relevant to the term. Submits the grade for the internship credit hours completed.

F. Evaluates each student's counseling competencies and provides feedback to the student, the Clinical Coordinator, and the CMHC faculty. When remediation is required, the faculty group supervisor coordinates the remediation plan with the student intern and with the current site supervisor.

SEQUENTIAL PROGRESSION OF ACTIVITIES FOR THE COUNSELOR-TRAINEE

If the following proposed progression of activities is used as a guideline, interns have an opportunity to demonstrate their competencies in an increasingly complex manner by the end of the on-site experience. Differences exist in individuals and institutions, which may preclude adherence to the suggested sequence of activities. These activities are presented as a minimal frame of reference and as a general guideline. All of the listed activities may not be available. (Some of the activities may be mandated by CACREP and the student must make arrangements to participate in them with the SOU Clinical Coordinator if the experience is not available on site.)

Phase I. Observation and Information Gathering
The intent of Phase 1 is to acquaint the student with the organization, the procedures and the personnel of the agency. It is important that the student have access to written policy, records, and personnel. There is no time limit assigned to this phase. After it is clear that students understand activities listed in Phase 1, they will move to the next phase with the approval of the site supervisor.

Activities include:

A. Organizational Structure

13. Administrative Procedures
14. Record Keeping
15. Intake Procedures
16. Assessment Procedures
17. Referral Procedures
18. Attending Staff Meetings
19. Research

B. Orientation to Counseling, Treatment, or Therapy Process (Individual, Group, Family, Milieu, Etc.)

21. Theory
22. Process
23. Techniques/ Skills
24. Population

Phase II. **Involvement in Counseling**
During this phase, students begin to participate as counselors in the agency. Close supervision is important and students are expected to participate in activities and experiences appropriate to their abilities.

Activities include:

A. Shadowing an experienced counselor
B. Co-Counseling
C. New Client Intake
D. Assessment (informal/ formal) and Diagnosis
E. Treatment Planning
F. Individual Counseling

G. Group Counseling
H. Attending Staffing /In-Service
I. Referral
J. Accurate Record Keeping

Phase III. Counseling

Supervision of the student continues during phase three, but the student is allowed to be more independent and develop his or her skills with the supervisor's assistance. If there is concern or questions about the student proceeding to this area, these concerns should be discussed with the SOU Group Supervisor or Clinical Coordinator. It is during this phase that the student is able to offer more services to the agency.

Activities include:

A. New Client Intake
B. Assessment and Diagnosis
C. Treatment Planning
D. Individual Counseling
E. Group Counseling/Guidance
F. Conducting Staff In-Service
G. Participation in Case Review
H. Participation in Case Conference
I. Case Write-up
J. Consultation
K. Referral and Follow-up

Charting Hints

Purpose

- To **remind** yourself of where you are in your counseling process with the client.
- To help in formulating and reformulating a treatment plan.
- To have accurate information in case your client is transferred to another counselor or there is a crisis situation in which another counselor is required to respond.
- For legal and ethical purposes.

Procedure

- All charting needs to be signed off by your supervisor.
- When on-site, use the standard format at the site. If they don't have a standard format, it is suggested that you use the CAP format and consultation record form that is included in this manual.
- Do not take files out of the office or off the site premises without permission.
- Chart immediately (or as soon as possible) after contact.
- The Buckley Amendment (1974) gives clients access to their files.
- All charts should be kept in a secured location on site.
- HPPA and FERPA guidelines are essential; know what laws apply in your setting and how to manage conflicting demands for confidentiality and client welfare.

General Tips

- Your content should tie back to the treatment plan.
- Use behavioral descriptors.
- When possible, use the client's own words to describe the problem.
- If there is a prior diagnosis refer to it: "According to Dr. Smith, the diagnosis of Major Depressive Disorder…"
- Only keep materials which are relevant to the client and which you are willing to share with the client or with the court.
- Don't evaluate yourself in your charting.
- In general, one or two sentences addressing each area should suffice. However, suicidal clients and those who might be violent toward others, should be charted in detail; including consultations, assessment, and a specific intervention plan.

CASE STUDY GENERAL GUIDELINES

Throughout the CMHC program, you will be asked to write case studies about your clients. This is an important skill to develop since your written report is often the only communication between you and future service providers. Case study report writing differs from research, narrative or creative writing. Rather, it is direct, descriptive, behaviorally anchored, and clear about what data you are using to draw your conclusions and recommendations.

You will learn parts of the case study in various classes. During the Advanced Human Development class (COUN 570) you will interview an individual and write a biopsychosocial history. During the Individual Counseling Practicum (COUN 504) and Treatment Planning (COUN 585), you will learn the principles and guidelines of conducting an intake interview, a mental status evaluation, and taking a complete history for purposes of diagnosis and treatment planning. During the Internship you will be required to complete 7 case studies that demonstrate different knowledge and skills. Details will be provided in the COUN 510 syllabus. Your COUN 510 group supervisor will evaluate the case studies. A portion of these case studies will be orally presented to the supervision group for their input. One or more case studies may be used to document your acquisition of MHC competencies in your Professional Portfolio.

The following outline is offered as a general guideline. More specific instruction will be provided during the above classes, in practica and internship. Many internship sites have their own format and forms for intake or case studies. You are encouraged to use whatever form is prevalent on-site but you should also know the following:

Client: Name (use code or pseudonym)
DOB: (date of birth)
CA: (chronological age in years – months)
Ethnicity: (racial, cultural identification)

Counselor: Your Name
Date: (date of report)
Location: (name of agency or place)

Identifying Information: Sex/Gender Identification**,** Age**,** Marital/Relationship status**,** Ethnicity**,** Religion/Spiritual Affiliation**,** Occupation and interests**,** Current living environment and social support**,** Personal appearance**,** Judgment**,** Activity level**,** Alertness**,** Cooperativeness**,** Rapidity of response**,** Speech (patterns and logic)**,** Appropriateness of responses**,** Emotional responsiveness**,** How much the client deals with here and now reality**,** Apparent intellectual resources (this should include a mental status evaluation [MSE]).

Presenting Problem/Concern: A narrative account of surrounding circumstances, person and events (in the client's own words as much as possible), Why therapy now? What needs are not being satisfied? What has the client tried? To what degree has the person been successful in addressing the concern?

Relevant Personal and Family History: Try to identify patterns of behavior related to the current situation, Early significant life experiences**,** Past counseling/psychiatric care**,** Medical problems (allergies, operations, major accidents, current treatment and medications)**,** Drug use**,** Alcohol & other substance use**,** Sexual history**,** Educational history**,** Marital/Committed relationship history**,** Job history**,** Social agency history (welfare, probation, arrests)**,** Parents and siblings.

Assessments Used: Assessments tools used to gain a better understanding of the client and his/her functioning (including Mental Status Exam).

DSM-5 Diagnosis: Propose a diagnosis based on presenting concerns, assessment, and consultation with your field supervisor**.** What evidence supports this diagnosis? What additional diagnoses did you consider, but rule out?

Theoretical Model/Approach Used: Explain the model/approach used with this client and why it was chosen**.** Describe the interventions used**.** Explore the pros and cons of using this approach with this client.

Treatment Plan: Goals expressed by the client**.** Goals identified by you**.** Be very specific and put in an objective, measurable unit if possible. (How will you and you're your client measure progress, and what will it look like when the goal is successfully met?) What is to be done, how much, by when, by whom…..

Possible Barriers or Problems to Consider in the Counseling Process: Discuss what you think may be potential problems to meeting the goals of the treatment plan. Discuss how you plan to address these problems.

Ethical and Legal Concerns Related to this Case: Describe any ethical or legal concerns arising with this client case, including potential ethical issues you considered.

Use of Supervision: Describe how you used supervision related to this particular client, and the learning from that consultation.

PREPARING FOR SUPERVISION

Supervision varies depending on the developmental level of the student-counselor, the needs of the client, the context of the counseling and the goals of the counseling. Thus, what may be useful at one point in your training is likely to change at a later time and with different clients, settings and supervisors.

Several important goals of supervision for the beginning counselor are:

- Developing a clinical eye and ear with which to evaluate one's self, clients and peers. Being both generous and critical, in a non-judgmental way, about one's own and peer behavior.
- Increasing options of intervention (intentional interviewing) and learning to assess the effectiveness of those interventions.
- Expanding one's capacity to talk about choices and options.

PREPARATION:

- Be in charge of the supervision session by being prepared.
- Review your recording and session notes ahead of time. If possible, have an outline transcript available that is keyed to the counter on the recorder.
- Think through your strengths, weaknesses, points of confusion, and clinical highlights.

Come with self-praise AND areas in need of improvement. Ask for help with specific issues.

- If an assignment or a previous supervision session asks that you focus on a specific skill, then be sure to include that in your selection of tape, notes, presentation, etc.
- Help us help you. If we are not giving you what you want, please inform us with specifics.
- Be open to feedback and be willing to look at your own responses, feelings, thoughts, and personal history. Supervision is not therapy but often touches on personal issues.

INSURANCE FOR INJURIES TO STUDENT AND OTHERS

Although it is statistically unlikely that you as student will incur any injuries or cause any injuries to others while participating in a practica or internship placement, such occurrences are possible. For this reason, we wish you to understand certain fundamental points about your legal relationship to the University and to the agency in which you are placed.

It is important you understand that, notwithstanding the fact that you may be paying tuition or are a matriculated student, or are earning credits from the University, you are not an employee, an official, or an agent of the University by reason of your internship assignment and activities for an independent or contracting host agency. This means that you would not be indemnified for liability or provided a legal defense as to claims from third parties whom you might injure.

As a person rendering services with or without pay to or on behalf of the host agency, it is possible that you may be covered by the host agency's workers compensation coverage and liability insurance. However, this is not automatic nor always required by law. Therefore, you may wish to make arrangements to acquire health or accident insurance (for injuries to yourself).

Further, you must acquire professional liability insurance (to protect against claims by other persons whom you might injure). Liability insurance is available through AMHCA or ACA student membership and must be in place prior to practica or internship placement. A copy of the policy cover sheet **MUST** be submitted (with the form from the following page) to the MHC Office Coordinator, at the beginning of your policy and at renewal.

American Mental Health Counselors Association (AMHCA) (for student membership)
800-326-2642
www.amhca.org

American Counseling Association (ACA) (for student membership)
800-347-6647
www.counseling.org

The “Insurance and Ethical Code Understanding” form is on next page.

Insurance and Ethical Code Understanding

I understand that Southern Oregon University does not consider me an employee, an official, or an agent of the University by reason of my practica or internship assignment and activities.

I understand that I would not be indemnified for liability or provided legal defense as to claims from third parties whom I might injure.

I have student malpractice insurance through: _____

Policy # _____ Expiration Date: _____

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

Student Signature: _____ Date: _____

SECTION II

PRE-PRACTICUM GUIDELINES

COUN 502

PRE-PRACTICUM GUIDELINE
THE COUNSELING RELATIONSHIP – COUN 502

The purpose of this course is to introduce students to the clinical mental health counseling profession. The major emphasis is on helping students to develop the skills necessary to establish a relationship that enables clients to change and grow. This relationship requires that counselors be in touch with their experience of self as well as the experience of the client. It demands that counselors-in-training be able to move outside of their own frame of reference into the frame of reference of the client. The counselor endeavors to see the world as the client sees it. The major goal of supervision is an increase in counselor self-awareness, basic skill development, and ethical practice. Practice partners ("Clients") will be peers in the CMHC program who will role-play counseling issues appropriate to the setting.

Basic skills include:

- Attending skills
- Accurate empathy
- Open-ended questions/statements
- Client observation skills
- Reflecting skills (content and feeling)
- Encouraging, paraphrasing, and summarizing skills
- Basic confrontation skills
- Focusing/directionality skills
- Incorporating feedback
- Counselor self-awareness

Required Paperwork for counselor folder includes:

- Copy of liability insurance
- Supervision summary
- COUN 502 Pre-practicum Midterm Evaluation
- COUN 502 Pre-practicum Final Evaluation
- Student evaluation of supervisor
- Log of Pre-practicum Experience

Required Paperwork for client folder includes:

- Signed disclosure statements and signed permission to record
- Case Notes

Course requirements:

- DVD recorded sessions as the counselor with a fellow Pre-practicum student.
- DVD recorded sessions as the role-play client with a fellow Pre-practicum student.

WEEKLY SUPERVISION SUMMARY

Student:_____ Date of supervision:_____

Supervisor:_____ Supervision session number: _____

1) Name three things you learned during this supervision session (e.g. "I really benefitted from hearing how much I can convey to a client non-verbally.")

2) How do you plan to apply these three new concepts or skills with clients (or elsewhere)?

3) What countertransference did you learn about/experience during this supervision session?

4) How did this supervision session deepen your compassion toward yourself or your client?

5) What did you learn about yourself in this session?

6) What would you like to be different next time from your self, your supervisor, and/or the process?

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____

*Place in Blue course file

MIDTERM PRE-PRACTICUM EVALUATION / COUN 502

Student: _____ SOU ID: _____

As the pre-practicum supervisor, please rate the student on as many of the following items as possible. Please complete this form midway through the class.

		5 = performed very well, exceptional	4 = performed well above average	3 = performed at average level	2 = performed poorly, below average	1 = performed very poorly, a definite liability	N/A = does not apply or unable to observe
(IIG5c) Interview & counseling skills	Attending behavior						
	Open-ended questions/statements						
	Client observation						
	Paraphrasing						
	Summarizing						
	Reflecting content/meaning						
	Reflecting feeling						
	Empathy						
	Confrontation						
	Focusing						
	Understands others' verbal & nonverbal communication						
Professional values, attitudes, behaviors	Professional attitude: organized, takes initiative to meet responsibilities						
	Professional appearance						
	Aware of and adheres to ethical standards						
	Respect for clients, peers, & supervisor						
	Emotional maturity						
	Self-awareness						
	Accepts & incorporates feedback						
Overall evaluation of student's performance to date							

Please write additional comments on the back of the form.

