M.A. in Clinical Mental Health Counseling Program

College at Florham

Practicum & Internship Handbook

(Revised July, 2010)
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Introduction to Practicum & Internship Experiences

Practicum and Internship I and II are supervised clinical experiences in which students apply their basic counseling and conceptual skills in a community setting. The practicum and each internship experience are both comprehensive and professional. In both practicum and internships students integrate their academic knowledge and understanding with the development of their counseling skills and theoretical orientation under supervision from both site supervisors and university practicum/internship faculty supervisors. During these experiences students engage in a broad range of clinical activities similar to those provided by a professional counselor. These include assessment, diagnosis, goal setting, treatment planning, individual counseling, group counseling, family counseling, and referral to other community resources.

The counselor-in-training process is a developmental, progressive growth experience. At the beginning of Practicum the openness to new experiences, the willingness to examine the counseling dyadic relationship, identification of assessment and diagnostic issues, and motivated involvement in the professional growth and development process are the key elements of a successful Practicum experience. Practicum is the opportunity for real “on the job training,” putting into action classroom and textbook learning.

As the student progresses to Internship, these objectives broaden to include the demonstration of professional competencies as a counselor. Internship is an opportunity to practice and refine counseling skills and for the integration of theoretical knowledge with practical applications.

Practicum and internship students serve as representatives of the graduate program in Clinical Mental Health Counseling and the university. Students’ actions, professionalism, and functioning in the counseling role are monitored by site supervisor and faculty supervisor.

Practicum Description

Practicum is designed as a transitional experience from the academic classroom and the role of student to the mental health field setting and the role of a professional counselor. Students are expected to complete 100 hours in a mental health setting with a minimum of 40 hours of direct client contact. Students also meet on campus for at least one (1) hour per week of individual supervision with an assigned university faculty supervisor and 1 and ½ (1.5) hours of group supervision per week by a university faculty supervisor. During the individual supervision, students meet with a university faculty supervisor to review and critique audio and/or video tapes of their sessions with their on-site clients, as well as develop counseling, note-taking and treatment planning skills. During the group supervision, role plays are conducted and critiqued by class members, professional readings are discussed, and interview summaries, note-taking, treatment planning and other professional skills are developed and practiced.

During the practicum experience, students are required to have experience in both individual and group counseling and have one hour of face-to-face supervision per week at the placement site. Additionally, students must have the opportunity to audio or video tape counseling sessions for use in the university triadic supervision portion of the practicum experience.

Students must contact the appropriate person at a desired placement site and discuss these requirements of the placement with this person.
**Internship Description**

Internship is the culminating clinical experience that follows the successful completion of Practicum. Successful completion is determined by the equivalent of a B in the practicum class plus a positive site supervisor evaluation. Internship students are expected to complete 600 hours in a mental health setting with a minimum of 240 direct contact hours. This experience approximates the experience of a professional counselor and is considered the “capstone” experience of the graduate Clinical Mental Health Counseling program. Students gain supervised experience in a wide range of counseling and counseling related activities with clients who represent the ethnic and demographic diversity of our surrounding communities.

During the Internship experience, students are required to have experience in both individual and group counseling and have one hour of face-to-face supervision per week at the placement site. Additionally, **students must have the opportunity to audio or video tape counseling sessions for review during university group supervision.**

**Prerequisites for Practicum**

Practicum is a very important course in the training of professional counselors. It is a time when students grapple with applying the content of what they have learned in their coursework with actual clients. Since the faculty has an ethical imperative to train competent and ethical professional counselors who “do no harm,” the faculty needs to make sure that all students enrolled in practicum have the basic counseling knowledge and interpersonal skills and qualities needed in beginning counselors.

In order to be placed in a clinical setting for practicum, a student must have earned a GPA of 3.0 or higher, have no incompletes in their coursework, and must have completed the following core courses:

- COUN 7700 – Counseling Profession
- COUN 7701 – Counseling Skills (with a B or higher)
- COUN 7703 – Development Across the Lifespan
- COUN 7704 – Crisis Intervention
- COUN 7705 – Group Counseling (with a B or higher)

In addition to academic requirements, readiness for placement in practicum will be based on a determination by faculty members that the student demonstrates personal and interpersonal qualities and characteristics that are widely accepted in the counseling profession as the foundation of effective and ethical counseling. The professional competencies and personal traits by which students will be assessed every semester by faculty members to determine whether a student can continue in the program or is in need of remediation can be found in the Graduate Clinical Mental Health Counseling Handbook.

**Practicum/Internship Orientation Meetings** are held twice a year: the 3rd Tuesday of October and the 2nd Tuesday of February from 4:00 – 5:15 p.m. At a minimum, **attendance at one orientation for practicum/internship is required.** Students interested in beginning a practicum must attend the Orientation to the Practicum/Internship meeting the semester prior to starting the experience. At that time, expectations for the practicum and internship experience are presented as well as strategies for securing a practicum/internship placement. Previous student placement sites are discussed at the orientation meeting. Counseling faculty and practicum/internship supervisors are available to assist the students in their search. A student may be able to use his/her current work site for both practicum and/or internship, if appropriate. However, this is contingent on the approval of the Coordinator of Practicum/Internship.
While the Coordinator of Practicum/Internship will help students to find the proper placement, the student is primarily responsible for obtaining their practicum setting. This is so because of the unique needs of each student (e.g., geographic location, work requirements, family responsibilities, etc.).

**Prerequisites for Internship**

To progress through to Internship, COUN 9702 and COUN 9703, the student must successfully complete their practicum placement with the equivalent of a “B”. This includes completing all on-site, group and individual supervision hours during practicum. In addition, the student must continue to maintain a GPA of 3.0 or higher in all courses, and have no incompletes in coursework.

**Practicum/Internship Student Requirements**

Listed below are the specifics of the practicum/internship agreement:

The practicum/internship student agrees to:

- Find an appropriate site for practicum/internship.
- Establish an agreed upon plan that includes the specified dates and hours the student will work at the site.
- Provide documentation of American Counseling Association membership and liability insurance before accruing hours.
- Meet a minimum of one hour each week for supervision with site supervisor.
- Conduct oneself in accordance with American Counseling Association’s professional ethical code.
- Seek supplemental information and knowledge to be successful in the counseling role within that agency’s mission and goals.
- Frequently evaluate and discuss progress with his/her site and university supervisors.
- Contact his/her university supervisor immediately if there are any concerns related to and responsibilities.
- Attend supervision sessions provided by Counseling faculty on the FDU campus.
- Utilize required texts to support the practicum/internship experience.
- Provide his/her university supervisor with all forms that are distributed in the practicum/internship supervision classes at FDU.
• Bring audio and/or videotapes of sessions with clients for review with university supervisor.

• Maintain an accurate record of hours and activities and obtain his/her site supervisor’s signature verifying these hours and activities.

Site Supervisor Requirements

The following general expectations are outlined for site supervisors:

• Present activities/responsibilities that a professional would experience in this setting and provide opportunities for participation according to the students’ educational needs and demonstrated abilities.

• Familiarize the student with the site’s policies and procedures and discuss any special ethical and/or legal issues the student needs to be aware of when working with this specific population.

• Provide a space, materials and support for students to conduct their activities and counsel clients in a confidential and professional manner.

• Guide the student toward the acquisition of specific skills and knowledge related to working with a specific client population.

• Facilitate the development of positive working relationships with supervisors and peers.

• Work with the student in selecting programs, projects and research activities that are relevant to the site and will help the student enhance his/her counseling skills.

• Provide supervision assisting the development of competencies in assessment, diagnosis, goal setting, treatment planning, professional and ethical development.

• Communicate with Fairleigh Dickinson practicum/internship faculty supervisors as needed.

• Provide periodic evaluations of the student’s performance. Areas to evaluate include attendance, motivation and commitment, counseling skills, communication skills, personal adjustment and maturity, willingness to accept suggestions, independence, understanding of ethical issues, knowledge of issues relevant to client population, ability to work with professional staff as colleagues. Complete the practicum/internship evaluation form and share feedback with student. Students will provide you with the form entitled Intern Evaluation: Supervisor Form, which is located at the end of this Handbook.

• Review student’s record keeping and validate with your signature the number of hours and activities spent on various counseling related activities.
University Faculty Practicum/Internship Supervisor Requirements

The duties of the practicum faculty supervisors are:

- Hold an orientation meeting at the end of semester prior to the start of practicum/internship to facilitate students’ searches for appropriate practicum/internship settings and to provide overview of practicum/internship requirements.
- Provide group supervision in practicum class (90 minutes weekly).
- Provides individual or dyadic supervision to practicum students (60 minutes weekly).
- Monitor progress of students during their practicum experiences.
- Establish communication with site supervisors.
- Conduct on-site visits as needed.
- Initiate resolution of any problems occurring on-site.
- Review student’s taped sessions to provide feedback and learning for the student.
- Secure site supervisor evaluations and assign final course grades for the Practicum course.

The duties of the university internship supervisors are:

- Provide one hour of small group supervision on a weekly basis.
- Monitor the progress of the student during the internship experiences.
- Conduct site visits and establish communication with on-site supervisors.
## Counseling Faculty Contact Information

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yolanda Hawkins-Rodgers, Ed.D., Department Chairperson</td>
<td><a href="mailto:hrodgers@fdu.edu">hrodgers@fdu.edu</a></td>
<td>973-443-8554</td>
</tr>
<tr>
<td>Donalee Brown, Ph.D., Coordinator, Practicum/Internship</td>
<td><a href="mailto:donalee@fdu.edu">donalee@fdu.edu</a></td>
<td>973-443-8987</td>
</tr>
<tr>
<td>Dana Kaspereen, Ph.D.</td>
<td><a href="mailto:Dkasper@fdu.edu">Dkasper@fdu.edu</a></td>
<td>973-443-8095</td>
</tr>
<tr>
<td>Ketrin Saud-Maxwell, Ph.D., Director, MA Clinical Mental Health Counseling Program</td>
<td><a href="mailto:smaxwell@fdu.edu">smaxwell@fdu.edu</a></td>
<td>973-443-8550</td>
</tr>
<tr>
<td>Anthony Tasso, Ph.D.</td>
<td><a href="mailto:atasso@fdu.edu">atasso@fdu.edu</a></td>
<td>973-443-8094</td>
</tr>
<tr>
<td>Judith Waters, Ph.D.</td>
<td><a href="mailto:waters@fdu.edu">waters@fdu.edu</a></td>
<td>973-443-8551</td>
</tr>
<tr>
<td>Lona Whitmarsh, Ed.D.</td>
<td><a href="mailto:whit@fdu.edu">whit@fdu.edu</a></td>
<td>973-443-8549</td>
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Practicum/Internship Placement Forms
To: Students Registering for Counseling Practicum and Internship

From: Donalee Brown, Ph.D.
Coordinator, Practicum & Internship

Subject: Permission Forms – COUN 9701 Practicum, COUN 9702 Internship I, COUN 9703 Internship II

In order to register for COUN 9701 Practicum, COUN 9702 Internship I, COUN 9703 Internship II, permission forms must be signed by the agency or school supervisor in order to complete the registration.