Supervisor Signature:_____ Date: _____

Student Signature: _____ Date: _____

Submit to: COUN 502 Professor and Place Copy in Blue Course File
Department of Psychology - Southern Oregon University, 1250 Siskiyou Blvd., Ashland, Oregon 97520

FINAL PRE-PRACTICUM EVALUATION / COUN 502

Student: _____ SOU ID: _____

As the pre-practicum supervisor, please rate the student on as many of the following items as possible. Please complete this form at the end of class.

		5 = performed very well, exceptional	4 = performed well above average	3 = performed at average level	2 = performed poorly, below average	1 = performed very poorly, a definite liability	N/A = does not apply or unable to observe
(IIG5c) Interview & counseling skills	Attending behavior						
	Open-ended questions/statements						
	Client observation						
	Paraphrasing						
	Summarizing						
	Reflecting content/meaning						
	Reflecting feeling						
	Empathy						
	Confrontation						
	Focusing						
	Understands others' verbal & nonverbal communication						
Professional values, attitudes, behaviors	Professional attitude: organized, takes initiative to meet responsibilities						
	Professional appearance						
	Aware of and adheres to ethical standards						
	Respect for clients, peers, & supervisor						
	Emotional maturity						
	Self-awareness						
	Accepts & incorporates feedback						
Overall evaluation of student's performance to date							

(IIG5c) Did student achieve 3 or better on all interviewing and counseling skills? YES NO (circle)

If NO, what remedial action is required and what is date for completion? Please write on back of the form.

Supervisor Signature:_____ Date: _____

Student Signature: _____ Date: _____

Submit to: Submit to: COUN 502 Professor and Place Copy in Blue Course File

Department of Psychology - Southern Oregon University, 1250 Siskiyou Blvd., Ashland, Oregon 97520

STUDENT EVALUATION OF SUPERVISOR

Student: _____ Supervisor: _____

As the pre-practicum student, please rate you supervisor from 1 to 5 on as many of the following items as possible. Use the scale provided below. Please complete this form once you have completed your supervisory sessions.

N/A = does not apply
5 = performed very well, a definite asset
4 = performed well above average
3 = performed at an average level of competence
2 = performed poorly, below average
1 = performed very poorly, a definite liability

___ provides useful feedback regarding counseling behavior

____ emphasizes my strengths and capabilities

____ offers acceptance and respect to me as a person

____ helps reduce defensiveness in supervision

____ motivates and encourages me

____ provides suggestions for developing my counseling skills

____ deals appropriately with affect in my sessions

____ deals appropriately with content in my sessions

____ helps me to define goals for myself

____ overall rating of supervisor's performance

Additional Comments:

Student signature: _____ Date: _____

Submit to: COUN 502 Professor and Place Copy in Blue Course File
Department of Psychology - Southern Oregon University, 1250 Siskiyou Blvd., Ashland, Oregon 97520

Informed Consent to Practice Helping Skills

Dear COUN 502 Colleague,

As you know, I am a student in Counseling 502, The Helping Relationship. One of the requirements of this course is that I practice counseling skills with volunteers. I appreciate your willingness to work with me on my counseling lab assignments.

Please role-play a concern or issue that does not necessarily relate to you from among those developed in class. Using role-plays allows me to practice counseling skills while avoiding a dual relationship with you.

Here are some important dimensions of our work together:

Confidentiality. As a student, I cannot offer any form of legal confidentiality. The role-play sessions will be reviewed in supervision and sometimes in our 502 class. You may rest assured, however, that what you tell me in role-played situations will remain confidential and remain with me, my supervisors, supervision group, and the 502 class except for the following important exceptions that may fall outside of the role-play, which must be reported as required by state law: (1) a serious issue of harm to yourself or to someone else; (2) indications of abusing or neglecting children, elders, or a person with a disability; (3) subpoenas or court orders to testify or to release records; (4) police reports in the event of a crime against staff or property; and (5) program audits. If these exceptions are incorporated into a role- play scenario, I will ask you to verify that you are indeed acting out a role and not expressing personal concerns.

Videotaping. An important part of clinical training is making a recording and viewing my own work. This may be shared with my COUN 502 group supervisor, COUN 502 professor, MHC faculty, and/or students in COUN 502.You'll find that recording does not affect our practice session so long as you and I are comfortable. All but one recording or written transcript of the recordings will be destroyed at the end of the course unless I have additional, written permission from you. One recording or transcript of my work from the last two practice sessions of this term may be kept for the purpose of supervision. In that way I may compare my skill development from the first term to a later stage in the MHC program. If this practice session is selected for that purpose I will obtain additional permission from you by asking you to initial this form. The DVD or transcript will be kept in my MHC Clinical Program file and destroyed before graduation.

_____ (Initial for Permission) _____Date

Boundaries of Competence. As this is my first skills practice course in the MHC program, I obviously cannot offer counseling or psychotherapy. This is a practice session so that I can learn more about the interview process, counseling microskills ,the counseling alliance, and myself as a counselor. In fact, I'd appreciate feedback from you as to my performance and what you find helpful.

_____ _____

Volunteer Role-Play Client Date

_____ _____

Interviewer Date

Permission to use and adapt this form for practice purposes associated with COUN 502 is provided by Ivey, Ivey, & Zalaquette (2010).

PRE-PRACTICUM (COUN 502) PERMISSION TO RECORD

SOUTERN OREGON UNIVERSITY
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

I hereby agree to have my practice counseling skills sessions RECORDED. I understand that recording is required as part of the development of counselors-in-training at Southern Oregon University. I understand that the recording will be confidential and used solely for the purpose of supervision, except where legally mandated (see disclosure statement). I further understand that the recording will be destroyed at the completion of the term.

Student signature: _____Date: _____

*Place Copy in Blue Course File

CAP RECORD OF PRE-PRACTICUM SKILLS PRACTICE SESSION

CONFIDENTIAL

PEER "CLIENT" CODE: _____ PRACTICE SESSION # _____

COUNSELOR TRAINEE: _____ SESSION DATE: _____

CONTENT:

ASSESSMENT:

PLAN:

Student's Signature:_____ Date: _____

Supervisor's Signature:_____ Date: _____

*Place in Yellow Course File

LOG OF PRE-PRACTICUM EXPERIENCE (COUN 502)

Student Counselor: _____ Term/Year: _____

Record the amount of time you spend in each activity each week. "Counseling Skills Practice" refers to services provided by you to your peers in COUN 502.

WEEK OF:											Total Hours
Counseling Skills Practice											
Writing Progress Notes											
Group Supervision											
Supervision telephone											
Other:											
TOTALS PER WEEK											

Grand Total Pre-practicum Counseling Skills Practice Contact Time: _____Hours

Grand Total Pre-Practicum Time: _____Hours

STUDENT COUNSELOR SIGNATURE:_____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

Submit to: COUN 502 Professor and Place Copy in Blue Course File
Department of Psychology - Southern Oregon University, 1250 Siskiyou Blvd., Ashland, Oregon 97520

SECTION III

INDIVIDUAL COUNSELING PRACTICUM GUIDELINES

COUN 504

INDIVIDUAL COUNSELING PRACTICUM GUIDELINES
COUN 504

This course provides students with the opportunity to apply individual counseling techniques and skills in a supervised setting. Students will participate in the counseling process, refine techniques, and further enhance their professional development. Students are required to complete 50 hours of supervised experience. Twenty (20) of these hours must be direct work with clients in an individual setting. Students may be asked to participate in recruitment efforts for PSY 318 students during Fall term.

Performance should include:

- Refining basic skills in individual counseling.
- Incorporating supervision and feedback into his/her personal counseling style.
- Developing directionality and focus.
- Conducting a wellness assessment and developmental assessment.
- Conducting a Mental Status Exam.
- Conducting a risk (suicide) assessment.
- Developing diagnostic skills.
- Developing goals and writing treatment plans.
- Selecting and structuring skills to meet client needs in individual sessions.
- Developing termination and referral skills.
- Expanding the repertoire of intervention strategies.
- Demonstrating awareness of and adherence to ethical and legal standards.
- Developing an awareness of self in the counseling process.
- Assessing personal strengths and weaknesses in relation to counseling skills.

Required paperwork for counselor folder includes:

- Copy of liability insurance
- Supervision Contract with specific objectives
- Supervision summaries
- Midterm Evaluation
- Final Evaluation
- Student evaluation of supervisor
- Log of Individual Practicum Experience

Required paperwork for client folder includes

- Signed disclosure statement and signed permission to record
- Case notes
- Treatment plan for individual client
- Termination Report

Course requirements:

- Supervision each week to average at least 1.5 hours a week of group supervision (15 hours total) and 1 hour a week of dyad/triad supervision (10 hours total).
- Twenty (20) hours of individual counseling with volunteer (PSY 318) students.
- Record keeping/administrative work at least 5 hours across the term.

COUN 504 SUPERVISION CONTRACT

I agree to complete the following requirements during COUN 504:

- Twenty (20) hours must be direct contact with individual clients.
- Fifteen (15) hours in weekly group supervision (1.5 hrs/week).
- Ten (10) hours in weekly individual or triadic supervision (1 hr per week) during Individual Counseling Practicum (COUN 504).
- All relevant work as outlined in the course syllabus such as case presentations, case notes, supervision summaries, and reviewing videotapes for supervision.

I will work on developing the following competencies with my supervisor[4] (identify specifics; include COUN 502 skills needing development that can be addressed in COUN 504):

Counseling Skills (e.g. listening/interview skills, developing counseling goals, skills to meet client needs, termination, referral, understanding theoretical orientations, cultural/ethnic issues)

Case Management Skills (e.g. record keeping, reports and written work, referral)

Assessment Skills (e.g. intake, developmental and wellness assessments, MSE, suicide assessment, diagnostic skills)

Professional Skills and Personal Development (e.g. ethical and legal standards, time management, case presentation, initiative and responsibility, emotional maturity, self-awareness)

Supervision (e.g. weekly recordings, preparation, self appraisal, accepting feedback, openness to growth and learning)

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____

[4] Please type the COUN 504 contract. Attach this page with signatures. Provide copy to the CMHC Clinical Coordinator, place a copy in your Blue course file, and give a copy to the CMHC Office Coordinator for your program records.

INDIVIDUAL SUPERVISION SUMMARY

Student:_____ Date of supervision:_____

Supervisor:_____ Supervision session number: ___

Session Summary (strengths, weaknesses, etc.):

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____

*Place in Blue Course File

MIDTERM PRACTICUM EVALUATION
INDIVIDUAL COUNSELING PRACTICUM - COUN 504

Student: _____ Date: _____

Please rate the student on as many of the following items as possible. Please complete this form midway through your planned supervisory sessions.

		5 = performed very well, exceptional	4 = performed well above average	3 = performed at average level	2 = performed poorly, below average	1 = performed very poorly, a liability	N/A = does not apply or unable to observe
Counseling skill	1. Basic skills (attending, reflecting, summarizing, confrontation, etc.)						
	2. Promotes optimal development and wellness (CMHC-D3)						
	3. Assesses and manages suicide risk (CMHC-D6)						
	4. Development of counseling style and theoretical orientation						
Assess	5. Effective intake, MSE, developmental and wellness assessment (CMHC-H2)						
CM	6. Quality of record keeping, reports and written work.						
Prof skill	7. Applies ethical and legal standards (CMHC-B1)						
	8. Professional appearance						
Supervision	9. Records & preps sessions for supervision (IIIF4)						
	10. Emotional maturity						
	11. Self-awareness						
	12. Accepts & incorporates supervision feedback						
13. Overall evaluation of student's performance to date							

Please write additional comments on the back of the form.

Supervisor Signature:_____ Date: _____

Student Signature: _____ Date: _____

Submit to: CMHC Clinical Coordinator, Department of Psychology, Southern Oregon University
*Place copy in Blue course file.
*Provide a copy to the CMHC Office Coordinator

FINAL PRACTICUM EVALUATION
INDIVIDUAL COUNSELING PRACTICUM - COUN 504

Student: _____ Date: _____

Please rate student on the following items and assign final grade. Complete at end of the term.

		5 = performed very well, exceptional	4 = performed well above average	3 = performed at average level	2 = performed poorly, below average	1 = performed very poorly, a liability	N/A = does not apply or unable to observe
Counseling skill	1. Basic skills (attending, reflecting, summarizing, confrontation, etc.)						
	2. Promotes optimal development and wellness (CMHC-D3)						
	3. Assesses and manages suicide risk (CMHC-D6)						
	4. Development of counseling style and theoretical orientation						
Assess	5. Effective intake, MSE, developmental and wellness assessment (CMHC-H2)						
CM	6. Quality of record keeping, reports and written work.						
Prof skill	7. Applies ethical and legal standards (CMHC-B1)						
	8. Professional appearance						
Supervision	9. Records & preps sessions for supervision (IIIF4)						
	10. Emotional maturity						
	11. Self-awareness						
	12. Accepts & incorporates supervision feedback						
14. Overall evaluation of student's performance to date							

Did student achieve 3 or better on 2 (D3), 3 (D6), 5 (H2) ,7 (B1), and 9 (IIIF4)? **YES** **NO** (circle)
If NO, specify what remedial action is required and date for completion? Please write on back of the form.

Final Grade: (circle)
- NP = No Pass; Unsatisfactory Performance (Include remediation plan on back)
- P = Pass; Satisfactory Performance; Commensurate with Expectations of 1st Practicum
- P+ = Exceeds Expectations for 1st Individual Counseling Practicum
- I = Incomplete (Include remediation plan on back of form)

Supervisor Signature:_____ Date: _____

Student Signature: _____ Date: _____

Submit to: CMHC Clinical Coordinator, Psych. – SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520
*Place copy in Blue course file and provide a copy to the CMHC Office Coordinator

STUDENT EVALUATION OF SUPERVISOR

Student: _____ Supervisor: _____

As the practicum student, please rate you supervisor from 1 to 5 on as many of the following items as possible. Use the scale provided below. Please complete this form once you have completed your supervisory sessions.

N/A = does not apply
5 = performed very well, a definite asset
4 = performed well above average
3 = performed at an average level of competence
2 = performed poorly, below average
1 = performed very poorly, a definite liability

____ provides useful feedback regarding counseling behavior throughout the term (IIIF5)

____ emphasizes my strengths and capabilities

____ offers acceptance and respect to me as a person

____ helps reduce defensiveness in supervision

____ motivates and encourages me

____ provides suggestions for developing my counseling skills

____ deals appropriately with affect in my sessions

____ deals appropriately with content in my sessions

____ helps me to define goals for myself

____ overall rating of supervisor's performance

Additional Comments:

Student signature: _____ Date: _____

Submit to: CMHC Clinical Coordinator, Psych. – SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520
*Place copy in Blue course file and provide a copy to the CMHC Office Coordinator

Southern Oregon University
Clinical Mental Health Counseling Program

INDIVIDUAL COUNSELING PRACTICUM (COUN 504) DISCLOSURE STATEMENT

Welcome! I am a first year, practicum student in SOU's Master in Clinical Mental Health Counseling Program. To meet the requirements of the COUN 504 practicum, I must conduct one-on-one counseling with a volunteer client (PSY 318 student). To assist me in providing you with the best possible service, I am required to record my counseling sessions. These recordings are kept confidential. They will be used for my education in graduate training classes and in supervision. DVDs will be destroyed at the end of the term. My supervisor is a faculty member in the Clinical Mental Health Counseling Program who has extensive training in counseling.

My supervisor is _____ Phone: _____

E-mail: _____

Method of Counseling

There are many approaches to counseling. We will talk about the types of counseling I will practice. My approach helps some people. It may or may not help you. You may wish to have a second opinion from another counselor regarding your counseling. You may also ask for a referral to another counselor. You may end your counseling at any time. If you decide to discontinue counseling before the end of the term, please talk with me first and then the PSY 318 coordinator. S/he will assist you in deciding whether to continue the course with an alternative assignment or other action to your benefit.

Goals, Risks, and Benefits

There may be psychological side effects from counseling. This risk comes with any counseling. You may share painful things with me. Our goal is to address these issues. With time, we hope these potential side effects will lessen and our work together will benefit you. As stated above, there are different approaches to counseling. Each has its own risks and benefits. It is important that we talk about how you experience our work together.

Length of Counseling

The length of your counseling will be 10 hours (typically completed in 10 sessions), including an intake session and debriefing meeting at the end of the term (please see the PSY 318 syllabus).

Client Responsibilities

To receive the most benefit from counseling, it is important that you actively participate in the process. This requires that you arrive on time to your appointments. When this is not possible or a session must be cancelled, please notify me 24 hours in advance. If possible, we will reschedule for another time. (Please see PSY 318 attendance policy)

The Nature of Our Relationship

Although you will be sharing personal things with me during the course of your counseling, the tie between us is professional. In order for me to best help you, our relationship must remain professional even though we are both students.

Your Right to Privacy

You have certain rights as a client and as a consumer of my counseling services. You have a right and a limit to privacy. Generally speaking, information provided by a client during counseling sessions with a student mental health counselor who is practicing under the direct supervision of a licensed mental health provider is legally confidential, and the counselor cannot share or disclose the information without the client's consent. However, I must reveal things you have said if one of the following situations exists:

- I suspect child abuse, or abuse of an elder or disabled person.
- I feel there is a threat of you harming yourself or others.
- You become unable to take care of yourself and additional help is required.

- There is a mandated legal request for information.

As mentioned above, I will be supervised and at times I may consult with other professionals about your case. In those instances, I will not use your name, and I will continue to respect your privacy as much as possible.

Your clinical records will be kept in a secure file during the term that you are enrolled in PSY 318. Because this is a learning experience for me, my work may not be reliable or valid; thus, the clinical record will be destroyed at the completion of the term.

These records will be disclosed only to individuals you authorize, with the legal exceptions mentioned above. To request a release of your clinical records during the term, please contact the Clinical Coordinator of the Mental Health Counseling Program to obtain the appropriate form.

Complaints

If you have a concern or complaint, let's talk about it. However, another option is to contact my supervisor (see above).

Changing an Appointment

If you need to reschedule an appointment, call me at _____. I cannot promise to be available at all times. If I cannot be reached and it is during regular school hours (M-F 9:00-5:00), you may call Angel Mcdonald, the CMHC Office Coordinator 541-552-6539.

Emergencies

If you have a mental health emergency, you or your family members should contact your family physician or call one of the following community services for immediate assistance: 9-1-1, the Jackson County Mental Health Crisis Service at 541- 774-8201, Help Line at 541-779-4357, or go to the nearest hospital emergency room.

This copy is yours to keep. Please take it home with you; you may want to read it again. We can talk more about all of these issues. If you have any questions regarding your counseling, please feel free to ask me at any time. **For my records, please sign and date below.**

DISCLOSURE STATEMENT ACKNOWLEDGMENT

I have read the Disclosure statement. I have reviewed my rights and responsibilities as a client of an CMHC counselor-in-training. I have had an opportunity to ask questions.

Client signature: _____Date: _____

Counselor-in-Training signature: _____Date: _____

PERMISSION TO RECORD

I hereby agree to have my counseling sessions recorded. I understand that recording is required as part of the development of counselors-in-training at Southern Oregon University. I understand that the recording will be confidential and used solely for the purpose of supervision, except where legally prohibited (see disclosure statement). I further understand that the recording will be destroyed at the completion of the term.

Client signature: _____ Date: _____

*Place in Blue Course File

APPLICATION FOR INDIVIDUAL PRACTICE COUNSELING

PSY 318 Winter Term 2016

Please provide the following information. It will be used for the screening and making counseling assignments for graduate practicum students. You may be contacted for additional screening.

You must attend the PSY 318 orientation meeting to set up your counseling sessions. If you are unable to attend the meeting, please contact the instructor before the meeting.

PLEASE PRINT

Your name: _____ Phone number: _____

Email: _____ Student ID: _____

Best method/time to reach you: _____

Age: ____ Gender: ____
Have you sought counseling or psychotherapy previously? ____Yes ____No

If YES please describe briefly the reason for your treatment and when this occurred:

If you are currently in counseling, you will need to discuss participation in this course with your therapist. You must provide the instructor with a written authorization from your therapist to continue in this course. Ethical considerations require that we avoid this potential conflict whenever feasible.

Current medical or psychological conditional that might influence counseling:

Have you had a formal or informal experience as a counselor or human service provider? Is so, please describe below:

Please complete the following ethnicity survey (check all that apply, data for statistical purpose only)

____ African/African American ____ Pacific Islander ____Native American
____ Hispanic/Hispanic American ____ Asian/Asian American ____ Caucasian (non Hispanic)
____ Other (please explain): _____

*Place in Blue Course File

Client Intake Form

Client: _____ Report Date: _____

Age/DOB: _____ Counselor: _____

Presenting Issue/Problem or reason for seeking counseling at this time:

If there is a specific issue, when did it begin?

Areas of special concern to explore which might impact our work together: (i.e. Depression, stress/anxiety, anger issues, thinking/concentration issues, sleep issues, drug or alcohol issues)

Has client previously sought counseling? ___ If yes, please describe situation:

Pertinent Medical Information: (is there any medical condition which may affect our work together?)

Risk Assessment/History of suicidal or homicidal ideation or behavior: Have you ever thought of hurting yourself on purpose or by accident?

Developmental History: (Prenatal through current influences)

Vocational/Education Information: How have you functioned in school and/or work?

Social Affiliations/Friendships: Do you have a support system? What is the quality of your social network and social relationships? Current living situation? Pertinent stressors and strengths?

Pertinent History: Is there any past trauma or loss which could impact our work together? (Divorce/break-up, unresolved trauma).

Family History: Is there anything in your present family situation which could impact our work together? (e.g. Stressful impact that being a student has on the family, relationship issues, single parenting concerns, current living dynamics)

Strengths/Coping Skills: (Individual and environmental)

Is there anything else that you would like me to know?

Brief Mental Status Exam (MSE) Form

1. Appearance	□ *casual dress, normal grooming hygiene* □ *other (describe):*	
2. Attitude	□ *calm and cooperative* □ *other (describe):*	
3. Behavior	□ *no unusual movements or psychomotor changes* □ *other (describe):*	
4. Speech	□ *normal rate/tone/volume w/out pressure* □ *other (describe):*	
5. Affect	□ *reactive and mood congruent* □ *labile* □ *tearful* □ *blunted* □ *other (describe):*	□ *normal range* □ *depressed* □ *constricted* □ *flat*
6. Mood	□ *euthymic* □ *irritable* □ *elevated* □ *other (describe):*	□ *anxious* □ *depressed*
7. Thought Processes	□ *goal-directed and logical* □ *other (describe):*	□ *disorganized*
8. Thought Content	**Suicidal** ideation: □ *None* □ *passive* □ *active* If *active*: yes no plan □ □ intent □ □ means □ □	**Homicidal** ideation: □ *None* □ *passive* □ *active* If *active*: yes no plan □ □ intent □ □ means □ □
	□ *delusions* □ *phobias* □ *other (describe):*	□ *obsessions/ compulsions*
9. Perception	□ *no hallucinations or delusions during interview* □ *other (describe):*	
10. Orientation	*Oriented:* □ *time* □ *place* □ *person* □ *self* □ *other (describe):*	
11. Memory/ Concentration	□ *short term intact* □ *other (describe):*	□ *long term intact* □ *distractible/ inattentive*
12. Insight/Judgment	□ *good* □ *fair* □ *poor*	

Counselor-in-training Signature **Date**

Client Name

CAP RECORD OF CLIENT SESSION

CONFIDENTIAL

CLIENT CODE: _____ SESSION # _____

COUNSELOR: _____ SESSION DATE: _____

CONTENT:

ASSESSMENT:

PLAN:

Student's Signature:_____ Date: _____

Supervisor's Signature:_____ Date: _____

*Place in Yellow Course/Client File

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form cannot be used for the re-release of confidential information provided by COUN 504-Individual Practicum student-counselor by other individuals or agencies. Such requests should be referred to the original student counselor[5] or to her/his supervisor.

I _____ authorize the COUN 504 Group Counseling

Practicum Student Counselor_____

_____ release to:
_____ obtain from:
_____ exchange with: (name, address, phone number of person receiving the information)
_____
_____
_____
_____

the following information pertaining to myself: (check all that apply)
_____ summary of individual counseling
_____ history
_____ diagnosis within the context of the practicum
_____ dates of individual attendance
_____ other (specify) _____

for the purpose of: (check all that apply)
_____ evaluation/assessment and/or coordinating treatment efforts
_____ other (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event _____.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

_____
Client-PSY 318 Student Name (Please Print)

_____ _____
Client-PSY 318 Student Signature Date

*Place in Yellow Course/Client File

[5] Clinical Mental Health Counseling Program, Department of Psychology, Southern Oregon University, 1250 Siskiyou Blvd., Ashland, OR 97520.

Counseling Referral Information Sheet

Student Health and Wellness Center

Tel: 541-552-6136 Fax: 541-552-6693 www.sou.edu/health

Date: _____

To: _____

From: ☐ **SOU CMHC Faculty/Supervisor:** _____

☐ **CMHC Practicum student:** _____

Contact number: _____ **Email:** _____

Re: Student: _____

SOU ID #: _____

☐ **Student is being referred for an intake assessment and counseling at the SHWC**

☐ **Student was asked to see a counselor at SHWC**

Is this urgent or routine? ☐ **Routine** ☐ **Urgent**

Authorization to Disclose Medical Information signed and included? ☐ **Yes** ☐ **No**

Reason for assessment/counseling: _____

_____

_____

Treatment progress thus far: _____

_____

Recommendations: _____

_____

Expected level of response: ☐ Client will contact SHWC to schedule an appointment

☐ Client is expecting outreach call from SHWC counselor

Relevant information included with this referral:

☐ Assessment ☐ Progress Notes

☐ Treatment Summary ☐ Academic standing

☐ Other (email communication, off-campus information/documentation, etc.) _____

_____

TERMINATION REPORT

COUNSELOR:_____ DATE: _____

CLIENT: _____ NUMBER OF SESSIONS: _____

SUMMARY OF COUNSELING PROCESS:

OUTCOMES OF COUNSELING:

ASSESSMENT OF PROCESS AND OUTCOMES:

RECOMMENDATIONS & REFERRAL:

_____ _____
Student Counselor Signature Date

_____ _____
Supervisor Signature Date

*Place in Yellow Course/Client File

LOG OF INDIVIDUAL COUNSELING PRACTICUM (COUN 504) EXPERIENCE

Student Intern: _____ Term/Year: _____

Record the amount of time you spend in each activity each week. "Counseling" refers to services provided by you to clients who are volunteer undergraduate students enrolled in PSY 399.

WEEK OF:												Total Hours
Individual Counseling												
Writing Clinical Reports, progress notes												
Supervision, Individual or triad												
Supervision, telephone												
Supervision, Group												
TOTALS PER WEEK												

TOTAL CLIENT CONTACT TIME _____**HOURS (minimum 20 hours) IIIF1**

TOTAL SUPERVISION (individual, triad, phone) _____**HOURS (minimum 10 hours) IIIF2**

TOTAL GROUP SUPERVISION _____**HOURS (minimum 15 hours) IIIF3**

TOTAL PRACTICUM TIME _____**HOURS**

STUDENT COUNSELOR SIGNATURE: _____**DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

Submit to: CMHC Clinical Coordinator, Psych. – SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520
*Place copy in Blue course file and provide a copy to the CMHC Office Coordinator

SECTION IV

GROUP COUNSELING PRACTICUM GUIDELINES

COUN 506

COUN 506 GROUP COUNSELING PRACTICUM GUIDELINES

This course provides students with the opportunity to apply group counseling techniques and skills in a supervised setting. Students will participate in the counseling process, refine techniques, and further enhance their professional development. Students are required to complete 50 hours of supervised experience. Twenty (20) of these hours must be direct work with clients in group settings and individual intake and assessment. In addition, students will participate in 10 hours of triad supervision with their co-leaders (1-hour each week for 10 weeks) and 15 hours of group supervision (1.5 hours a week for 10 weeks). Administrative work completes the required hours. Students will also be asked to participate in recruitment efforts for PSY 319 students.