You are advised to make an appointment with the agency, school counselor, supervisor, or designated counselor as soon as possible. You should present a resume, the letter of introduction and the details of the requirements relative to the placement. It is important that you review with the supervisor the course objectives and requirements. Have the supervisor sign the permission form. Please note that the permission form must be signed and returned in order to complete the registration.

Please return the form immediately to Dr. Donalee Brown, Fairleigh Dickinson University, College at Florham, 285 Madison Ave, M-AB2-01, Madison, NJ 07940.

NOTE 1: PERMISSION FORMS MUST BE FILED WITH THE INTERNSHIP/PRACTICUM COORDINATOR BEFORE YOU ARE PERMITTED TO REGISTER FOR THE PRACTICUM OR INTERNSHIP CLASS. YOU CANNOT REGISTER WITHOUT COMPLETED PAPERWORK AND PRACTICUM/INTERNSHIP COORDINATOR SIGNATURE.

NOTE 2: IF PAPERWORK IS NOT COMPLETED AT TIME OF DEADLINE DATE A WAITING LIST FOR PRACTICUM/INTERNSHIP CLASSES WILL BE GENERATED.
PERMISSION FORM

Course Number: (Check one.)
- COUN 9701 Practicum
- COUN 9702 Internship I
- COUN 9703 Internship II

SEMESTER: FALL________ SPRING _________ SUMMER__________ 20____

PERMISSION FOR COUNSELING PRACTICUM/INTERNSHIP

NAME OF STUDENT_______________________________________________ has received permission
to complete his/her counseling practicum and/or internship at the following location:

NAME OF PRACTICUM/INTERNSHIP SITE:______________________________________
ADDRESS:____________________________________________________
CITY:______________________________________ STATE____________
ZIP______________
PHONE:( ) ___________________________ E-MAIL:______________________________

HE OR SHE WILL BE SUPERVISED BY:
NAME: _____________________________________________________________________
(PLEASE PRINT)
__________________________________________________ DATE________________
(SIGNATURE)
Credential: _____________________________
Please state license the supervisor possesses: ___________________________________
**PRACTICUM AND INTERNSHIP APPLICATION FORM**

*DEADLINE:* December 6 (if you plan to register for practicum/internship in the spring).

April 15 (if you plan to register for the practicum/internship in the summer or fall.)

<table>
<thead>
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<th>Course Number: (Check one.)</th>
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<td>o COUN 9702 Internship I</td>
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<tr>
<td>o COUN 9703 Internship II</td>
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**SECTION I: PERSONAL INFORMATION.** Complete the information requested in this section. It is very important that you notify Dr. Donalee Brown, Coordinator of Practicum & Internship, immediately if there is a change in any of this information.

**Last Name, First Name:** __________________________________________

**Full Address (including city, state, and zip code):** _______________________________________________________

_____________________________________________________________

**Phone number:** _________________________________________________

**Cell phone number:** _____________________________________________

**E-mail:** _______________________________________________________

**Counselor trainee’s Liability Insurance Company and #:** ________________

**SECTION II: PROGRAM / COURSE INFORMATION**

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<td>COUN 7700 The Counseling Profession: History &amp; Theories</td>
<td>___ Yes ___ No</td>
</tr>
<tr>
<td>COUN 7701 Counseling Skills &amp; Practice</td>
<td>___ Yes ___ No</td>
</tr>
<tr>
<td>COUN 7702 Diagnosis/Treatment Planning in Counseling</td>
<td>___ Yes ___ No</td>
</tr>
<tr>
<td>COUN 7703 Developmental Across the Lifespan</td>
<td>___ Yes ___ No</td>
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<tr>
<td>COUN 7704 Crisis Intervention</td>
<td>___ Yes ___ No</td>
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<tr>
<td>COUN 7705 Group Counseling</td>
<td>___ Yes ___ No</td>
</tr>
<tr>
<td>COUN 7706 Life Style and Career Counseling</td>
<td>___ Yes ___ No</td>
</tr>
<tr>
<td>COUN 7711 The Professional Counselor: Ethical Issues</td>
<td>___ Yes ___ No</td>
</tr>
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**SECTION III: SITE INFORMATION**

**Site supervisor’s name:** __________________________________________

**Site supervisor’s title:** __________________________________________

**Site supervisor’s certification / license:** ____________________________
Site supervisor’s address: ___________________________________________
________________________________________________________________
Site supervisor’s phone number & e-mail: ______________________________
________________________________________________________________
Site supervisor’s years of experience as a certified/licensed mental health professional:
____________________________________________________________________
Approximate dates of the beginning and end of the practicum/internship: 
____________________________________________________________________
Directions for traveling to the site: (Please attach directions to the site from FDU).

SECTION IV: DOCUMENTATION REQUIRED WITH APPLICATION (Please Attach).
1). ___________ On-Site Supervisor Permission Form completely filled out.
2). ___________ Current ACA membership card with liability insurance.
3). ___________ Fingerprint clearance (required if your site is a school)
4). ___________ Directions for traveling to the site.
5.) ___________ Current transcript (does not have to be official)
6.) ___________ Current copy of Supervisor’s license

SECTION V: CLINICAL COORDINATOR AUTHORIZATION
Before signing the form, the Coordinator of Practicum & Internship needs to check your academic record
at FDU to make sure you have taken all the coursework necessary and are eligible to enroll in practicum/
internship. This includes the completion of any incompletes from prior coursework. The Coordinator of
Practicum & Internship will also make sure that no faculty member has expressed concerns about your
ability to take on the tasks and responsibilities of a counselor.

Donalee Brown, Ph.D.

Signature: _______________________________________________________

Contact Persons:

Donalee Brown, Coordinator, Practicum & Internship
Fairleigh Dickinson University
Department of Psychology & Counseling
285 Madison Ave
Madison, NJ 07940
Direct Number: 973-443-8987
E-Mail: donalee@fdu.edu
General Office Line: 973-443-8547
COUN 9701 – Practicum

Dear Colleague:

I would like to thank you for your willingness to allow one of our graduate students, who aspires to enter the counseling profession to provide under your supervision 40 hours of direct individual and group counseling service on site. This is true professionalism and dedication because you are directly affecting the future of the counseling profession.

As Coordinator of Practicum and Internship for the Clinical Mental Health Counseling program, I recognize the crucial role that counselors in the field can play in the professional development and growth of prospective counselors. The theoretical foundations of our counseling profession must be thoroughly grasped and understood by those who wish to become professional counselors. However, it is in the implementation of the theories and techniques that the graduate student learns to truly be an effective counselor. Those who are studying to become counselors need to be immersed in the daily realities of this career. They need to observe and understand the environment, the rewards, and the stresses that counselors undergo. Hence, we deeply appreciate your willingness to provide an opportunity for our graduate students to work with clients in an agency setting or students in a school setting.

The course in which the graduate student is enrolled is COUN 9701, Practicum. The course includes a seminar, along with laboratory hours in individual or triadic (professor and two students) supervision. The student is expected to provide 100 hours during the course of a semester at your school or agency: 40 hours of direct individual and group counseling service and 60 hours involved in other aspects of your agency/school counseling program. Your supervision, as well as your evaluative feedback of the student’s progress, is very much appreciated. It is required that the students are provided the opportunity to audio and/or videotape one or more clients.

If you have any questions or concerns, please call me at the University, (973) 443- 8987. Many thanks for your help, commitment, and involvement.

Sincerely,

Donalee Brown, Ph.D.
Coordinator, Practicum & Internship
Department of Psychology & Counseling
COUN 9702 Internship I/9703 Internship II  
Student: _______________________

Dear Colleague:

The above named student is a candidate for the Master’s Degree in Clinical Mental Health Counseling and is currently enrolling in COUN 9702 Internship I/9703 Internship II. The student is requesting an internship placement at your agency / school. This internship requires a placement which would commit the student to your site for 300 hours per semester.

As Coordinator of Practicum and Internship for the Clinical Mental Health Counseling program, I recognize the crucial role that mental health professionals can play in the professional development and growth of prospective counselors. Hence, I deeply appreciate your willingness to consider providing our graduate student an opportunity to work with clients in an agency setting or students in a school setting. This is true professionalism and dedication because you are directly affecting the future of the counseling profession.

COUN 9702/0703 is a two-semester course taken during the latter part of the graduate program. At this point, the student has had considerable theory and course work in the counseling process. In the internship courses, the student meets weekly at a minimum for a 1 and ½ hour group supervision and seminar at Fairleigh Dickinson University with a supervising professor at the campus and is required to prepare logs and present cases based on activities in the field setting. The student is required to develop a caseload, to initiate or facilitate group work, to develop an action plan, proposal, or learning agreement, and to attend site staff meetings.

The student is expected to provide 600 hours during the course of two semesters at your school or agency: 240 hours of individual and group counseling and 360 hours involved in other aspects of your agency/school counseling program. An hour weekly meeting with the site supervisor is required. An evaluation by the site supervisor, which weighs heavily in the final grade, is also required. It is required that the students are provided the opportunity to audio and/or videotape three or more clients.

If you have any questions or concerns, please call me at the University, (973) 443- 8987. Thank you for your consideration and for your professional involvement in considering the student for an internship placement at your site.

Sincerely,

Donalee Brown, Ph.D.  
Coordinator, Practicum & Internship  
Department of Psychology & Counseling
Form 3 Affiliation Agreement
May submit either option A or option B

Clinical Mental Health Counseling Program
Practicum/ Internship Affiliation Agreement (Form A)

This agreement is made between the Clinical Mental Health Counseling Program and ___________________________ (field site) which will provide a practicum experience that will consist of 100 hours with 40 hours of direct service and 60 hours of indirect service and/or the field site will also provide an internship experience that will consist of 600 hours. Internship consists of 120 direct hours and 180 indirect hours for each of the 2 sequential semesters (2) internship is completed for ___________________________ (student). Individual clinical supervision (face-to-face) for MA students must be by a licensed psychiatrist, LPC, LCSW, or licensed psychologist. Note: Post MA students in school counseling – supervision can be provided by a certified school counselor.

Purpose:

The purpose of this agreement is to specify the provision of a field experience for a qualified practicum/internship student in the field of counseling.

A. The on-site supervisor agrees:

1. To provide a sufficient number of clients for individual/group counseling to ensure the student 40 hours direct service for the practicum experience (varied clientele) and a minimum of 120 direct service for each semester (2) internship is completed.
2. To provide the opportunity to audio and/or videotape one or more clients for practicum, three or more for internship.
3. To supervise the student’s activities in individual/group counseling for the purpose of providing feedback on performance.
4. To provide information to the student about available resources (agencies/schools, readings, and equipment) in accord with internship contract.
5. To provide assistance and support to the student with regard to management of a case as needed.
6. To acquaint the student with general procedures, policies, and programs of the agency and involve the student in agency/school practices.
7. To encourage the student to develop as a professional counselor by:
   - demonstrating the core dimensions of helping relationships
   - maintaining a code of ethics as articulated by ACA or relevant professional mental health organization.
   - behaving approximately with client families, staff, and others present at agency/school
   - assuming responsibility for own behavior and being well organized
   - applying knowledge of counseling principles
   - serving as a member of a (treatment) team at an agency/school
8. To provide a written appraisal of the student’s performance to the Fairleigh Dickinson University faculty supervisor at the end of the internship

B. The intern agrees:

1. To implement the rules of the agency/school in regard to all matters relevant to counseling.
2. To be available in the event of an emergency involving the client.
3. To maintain accurate official records.
4. To keep the on-site supervisor informed of personal and professional difficulties that may affect the counseling relationship.
5. To maintain a consistent work schedule with an accumulated minimum of 40 clock hours of direct client contact and 100 total clock hours for practicum and a minimum of 120 clock hours of direct client contact and 180 indirect hours for each semester of internship.
6. To maintain and review with the on-site supervisor notes, log books, and any other records which document activities and hours.
7. To discuss your expectations about the learning process and interest in reviewing audio tapes, video tapes, and case notes.
8. To evaluate the on-site supervisory relationship and the site for the Fairleigh Dickinson University.
9. To maintain a code of ethics as articulated by ACA.

C. The faculty supervisor agrees:

1. To coordinate efforts of the on-site supervisor and the intern.
2. To be available for contact with the on-site supervisor.
3. To hold 1 hour minimum triadic supervisory sessions per week with the student for the practicum student.
4. To provide a minimum of 1 ½ hours of weekly group supervision with the internship student.
5. To provide the intern the opportunity to audio and or video tape.
6. To serve as a resource for students and on-site supervisors.
7. To evaluate the student in terms of specified competencies and to assign the grade for Practicum/Internship.

Within the specified time period, the on-site supervisor will supervise the on-site training activities required to allow adequate evaluation of the student’s level of competence. Both student and on site supervisor will communicate with the university faculty supervisor regarding progress, problems and performance evaluations.

____________________________ ______________________________
Student Supervisor, Practicum/Internship Site
Date:_________________ Date:_________________
POSSIBLE CLINICAL EXPERIENCE ACTIVITIES

1. Individual Counseling
   - Personal/Social Nature
   - Occupational/Educational Nature

2. Group Counseling/Psychotherapy
   - Co-leading
   - Leading

3. Intake Interviewing
   - Including taking social history information

4. Report Writing
   - Record Keeping
   - Treatment Plans
   - Treatment Summaries

5. Consultation
   - Referrals
   - Professional Team Collaboration

6. Psycho/Educational Activities
   - Parent Conferences
   - Outreach
   - Client Orientation
   - Contact with Community Resources
   - In-Service

7. Individual Supervision

8. Group or Peer Supervision

9. Case Conferences or Staff Meetings workshops

10. Other (Please list, e.g., readings, etc.)
Fairleigh Dickinson University, a non-profit corporation (hereinafter called “University”) and ___________________________________ (hereinafter called “Practicum Site”) hereby form an affiliation for the development and conduct of educational practica in counseling.

1. This document is an agreement between Fairleigh Dickinson University and a Practicum Site, __________________________. The practicum site will contribute to the students’ education through their clinical experiences at the agency or institution.

2. Both parties recognize that they share common goals and objectives in achieving optimum client care through education.

3. This Affiliation Agreement shall be coordinated by the Practicum Site Administrator or his/her designee and a University Faculty Member. The Faculty Member shall confer regularly with the designated practicum liaison to ensure the establishment and maintenance of mutually beneficial working relationships, including mutual choice of practicum students(s), number of students, types of practicum experiences needed, and sufficient advance planning regarding dates. It is understood that there may be sentences during which no students are placed at the Practicum Site, or during which students assigned are removed from the Practicum Site for academic or personal reasons at the discretion of the College.

4. The Practicum Site is responsible for client care and, therefore, for adequate orientation to the site’s policies and regulations and for clinical supervision for practicum students. Individual clinical supervision (face-to-face) for MA students must be at least one hour per week by a licensed psychologist, LPC or LCSW, and such other meetings as the supervisor deems advisable.

5. The practicum students will spend over 40% of their required practicum hours in direct service activities. At least some of their clinical work must be audiotaped or videotaped for supervision purposes, with written consent of the clients. The number of practicum hours, the dates of the practicum period at the Practicum Site, and the general kinds of learning experiences will be agreed upon in advance of the practicum and specified in writing, to be signed by the Practicum Site Administrator or his/her designee, the University Faculty Member, and the practicum student.

6. The Practicum Site agrees to provide evaluation by the primary clinical supervisor of each student’s work at the end of each semester and/or at the request of the Department of Psychology & Counseling Faculty Member of any unusual situations or behavior involving students or supervisors, where the safety of any person is threatened or the cooperative intent of this Agreement is jeopardized. If the student is not meeting the standards of the Practicum Site, the practicum Site will discuss the matter with the Faculty Member in order to arrive at a mutually agreeable solution. The Practicum Site will keep all student evaluations confidential, sharing them only with the individual student and the appropriate FDU Department of Psychology & Counseling faculty.

7. The University is responsible for the content of the clinical training program, including (1) selection and approval of practicum sites, (2) length of time and number of hours required in the
practicum, (3) setting goals and objectives for students' learning, (4) practicum seminar groups led by faculty members, and (5) determining when practicum requirements have been met.

8. Each student will obtain malpractice insurance coverage while fulfilling his/her duties under the terms of this agreement in the amount of $1,000,000.00 per occurrence and $3,000,000.00 each aggregate. Upon reasonable request by the Practicum Site, the University will provide satisfactory evidence of malpractice insurance coverage.

9. The student or faculty member of the University is under no circumstances to be considered an agent or employee of the Practicum Site, nor shall any employee of the Practicum Site be considered an agent or employee of the University. The Practicum Site agrees to indemnify, defend and hold harmless FDU, its officers, agents, employees, medical staff members and graduate students from and against any and all claims, demands, actions or judgments based upon or arising out of any services performed under or pursuant to this agreement, except for those claims, demands, actions, or judgments resulting solely from the negligence of FDU's graduate students. FDU agrees to indemnify, defend and hold harmless the Practicum Site, its officers, agents, employees, and medical staff members from and against any and all claims, demands actions or judgments based upon or rising out of any services performed under or pursuant to this agreement, except for those claims, demands, actions or judgments resulting solely from the negligence of the Practicum Site's officers, employees, agents, or medical staff members.

10. The Practicum Site and the University will not discriminate in this program because of race, creed, color, sex, age, sexual orientation, physical disability, marital status, or national origin.

11. TERM OF AGREEMENT: This Agreement will become effective on the date of the signing and will remain in full force and effect for the period of ONE (1) year from the date, and thereafter from year to year unless terminated sooner. This Agreement may be terminated without cost or liability under the following:

   (1) Notice of no less than nine (9) months prior to termination of this Agreement, by either party, unless a shorter period of notice is mutually agreeable. Notification must be provided in writing.

   (2) Failure to maintain professional liability insurance for the students assigned to the Practicum Site by the College will constitute grounds for immediate termination.

12. A Review Committee, consisting of the University representatives, the Director of the Practicum Site, and other individuals when invited to participate, will evaluate the clinical training program and its progress and effectiveness. These reviews will take place from time to time, but no less than once every two (2) years.

STATEMENT OF AFFILIATION

In consideration of the above, FDU (College) and ___________________________ (Practicum Site) agree to affiliate upon the terms and conditions stated.

This Affiliation Agreement will be coordinated by duly authorized representatives of the Practicum Site and College, who will be designated to be signatories.

In WITNESS WHEREOF, the parties hereto have caused these presents to be executed this __________ day of ________________, 20__.

__________________________________________  ___________________________
Fairleigh Dickinson University  Director of Practicum Site
Coordinator, Practicum & Internship  Clinical Mental Health Counseling Program

Date ___________________________  Date ___________________________
PRACTICUM/INTERNSHIP SITE SUPERVISOR AGREEMENT
DEADLINE for Fall is December 6th, Spring/Summer is April 15th

Directions: Please completely fill out every item on this form and print legibly.

Counselor trainee’s name: _______________________________________________________

Counselor trainee’s email and phone number: ________________________________________

Counselor trainee's Liability Insurance Co. and #: ________________________________

Membership (check all that applies): ACA: _______ Other: _______

Course number: ________________________ Semester _____ Year _______

Faculty instructor: ____________________________________________________________

Internship site name: _________________________________________________________

Internship site address: _________________________________________________________

Internship site phone number: _________________________________________________

Site supervisor’s name: _________________________________________________________

Site supervisor’s title: ___________________________________________________________

Site supervisor’s certification / license (copy of supervisor’s license due by end of the semester):
____________________________________________________________________________

Site supervisor’s phone number & email: __________________________________________

Site supervisor’s years of experience as a certified/licensed school counselor/mental health professional: _______________________________________________________

The above named graduate student has permission to participate in a practicum/internship experience at this site under the supervision of the site supervisor. Practicum/internship consists of a minimum of 100-300 hours per semester (40 -120 hours of direct service) with a minimum of one hour of supervision per week. It is understood that, with client and/or parental consent, some of the direct services provided by the graduate student will be audio and/or videotaped as part of the Practicum/ Internship course requirement. It is also understood that all ethical guidelines of the counseling profession (American Counseling Association Code of Ethics) shall be maintained. Confidentiality in supervision and course materials will be maintained. Thank you very much for your assistance and cooperation.

________________________________ ___________________________________
Counselor Trainee’s Signature & Date Site Supervisor’s Signature & Date

Student makes four copies of this form. Give one to your site supervisor, retain one for your records, attach two with your application and give to the Coordinator of Practicum & Internship in the Department of Psychology & Counseling.
Name _______________________________________
Semester/Year _______________________________________

<table>
<thead>
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<th>Date</th>
<th>Individual Superv'n</th>
<th>Group Superv'n</th>
<th>Professional Dev.</th>
<th>Case Study/Note/Session Preparation</th>
<th>Site Training</th>
<th>Observation</th>
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Totals

Total supervision hours: _____  Total Indirect Hours:_____  Total Direct Hours_______  Total hours _________

Intern’s signature ________________________________  Date ______________

Supervisor’s name ________________________________

Supervisor’s signature ____________________________  Date ______________

Supervisor’s License # ____________________________
Monthly Summary Form

Check one:
- Practicum
- Internship

Counselor Trainee _______________________________ Semester ____________________
Site ___________________________________________ Month_______________________
Site Supervisor _______________________________________________________________
University Supervisor ___________________________________________________________

Total of monthly hours for:

Site- Individual Supervision ___________ University- Individual Supervision ___________
Site- Group Supervision _______________ University- Group Supervision _____________
Individual/Triadic University Supervision (Practicum Only) __________
TOTAL SUPERVISION HOURS FOR MONTH _______________

Total of monthly hours for:

Professional Development _____________ Observation _____________
Case Study/Notes/Session Prep _____________ Other (Explain) _____________
Site Training _______________

TOTAL INDIRECT SERVICE HOURS FOR MONTH _______________

Total of monthly hours for:

Individual Counseling ____________ Group Counseling ____________
Couple/Family Counseling ____________ Other (Explain) __________

TOTAL DIRECT SERVICE HOURS FOR SEMESTER _______________

Counselor Trainee Signature ___________________________________ Date _____________
Site Supervisor Signature ___________________________________ Date _____________
University Faculty Signature ___________________________________ Date _____________
Supervisee Bill of Rights

Maria A. Giordano, Michael K. Altekruse, & Carolyn W. Kern

INTRODUCTION
The purpose of the Bill of Rights is to inform supervisees of their rights and responsibilities in the supervisory process.