Performance should include:

- Refining basic skills in group counseling
- Incorporating supervision and feedback into his/her personal counseling style
- Demonstrating ethical practice
- Developing directionality and focus in group counseling
- Developing goals and writing group treatment plans
- Selecting and structuring skills to meet client needs in group sessions
- Expanding the repertoire of intervention strategies
- Developing an awareness of self in the group counseling process
- Assessing personal strengths and weaknesses in relation to group counseling skills
- Demonstrating the dispositional/attitudinal characteristics associated with effective therapeutic alliances

Required paperwork for Blue counselor folder includes:

- Copy of liability insurance
- Supervision summaries
- Practicum Midterm Evaluation
- Practicum Final Evaluation
- Student evaluation of supervisor
- Log of Group Counseling Practicum Experience
- Supervision summaries

Required paperwork for Manila client/group folder includes

- Signed disclosure statement and signed permission to record
- Case notes
- Treatment plan for group
- Group Termination Report

Course requirements:

- Supervision following each session to average at least 1.5 hours per week group supervision and 1 hour per week triad supervision with co-leader.
- 20 hours of individual intake and group counseling with volunteer (PSY319) students.
- Administrative/record keeping associated with course requirements.

COUN 506 SUPERVISION CONTRACT

I agree to complete the following requirements during COUN 506:

- Twenty (20) hours must be direct contact in group counseling, individual intake and post-session interview for group.
- Fifteen (15) hours in weekly group supervision (1.5 hrs/week).
- Twenty (10) hours in weekly individual or triadic supervision (1 hr a week) during Group Counseling Practicum (COUN 506).
- All relevant work as outlined in the course syllabus such as case presentations, case notes, and reviewing videotapes for supervision.

I will work on developing the following competencies with my supervisor (identify specifics; include COUN 502 or 504 skills needing development that can be addressed in COUN 506):

Counseling Skills (basic group counseling skills, developing counseling goals, skills to meet client needs, termination, referral, understanding theoretical orientations, cultural/ethnic issues)

Case Management Skills (record keeping, reports and written work, referral)

Assessment Skills (intake, suicide assessment, diagnostic skills, individual client needs)

Professional Skills and Personal Development (e.g. ethical and legal standards, time management, case presentation, initiative and responsibility, emotional maturity, self-awareness)

Supervision (weekly recording, preparation, self-appraisal, accepts feedback, openness to growth and learning)

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____

*Please type the COUN 506 contract. Attach this page with signatures. Provide copy to the CMHC Clinical Coordinator, place a copy in your Blue course file, and give a copy to the CMHC Office Coordinator for your program records.

TRIAD SUPERVISION SUMMARY

Student:_____ Date of supervision:_____

Supervisor:_____ Supervision session number: ___

Session Summary (e.g., learning highlights, personal strengths, relative weaknesses, etc.):

Student signature: _____ Date: _____

Supervisor signature: _____ Date:_____

*Place in Blue Course File

COUN 506 - GROUP COUNSELING PRACTICUM - MIDTERM EVALUATION

Student: _____ Supervisor: _____ Date: _____

Please rate student on the following items in the middle of the term.

Student demonstrates:		5 = performed very well, exceptional	4 = performed well above average	3 = performed at average level	2 = performed poorly, below average	1 = performed very poorly, a definite liability	N/A = does not apply or unable to observe
Group Counseling	1. Orientation to wellness and prevention as desired group counseling goals (CMHC-D3).						
	2. Development of group counseling style and theoretical orientation						
Case Man.	3. Quality of record keeping, reports and written work.						
Professional skills	4. Applies ethical and legal standards (CMHC-B1)						
	5. Professional appearance						
Supervision	6. Records & preps recordings for supervision (IIIF4)						
	7. Emotional maturity						
	8. Accepts & incorporates supervision feedback						
9. Overall evaluation of student's performance to date							

Additional Comments:

_____ _____

Supervisor's Signature Date Student's Signature Date

Submit to: CMHC Clinical Coordinator, Dept. of Psychology
*Also place copy in Blue File and provide a copy to the CMHC Office Coordinator

COUN 506 - GROUP COUNSELING PRACTICUM - FINAL EVALUATION

Student: _____ Supervisor: _____ Date: _____

Please rate student on the following items and assign final grade. Complete at end of the term.

Student demonstrates:		5 = performed very well, exceptional	4 = performed well above average	3 = performed at average level	2 = performed poorly, below average	1 = performed very poorly, a definite liability	N/A = does not apply or unable to observe
Group Counseling	1. Orientation to wellness and prevention as desired group counseling goals (CMHC-D3).						
	2. Development of group counseling style and theoretical orientation						
Case Man.	3. Quality of record keeping, reports and written work.						
Professional skills	4. Applies ethical and legal standards (CMHC-B1)						
	5. Professional appearance						
Supervision	6. Records & preps recordings for supervision (IIIF4)						
	7. Emotional maturity						
	8. Accepts & incorporates supervision feedback						
9. Overall evaluation of student's performance to date							

Did student achieve 3 or better on 1 (CMHC-D3)), 4 (CMHC-B1) and 6 (IIIF4) **YES NO** (circle)

If NO, specify what remedial action is required and date for completion? Please write on back of the form.

Supervisor's Final Evaluation: Student's overall group counseling practicum performance at this juncture of training (IIIF5).

Final Grade: (circle)
- NP = No Pass; Unsatisfactory Performance (Include remediation plan on back)
- P = Pass; Satisfactory Performance; Meets expectations of 1st Group Practicum
- P+ = Exceeds Expectations for 1st Group Practicum
- I = Incomplete (Include remediation plan on back of form)

_____ _____

Supervisor's Signature Date Student's Signature Date

Submit to: CMHC Clinical Coordinator, Dept. of Psychology

*Also place copy in Blue File and provide a copy to the CMHC Office Coordinator

STUDENT EVALUATION OF SUPERVISOR

Student: _____ Date: _____ Supervisor: _____

As the group counseling student, please rate you supervisor from 1 to 5 on as many of the following items as possible. Use the scale provided below. Please complete this form once you have completed your supervisory sessions.

N/A = does not apply
5 = performed very well, a definite asset
4 = performed well above average
3 = performed at an average level of competence
2 = performed poorly, below average
1 = performed very poorly, a definite liability

____ provides useful feedback regarding counseling behavior

____ emphasizes my strengths and capabilities

____ offers acceptance and respect to me as a person

____ helps reduce defensiveness in supervision

____ motivates and encourages me

____ provides suggestions for developing my counseling skills

____ deals appropriately with affect in my sessions

____ deals appropriately with content in my sessions

____ helps me to define goals for myself

____ overall rating of supervisor's performance

Additional Comments:

Student signature: _____ Date: _____

Submit to: CMHC Clinical Coordinator, Dept. of Psychology
*Also place copy in Blue File and provide a copy to the CMHC Office Coordinator

SOUTERN OREGON UNIVERSITY
CLINICAL MENTAL HEALTH COUNSELING PROGRAM
GROUP COUNSELING PRACTICUM PROFESSIONAL DISCLOSURE STATEMENT

Welcome! We want to help you make decisions about your counseling. We are first year students in SOU's Masters in Mental Health Counseling program taking Group Counseling Practicum. To meet the requirements of this course, we must conduct group counseling with several clients. To assist us in providing you with the best possible service, we are required to record the counseling sessions. These recordings are kept confidential. They will be used for our education in graduate training classes and in triad co-leader supervision. Recordings will be destroyed at the end of the term. My supervisor is a CMHC Program adjunct faculty member or faculty member with extensive training in group counseling.

My supervisor is: _____ Phone: _____ E-mail: _____

Method of Treatment

There are many approaches to group counseling. We will talk about the type of counseling that we will use. Our approach helps some people. It may or may not help you. You may get a second opinion from another therapist regarding your counseling. You may also end your counseling at any time. The PSY 319 instructor will work with you to decide on an alternate personal growth experience/assignment.

Goals, Risks, and Benefits

There may be psychological side effects from group counseling. This risk comes with any counseling. You may share painful things in the group. Our goal is to address these issues. With time, we hope these potential side effects will lessen and our work together will benefit you. As stated above, there are different types of group counseling. Each will have its own risks and benefits. We will discuss the risks and benefits of participation in our group this term.

Length of Counseling

The length of counseling is determined by the course requirements and the goals of the counseling group. It includes an intake/informational pre-group interview, 8 group sessions, and a follow-up post-group interview.

Client Responsibilities

To receive the most benefit from group counseling, it is important that you actively participate in the process. This requires that you arrive on time and attend regularly. When this is not possible please notify us. Your attendance will in part determine your grade in PSY 399 as noted on the syllabus for that course.

The Nature of the Group Counseling Relationship

Although you will be sharing personal things during the course of the counseling group, the relationship with the leaders must remain professional. Furthermore, we suggest that personal relationships with others in the group should be confined within the group as much as possible during this term.

Right to Privacy

You have certain rights as a client and as a consumer of our counseling services. You have a right and a limit to privacy. Generally speaking, information provided by a client during therapy sessions with a licensed psychotherapist or a student counselor practicing under the direct supervision of a licensed mental health provider is legally confidential, and the counselor cannot share or disclose the information without the client's consent. However, we must reveal things you have said if

- we suspect child abuse or abuse of an elder or disabled person
- we feel there is a threat of you harming yourself or others
- you become unable to take care of yourself and additional help is required
- there is a mandated legal request for information

In addition, it is important to acknowledge that we cannot guarantee that other participants in the group will maintain your confidentiality. We will discuss the importance of this within the group and ask that all participants respect the privacy of others.

As mentioned above, we will be supervised and at times may consult with other professionals about the group. In those instances, we will not use your name, and will still respect your privacy as much as possible.

Your clinical records will be kept in a secure file during the term that you are enrolled in PSY 399. Because this is a learning experience for us, our work may not be reliable or valid; thus, the clinical record will be destroyed at the completion of the term.

These records will be disclosed only to individuals you authorize, with the legal exceptions mentioned above. To request a release of your clinical records during the term, please contact the Clinical Coordinator of the Mental Health Counseling Program to obtain the appropriate form.

Complaints

If you have a concern or complaint about the group or about us, let's talk about it. However, another option is to contact our supervisor (see above).

Emergencies

If you need to contact us, please call us at _____. We cannot promise to be available at all times. If we cannot be reached and it is during regular school hours (M- F 9:00 - 5:00), you may call Angel Mcdonald, the CMHC Graduate Office Coordinator 541-552-6539.

If you have a mental health emergency, you or your family members should contact your family physician or call one of the following community services for immediate assistance: 9-1-1, the Jackson County Mental Health Crisis Service at 541-774-8201, Help Line at 541-779-4357, or go to the nearest hospital emergency room. Non-emergency counseling is available at the Student Health & Wellness Center on the SOU campus.

This copy is yours to keep. Please take it home with you; you may want to read it again. We can talk more about all of these issues. If you have any questions regarding your counseling, please feel free to ask me at any time. For my records, please sign and date below.

DISCLOSURE STATEMENTACKNOWLEDGMENT

I have read the Disclosure statement. I have reviewed my rights and responsibilities as a client. I have had an opportunity to ask questions.

Client signature: _____ Date: _____

Co-leader: _____ Date: _____

Co-leader: _____ Date: _____

GROUP COUNSELING PERMISSION TO TAPE

I hereby agree to have my group counseling sessions video recorded. I understand that recording is required as part of the development and supervision of counselors-in-training at Southern Oregon University. I understand that the recording will be confidential and used solely for the purpose of supervision, except where disclosure is legally mandated (see disclosure statement). I further understand that the recording will be destroyed at the completion of the term.

Client signature: _____ Date: _____

*Place in Blue Course File

APPLICATION FOR GROUP PRACTICE COUNSELING (PSY 319)

Spring 2016

Please provide the following information. It will be used for the screening and coordinating counseling assignments with the graduate practicum students. The instructor may contact you for additional information and consultation before registering you for a group.

You must attend the PSY 319 orientation meeting to set up your counseling sessions. If you are unable to attend, please contact the instructor before the meeting.

PLEASE PRINT

Your name: _____ Phone number: _____

Email: _____ Student ID: _____

Best method/time to reach you: _____

Age: ____ Gender: ____ Have you sought counseling or psychotherapy previously? ___Yes ___No

If YES please describe briefly the reason for your treatment and when this occurred:

If you are currently in counseling/therapy, you will need to discuss participation in this class with your therapist. You must provide the instructor with a written authorization from your therapist to continue in this course. Ethical considerations require that we avoid this potential conflict whenever feasible.

Current medical or psychological conditional that might impact practice counseling:

Have you had a formal or informal experience as a counselor or human service provider? Is so, please describe below:

Please complete the following ethnicity survey (check all that apply, data for statistical purpose only)

____ African/African American ____ Pacific Islander ____Native American
____ Hispanic/Hispanic American ____ Asian/Asian American ____ Caucasian (non Hispanic)
____ Other (please explain): _____

*Place in Blue Course File

CONFIDENTIAL

CAP RECORD OF GROUP COUNSELING

Date: _____ Session # _____

Group Participants (USE CODEs): _____

Co-leaders: _____ & _____

CONTENT:

ASSESSMENT:

PLAN:

_____ **&** _____ **Date:** _____

Student Co-leader Signatures

Supervisor Signature: _____ **Date:** _____

*Place in Yellow Client File

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form cannot be used for the re-release of confidential information provided by COUN 506-Group Practicum student-counselors by other individuals or agencies. Such requests should be referred to the original student counselors[6] or to their supervisor.