NATURE OF THE SUPERVISORY RELATIONSHIP
The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. A professional counselor supervisor who has received specific training in supervision facilitates professional growth of the supervisee through:

- Monitoring client welfare
- Encouraging compliance with legal, ethical, and professional standards
- Teaching therapeutic skills
- Providing regular feedback and evaluation
- Providing professional experiences and opportunities

EXPECTATIONS OF THE INITIAL SUPERVISORY SESSION
The supervisee has the right to be informed of the supervisor’s expectations of the supervisory relationship. The supervisor shall clearly state expectations of the supervisory relationship that may include:

- Supervisee identification of supervision goals for oneself
- Supervisee preparedness for supervisory meetings
- Supervisee determination of areas for professional growth and development
- Supervisor’s expectations regarding formal and informal evaluations
- Supervisor’s expectations of the supervisee’s need to provide formal and informal self evaluations
- Supervisor’s expectations regarding the structure and/or the nature of the supervisory sessions
- Weekly review of case notes until supervisee demonstrates competency in case conceptualization

The supervisee shall provide input to the supervisor regarding the supervisee’s expectations of the relationship.

EXPECTATIONS OF THE SUPERVISORY RELATIONSHIP
A supervisor is a professional counselor with appropriate credentials. The supervisee can expect the supervisor to serve as a mentor and a positive role model who assists the supervisee in developing a professional identity.

The supervisee has the right to work with a supervisor who is culturally sensitive and is able to openly discuss the influence of race, ethnicity, gender sexual orientation, religion, and class on the counseling and supervision process. The supervisor is aware of personal cultural assumptions and constructs and is able to assist the supervisee in developing additional knowledge and skills in working with clients from diverse cultures.
Since a positive rapport between the supervisor and supervisee is critical for successful supervision to occur, the relationship is a priority for both the supervisor and supervisee. In the event that relationship concerns exist, the supervisor or supervisee will discuss concerns with one another and work toward resolving differences.

Therapeutic interventions initiated by the supervisor or solicited by the supervisee shall be implemented only in the service of helping the supervisee increase effectiveness with clients. A proper referral for counseling shall be made if appropriate.

The supervisor shall inform the supervisee of an alternative supervisor who will be available in case of crisis situations or known absences.

ETHICS AND ISSUES IN THE SUPERVISORY RELATIONSHIP

1. **Code of Ethics and Standards of Practice:** The supervisor will ensure the supervisee understands the *American Counseling Association Code of Ethics and Standards of Practice* and legal responsibilities. The supervisor and supervisee will discuss sections applicable to the beginning counselor.

2. **Dual Relationships:** Since a power differential exists in the supervisory relationship, the supervisor shall not utilize this differential to his or her gain. Since dual relationships may affect the objectivity of the supervisor, the supervisee shall not be asked to engage in social interaction that would compromise the professional nature of the supervisory relationship.

3. **Due Process:** During the initial meeting, supervisors provide the supervisee information regarding expectations, goals and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.

4. **Evaluation:** During the initial supervisory session, the supervisor provides the supervisee a copy of the evaluation instrument used to access the counselor’s progress.

5. **Informed Consent:** The supervisee informs the client that she is in training and is being supervised, and she receives written permission from the client to audiotape or videotape.

6. **Confidentiality:** The counseling relationship, assessments, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and the counselor is subject to a malpractice suit. The client must sign a written consent prior to counselor’s consultation.

7. **Vicarious Liability:** The supervisor is ultimately liable for the welfare of the supervisee’s clients. The supervisee is expected to discuss with the supervisor the counseling process and individual concerns of each client.

8. **Isolation:** The supervisor consults with peers regarding supervisory concerns and issues.

9. **Termination of Supervision:** The supervisor discusses termination of the supervisory relationship and helps the supervisee identify areas for continued growth and explore professional goals.

EXPECTATIONS OF THE SUPERVISORY PROCESS

The supervisee shall be encouraged to determine a theoretical orientation that can be used for conceptualizing and guiding work with clients.

The supervisee has the right to work with a supervisor who is responsive to the supervisee’s theoretical orientation, learning style, and developmental needs.
Since it is probable that the supervisor’s theory of counseling will influence the supervision process, the supervisee needs to be informed of the supervisor’s counseling theory and how the supervisor’s theoretical orientation may influence the supervision process.

**EXPECTATIONS OF SUPERVISORY SESSIONS**
The weekly supervisory session shall include a review of all cases, audiotapes, and videotapes and may include live supervision.

The supervisee is expected to meet with the supervisor face-to-face in a professional environment that ensures confidentiality.

**EXPECTATIONS OF THE EVALUATION PROCESS**
During the initial meeting, the supervisee shall be provided with a copy of the formal evaluation tool(s) that will be used by the supervisor.

The supervisee shall receive verbal feedback and/or informal evaluation during each supervisory session.

The supervisee shall receive written feedback or written evaluation on a regular basis during the beginning phases of counselor development. Written feedback may be requested by the supervisee during intermediate and advanced phases of counselor development.

The supervisee should be recommended for remedial assistance in a timely manner if the supervisor becomes aware of personal or professional limitations that may impede future professional performance.

Beginning counselors receive written and verbal summative evaluation during the last supervisory meeting. Intermediate and advanced counselors may receive a recommendation for licensure and/or certification.
The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. This contract is designed to assist the supervisor and supervisee in establishing clear expectations about the supervisory process.

**Supervisee**
Read the *Supervisee’s Bill of Rights* and this agreement. Complete the sections on skills, goals, and professional opportunities and bring this agreement to the initial supervisory session.

Prior to the first supervisory session, read the American Counseling Association *Code of Ethics and Standards of Practice*.

**Introduction and Expectations of the Supervisory Experience**

**Supervisor**
1. Introduce yourself; discuss your credentials, licenses, academic background, counseling experience, and your supervisory style.

2. Describe your role as a supervisor: teacher, consultant, counselor, evaluator.

3. Discuss your responsibilities: monitoring client welfare, teaching therapeutic skills, providing regular verbal and written feedback and evaluation, and ensuring compliance with legal, ethical, and professional standards.

4. Ask the supervisee about his or her learning style and developmental needs.

**Supervisee**
1. Introduce yourself and describe your academic background, clinical experience, and training.

2. Briefly discuss information you want to address during the supervisory meetings.

3. Describe the therapeutic skills you want to enhance and professional development opportunities you want to experience during the next three months.

List three therapeutic skills you would like to further develop.

1. ___________________________________________________________________

2. ___________________________________________________________________

3. ___________________________________________________________________

List three general goals you would like to attain during the supervisory process.

1. ___________________________________________________________________
List three specific counseling or professional development experiences you would like to have during the next three months. (Attending a conference, facilitating a group, presentation, etc.)

1. 
2. 
3. 

**Expectations of the Supervisory Relationship**

**Supervisor and Supervisee**
Discuss your expectations of the supervisory relationship.

Discuss how you will work toward establishing a positive and productive supervisory relationship. Also, discuss how you will address and resolve conflicts.

The supervisory experience will increase the supervisee’s awareness of feelings, thoughts, behavior, and aspects of self that are stimulated by the client. Discuss the role of the supervisor in assisting with the process.

Share your thoughts with one another about the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process.

**Supervisee**
Describe how you would like to increase your awareness of personal cultural assumptions, constructs, and ability to work with clients from diverse cultures.

**Supervisor**
If the supervisee needs to consult with you prior to the next supervision meeting, discuss how you would like to be contacted. Also, if you are unavailable during a period of time, inform the supervisee of an alternate supervisor who will be available in your absence.

**Ethical Issues in the Supervisory Relationship**

1. A professional relationship is maintained between the supervisor and supervisee. The supervisor and supervisee do not engage in social interaction that interferes with objectivity and professional judgment of the supervisor.

2. After the initial supervisory meeting, the supervisee and supervisor can reestablish goals and expectations and discuss roles of the supervisory process. The supervisor and supervisee provide one another with regular feedback.

3. During the initial counseling session, the supervisee will inform the client that she or
he is in training and is being supervised. The supervisee needs written consent from the client for audio or videotaped sessions.

4. Discuss confidentiality and the importance of obtaining a written release from the client prior to consultation with other professionals who are serving the client.

5. The supervisor is ultimately responsible for the welfare of the supervisee’s clients. During each supervisory session, the supervisee will review each client’s progress and relate specific concerns to the supervisor in a timely manner.

**Expectations of Supervisory Sessions**

**Supervisee**
Discuss your expectations about the learning process and interest in reviewing audiotapes, videotapes, and case notes.

**Supervisor**
Describe the structure and content of the weekly supervisory sessions.

Discuss your expectations regarding supervisee preparedness for supervisory session (audiotapes, videotapes, case notes).

The weekly supervisory session will take place face to face in a professional environment that ensures confidentiality. Decide on the location, day, and time.

Location_________________________ Day______________ Time______________

**Expectations Regarding Evaluation**

**Supervisee:**
Discuss your interest in receiving weekly feedback in areas such as relationship building, counseling techniques, client conceptualization, and assessment.

**Supervisor:**
Discuss your style of providing verbal feedback and evaluation.

Provide the supervisee with a copy of the formal evaluation you will use; discuss the evaluation tools and clarify specific items that need additional explanation.

Discuss the benefit of self-evaluation; provide a copy of self-evaluation forms, and clarify specific items that need additional explanation.

________________________________________ _______________  
Supervisor’s Signature                          Date

________________________________________ _______________  
Supervisee’s Signature                         Date
SUGGESTED OUTLINE FOR A RESUME

Name
Street Address
City, State, Zip Code
Phone #:
E-mail:
Fax:

OBJECTIVE:
A position as a Master’s level counseling intern

EDUCATION
2005-2008
Fairleigh Dickinson University, College of Florham, Madison, NJ
Master of Arts, Clinical Mental Health Counseling, anticipated date of graduation, December, 2008
G.P.A. 3.7
(Sometimes, if you’re applying for a practicum/internship site, sites might find it helpful if you include relevant courses you’ve taken that will assist you in your work as an intern. So, you might want to include a subsection here entitled “Relevant courses”)
Relevant Courses: Introduction to Counseling Theories and Techniques, Family Counseling, Group Counseling, Multicultural Counseling, Diagnosis and Treatment Planning etc.

1998-2005
State University of New York, Stony Brook, NY
Bachelor of Arts, Psychology, May, 2005
Minor: Child and Family Studies

COUNSELING EXPERIENCE
Sept, 2007-
Don Pedro Albizu Elementary School, Morristown, NJ. Counseling Intern.
June, 2008
600 hours of supervised individual and group counseling
• Counseling students regarding personal, academic, and career/college issues.
• Consulted with parents.
• Met with college representatives
• Provided referrals

Supervisor: Valerie Zurawski, Ph.D

Jan, 2007-
Morristown Counseling Services, Morristown, NJ. Counseling Intern.
May, 2007
100 hours of supervised individual counseling.
• Provided short-term individual counseling to clients of diverse backgrounds dealing with depression, anxiety, and substance abuse.
• Conducted intakes.
• Provided crisis intervention

Supervisor: Lisa Ramirez, MA, LPC

Summer, 2006
Long Island Jewish Medical Center, New Hyde, NY. Volunteer.
• Reinforced behavior modification methods.
• Coordinated mentor programs.
• Facilitated social skills group for at-risk teenagers.

Supervisor: Mary O’Reilly, MA, LPC
**PRIOR WORK HISTORY**
(List here previous job experiences).

**RESEARCH EXPERIENCE**
2005-2007  
**Fairleigh Dickinson University, Madison, NJ.** Graduate and Research Assistant.  
Conducted literature review on acculturation, parenting, and conduct problems; participated in research studies on suicidality.

**PRESENTATIONS, AND WORKSHOPS.**

**CONSULTATION/ INSERVICE/ OUTREACH**

**VOLUNTEER EXPERIENCE**
2004-Present  
**Bound Brook Rescue Squad, Bound Brook, NJ.** Staff

1995 - 1998  
**Pentecostal Church of New Brunswick.** Peer Leader.  
Assisted in the development and continuation of a teen peer leadership program.

**PROFESSIONAL AFFILIATIONS**
2005 - Present  
American School Counseling Association, Student Member
2007 - Present  
New Jersey Counseling Association, Student Member.
2007 - Present  
New Jersey Mental Health Counseling Association, Student Member.
2006 - Present  
American Counseling Association, Member

**ADDITIONAL TRAINING / CONFERENCES**
March, 2008  
Legal Issues in Behavioral Health in NJ  
Kingston, NJ

June, 2006  
American School Counseling Association  
(ASCA) National Conference  
Chicago, IL.

**SPECIAL SKILLS**
Fluent in Spanish  
Experience with IBM and Macintosh systems  
Proficient with Excel, Powerpoint, Microsoft Access, and WordPerfect

**AWARDS AND DISTINCTIONS**
2005  
Cum Laude with Honors in Psychology, Senior Thesis Pass with Distinction  
State University of New York, Stony Brook, NY

2001-2003  
Dean's List  
State University of New York, Stony Brook, NY

**REFERENCES**
Available upon request.
Practicum/Internship

Evaluation Forms
This self-assessment will give you an opportunity to assess your strengths and specific areas in counseling that need improvement. Strive for the maximum degree of honesty with yourself as you complete this rating scale.

**Rate yourself on a scale of 1 to 5 using the following code:**
5 = Exceptional degree of competence
4 = High degree of competence.
3 = Adequate degree of competence.
2 = Low level of competence.
1 = Extremely low level of competence.

**The Counseling Session**

1. Begin and end sessions smoothly  
2. Convey warmth to the client  
3. Conduct a complete intake interview  
4. Explain the nature and objectives of counseling  
5. Comprehend the client’s issues  
6. Focus on the client’s primary concern  
7. Facilitate client expression of thought and feeling  
8. Help the client set appropriate goals  
9. Help the client work towards established goals  
10. Follow the client’s lead when client is working or needs some flexibility.  
11. Be directive and create a structured atmosphere when needed.  
12. Pace client  
13. Can teach the client about certain psychoeducational principles when necessary.  
14. Monitor reactions to client  
15. Respond to client affect  
16. Address interpersonal dynamics between self and client  
17. Be aware of client’s nonverbal and verbal behaviors  
18. Recognize and skillfully interpret client’s covert messages.

**Basic Counseling Skills**

19. *Active listening* (the ability to hear, understand and communicate this understanding)  
20. *Restating* (The ability to capture the essence of what is said in different words with the effect of adding meaning or clarifying meaning)  
21. *Clarifying* (focusing on underlying issues and assisting others in getting a clearer picture of what they are thinking and feeling)  
22. *Summarizing* (being able to tie together loose ends, identify common themes)  
23. *Questioning* (the ability to use questions to stimulate thought and action, and to avoid a question/answer pattern of interaction)
24. Interpretation (explaining the meaning of behavior patterns within the framework of a theoretical system) __________

25. Confrontation (the ability to challenge client in a direct way on discrepancies a manner that will tend to nondefensiveness) __________

26. Reflecting feelings (mirroring what others appear to be feeling without being mechanical) __________

27. Supporting (being able to offer some form of positive reinforcement at appropriate times that it has a facilitating effect) __________

28. Empathy (intuitively sensing the subjective world of others, being able to adopt the frame of reference of the client and communicating this understanding to the client so he/she feels understood) __________

29. Goal setting (being able to cooperatively work with client to assist client in establishing concrete goals) __________

30. Self disclosure (demonstrating the ability and willingness to share persistent reactions that relate to the here-and-now occurrences in the session) __________

31. Silence (the ability to effectively with pauses and reflection) __________

32. Terminating (creating a climate that encourages the client to continue working after sessions) __________

33. Referral (presenting to client resources for continued personal growth in such a way that he/she is likely to seriously consider using these resources) __________

34. Risk-taking (the willingness to risk making mistakes and an openness in learning from them) __________

35. Techniques (knowing a range of techniques or therapeutic procedures and being able to use them appropriately in helping clients work through personal issues) __________

36. Flexibility (the willingness to change an agenda, modify a structure, change strategies, and in other ways adapt to the unique needs of a client) __________

37. Psychological presence (the ability to be emotionally in contact with client and being psychologically ready to facilitate a session) __________

38. Genuineness (being what one is, a congruence between inner experiencing and external expression, avoiding hiding in roles) __________

Knowledge and Awareness of Self and Multicultural Issues

39. Values awareness (awareness of specific personal, familial, and cultural values which can either facilitate or inhibit client functioning) __________

40. Cultural awareness (demonstrating a knowledge and sensitivity to how one’s cultural beliefs, assumptions, worldview, and attitudes can either facilitate or inhibit client functioning) __________

41. Diversity knowledge and awareness (demonstrating a knowledge of issues related to race, ethnicity, cultural heritage, gender, ethnicity nationality, social class, immigration status, language, age, racial/cultural/ethnic identity, acculturation, religious and spiritual beliefs impact development and the counseling relationship) __________

42. Use of resources (demonstrates an understanding and knowledge of, as well as ability to access the community, environmental, and institutional resources that can enhance client’s development and decrease problematic behaviors) __________
### Diagnosis

43. Knowledge of assessment instruments
44. Knowledge of current DSM
45. Ability to formulate a preliminary diagnosis

### Treatment

46. Ability to develop a treatment plan
47. Ability to perform individual counseling
48. Ability to perform martial counseling
49. Ability to perform family counseling
50. Ability to perform group counseling
51. Crisis intervention skills
52. Ability to perform brief models of counseling
53. Consultation skills
54. Ability to deal with various populations/diversity issues
55. Ability to keep records and write clinical notes such as progress notes, treatment plan, and termination summary.

### Case Management

56. Knowledge of agency programs and professional staff roles
57. Knowledge of community resources
58. Discharge planning
59. Follow-up
60. Collaboration with other agencies, which also serve clients

### Professional Orientation

61. Knowledge of counselor ethical codes
62. Knowledge of agency professional policies

Ability to seek and accept supervision
Peer/Supervisor Feedback Worksheet

Give feedback with specific incidences from the audio/visual taping.

Student Reviewer: Date:

Student:

Skills in training: Attending, open-ended questions, closed questions, comments on nonverbal behavior, summarizing, reflective listening, empathetic comments, redirecting, supportive confrontation, process comments. List one or more of the above when citing an example below.

1. Interviewer strengths observed during interview.

2. Areas for interviewer growth observed during interview.

3. Client observations. What were some apparent observations about how the clients were addressing his/her issues in the session

4. Areas to cover with client in further sessions.

5. Treatment recommendations (Does client need insight? Does client need to think more? Does client need to feel more? Does client need to stop or start taking action steps?) Give specific treatment recommendations

Give specific examples of each:

1. Interviewer attended to material using appropriate nonverbal (leaning forward, head nods, etc, if videotaped)

0……1…….2……3…….4…….5.
None Sometimes Frequent N/A
2. Interviewer used open-ended questions to draw information out of client.

0……1……2……3……4……5.
None Sometimes Frequent N/A

3. Interviewer used closed questions as appropriate to draw out specific information. Give example.

0……1……2……3……4……5.
None Sometimes Frequent N/A

4. Interviewer made comments on clients nonverbal behavior when appropriate.

0……1……2……3……4……5.
None Sometimes Frequent N/A

5. Interviewer used summary statements to resonate with clients concerns, thoughts, and experiences.

0……1……2……3……4……5.
None Sometimes Frequent N/A

6. Interviewer used reflective listening skills to pinpoint client feelings.

0……1……2……3……4……5.
None Sometimes Frequent N/A

7. Interviewer made empathetic comments to show understanding and validation of client feelings.

0……1……2……3……4……5.
None Sometimes Frequent N/A

8. Interviewer used redirecting when appropriate.

0……1……2……3……4……5.
None Sometimes Frequent N/A

9. Interviewer used supportive confrontations skills when appropriate.
MID-SEMESTER PRACTICUM EVALUATION FORM

Supervisee: _________________________ Date: _____________
Triadic Supervisor: ________________________________
Supervisee’s Site: ___________________________

Using the following 5-point rating scale, please rate your supervisee on each of the dimensions listed below:
N/A = Not applicable to the setting
NO = Insufficient data to judge
0 = Unacceptable; remedial attention needed
1 = Clear need for improvement; skill level typical of pre-practicum student
2 = On level, average; skill level typical of a beginning practicum student
3 = Above average; skill level typical of a beginning practicum student
4 = Outstanding; skill level comparable to a professional counselor with master’s and one or two years’ experience.