I _____ authorize the COUN 506 Group Counseling

Practicum Student Counselors _____ and _____ to: (check all that apply)

_____ release to:
_____ obtain from:
_____ exchange with: (name, address, phone number of person receiving the information)
_____
_____
_____
_____

the following information pertaining to myself: (check all that apply)
_____ summary of group counseling
_____ history/pre-group interview
_____ diagnosis within the context of the practicum
_____ dates of group attendance
_____ other (specify) _____

for the purpose of: (check all that apply)
_____ evaluation/assessment and/or coordinating treatment efforts
_____ other (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event _____.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

_____
Client-PSY 319 Student Name (Please Print)

_____ _____
Client-PSY 319 Student Signature Date

*Place in Yellow Course/Client File

[6] Clinical Mental Health Counseling Program, Department of Psychology, Southern Oregon University, 1250 Siskiyou Blvd., Ashland, OR 97520.

Counseling Referral Information Sheet

Student Health and Wellness Center

Tel: 541-552-6136 Fax: 541-552-6693 www.sou.edu/health

Date: _____

To: _____

From: ☐ **SOU CMHC Faculty/Supervisor:** _____

☐ **CMHC Practicum student:** _____

Contact number: _____ **Email:** _____

Re: Student: _____

SOU ID #: _____

☐ **Student is being referred for an intake assessment and counseling at the SHWC**

☐ **Student was asked to see a counselor at SHWC**

Is this urgent or routine? ☐ **Routine** ☐ **Urgent**

Authorization to Disclose Medical Information signed and included? ☐ **Yes** ☐ **No**

Reason for assessment/counseling: _____

_____

_____

Treatment progress thus far: _____

_____

Recommendations: _____

_____

Expected level of response: ☐ Client will contact SHWC to schedule an appointment

☐ Client is expecting outreach call from SHWC counselor

Relevant information included with this referral:

☐ Assessment ☐ Progress Notes

☐ Treatment Summary ☐ Academic standing

☐ Other (email communication, off-campus information/documentation, etc.) _____

_____

GROUP TERMINATION REPORT TEMPLATE

Directions: Please type your report as a separate document using the format as indicated below. Provide your report to your supervisor by Friday of Week 10. Be certain to include all signatures before filing.

COUNSELORS:_____ _____ # SESSIONS:_____

CLIENTS (use code):

SUMMARY OF GROUP COUNSELING PROCESS

OUTCOMES OF GROUP COUNSELING

ASSESSMENT OF GROUP PROCESS AND OUTCOMES

RECOMMENDATIONS & REFERRALS

_____ _____ **Date:** _____

Student Co-leader Signatures

_____ **Date:** _____

Supervisor Signature

*Place in Yellow Client File

COUN 506: LOG OF GROUP COUNSELING PRACTICUM EXPERIENCE

Student: _____ Term/Year: _____

Record the amount of time you spend in each activity each week. "Counseling" refers to services provided by you to PSY 319 student clients.

WEEK OF:												Total Hours
Individual Counseling												
Group Counseling												
Writing Clinical Reports, progress notes												
Supervision, individual or triad, face-to-face												
Supervision, telephone												
Supervision, Group												
TOTALS PER WEEK												

TOTAL CLIENT CONTACT TIME _____**HOURS**

TOTAL GROUP SUPERVISION TIME _____**HOURS**

TOTAL TRIAD/DYAD SUPERVISION TIME _____**HOURS**

TOTAL GROUP COUNSELING PRACTICUM TIME _____**HOURS**

STUDENT COUNSELOR SIGNATURE:_____**DATE:** _____

SUPERVISOR SIGNATURE: _____**DATE:** _____

Submit to: CMHC Clinical Coordinator, Dept. of Psychology
*Also place copy in Blue File and provide a copy to the CMHC Office Coordinator

SECTION V

INTERNSHIP GUIDELINES

COUN 510

INTERNSHIP GUIDELINES (COUN 510)

COUN 510 classes provide students with the opportunity to enhance and expand the skills developed in Practica. Students complete 600 hours of supervised experience in an appropriate setting with 280 hours of direct work with clientele appropriate to the site.

Performance should include:

- Refining basic counseling sensitivities and skills; expanding repertoire of counseling skills and clinical intentionality.
- Deepening the capacity for developing effective therapeutic alliances.
- Using principles and practices of diagnosis, treatment, referral, & prevention to initiate, maintain, & terminate counseling.
- Effectively screening for and managing addiction, aggression, danger to self and/or others, and co-occurring mental disorders.
- Applying an understanding of diversity (cultural, ethnic, sexual, social, etc.) throughout the counseling process.
- Using relevant research findings to increase effectiveness of counseling practice.
- Developing competency in assessment methods and treatment planning.
- Writing comprehensive clinical case notes and case studies that demonstrate assessment, diagnosis, treatment planning, and on-going monitoring.
- Applying a thorough understanding of ethical/legal standards to support client welfare.
- Developing a professional identity within the agency (agency relationships with co-workers, agency policy, etc.)
- Learning and using community resources effectively.
- Becoming an advocate for policies, programs, and services that are equitable and responsive to unique needs of clients.
- Effectively utilizing an awareness of self and appropriate self-care strategies in the counseling process for continuous professional development and client welfare.
- Assessing personal strengths and weaknesses in relation to the professional role of the mental health counselor.
- Incorporating supervision and feedback into his/her personal counseling style.

Required paperwork for the intern's clinical file (CMHC Office Coordinator Files):

- Copy of liability insurance (if not previously submitted or at renewal)
- Supervisor registration
- Internship placement agreement
- Internship Plan & Supervision Contract (at beginning and revise quarterly, as needed)
- Internship Evaluation (one each term)
- Student Evaluation of supervisor (one each term)
- Internship Log (one each term)

Additional paperwork to document internship experience:

- Case studies

Course requirements:

- **600** hours of internship experience at an agency, school, or other institution; **280** of these hours must be direct client contact hours.
- Minimum of 1 hour one-on-one or triad supervision per week with the on-site supervisor.
- Minimum average 1. 5 hours per week with CMHC faculty group supervisor (COUN 510).
- Seven (7) case studies: 3 written and 4 oral presentations in campus group supervision.

Obtaining an Internship: Internship Match Process

The matching process provides a fair and orderly way for CMHC students to obtain one of their preferred internships and for internship sites to obtain applicants of their choice. The process eliminates unfair pressure, early deadlines, and unnecessary stress. It allows programs and applicants to evaluate each other fully before determining preferences.

Here are the seven steps of the process:

- **Internship Factbook and review.** Throughout winter term, the Clinical Coordinator will contact eligible sites and solicit current or updated information for our online Guidebook. Students will review this Guidebook and begin to form ideas about sites of interest. Students will also prepare questions based on this information in order to be prepared for the Internship Fair in Spring 2016.

- **Internship Fair.** At the internship fair in the spring term, representatives from internship sites will attend and provide information about their sites. Students will attend to meet the representatives.

- **Independent Interviews.** In the three weeks following the Internship Fair, students apply directly to internship programs in which they are interested, and applicants and programs interview each other. Sites may interview as many or as few students as they wish. Students may interview at as many or as few sites as they wish.

- **Submission of Rank Order Lists.** Upon completion of interviews each student submits a Rank Order List of desired programs, in numerical order of preference (first choice, second choice, etc.) listing only programs at which they have had an interview. Students may rank as many programs as they wish. Each internship program similarly submits a Rank Order List of their desired applicants, listing as many applicants as they wish from the interviewee pool, in order of the program's preference. Both student and program lists are submitted to the Clinical Coordinator (email or paper copy) by a predetermined deadline and are considered strictly confidential.

- **The Match.** Students are placed into positions based entirely on the preferences stated in the Rank Order Lists. Each student is placed with the most preferred program on the student's Rank Order List that ranks the applicant and does not fill its positions with more preferred applicants. Similarly, each internship program is matched with the most preferred students on its Rank Order List(s), up to the number of positions available, who rank the program and who do not receive positions at programs they prefer.

- **Notification.** Students and Programs are notified of results on a predetermined date.

- **Clearinghouse.** Following the match, sites with unfilled slots and applicants who did not match will be individually matched by the clinical coordinator.

CLINICAL SUPERVISION ISSUES: INDIVIDUAL & GROUP
APPROPRIATE AREAS FOR DISCUSSION AND FEEDBACK

I. Process and stages of counseling

- Exploration, self-identification, self understanding
- Alliance between intern and client and engagement
- Intake and assessment
- Goal setting
- Resistance and confrontation
- Termination and referral

II. Skill work

A. Generic

1. Minimal encouragers and basic skills; e.g., paraphrasing, open questions
2. Skill development relative to intern's level of training
3. Identify psychological theme(s); e.g., anger, hurt, inadequacy
4. Identify content theme(s); e.g., relationship with husband

B. Specific

5. Use of appropriate theory to conceptualize client dynamics and plan interventions.
6. Identification and use of appropriate techniques and interventions.

III. Theory and techniques

A. Theoretical orientation

B. Subsequent justification of technique/ intervention

C. Evidence-based treatment utilization

IV. Assessment, Treatment plan, and Case Management skills

A. Appropriate assessment and diagnostic procedures, processes and criteria

1. Intake interviews
2. Biopsychosocial and mental health histories
3. Addiction and co-occurring mental disorders assessment
4. Risk factors (aggression, danger to self and/or others, abuse)
5. Mental Status Examinations
6. Psychological tests
7. Diagnostic criteria (DSM)

B. What is the client presenting concern or problem?

C. How is the intern-in-training assessing the client concern?

D. What are the intern's short-term and long-term goals with client?

1. Specific steps
   a. identification of client problems, themes
   b. specific clinical intervention and strategies
   c. client function level and developmental level
   e. client cultural or diversity concerns
   f. goals and evaluation

2. Using relevant research to inform counseling practice and increase effectiveness.
   a. Evidence-based treatment
   b. Using data to assess treatment outcomes and modify interventions.
3. Consultation, referral, networking with other resources/ services e.g., human services, health agencies, child welfare, specialty agencies

E. Risk assessment and crisis management
1. Stages of crisis
2. Risk assessment
   a. Suicide
   b. Homicide
   c. Abuse issues
3. Referral/ consultation

G. Release of information
1. Procedures
2. Institution policies and relevant laws

H. Ethical and legal concerns, decision-making (preferably using a formal ethical decision model) and consultation

1. Becoming an advocate for equitable policies, programs, and services.

V. Charting (intake and case notes)
A. CAP format (or other format such as SOAP or agency specific format)

B. Filing procedure

C. Feedback and supervision sign-off

VI. Intern-in-training issues
A. What are the intern's strengths? Weaknesses?

B. How does the client's problem interact with the intern's personal issues?

VII. Supervision/Process
A. Format Issues
1. Review of recording with supervisor (possibly every other week).
2. Monitor and check off records.
3. Determine the number of clients and activities for which the intern is responsible.
4. Discuss the activities the intern is assigned and how monitoring will occur.

B. On-going assessment of counselor-supervisor relationship (trust, openness, respect).

C. Provide resources for reading in specific areas related to problems of the particular population served by the site.

VIII. Personal objectives of intern

IX. Site Specific Skills

INTERNSHIP AGREEMENT
STUDENT / HOST AGENCY / UNIVERSITY

Student Name: _____

Purpose: The purpose of this agreement is to provide a qualified graduate student with an internship experience in the field of mental health counseling.

The SOU Clinical Mental Health Counseling Program agrees:

1. To assign a SOU faculty liaison (Campus Clinical Coordinator) to facilitate communication between Institution and site over the course of the Intern's placement.

2. To conduct the Internship Match Process so that internship sites and student-counselors are matched based on preferences.

3. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;

4. That the SOU CMHC Clinical Coordinator, or other designated clinical faculty member, will be available for consultation with both site supervisor and student and will immediately contact the site should any problem or change in relation to student, or Institution occur. The Clinical Coordinator will meet with the Intern as outlined in the graduate program course description and will assist the Intern and On-Site Supervisor in coordinating the Intern's placement and fulfillment of graduate program requirements.

- To provide an average of 1 ½ hours of group supervision per week (12 or less participants) throughout the internship. A designated counseling faculty member or the clinical coordinator will provide the supervision.

- That the on-campus group supervisor will maintain ongoing contact with the site supervisor to assure continuing and open communication regarding the development of each intern.

- That the on-campus group supervisor is responsible for assigning grades based, in part, on the recommendation of the internship site supervisor and the clinical coordinator.

The Internship Site agrees:

1. To assign an internship site supervisor who is a licensed mental health professional and who has appropriate experience, time, and interest for training the student intern;

2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance (see suggested counseling experiences included in the *SOU CMHC Practicum & Internship Manual*).

3. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities.

4. To provide individual supervisory contact that involves examination of student work using audio/visual tapes, observation, or live supervision, as well as a review of process or progress notes, and/or other means as appropriate to the site. Supervision will also include

assessment, diagnosis, treatment planning and case review as appropriate to the site. The On-Site Supervisor(s) will provide at least one hour per week of face-to-face individual or triad supervision. This supervision time requirement may increase if the student is participating in an intensified internship. In addition, an on-site supervisor may provide group supervision or case consultation opportunities.

5. To maintain on-going contact with the on-campus group supervisor to assure continuing and open communication regarding the development of each intern.

6. To provide written evaluation of student based on criteria established by the Clinical Mental Health Counseling Program. At the end of each term, the On-Site Supervisor will complete an evaluation of the student's progress/work by completing evaluation forms included in this manual, and will discuss the evaluation with the Intern.

7. If there is serious concern about a student's competence, the site supervisor will immediately contact the SOU Group supervisor and/or Clinical Coordinator in order to collaboratively develop a remediation plan and/or dismiss the student-intern from the site.

The Student Intern agrees:

1. To spend the agreed number of hours per week at the Internship site. At least 40 % of the hours spent will involve direct client contact. The Intern will participate in at least one hour per week of face-to-face, individual or triad supervision with the on-site supervisor(s) indicated on this form. This supervision time requirement may increase if the student is participating in an intensified internship

2. To meet weekly for an average of 1 ½ hours of group supervision with on-campus group supervisor. Additionally group supervision may be provided by the internship site.

3. To complete the Internship Plan and Supervision Contract within the first month of Internship. The intern, in consultation with the site supervisor and SOU Group Supervisor, completes this form and submits it to the SOU Group Supervisor each term to be filed in the student's clinical file.