1. Demonstrates the knowledge of theories of career or personal counseling. 0 1 2 3 4 N/A NO
2. Is able to establish a working relationship with the client. 0 1 2 3 4 N/A NO
3. Facilitates the client’s expression of concerns. 0 1 2 3 4 N/A NO
4. Demonstrates basic counseling skills. 0 1 2 3 4 N/A NO
5. Speaks respectfully/warmly about the client. 0 1 2 3 4 N/A NO
6. Is observant of clients’ verbal and nonverbal behaviors. 0 1 2 3 4 N/A NO
7. Is sensitive to and able to reflect clients’ feelings. 0 1 2 3 4 N/A NO
8. Helps the client set appropriate counseling goals. 0 1 2 3 4 N/A NO
9. Helps the client work towards established goals. 0 1 2 3 4 N/A NO
10. Addresses interpersonal dynamics between self and client. 0 1 2 3 4 N/A NO
11. Is knowledgeable about the termination process in counseling. 0 1 2 3 4 N/A NO
12. Demonstrates knowledge about issues of cultural diversity 0 1 2 3 4 N/A NO
13. Demonstrates knowledge about professional ethics and legal issues and acts accordingly. 0 1 2 3 4 N/A NO
14. Is prompt for supervision meetings 0 1 2 3 4 N/A NO
15. Is able to form a working relationship in supervision. 0 1 2 3 4 N/A NO
16. Is interested in exploring feelings toward the client or about the counseling process. 0 1 2 3 4 N/A NO
17. Expresses a desire for personal growth. 0 1 2 3 4 N/A NO
18. Comes to supervision prepared to discuss specific and relevant issues. 0 1 2 3 4 N/A NO
19. Incorporates supervisor’s feedback to counseling. 0 1 2 3 4 N/A NO
20. Clearly documents counseling sessions and other relevant client contact. 0 1 2 3 4 N/A NO
21. Brings audio/videotape to session and is prepared with written session critique, case-study, and case note. 0 1 2 3 4 N/A NO
22. Is eager for and receptive to feedback. 0 1 2 3 4 N/A NO
23. Is able to communicate needs to supervisor. 0 1 2 3 4 N/A NO
24. Is able to identify strengths and areas for improvement. 0 1 2 3 4 N/A NO
Clinical Mental Health Counseling Program Fairleigh Dickinson University

PRACTICUM EVALUATION FORM – End of Semester

Supervisee/Student: _________________________ Date: _____________
Triadic Supervisor/Practicum Instructor: ________________________________
Supervisee’s Site: ___________________________

Using the following 5-point rating scale, please rate your practicum student/supervisee on each of the dimensions listed below:
N/A = Not applicable to the setting
NO = Insufficient data to judge
0 = Unacceptable; remedial attention needed
1 = Clear need for improvement; skill level typical of pre-practicum student
2 = On level, average; skill level typical of a beginning practicum student
3 = Above average; skill level typical of a beginning practicum student
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I. Communication Skills

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<th>Dimension</th>
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</thead>
<tbody>
<tr>
<td>a. Verbal skills</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Writing skills</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Knowledge of nomenclature</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</table>

Comments:

II. Interviewing

<table>
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<td>2</td>
</tr>
<tr>
<td>b. Attending behaviors</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Active listening skills</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Facilitates client’s expression of concerns</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Professional attitude</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Interviewing techniques</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Mental status evaluation</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Intake/psychosocial history</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Observation of client’s verbal and nonverbal behaviors</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>j. Use of questions</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>k. Reflection of feeling</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
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</tr>
<tr>
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<td>o. Helps client set appropriate counseling goals</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>p. Helps client work towards established goals</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>q. Knowledgeable about issues of cultural diversity (e.g., Race, ethnicity, gender, age, social class, religion, Sexual orientation, acculturation, in counseling relationships)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
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Comments:
III. Diagnosis
   a. Knowledge of assessment instruments 0 1 2 3 4 N/A NO
   b. Knowledge of current DSM 0 1 2 3 4 N/A NO
   c. Ability to form preliminary diagnosis 0 1 2 3 4 N/A NO

IV. Treatment
   a. Ability to develop a treatment plan 0 1 2 3 4 N/A NO
   b. Ability to conceptualize cases within the framework of a theoretical system 0 1 2 3 4 N/A NO
   c. Ability to perform individual counseling 0 1 2 3 4 N/A NO
   d. Ability to perform marital counseling 0 1 2 3 4 N/A NO
   e. Ability to perform family counseling 0 1 2 3 4 N/A NO
   f. Ability to perform group counseling 0 1 2 3 4 N/A NO
   g. Crisis intervention skills 0 1 2 3 4 N/A NO
   h. Ability to perform brief models of counseling 0 1 2 3 4 N/A NO
   i. Consultation skills 0 1 2 3 4 N/A NO
   j. Ability to deal with various populations/diversity issues 0 1 2 3 4 N/A NO
   k. Ability to keep records and write clinical notes (progress notes, intake, termination summary) 0 1 2 3 4 N/A NO
Comments:

V. Case management
   a. Knowledge of agency programs and professional staff roles 0 1 2 3 4 N/A NO
   b. Knowledge of community resources 0 1 2 3 4 N/A NO
   c. Discharge planning 0 1 2 3 4 N/A NO
   d. Follow-up 0 1 2 3 4 N/A NO
   e. Collaboration with other agencies which also serve clients 0 1 2 3 4 N/A NO
Comments:

VI. Agency operations and administration
   a. Knowledge of agency missions, structure, and organization 0 1 2 3 4 N/A NO
   b. Awareness of roles of administrative staff 0 1 2 3 4 N/A NO
   c. Knowledge of agency goals 0 1 2 3 4 N/A NO
   d. Understanding of agency care standards, including managed care 0 1 2 3 4 N/A NO
   e. Use of technology 0 1 2 3 4 N/A NO
Comments:
VII. Professional orientation
   a. Knowledge of counselor ethical codes 0 1 2 3 4 N/A NO
   b. Knowledge of agency professional policies 0 1 2 3 4 N/A NO
   c. Ability of practicum student to seek and accept supervision 0 1 2 3 4 N/A NO

Comments:

How would you assess the practicum student as a future counselor?

Triadic supervisor/ Faculty instructor: ____________________________________________
Student: _____________________________________________________________________
Date: ________________________
### Clinical Mental Health Counseling Program Fairleigh Dickinson University

**INTERNSHIP STUDENT EVALUATION FORM – End of Semester**

Supervisee/Student: _________________________ Date: _____________  
Internship Instructor: ________________________________  
Supervisee’s Site: ___________________________

Using the following 5-point rating scale, please rate your internship student on each of the dimensions listed below:

- **N/A** = Not applicable to the setting
- **NO** = Insufficient data to judge
- **0** = Unacceptable; remedial attention needed
- **1** = Clear need for improvement; skill level typical of pre-internship student
- **2** = On level, average; skill level typical of an internship student
- **3** = Above average; skill level typical of an advanced internship student
- **4** = Outstanding; skill level comparable to a professional counselor with master’s and one or two years’ experience.

#### I. Communication Skills

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Comments:
VII. Professional orientation
   a. Knowledge of counselor ethical codes 0 1 2 3 4 N/A NO
   b. Knowledge of agency professional policies 0 1 2 3 4 N/A NO
   c. Ability of internship student to seek and accept supervision 0 1 2 3 4 N/A NO

   Comments:

How would you assess the internship student as a future counselor?

Faculty instructor: _______________________________________________________
Student: ________________________________________________________________
Date: __________________________
Practicum and Internship Student Evaluation: 
Supervisor Form

Student Intern name:
Date of evaluation:
Supervisor:
Placement site:

Instructions
This form is designed to help supervisors provide feedback about the performance of interns. I know that you are probably busy, but the form usually takes just five or ten minutes to complete, and your answers and comments will be much appreciated. This form will become part of the intern’s record for this course and may be considered in assigning grades for the internship. Please answer each item using the scale provided. Space is provided following each category group for specific comments. There is also space at the end of this form for general comments. If you feel it would be helpful to put anything into context from the onset, please feel free to do so below.

Initial comments:

Answer Code for Evaluation Items

NA: Not applicable or not enough information to form a judgment
1. Far below expectations – needs much improvement, a concern
2. Below expectations – needs some improvement to meet standards
3. Acceptable – meets standards at average level for interns
4. Above expectations – performs above average level for interns
5. Far above expectations – a definite strength, performs well beyond average levels for interns

I. Basic Work Requirements

_____ Arrives on time consistently
_____ Uses time effectively
_____ Informs supervisor and makes arrangements for absences
_____ Reliability completes requested or assigned takes on time
_____ Complete required total number of hours or days on site
Is responsive to norms about clothing, language, and so on, on site

Comments:
Suggested area for further study:

II. Ethical Awareness and Conduct

_____ Knowledge of general ethical guidelines
_____ Knowledge of ethical guidelines of internship placement
_____ Demonstrates awareness and sensitivity to ethical issues
_____ Personal behavior is consistent with ethical guidelines
_____ Consults with others about ethical issues if necessary

Comments:

Suggested areas for further study:

III. Knowledge and Learning

A. Knowledge of Client Population
   _____ Knowledge level of client population at beginning of internship
   _____ Knowledge level of client population at end of internship

B. Knowledge of Treatment Approaches
   _____ Knowledge of treatment approach at beginning of internship
   _____ Knowledge of treatment approach at end of internship

C. Knowledge of Treatment Setting
   _____ Knowledge of treatment setting at beginning of internship
   _____ Knowledge of treatment setting at end of internship

D. Learning
   _____ Receptive to learning when new information is offered
   _____ Actively seeks new information from staff of supervisor
   _____ Ability to learn and understand new information
   _____ Understanding of concepts, theories, and information
   _____ Ability to apply new information in clinical setting

Comments:

Suggested areas for further study:

IV. Skill Development
(List specific skill areas of focus for this intern during the placement, e.g. assessment, interviewing, diagnosis, individual therapy, group therapy, and the like.)
V. Response to Supervision

_____ Actively seeks supervision when necessary
_____ Receptive to feedback and suggestions from supervisor
_____ Understands information communicated in supervision
_____ Successfully implements suggestions from supervisor
_____ Aware of areas that need improvement
_____ Willingness to explore personal strengths and weaknesses

Comments:

Suggested areas for further study:

VI. Interactions With Clients

_____ Appears comfortable interacting with clients
_____ Initiates interactions with clients
_____ Builds rapport and respect with clients
_____ Is sensitive and responsive to clients’ needs
_____ Is sensitive to cultural differences
_____ Is sensitive to issues of gender differences

Comments:

Suggested areas for further study:

VII. Interactions With Coworkers

_____ Appears comfortable interacting with other staff members
_____ Initiates interactions with staff
_____ Communicates effectively with staff
_____ Effectively conveys information and expresses own opinions
_____ Effectively receives information and opinions from others

Comments:
Suggested areas for further study:

VIII. Work Products

_____ Reliably and accurately keeps records
_____ Written or verbal reports are accurate and factually correct
_____ Written or verbal reports are presented in a professional manner
_____ Reports are clinically or administratively useful

Comments:

Suggested areas for further study:

Overall, what would you identify as the intern’s strong points?

What would you identify as areas in which this intern should improve?

Would you recommend this intern for employment at his or her present level?
Please explain:
Fairleigh Dickinson University Clinical Mental Health Counseling Program
PRACTICUM/INTERNSHIP SITE EVALUATION

Intern Name: ___________________________ Date: _______________

Internship Location: ________________________________________________

Internship Supervisor: ______________________________________________

Please circle the number that best describes your experience at your practicum/internship site with 1=least favorable response to 5= most favorable response. Additional space is provided for written feedback.

1. General satisfaction with your experience:
   Dissatisfied    1  2  3  4  5 Very Satisfied

2. Appropriateness of site for your personal and professional growth:
   Inappropriate    1  2  3  4  5 Very Appropriate

3. Availability and attentiveness of supervisor:
   Inconsistent    1  2  3  4  5 Very Responsive

4. Exposure to diverse clinical populations:
   Limited    1  2  3  4  5 Quite Diverse

5. Exposure to other clinicians, staff and interns:
   Limited    1  2  3  4  5 Extensive

6. Sense of openness and interest in your FDU experience/education:
   Closed    1  2  3  4  5 Open/Engaging

7. Any additional comments/feedback regarding your internship site:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please return this form to your Practicum/Internship Faculty Supervisor
Clinical Mental Health Counseling Program  
Fairleigh Dickinson University  
SUPERVISEE’S EVALUATION OF SUPERVISOR

Site: _________________________________  Supervisor’s Name: ____________________________  
Date: _________________________________

Please respond to the following statements in regard to your reactions and feelings about your supervisor. Complete a separate evaluation sheet for each supervisor.  **DO NOT SIGN YOUR NAME.** This evaluation will be given to your supervisor to assist in her/his development as a supervisor.

Please circle the response on the scale that describes your supervisory experience most accurately.  

1 = Strongly Disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly Agree

**INITIAL SUPERVISORY SESSION**

I identified personal goals for supervision  

I was informed of necessary preparations for regular sessions.  

I determined areas for professional growth and development.  

I was informed of my supervisor’s expectations regarding formal and informal evaluation such as live supervision, feedback, and written evaluation.  

I was informed of the necessity of formal and informal evaluations.  

I provided input regarding my expectations of the supervisory relationship.

**SUPERVISORY RELATIONSHIP**

My supervisor demonstrates involvement and seriousness about being a supervisor.  

My supervisor is aware of and involved in the issues being discussed.  

My supervisor uses personal experience with clients to further my development.  

My supervisor considers our supervisory relationship a priority.  

My supervisor is culturally aware .  

My supervisor makes it easy for me to initiate communication with him/her.  

My supervisor makes it comfortable for me to discuss strengths and weaknesses with him/her.  

My supervisor refrained from counseling me except in areas that addressed my effectiveness with clients.
My supervisor would refer me for counseling when appropriate. 1 2 3 4 5 N/A

My supervisor initiates helpful discussions of my competencies and strengths. 1 2 3 4 5 N/A

**SUPERVISORY PROCESS, CLIMATE, AND RELATIONSHIP**

My supervisor is works at hearing and understanding my concerns. 1 2 3 4 5 N/A

My supervisor is open and flexible to my learning style. 1 2 3 4 5 N/A

My supervisor was response to my theoretical orientation. 1 2 3 4 5 N/A

My supervisor encouraged me to determine a theoretical orientation. 1 2 3 4 5 N/A

My supervisor is accessible between sessions. 1 2 3 4 5 N/A

My supervisor initiates a working relationship. 1 2 3 4 5 N/A

My supervisor shows respect for personal individual differences between us. 1 2 3 4 5 N/A

**ETHICS & ISSUES**

My supervisor and I reviewed the American Counseling Association Code of Ethics and Standards of Practice. 1 2 3 4 5 N/A

Any potential dual relationship issues were addressed directly and appropriately. 1 2 3 4 5 N/A

My supervisor would not abuse the power differential in our relationship. 1 2 3 4 5 N/A

My supervisor explained the necessity of informing my client that I am a counselor in training who is being supervised. 1 2 3 4 5 N/A

My supervisor and I discussed the importance of obtaining the client’s written consent to audio tape or video tape. 1 2 3 4 5 N/A

My supervisor explained the importance of confidentiality. 1 2 3 4 5 N/A

I was informed of the need to obtain the client’s written consent prior to consulting with other professionals who are serving the client. 1 2 3 4 5 N/A

I was made aware that my supervisor is ultimately liable for the welfare of my clients. 1 2 3 4 5 N/A

The expectations, goals, and roles of the supervisory process were explained. 1 2 3 4 5 N/A

**SUPERVISORY SESSIONS**

I met with my supervisor in a confidential face-to-face environment on a weekly basis. 1 2 3 4 5 N/A
My supervisor and I discussed each of my client’s progress every week. 1 2 3 4 5 N/A

My supervisor and I reviewed audio/videotapes. 1 2 3 4 5 N/A

My supervisor and I participated in live supervision. 1 2 3 4 5 N/A

My supervisor models specific interventions. 1 2 3 4 5 N/A

My supervisor presents alternative interventions. 1 2 3 4 5 N/A

My supervisor helps me identify movement or lack of movement in the client. 1 2 3 4 5 N/A

My supervisor aids in my conceptualization of the client’s behavior. 1 2 3 4 5 N/A

My supervisor helps generate hypotheses about client behavior. 1 2 3 4 5 N/A

My supervisor focuses on exploration of my feelings. 1 2 3 4 5 N/A

My supervisor focuses on the content of the counseling session. 1 2 3 4 5 N/A

My supervisor focuses on the process of the counseling session. 1 2 3 4 5 N/A

**EVALUATION PROCESS**

During our initial supervisory session, I was provided a copy of the formal evaluation instrument. 1 2 3 4 5 N/A

My supervisor initiated helpful conversations about the strengths in my counseling skills. 1 2 3 4 5 N/A

My supervisor initiated helpful conversations about areas of growth needed in my counseling skills. 1 2 3 4 5 N/A

I received verbal summative evaluation during the final supervisory session. 1 2 3 4 5 N/A

I received written summative evaluation during the final supervisory session. 1 2 3 4 5 N/A

(To be completed by counselor trainee and turned into the faculty supervisor at the end of practicum and each internship experience).

References

Program in Counselor Education, Portland, OR. Retrieved August 1, 2008 from Portland State University, Counselor Education Website: [http://www.pdx.edu/sped-coun/coun_masters.html](http://www.pdx.edu/sped-coun/coun_masters.html)
Internship Site Supervisor’s Evaluation of Program

Please evaluate the educational program of Fairleigh Dickinson’s Clinical Mental Health Counseling Program from your experience as a supervisor for students in Practicum/Internship.

<table>
<thead>
<tr>
<th></th>
<th>Please respond on a scale of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1= Very Poor</td>
<td>2= Poor</td>
</tr>
</tbody>
</table>

1. Compared to other masters degree students in Practicum/Internship, Fairleigh Dickinson’s students overall educational preparation is

   1 2 3 4 5

2. Student’s clinical skills ability

   1 2 3 4 5

3. Student’s conceptualization of client or clients

   1 2 3 4 5

4. Student’s ethical behavior

   1 2 3 4 5

5. Student’s theoretical knowledge

   1 2 3 4 5

6. Student’s treatment planning knowledge and skills

   1 2 3 4 5

7. Student’s multicultural counseling knowledge and skills

   1 2 3 4 5

8. Student’s administrative skills

   1 2 3 4 5

9. Supervisor’s perception of support from Fairleigh Dickinson’s faculty and staff

   1 2 3 4 5
10. Suggestions for program improvement:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. Other ideas or suggestions:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Thank you for taking the time to provide us with this very important and valuable information. Please return this form to:

Fairleigh Dickinson University
Ketrin Saud Maxwell, PhD
Program Director
285 Madison Ave, M-AB2-01
Madison, NJU 07940
Practicum & Internship

Clinical and Class Forms
Internship Learning Agreement Record Form

Date:

Intern name: Intern ID#

Intern address:
Street:
City:
Zip:

Intern home phone:

Intern cell phone:

Intern e-mail:

Internship site:
Internship address:
Street:
City:
Zip:

Internship phone:

Supervisor name:

Supervisor title:

Supervisor work phone:

Supervisor home phone:

Supervisor cell phone:
Supervisor pager #:
Supervisor e-mail:
Description of internship setting:

Intern’s schedule:

Day hours

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat_____

Notes about intern schedule:

**Internship Goals and Learning Activities**
In this space below please list your learning goals for the internship and the activities you and your supervisor agree upon to help you achieve those goals. Leave space under “evaluation” to record an evaluation at the end of the internship.

<table>
<thead>
<tr>
<th>Learning goals</th>
<th>Learning activity</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Intern signature: ___________________________ Date: __________

Supervisor signature ___________________________ Date: __________
Your Name _____________________________________ Semester/Year ___________
Session Date/Time __________________________
Client’s Age _____ Race/Ethnicity ___________ Gender __________ Religion___________
Session Site _____________________________________ Supervisor _____________________

Please attach a copy of your individual session notes (DAP, DART, or SOAP).

SESSION GOAL:

HOW YOU PREPARED FOR THIS SESSION:

CLIENT’S PROGRESS TOWARD GOAL:

FUTURE PLANS AND HOMEWORK:

YOUR SESSION STRENGTHS (What you did well; what you are proud of… )

YOUR SESSION NEEDS (If you could conduct the session again, what would you do differently)

CRITICAL INCIDENTS

COUNTERTRANSFERENCE AND ETHNOCULTURAL COUNTERTRANSFERENCE:

YOUR SUPERVISOR’S COMMENTS/RECOMMENDATIONS
Individual Progress Notes: DAP Note

Name: ___________________________ Therapist: ______ Date: ______

Axis I: ___________________________ Axis II: ________________

Session goals/objectives: ________________________________

Data (Include here homework from past session(s); current issues/topics/stressors; emotional, social, occupational, legal, behavioral impairment, including degree, frequency, and duration; interventions; observations, etc.)

Assessment (Include here progress/impairment/effectiveness of interventions)

Plan (Include here assigned homework; objectives for next session, referrals for testing, medication, etc):

Time started: _______ Time finished: ___________ Duration: ______

Next appointment: Date: _______ Time: ___________ 

Therapist’s signature: ________________________________
Your Name _______________________________ Semester/Year __________
Session Date/Time ________________________
Session Site _____________________________ Supervisor ___________________
Please attach a copy of your group session notes for each client.

GROUP:

RATIONALE FOR GROUP

SCREENING

PREPARATION

SESSION GOAL, PLANS, ACTIVITIES:

SESSION SUMMARIES, PROCESS OBSERVATIONS, CRITICAL INCIDENTS

TERMINATION, FOLLOW-UP, POST-ASSESSMENT

YOUR SESSION STRENGTHS (What you did well; what you are proud of… )

YOUR SESSION NEEDS (If you could conduct the session again, what would you do differently)

COUNTERTRANSFERENCE AND ETHNOCULTURAL COUNTERTRANSFERENCE:

YOUR SUPERVISOR’S COMMENTS/RECOMMENDATIONS:
**Group Counseling Progress Notes**

Client: ___________________________  Group: _______  Date: ____________

Agenda: Group Topic/Issues

_____________________________________________________________________________________

_____________________________________________________________________________________

**Group Behavior Ratings**

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seemed interested in the group</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Initiated positive interactions</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Shared emotions</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Helpful to others</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Focused on group tasks</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Disclosed information about self</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Understood group topics</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Participated in group exercises</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Showed listening skills/empathy</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Offered opinions/suggestions/feedback</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Seemed to benefit from the session</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Treatment considerations addressed</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

**Monthly Evaluation** (fill out for last group of each month)

<table>
<thead>
<tr>
<th>Topic/Issue</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Discusses issues</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Insight</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Motivation</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Emotional expression</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Stays on task</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Objectives being met</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

**Suggestions**

_____ Individual counseling  _____ Evaluation for meds  Other: ____________________________

**Individual Contributions This Session**

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Time started: _________  Time finished: _________  Duration: ____________________________

Therapist: __________________________

CoTherapist: ________________________
Write a 2-4 page case study using the following outline.