4. To complete the Internship Log (Summary of client contact hours, supervision and other professional activities on site) as a means of accounting for hours spent in counseling, supervision, and other professional activities. These forms will be signed off each term by the on-site supervisor.

5. To complete at least seven (7) case studies (3 written and 4 oral) during the Internship as detailed in the COUN 510 course syllabus. The Intern will complete a minimum of one oral presentation per term in the campus supervision group.

6. To obtain malpractice liability insurance, and to be informed about personal injury liability provided by the agency site. In addition, the Intern will complete the Insurance Liability Form and return it to the SOU Clinical Coordinator.

7. To complete all graduate program documentation and supervision activities, including evaluations of the site and supervision and attendance at on-campus group supervision meetings, as required by the SOU Master in Clinical Mental Health Counseling program.

Student Intern name (please print): _____

INTERNSHIP SITE / UNIVERSITY AGREEMENT

This Agreement is entered into by and between the SOUTHERN OREGON UNIVERSITY on behalf of its PSYCHOLOGY PROGRAM'S MASTER IN CLINICAL MENTAL HEALTH COUNSELING PROGRAM (hereinafter "UNIVERSITY") and

---

Name and address of agency

_____ hereinafter "HOST AGENCY"

WHEREAS, the UNIVERSITY has a curriculum in Clinical Mental Health Counseling, and

WHEREAS, internship experience is a required and integral component of the Clinical Mental Health Counseling curriculum, and

WHEREAS, the UNIVERSITY desires the cooperation of the HOST AGENCY in development and implementation of the internship experience phase of its Counseling curriculum, and

WHEREAS, the HOST AGENCY recognizes its professional responsibility to participate in the education of Mental Health Counseling students, and

WHEREAS, the HOST AGENCY wishes to join the UNIVERSITY in development and implementation of internship experience for Mental Health Counseling students,

NOW, THEREFORE, in consideration of the mutual agreements set forth herein, the UNIVERSITY and the HOST AGENCY will cooperate as described herewith.

The UNIVERSITY and the HOST AGENCY mutually agree as follows:

Internship Learning Standards
The specific learning experiences to be provided, the duration of the internship, the criteria to be used to determine successful completion of the internship, and the granting of academic credit shall comply with UNIVERSITY academic standards established for experiential learning opportunities. The specific details for the Internship shall be documented in writing in the SOU Clinical Mental Health Counseling Practica & Internship Handbook and made a part of this Agreement.

Both parties agree to review and continually evaluate the educational objectives for the internship, the methods for their implementation, and to determine the effectiveness of the internship experience for student(s), HOST AGENCY, and UNIVERSITY.

Participating Students
The number and selection methods of participating students shall be mutually determined prior to or at the start of each term.

Agency understands that the student will not necessarily have previous experience in handling equipment or using procedures of the kinds utilized by the agency. It is further understood that the UNIVERSITY is not expected to make such prior experience a prerequisite for participation in the internship, nor is it expected to test or evaluate the students for their competencies in handling such equipment or using such procedures. HOST AGENCY therefore assumes all risk associated with successfully training the students to operate such equipment and use such procedures during the internship.

Discrimination
Neither party shall engage in discrimination in the treatment of any participant connected with the Internship. Discrimination means any act that unreasonably differentiates selection and treatment, intended or unintended, based upon age, handicap, national origin, race, marital status, religion, sex, or sexual orientation.

Termination of Student Participation for Cause
HOST AGENCY may request UNIVERSITY to withdraw from the program any student who, in the HOST AGENCY'S judgment, is not performing satisfactorily or who refuses to follow HOST AGENCY'S administrative and operating policies, procedures, rules, and regulations or whose health is a detriment to client well-being. Such requests must be in writing and must include a statement of reason(s), which shall not be based on discriminatory treatment.

Consideration
The basis of this Agreement is that the HOST AGENCY agrees to provide the internship experience to the UNIVERSITY student(s) at no charge to the UNIVERSITY, and the student agrees to complete the internship for the granting of academic credit. The student is not an employee of the UNIVERSITY unless otherwise stipulated by the UNIVERSITY in writing. Any compensation arrangements made between the HOST AGENCY and the student are outside the scope of this agreement; any associated scholarship monies must be dispersed by the UNIVERSITY through its Financial Aid Office. The student is responsible for providing her/his own transportation, parking, and expenses associated with the internship.

Insurance
The Oregon Tort Claims Act (ORS 30.260-30-300) permits the UNIVERSITY to accept responsibility only for the acts of its officers, employees, and agents. Since a student does not qualify as any of those persons, the UNIVERSITY is prohibited from accepting and denies any liability for the acts, omissions, and conduct of the students, and is prohibited from providing and shall not provide coverage with State Accident Insurance, liability insurance, or workers' compensation insurance coverage for such students or their conduct. All students are advised of the contents of this section and the UNIVERSITY requires all students to obtain their own professional liability insurance. They are advised to obtain health and accident insurance as well. HOST AGENCY agrees it is their responsibility to determine what provisions or actions are additionally necessary to fulfill any liability and workers' compensation obligations created by their participation in this agreement. HOST AGENCY will inform the participating students of any additional obligations in regards to these issues.

HOST AGENCY shall, on any day when a student is receiving internship experience at its facilities, provide to a student necessary emergency health care or first aid for accidents occurring in its facilities and may bill the student for such care. Except as herein provided, the HOST AGENCY shall have no obligation to furnish additional medical or surgical care to any student.

Confidentiality and Student Records
The UNIVERSITY is prohibited by law, including the Family Educational Rights and Privacy Act, from disclosing student information to the HOST AGENCY without the student's authorization. It is the responsibility of the HOST AGENCY to determine whether the disclosure of protected student information (including but not limited to transcripts, disciplinary records, or other student information) is a necessary precondition to accept the placement of a UNIVERSITY student into an internship position. Should the HOST AGENCY determine such information is a necessary precondition to the placement of an intern at the HOST AGENCY, it is the responsibility of the HOST AGENCY to obtain the student's authorization for the disclosure of protected student information. The UNIVERSITY shall not provide protected student information to the HOST AGENCY until it has received a signed and dated authorization from the student that specifies the records that may be disclosed, the purpose of the disclosure and the person(s) to whom the disclosure may be made.

MERGER CLAUSE

THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS AGREEMENT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS AGREEMENT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. AGENCY, BY THE SIGNATURE BELOW OF ITS AUTHORIZED REPRESENTATIVE, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THE AGREEMENT AND THE AGENCY AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Term
This agreement becomes effective upon the last date accompanying the signatures to the agreement and remains in effect until terminated by mutual consent of the parties or by one party upon 30 days prior written notice to the other party. The terms of the Agreement may be modified, supplemented, or amended only by written agreement signed by authorized representatives of all parties.

IN WITNESS WHEREOF, the parties, by signature of their representatives below, acknowledge that they have read and understood the Agreement and agree to be bound to its terms and conditions.

FOR HOST AGENCY ORGANIZATION

Representative Signature Date

Representative Name & Title Printed

FOR SOUTHERN OREGON UNIVERSITY

SOU Clinical Mental Health Counseling Clinical Coordinator Date

SOU Clinical Mental Health Counseling Program Coordinator Date

Treasa Sprague / Contract Officer Date
SOU Business Services

Submit to: CMHC Clinical Coordinator, Psychology Program, SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520
*Also provide a copy to the CMHC Office Coordinator

INTERNSHIP AGREEMENT
STUDENT / HOST AGENCY / UNIVERSITY

(Turn in this page ONLY to CMHC Office Coordinator)

It is agreed that _____ will complete an Internship
(student's name)

at _____ from _____ to _____.
(name of agency or school) (dates)

All parties agree to follow the policies established by the Masters in Mental Health Counseling Program at Southern Oregon University and the agency or institution involved.

_____ _____
Student signature Date

_____ _____
Site supervisor signature (primary) Date

_____ _____
Site supervisor signature (secondary) Date

_____ _____
Agency Administrator signature Date

_____ _____
SOU CMHC Clinical Coordinator signature Date

Term/year							
Number of credits							
Projected Total hours/week							

Projected client contact hours per week:
Individual _____Group _____Couples, Family, Child _____Other _____

Total Projected Client contact hours per week: _____ Estimated % Total Internship Time ___%

CONTACT INFORMATION: (PLEASE PRINT)
Student phone:_____ Student Email:_____

Agency address:_____
Agency phone: _____ Agency Email _____
Supervisor's name (print): _____
Supervisor's phone: _____ Supervisor's Email: _____

SOU CMHC Clinical Coordinator: _____

Coordinator phone: _____ Coordinator Email: _____

This agreement form must be copied in triplicate. One copy will be returned to the CMHC Clinical Coordinator and Office Coordinator before the Student begins internship. Other copies of this agreement will be kept by the On-Site Supervisor and the Student. This contract is for the entire internship period, at this site, unless the Student's internship responsibilities change significantly.

INTERNSHIP PLAN and SUPERVISION CONTRACT
(For CMHC student clinical program file)

Each student counselor and site supervisor will formulate short-term and long-term goals for the internship experience. These should be reviewed each term and modified as appropriate. This Internship Plan and Supervision Contract will be filed at the beginning of the Internship, reviewed by MHC Group Supervisor, and used by the MHC Clinical Faculty to assess student progress.

In developing the Internship Plan and Supervision Contract, please refer to the Internship Guidelines and include specific activities that demonstrate a sequential progression for the student counselor.

Expand this form to address the following competencies and how they will be accomplished during the Internship. Be sure to include specific skills needing remediation that can be addressed on Internship.

Counseling Skills (Intake, individual, group, couple, family, psychoeducational programs, treatment planning and implementation, termination, referral, understanding theoretical orientations, cultural/ethnic issues)

Case Management Skills (community resources, record keeping, referral, integration with other involved professionals)

Assessment Skills (interview skills; developmental and psychopathology knowledge; risk assessment including suicide, aggression, drug and alcohol issues; assessment tools such as selection, administration, analysis; diagnosis; treatment recommendations; case report writing; client feedback)

Professional Skills and Personal Development (staff & client relationships, ethical and legal issues, in-service training, time management, case presentation, reports and written work, initiative and responsibility, emotional maturity, self-awareness)

Supervision (preparation, self appraisal, accepts feedback, openness to growth and learning)

Student: _____ Date: _____

Internship Site: _____

Site Supervisor: _____ Date: _____

COUN 510 Group Supervisor: _____ Date: _____

Please type the Internship and Supervision Contract. Attach this page with signatures. Provide copy to the CMHC Clinical Coordinator, place a copy in your course file, and give a copy to the CMHC Office Coordinator for your program records.

Submit to: CMHC Clinical Coordinator, Dept. of Psychology, SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520

*Also provide a copy to the CMHC Office Coordinator

SUPERVISOR REGISTRATION

PLEASE PRINT ALL INFORMATION

Supervisor Name_____

Agency or School:_____

Address:_____

Office Phone:_____ Home or Cell Phone: _____Email: _____

Education Information
(Circle highest degree earned): MA MS MSW EdD PhD PsyD MD Other_____

College or University: _____ Year graduated:_____

years as mental health professional: _____Certification or License: (type & #) _____

Training and/or experience as a supervisor (please specify):

I have sufficient experience, training, and/or education in mental health counseling or a related field to competently practice as a mental health provider in Oregon.

I have and will maintain a current license or certification in good standing, and will notify the SOU Clinical Coordinator of any disciplinary action taken against my license or certification, including suspension or probation, which could affect my ability to supervise. If I am not licensed/certified and the agency does not require this, I will seek an exception to this requirement from the MHC Clinical Coordinator.

I have read and understand the learning objectives, processes and methods of evaluation as stipulated in the Southern Oregon University Clinical Mental Health Counseling Practica & Internship Handbook.

I will take reasonable steps to ensure that a trainee properly assesses and examines the client or patient, implements an appropriate treatment plan and is acting within the scope of practice of a mental health counselor and within the scope of his or her competence.

I will monitor the quality of counseling or psychotherapy performed by the trainee by direct observation or audio/video recording and will review progress/process notes or records or by other appropriate means.

I will provide at least one hour of individual or triad (2 interns) supervision per week and understand that this amount may increase as the trainee's case-load increases.

I agree to complete evaluation forms in a timely manner, at least once per quarter and to openly discuss the progress, strengths and problems of the trainee with the CMHC Clinical Coordinator or designated CMHC clinical faculty member.

I will give at least one week's prior written notice to both SOU Masters in Mental Health Counseling Program and any trainee of my intent to not certify any further hours of experience. If the trainee is not provided such notice, I will sign for hours of experience obtained in good faith where I actually provided the required supervision.

Signature of Supervisor: _____ Date: _____

Please print name of student intern: _____

Submit to: CMHC Clinical Coordinator, Dept. of Psychology, SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520

Intern Performance Evaluation Form

Student: _____ Date: _____

Supervisor: _____ Site: _____

Term/year _____ Intern's final term at site? _____ Yes ____No

Term in Internship Sequence: _____ First _____ Second _____Third _____Fourth or More

The site supervisor completes this form at the end of each term. It should be jointly reviewed by the student and site supervisor. Once completed, submit to the COUN 510 Group Supervisor.

Five domains of Intern competence are listed below with specific items in each domain. Circle the number to the right of each item that best describes your perceptions of the intern's skills compared to all other people you have trained at the same level of professional development.

If an item falls in deficient or IO, please address remediation plan at end of form. If the current evaluation is for the intern's final term at the site, it should be treated as a summative evaluation. (The term "client" refers to any person receiving services including students, parents, teachers or patients.)

1 = Deficient; 2 = Adequate; 3 = Excellent; NA = Not Relevant; IO = Inadequate Opportunity to Observe

Counseling Skill Competency					
1. Establishes a working relationship with clients.	1	2	3	IO	NA
2. Uses principles and practices of diagnosis, treatment, referral, & prevention to initiate, maintain, & terminate counseling (CMHC-D1)	1	2	3	IO	NA
3. Effectively evaluates and manages suicide risk. (CMHC-D7)	1	2	3	IO	NA
4. Provides appropriate counseling for clients with addiction and co-occurring disorders. (CMHC-D8)	1	2	3	IO	NA
5. Screens for addiction, aggression, danger to self and/or others, and co-occurring mental disorders. (CMHC-H3)	1	2	3	IO	NA
6. Understands theoretical and conceptual principles as applied to particular client problems.	1	2	3	IO	NA
7. Applies understanding of diversity (cultural, ethnic, sexual, social) in assessment, treatment, referral, and prevention. (CMHC-D2)	1	2	3	IO	NA
8. Uses culturally responsive individual, group, couples, family, & systems modalities to initiate, maintain, & terminate counseling. (CMHC-D5)	1	2	3	IO	NA
9. Applies relevant research findings to inform counseling practice (CMHC-J1); analyzes and uses data to increase effectiveness of counseling interventions and programs. (CMHC-J3)	1	2	3	IO	NA
Assessment Skill Competency					
10. Appropriately chooses methods of assessment to determine client concerns, problems, or characteristics (e. g. MSE, interview, psychological testing, etc.). (CMHC-H1)	1	2	3	IO	NA
11. Appropriately administers, interprets and uses diagnostic tools (e.g. including DSM) to describe symptoms and clinical presentation of clients with mental and emotional disorders (CMHC-L1)	1	2	3	IO	NA
12. Organizes case material effectively for biopsychosocial case conceptualization and treatment planning (CMHC-C7)	1	2	3	IO	NA
13. Conceptualizes accurate DSM diagnosis; discusses differential diagnosis with collaborating professionals. (CMHC-L2)	1	2	3	IO	NA
14. Uses Behaviorally Specific Treatment Plans, IEP's, etc.	1	2	3	IO	NA

1 = Deficient; 2 = Adequate; 3 = Excellent; NA = Not Relevant; IO = Inadequate Opportunity to Observe

Professional Skill Competency					
15. Establishes facilitative working relationship with staff.	1	2	3	IO	NA
16. Behaves professionally (e.g., demeanor, dress, language, etc.).	1	2	3	IO	NA
17. Participates in staff in-service training.	1	2	3	IO	NA
18. Shows commitment to providing service at site.	1	2	3	IO	NA
19. Manages time well; completes professional commitments.	1	2	3	IO	NA
20. Behaves ethically and responsibly with clients, colleagues and adjunct agencies. (CMHC-B1)	1	2	3	IO	NA
21. Knows legal rights of clients & legal aspects of counseling. (CMHC-B1)	1	2	3	IO	NA
Communication and Case Management Skill Competence					
22. Knows and uses community resources (e. g. community resource guides). (CMHC-D4; CMHC-F1)	1	2	3	IO	NA
23. Effectively utilizes other professionals (e.g. MD, MSW, etc.) to support client welfare.	1	2	3	IO	NA
25. Uses referral within and outside the site	1	2	3	IO	NA
26. Responsibly schedules and meets with clients.	1	2	3	IO	NA
27. Keeps adequate and timely client records. (CMHC-D7)	1	2	3	IO	NA
28. Advocates for policies, programs, services that are equitable and responsive to unique needs of clients. (CMHC-F2)	1	2	3	IO	NA
Supervision Competency					
29. Seeks opportunity for recordings or live observations to use in supervision. (CMHC-C7)	1	2	3	IO	NA
30. Meets with supervisor as scheduled.	1	2	3	IO	NA
31. Forms working relationship with supervisor.	1	2	3	IO	NA
32. Accurately evaluates own counseling session performance.	1	2	3	IO	NA
33. Uses self-care strategies appropriate to counselor role. (IIG1d)	1	2	3	IO	NA
34. Recognizes own limitations and seeks supervision or client referral when appropriate. (CMHC-D9)	1	2	3	IO	NA

If there were areas of **Deficiency (1 rating)** or **Inadequate Opportunity to Observe (IO)**, what is the plan of remediation?

Supervision Competency (cont.)

Based on your experiences, what would you evaluate as being the student's major strengths?

Other comments?

Signature of Site Supervisor _____Date:_____

Site Phone Number: _____ Email :_____

My signature indicates I have read and discussed the material above with my internship supervisor. It does not indicate my total or partial agreement with the evaluation.

Signature of Intern _____Date: _____

Intern Phone Number:_____ Email : _____

Signature of Group Supervisor: _____ Date: _____

Submit to: CMHC Clinical Coordinator, Dept. of Psychology, SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520

STUDENT- COUNSELOR EVALUATION OF SUPERVISOR

Student: _____ Supervisor: _____

As the internship student, please rate you supervisor from 1 to 5 on as many of the following items as possible. Use the scale provided below. Please complete this form each term and submit to Clinical Coordinator.

N/A = does not apply
5 = performed very well, a definite asset
4 = performed well above average
3 = performed at an average level of competence
2 = performed poorly, below average
1 = performed very poorly, a definite liability

____ provides useful feedback regarding counseling behavior

____ emphasizes my strengths and capabilities

____ offers acceptance and respect to me as a person

____ helps reduce defensiveness in supervision

____ motivates and encourages me

____ provides suggestions for developing my counseling skills

____ deals appropriately with affect in my sessions

____ deals appropriately with content in my sessions

____ helps me to define goals for myself

____ overall rating of supervisor's performance

Additional Comments:

Student signature: _____ Date: _____

Submit to: CMHC Clinical Coordinator, Dept. of Psychology, SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520
*Also provide a copy to the CMHC Office Coordinator

INTERNSHIP SITE EVALUATION

(1) Intern's Name _____ Date: _____

(2) Internship Site Name: _____ Phone #: _____

Internship Site Address: _____

_____

Name of Site Contact Person: _____Phone#: _____

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

_____ First term _____ Second term _____Third term, _____ Fourth term or More

(4) Was this your final term at this site? **(check the one that applies):** _____Yes _____No

ENVIRONMENT / CLIMATE

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

_____first, _____second, _____third, _____fourth, _____fifth week or later,

_____I never had 40% direct client contact time.

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

	a	Academic Concerns (e.g. scholarship /financial aid, academic /career planning, scheduling, testing/ placement, graduation issues, etc.)
	b	Adjustment Disorders (e.g. adjusting to divorce, adjusting to new school or community, grief, transition issues)
	c	Adult-Child Conflicts (including parent-child & student-teacher conflicts)
	d	Anger / Conflict Management & Resolution Problems
	e	Anxiety Disorders of Adulthood (e.g., panic disorder, social phobia, post traumatic stress disorder, etc.)
	f	Anxiety Disorders of Childhood and Adolescence
	g	Bipolar Disorders (including cyclothymia)
	h	Delusional (Paranoid) Disorder
	i	Depressive Disorders of Childhood and Adolescence
	j	Depressive Disorders of Adulthood
	k	Developmental Disorders (e.g. academic skills disorders, other learning disabilities, mental retardation)
	l	Disruptive Behavior (e.g. "hyper-activity," conduct disorder, disruptive classroom behavior, S.E.D.)
	m	Dissociative Disorders (e.g., fugue, depersonalization, etc.)
	n	Eating Disorders (e.g. anorexia, bulimia, severe dieting, excessive exercise or laxative use to control weight)
	o	Emotional Abuse
	p	Gang Related Problems
	q	Legal Problems

ENVIRONMENT/ CLIMATE (continued*)*

	r	Physical Abuse Problems
	s	Psychoactive Substance Use Disorders (e.g., alcohol, cocaine, etc.)
	t	Religion Related Issues
	u	Schizophrenia
	v	Self-esteem / Self-worth Issues
	w	Sexual Abuse Problems (e.g. incest, rape - including date rape)
	x	Sexual Dysfunctions (e.g., sexual arousal disorders, etc.)
	y	Sexuality or Gender Identity Problems (including problems with sexual orientation or sexually transmitted diseases)
	z	Sleep Disorders
	aa	Special Needs Populations (IEP's, staffing/multi-disciplinary team meeting)
	bb	Social Relationship Problems with Peers (including dating or friendship formation and maintenance
	cc	Suicide
	dd	Unwanted Pregnancy
	ee	Other (Specify:)

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

_____ Individual, _____Group, _____ Couple, _____ Family, _____ Other.

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

_____ Individual, _____ Group, _____ Couple, _____ Family, _____ Other.

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

____ 0-5, _____6-12, _____ 13-15, _____ 16-19, _____ 20-25, _____26-35,

____ 36-45, _____ 46-55, _____ 56-65, _____ 66-75, _____ 75+

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

____ 0-5, _____6-12, _____ 13-15, _____ 16-19, _____ 20-25, _____26-35,

____ 36-45, _____ 46-55, _____ 56-65, _____ 66-75, _____ 75+

(11) Approximate percent of clients from various ethnic groups (sum to 100):

___African / African American ___Pacific Islander ___Native American

___Hispanic / Hispanic American ___Asian / Asian American ___Caucasian (non Hispanic)

___other (please explain):

Check the number that reflects your assessment.
1 Seldom True **2** Often True **3** Usually True **0** Not Applicable

12	The site has a professional atmosphere.	1	2	3	0
13	The staff is supportive of the intern's work.	1	2	3	0
14	Interns are treated respectfully by the staff.	1	2	3	0
15	General atmosphere of site creates climate of trust and openness.	1	2	3	0
16	The intern feels the staff supports intern involvement in agency	1	2	3	0
17	Physical facilities are available for intern (e.g., office, supplies, etc.)	1	2	3	0
18	The intern feels the administration supports the training program.	1	2	3	0
19	Interns receive clerical support.	1	2	3	0
20	Staff members act professionally and ethically toward clients.	1	2	3	0
21	Staff members act professionally and ethically toward interns..	1	2	3	0
22	Staff members act professionally and ethically toward each other.	1	2	3	0
23	The site provides appropriate references, books and materials.	1	2	3	0
24	The site is consistent in its treatment programming.	1	2	3	0
25	The site provides sufficient forum for discussing treatment issues.	1	2	3	0
26	The site gives students adequate guidance on ethical issues.	1	2	3	0
27	There are sufficient clients for interns.	1	2	3	0
28	The site appropriately uses various therapeutic approaches.	1	2	3	0
29	Client problems are appropriate to the intern's level of training.	1	2	3	0
30	The professional staff is readily accessible to the intern.	1	2	3	0
31	The staff provides relevant feedback in a positive manner.	1	2	3	0
32	The staff try to develop intern's personal and professional growth.	1	2	3	0
33	The staff is sensitive to the intern's emotional /experiential state(s) and current personal /professional development.	1	2	3	0
34	Staff conflicts are discussed in an open, non-threatening manner.	1	2	3	0
35	The amount of service expected by the internship site staff was the same as the amount the intern contracted to provide.	1	2	3	0

SUPERVISION

Check the one that applies.

(36) How often did you meet with the site supervisor who was PRIMARILY responsible for providing you with one-to-one or triad supervision? (IIIG2)
_____ I did not have one to one or triad supervision
_____ We met for less than an hour per week
_____ We met for approximately one hour per week
_____ We met for more than one hour per week

(37) Overall quality of supervision with PRIMARY site supervisor responsible one-to-one supervision:

_____ N/A, _____ Poor, _____Adequate, _____ Good, _____Excellent

(38) How often did you meet with the field supervisor who was PARTIALLY responsible for providing you with one-to-one supervision?
_____ I did not have a second person providing one to one supervision.
_____ We met for less than one hour per week.
_____ We met for approximately one hour per week.
_____ We met for more than one hour per week.

(39) Overall quality of supervision with site supervisor PARTIALLY responsible one-to-one supervision:

_____ N/A, _____Poor, _____Adequate, _____ Good, _____ Excellent

SUPERVISION (continued)
Check the one that applies.

(40) I had adequate opportunity for recording and/or live observation of my counseling for use in supervision. (IIIG5)

_____ Never, _____ Rarely (1/term), _____ Sometimes, _____ Frequently (every other week)

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

_____ None, _____ One, _____ Two, _____ Three, _____ Four or more

Comments or Recommendations on Supervision:

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

_____ Worthless, _____ Poor, _____ Adequate, _____ Good, _____ Excellent.

Additional Comments:

(43) I am willing to talk with other students about this internship placement.
(check one) _____ yes, _____no

INTERNSHIP PREPARATION

(44) I rate my preparation for this internship experience as:

_____ Worthless, _____ Poor, _____ Adequate, _____ Good, _____ Excellent.

(45) To what courses or experiences do you attribute you preparedness at this point?

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

LOG OF INTERNSHIP EXPERIENCE (COUN 510)

Student Intern: _____ Term/Year: _____ Credit Hours Registered _____

Site: _____ On-Site Supervisor: _____

Record the amount of time you spend in each activity each week. "Counseling" refers to services provided by you to any students, parents, teachers, clients, patients, consumers, etc.

WEEK OF:													Total Hours
Individual Counseling													
Child, Couples, or Family Counseling													
Group Therapy or Counseling													
Telephone Counseling													
Milieu Counseling													
Supervision, Individual or triad, face-to-face													
Supervision, telephone													
Supervision, Group on-site													
Supervision, Group SOU													
Writing Clinical Reports, progress notes													
Administration, preparation on-site													
Consultation, Workshops, training, conferences													
Other (specify:)													
TOTALS PER WEEK													

TOTAL CLIENT CONTACT TIME _____**HOURS** From _____ To _____
Date Date

TOTAL INTERNSHIP TIME _____**HOURS** From _____ To _____
Date Date

INTERN SIGNATURE:_____ **DATE:** _____

SITE SUPERVISOR SIGNATURE: _____ **DATE:** _____

Submit to: CMHC Clinical Coordinator, Dept. of Psychology, SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520
*Also provide a copy to the CMHC Office Coordinator

SECTION VI

INTERNSHIP SITE FORMS

COUNSELING INTERNSHIP SITE SURVEY

Name of Agency: _____ Date: _____

Address: _____City/State/Zip_____

Phone: _____ E-mail: _____

Contact Person for Site: _____ Title: _____

Description of Agency: (function and client population):

Please complete the attached supervision registration form for each supervisor:
Name(s): _____ Phone: _____E-mail:_____

_____ Phone: _____E-mail_____

_____ Phone: _____E-mail_____

I. INTERNSHIP PLACEMENT

1. Please indicate the number of internship positions available at your site: _____ Internship positions

25. Special requirements of students (male/female, prior experience etc.).

26. Procedure for applying
    (a) I would like to be contacted by: _____student directly
    _____university Clinical Coordinator
    _____other, specify _____

    (b) Selection process (resume, interview, etc.):

    (c) Is a criminal background check required? ( ) Yes ( ) No

27. Please indicate any other requirements of the student, SOU Clinical Coordinator or information that has not been covered:

II. ACTIVITIES

28. Indicate the general age of clients served by the agency/school
_____ children
_____ adolescents
_____ young adults
_____ adults
_____ geriatric

29. Indicate the general ethnic identity of clients served by the agency/school (approximate percent):
___African / African American
___Native American
___Asian / Asian American
___other (please explain):
___Pacific Islander
___Hispanic / Hispanic American
___Caucasian (non Hispanic)

30. Please indicate the population or general problem area(s) the agency serves (e.g. rehabilitation, alcohol, drugs, single mothers, etc.):

31. Expectations of the student (hours, prior experience, etc.)

32. Will the agency be able to meet the minimum of 1 hour per week individual or triad supervision?
( ) Yes ( ) No

10. Will students be able to meet the minimum of 40% client contact hours? ( ) Yes ( ) No

11. Will the student be able to make video or audio tapes at the site of his/her counseling with clients for use in supervision?
( ) Yes ( ) No

If recording is not permitted, will regular in vivo supervision be arranged? ( ) Yes ( ) No

12. Please indicate stressors associated with the position:

III. EXPECTATIONS FOR TRAINEE'S ACTIVITIES

- **Please check all that may apply:**

_____ Non-intake assessment involving specialized questionnaires, instruments

_____ Client intake
_____ Individual counseling, children
_____ Individual counseling, adolescents
_____ Crisis phone
_____ Crisis counseling
_____ Individual counseling, adults

_____ Couples counseling

_____ Career counseling

_____ Classroom guidance

_____ Teacher consultation

_____ Group counseling as a co-therapist

_____ Group counseling as a sole therapist

_____ Program development

_____ Mileau counseling

_____ Psychoeducational group counseling as a co-therapist

_____ Psychoeducational group counseling as sole therapist

_____ Family therapy as a co-therapist

_____ Family therapy as sole therapist

_____ Parent education

_____ Rehabilitation counseling

_____ Workshop presentations

_____ Staff education and training

_____ Program evaluation

_____ Other _____

IV. TIME REQUIREMENTS

14. Do you have specific days and/or times the student must be available for work? ( ) Yes ( ) No

15. If yes, to question 14 please state those days/times:

16. Is there any flexibility in work times to accommodate the student's class schedule? ( ) Yes ( ) No

17. Does the position require: _____ evening work? _____ weekend work?

18. Would you prefer the student's commitment to the Internship placement be a
    _____ 9 month commitment
    _____ a condensed 3-6 month commitment
    _____ other _____

V. TRAVEL

19. Will the position(s) require off-site travel? ( ) Yes ( ) No

20. If yes to question 19, how often and average distance?
    ( ) Daily ( ) 1 - 10 miles
    ( ) Several times/week ( ) 11 -20 miles
    ( ) Several times/month ( ) 21 + miles
    ( ) Not at all

- Are vehicles provided by the site for business travel as needed? ( ) Yes ( ) No

1. Comments:

Thank you for completing this survey. The information you have provided will be used to facilitate Internship placements that we hope will not only provide our students with a meaningful learning experience but also be a valued service to your agency.

Please return survey to: Southern Oregon University, Master in Mental Health Counseling Program, 1250 Siskiyou Blvd., Ashland, OR 97520

SUPERVISOR REGISTRATION

PLEASE PRINT ALL INFORMATION

Supervisor Name_____

Agency or School:_____

Address:_____

Office Phone:_____ Home or Cell Phone: _____Email: _____

Education Information
(Circle highest degree earned): MA MS MSW EdD PhD PsyD MD Other_____

College or University: _____ Year graduated:_____

years as mental health professional: _____Certification or License: (type & #) _____

Training and/or experience as a supervisor (please specify):

I have sufficient experience, training, and/or education in mental health counseling or a related field to competently practice as a mental health provider in Oregon.

I have and will maintain a current license or certification in good standing, and will notify the SOU Clinical Coordinator of any disciplinary action taken against my license or certification, including suspension or probation, which could affect my ability to supervise. If I am not licensed/certified and the agency does not require this, I will seek an exception to this requirement from the CMHC Clinical Coordinator.

I have read and understand the learning objectives, processes and methods of evaluation as stipulated in the Southern Oregon University Clinical Mental Health Counseling Practica & Internship Handbook.

I will take reasonable steps to ensure that a trainee properly assesses and examines the client or patient, implements an appropriate treatment plan and is acting within the scope of practice of a mental health counselor and within the scope of his or her competence.

I will monitor the quality of counseling or psychotherapy performed by the trainee by direct observation or audio/video recording and will review progress/process notes or records or by other appropriate means.

I will provide at least one hour of individual or triad (2 interns) supervision per week and understand that this amount may increase as the trainee's case-load increases.

I agree to complete evaluation forms in a timely manner, at least once per quarter and to openly discuss the progress, strengths and problems of the trainee with the CMHC Clinical Coordinator or designated CMHC clinical faculty member.

I will give at least one week's prior written notice to both SOU Masters in Mental Health Counseling Program and any trainee of my intent to not certify any further hours of experience. If the trainee is not provided such notice, I will sign for hours of experience obtained in good faith where I actually provided the required supervision.

Signature of Supervisor: _____ Date: _____

Please print name of student intern: _____

Submit to: CMHC Clinical Coordinator, Psychology – SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520

Student Intern name (please print): _____

INTERNSHIP SITE / UNIVERSITY AGREEMENT

This Agreement is entered into by and between the State of Oregon, acting by and through the State Board of Higher Education on behalf of SOUTHERN OREGON UNIVERSITY, DEPARTMENT OF PSYCHOLOGY MASTER IN MENTAL HEALTH COUNSELING PROGRAM, hereinafter "UNIVERSITY," and

---

Name and address of agency

_____ hereinafter "HOST AGENCY"

WHEREAS, the UNIVERSITY has a curriculum in Clinical Mental Health Counseling, and

WHEREAS, internship experience is a required and integral component of the Clinical Mental Health Counseling curriculum, and

WHEREAS, the UNIVERSITY desires the cooperation of the HOST AGENCY in development and implementation of the internship experience phase of its Counseling curriculum, and

WHEREAS, the HOST AGENCY recognizes its professional responsibility to participate in the education of Clinical Mental Health Counseling students, and

WHEREAS, the HOST AGENCY wishes to join the UNIVERSITY in development and implementation of internship experience for Clinical Mental Health Counseling students,

NOW, THEREFORE, in consideration of the mutual agreements set forth herein, the UNIVERSITY and the HOST AGENCY will cooperate as described herewith.

The UNIVERSITY and the HOST AGENCY mutually agree as follows:

Internship Learning Standards
The specific learning experiences to be provided, the duration of the internship, the criteria to be used to determine successful completion of the internship, and the granting of academic credit shall comply with UNIVERSITY academic standards established for experiential learning experiences. The specific details for the Internship shall be documented in writing in the SOU Clinical Mental Health Counseling Practica & Internship Handbook and made a part of this Agreement.

Both parties agree to review and continually evaluate the educational objectives for the internship, the methods for their implementation, and to determine the effectiveness of the internship experience for student(s), HOST AGENCY, and UNIVERSITY.

Participating Students
The number and selection methods of participating students shall be mutually determined prior to or at the start of each term.

Agency understands that the student will not necessarily have previous experience in handling equipment or using procedures of the kinds utilized by the agency. It is further understood that the UNIVERSITY is not expected to make such prior experience a prerequisite for participation in the internship, nor is it expected to test or evaluate the students for their competencies in handling such equipment or using such procedures. HOST AGENCY therefore assumes the risk, vis-a-vis the UNIVERSITY, of successfully training the students to operate such equipment and use such procedures.

Discrimination
Neither party shall engage in discrimination in the treatment of any participant connected with the Internship. Discrimination means any act that unreasonably differentiates selection and treatment, intended or unintended, based upon age, handicap, national origin, race, marital status, religion, sex, or sexual orientation.

Termination of Student Participation for Cause
HOST AGENCY may request UNIVERSITY to withdraw from the program any student who, in the HOST AGENCY'S judgment, is not performing satisfactorily or who refuses to follow HOST AGENCY'S administrative and operating policies, procedures, rules, and regulations or whose health is a detriment to client well-being. Such requests must be in writing and must include a statement of reason(s), which shall not be based on discriminatory treatment.

Consideration
The basis of this Agreement is that the HOST AGENCY agrees to provide the internship experience to the UNIVERSITY student(s) at no charge to the UNIVERSITY, and the student agrees to complete the internship for the granting of academic credit. The student is not an employee of the UNIVERSITY unless otherwise stipulated. Any compensation arrangements made between the HOST AGENCY and the student are outside of this agreement; any associated scholarship monies must be dispersed by the UNIVERSITY through its Financial Aid Office. The student is responsible for providing her/his own transportation, parking, and expenses associated with the internship.

Insurance
The Oregon Tort Claims Act (ORS 30.260-30-300) permits the UNIVERSITY to accept responsibility only for the acts of its officers, employees, and agents. Since a student does not qualify as any of those persons, the UNIVERSITY is prohibited from accepting any liability for the acts, omissions, and conduct of the students, and is prohibited from providing coverage with State Accident Insurance, liability insurance, or workers' compensation insurance. All students are advised of the contents of this section and the UNIVERSITY requires all students to obtain their own professional liability insurance. They are advised to obtain health and accident insurance as well. HOST AGENCY agrees it is their responsibility to determine what provisions or actions are additionally necessary to fulfill any liability and workers' compensation obligations created by their participation in this agreement. HOST AGENCY will inform the participating students of any additional obligations in regards to these issues.

HOST AGENCY shall, on any day when a student is receiving internship experience at its facilities, provide to a student necessary emergency health care or first aid for accidents occurring in its facilities and may bill student for such care. Except as herein provided, the HOST AGENCY shall have no obligation to furnish medical or surgical care to any student.

MERGER CLAUSE

THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS AGREEMENT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS AGREEMENT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. AGENCY, BY THE SIGNATURE BELOW OF ITS AUTHORIZED REPRESENTATIVE, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THE AGREEMENT AND THE AGENCY AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Term
This agreement becomes effective upon the last date accompanying the signatures to the agreement and remains in effect until terminated by mutual consent of the parties or by one party upon 30 days prior written notice to the other party. The terms of the Agreement may be modified, supplemented, or amended only by written agreement signed by authorized representatives of all parties.

IN WITNESS WHEREOF, the parties, by signature of their representatives below, acknowledge that they have read and understood the Agreement and agree to be bound to its terms and conditions.

HOST AGENCY ORGANIZATION

Representative Signature Date

Representative Name & Title Printed

STATE OF OREGON ACTING BY AND THROUGH THE STATE BOARD OF HIGHER EDUCATION, ON BEHALF OF SOUTHERN OREGON UNIVERSITY, DEPARTMENT OF PSYCHOLOGY MASTER IN MENTAL HEALTH COUNSELING PROGRAM

SOU Mental Health Counseling Clinical Coordinator Date

Treasa Sprague / Contract Officer Date
SOU Business Services

Submit to: CMHC Clinical Coordinator, Dept. of Psychology, SOU, 1250 Siskiyou Blvd., Ashland, Oregon 97520
*Also provide a copy to the CMHC Office Coordinator

Form # 2A: DEGREE- PROGRAM WORK EXPERIENCE
(for LPC applicants only)

Waiver: I, _____ *hereby authorize* _____ *to provide the Oregon Board of Licensed Professional Counselors and Therapists with all information relevant to my qualifications as an applicant for licensure. I hereby release and discharge the reference from all claims arising out of the provision of such information.*

_____ _____
Signature of Applicant *Date*

- When and where did the supervised clinical experience take place?

A. From [Mo/Day/Yr]: _____ To [Mo/Day/Yr]: _____ Course No[s]: _____
Agency/Business: _____
Address: _____
City/St/Zip: _____
Applicant's job title:

_____
Activities performed by applicant:

Number of **direct client contact hours** during this time period: _____

B. From [Mo/Day/Yr]: _____ To [Mo/Day/Yr]: _____ Course No[s]: _____
Agency/Business: _____
Address: _____
City/St/Zip: _____
Applicant's job title:

_____
Activities performed by applicant:

Number of **direct client contact hours** during this time period: _____

2. Do you know of any reason why the applicant should **not** be licensed? [ ] Yes [ ] No
If yes, please explain. I attest the information I have provided the Board is true and I take responsibility for the information I have provided.

_____ _____
Signature of Graduate School Representative, including title **Date**

Printed or Typed Name of Representative, Program Name, Address, and Telephone Number:
_____

SECTION VII:

REGULATIONS & ETHICAL GUIDELINES

Oregon Administrative Rules Chapter 833 - Professional Counselor and Therapist Licensing
http://arcweb.sos.state.or.us/pages/rules/bulletin/0612_bulletin/0612_ch833_bulletin.html

Oregon Legislature House Bill 2506
http://www.leg.state.or.us/09reg/measures/hb2500.dir/hb2506.en.html

American Mental Health Counselors Association Code of Ethics
http://www.amhca.org/assets/news/AMHCA_CODE_OF_ETHICS_2010_W_PAGINATION_cxd_51110.pdf

American Counseling Association Code of Ethics
http://www.counseling.org/Resources/aca-code-of-ethics.pdf

Ethical Guidelines for Counseling Supervisors
http://files.acesonline.net/doc/ethical_guidelines.htm

CACREP Accreditation Standards
http://www.cacrep.org/template/index.cfm