I. The client's story
   a. Presenting problem(s) including onset, duration, precipitant, severity, sequence, client’s efforts at resolution and client’s culture-specific definition of the problem and the culture’s accepted norms of behavior.
   b. Client’s interpersonal world
      i. How the client perceives, experiences, and acts with others in the world
      ii. Client’s expectations of how others will respond
      iii. How others act or are perceived to act toward the client
      iv. How the client treats him-or herself; how they think about and talk to themselves.
   c. How the counselor experiences the client in session (feelings, hunches)

II. Demographic and cultural variables: age, gender, marital status, occupation, education completed, social class, sexual orientation, self-described race/ethnicity, language spoken in session and/or at home.

III. Social and historical influences contributing to the problem and its solution
   a. Family history related to the issues
   b. Social/cultural factors
      i. Client values and origins
      ii. Cultural factors
      iii. Immigration history (premigration, precipitating events, migration experience, post-migration)
      iv. Language spoken at home, work; language of self-talk, prayer; language of emotions, code-switching.
      v. Psychocultural dimensions: acculturation level (integrated, assimilated, marginalized, rejecting)
      vi. Spiritual dimensions (practicing, nonpracticing)
      vii. Sources of stress (immigration, prejudice, language, racism, marital, familial, ethno-support, residency status, economic, oppression, gender)
      viii. Educational background
      ix. Economic status of self and family
      x. Context in which the problem is occurring.

IV. Client’s resources: personal, cultural, social, community strengths; usual coping skills; mentors and role-models

V. Barriers to treatment: individual, familial, cultural, community

VI. Therapist’s hypotheses about the nature of the client’s problems

VII. Initial contract: Agreed-upon goals for counseling

VIII. Risk management
   a. Nature of risk
   b. Plans for addressing risk

IX. Anticipated challenges
   a. Internal challenges based on the client’s usual patterns
   b. External challenges based on setting constraints (agency schedule, client work schedule)
   c. Planned responses to predictable challenges.

X. Challenges for the counselor: Counselor individual, familial, life cycle, or sociocultural issues that this client/case triggers
FAIRLEIGH DICKINSON UNIVERSITY
MASTERS IN CLINICAL MENTAL HEALTH COUNSELING PROGRAM
PRACTICUM/INTERNSHIP

Record of Weekly Site Hours

Name _______________________________________
Semester/Year _______________________________________

<table>
<thead>
<tr>
<th>Indirect</th>
<th>Direct Client Contact</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Individual Suprv'n</td>
<td>Group Suprv'n</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total supervision hours: ______  Total Indirect Hours:______  Total Direct Hours_________  Total hours _________

Intern’s signature _____________________________ Date ______________

Supervisor’s name _________________________________ Date ______________

Supervisor’s signature ____________________________ Date ______________

Supervisor’s License # ____________________________ Date ______________

Supervisor’s License # ____________________________
## Monthly Summary Form

<table>
<thead>
<tr>
<th>Check one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Practicum</td>
</tr>
<tr>
<td>☐ Internship</td>
</tr>
</tbody>
</table>

| Counselor Trainee _______________________________ | Semester ____________________ |
| Site ___________________________________________ | Month ________________________ |
| Site Supervisor ______________________________________________________________ |
| University Supervisor __________________________________________________________ |

### Total of monthly hours for:

| Site- Individual Supervision ___________ | University- Individual Supervision __________ |
| Site- Group Supervision _________________ | University- Group Supervision _______________ |
| Individual/Triadic University Supervision (Practicum Only) __________ |

**TOTAL SUPERVISION HOURS FOR MONTH ______________**

### Total of monthly hours for:

| Professional Development _____________ | Observation ____________ |
| Case Study/Notes/Session Prep ___________ | Other (Explain)____________ |
| Site Training ________________ |

**TOTAL INDIRECT SERVICE HOURS FOR MONTH ____________**

### Total of monthly hours for:

| Individual Counseling ___________ | Group Counseling ___________ |
| Couple/Family Counseling __________ | Other (Explain) __________ |

**TOTAL DIRECT SERVICE HOURS FOR SEMESTER _____________**

| Counselor Trainee Signature ___________________________________ | Date _____________ |
| Site Supervisor Signature _____________________________________ | Date _____________ |
| University Faculty Signature ___________________________________ | Date _____________ |
NAME OF STUDENT: 
_________________________________________________

NAME OF COUNSELOR TRAINEE: 
_________________________________________________

NAME OF ON-SITE SUPERVISOR: 
_________________________________________________

I give permission for my child/adolescent to meet with a counselor in training who is a matriculated graduate student in Fairleigh Dickinson’s Clinical Mental Health Counseling program. I understand that the purpose of counseling/consultation is to provide assistance to my child/adolescent and professional support to me in a culturally sensitive context and that the counselor trainee receives supervision from both a faculty supervisor at the University and from a supervisor at the site. I understand that sessions may be audio/videotaped for educational and supervisory purposes only.

I understand that I can choose to stop receiving this service at any time by giving notification to the counselor trainee and that this decision will not result in any loss of other services.

Signature ____________________ Date ___________ Relationship to child/adolescent

Counselor Trainee Signature ____________________ Date ___________

Site supervisor ____________________ Date ___________
MASTERS IN CLINICAL MENTAL HEALTH COUNSELING PROGRAM

PERMISSION TO TAPE

I ________________________________ grant my permission for my counselor
___________________________ to audio/video (circle one or both) tape my counseling sessions. I
understand that my counselor is taping our sessions for purposes of supervision and that my tapes will be
shared only with the site supervisor and with the Fairleigh Dickinson University supervisor. I understand that
I can revoke my permission to tape at any time, with no repercussions.

Client Signature ________________________________ Date __________________

Counselor Trainee Signature ___________________________ Date __________________

Site Supervisor Signature _____________________________ Date __________________
Formulario de Consentimiento

Nombre del Estudiante/Cliente:

______________________________

Nombre de la escuela/clinica del consejero entrenándose:

________________________________________________________________________

Nombre del supervisor en la escuela/clinica del internado:

Yo le doy permiso a mi niño/adolescente para reunirse con el consejero entrenándose quien es un estudiante matriculado en un programa de consejería psicológica en la Universidad de Fairleigh Dickinson en Madison, NJ. Yo entiendo que el propósito de consejería psicológica es para proveer asistencia a mi hijo/adolescente en un contexto cultural sensitivo y que el consejero entrenándose recibe supervisión de la facultad de la universidad y del supervisor de la clínica donde está haciendo el internado. Yo entiendo que las secciones podrían ser auditivas/grabadas en videos para propósitos educacionales solamente.

Yo entiendo que yo tengo la opción de parar de recibir este servicio en cualquier tiempo, notificando al consejero entrenándose y que esta decisión no resultara en la perdida de otros servicios.

______________________________ ________________ __________________________
Firma Fecha Relación con el hijo/adolescente

______________________________ ________________
Firma del Consejero entrenándose Fecha

Supervisor en la Escuela/Clinica del internado Fecha
For each of the following specific criteria demonstrated, make a frequency marking every time the skill is demonstrated. Then assign points for consistent skill mastery using the ratings scales below. Active mastery of each skill receives a score of 2. Skills marked with an X should be seen consistently on every tape. List any observations, comments, strengths and weaknesses in the space provided. Providing actual counselor phrases is helpful when offering feedback.

### Ivey Mastery Ratings

3  Teach the skill to clients (teaching mastery only)
2  Use the skill with specific impact on client (active mastery)
1  Use and/or identify the counseling skill (basic mastery)

To receive an A on a tape, at least 52-58 points must be earned.
To receive a B on a tape, at least 46-51 points must be earned.
To receive a C on a tape, at least 41-45 points must be earned.

<table>
<thead>
<tr>
<th>Specific Criteria</th>
<th>Frequency</th>
<th>Comments</th>
<th>Skill Mastery Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Opening/Developing Rapport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Greeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Role definition/ expectation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Administrative tasks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Beginning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Exploration Phase/ Defining the Problem Microskills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Empathy/rapport</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Respect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Nonverbal matching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Minimal encourager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Paraphrasing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Pacing/leading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Verbal tracking</td>
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<td>8. Reflect feeling</td>
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<td>9. Reflect meaning</td>
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<td>10. Clarifications</td>
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<td>11. Open-ended questions</td>
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<td>Comments</td>
<td>Skill Mastery Rating</td>
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<td>12. Summarization</td>
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<td>13. Behavioral description</td>
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<td>14. Appropriate closed question</td>
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<td>C. Problem-Solving Skills/Defining Skills</td>
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<td>1. Definition of goals</td>
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<td>2. Exploration/understanding of concerns</td>
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<td>3. Development/evaluation of alternative</td>
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<td>4. Implement alternative</td>
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<td>5. Special techniques</td>
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<td>6. Process counseling</td>
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<td>D. Action Phase/Confronting Incongruities</td>
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<td>1. Immediacy</td>
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<td>2. Self-disclosure</td>
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<td>3. Confrontation</td>
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<td>4. Directives</td>
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<td>5. Logical consequences</td>
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<td>6. Interpretation</td>
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<td>E. Closing/Generalization</td>
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<tr>
<td>1. Summarization of content/Feeling</td>
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<td>2. Review of plan</td>
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<td>3. Rescheduling</td>
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<td>4. Termination of session</td>
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<td>5. Evaluation of session</td>
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<td>6. Follow-up</td>
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<td>F. Professionalism</td>
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<tr>
<td>1. Ethics</td>
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<td>2. Professional (punctual, attire, etc.)</td>
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<td>G. Strengths</td>
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<td>H. Area(s) for improvement</td>
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Provide a summary of your personal feelings, thoughts, and reactions to the session.

What, if anything, would you do differently? Why? What would you have said or done instead? Explain. BE SPECIFIC.

Summary and integration of readings which inform you or can assist you with this case or session: Explain how the readings assist you with your counseling knowledge, awareness and/or skills. Integrate, in detail, at least THREE readings.

Countertransference and ethnocultural countertransference: What did this case bring up for you?
FORMS

FOR

CLIENT FOLDER
## CONTACT SHEET

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<thead>
<tr>
<th>Date</th>
<th>Type of Service</th>
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FAIRLEIGH DICKINSON UNIVERSITY
MASTERS IN CLINICAL MENTAL HEALTH COUNSELING PROGRAM

INTAKE

1. Identifying Information:
2. Presenting problem:
3. History of problem/previous intervention/ previous counseling:
4. Other problems and stressors:
5. Personal/Family history:
6. Sociocultural background:
7. Academic functioning
8. Education & work history
9. Social history/ social resources:
10. Interests/ hobbies:
11. Medical history:
12. Substance use/ abuse:
13. Suicide risk:
14. Resources, social supports, and barriers:
15. Clinical Assessment:
16. Conceptualization of problem
17. Plan and recommendations:
18. Insurance Information:
19. Disposition
1. **Identifying Information:**
   Age, sex, marital status, race or other distinctive characteristics, religion, sexual orientation, academic level and field of study (if relevant)

2. **Presenting problem:**
   Description of problem, including onset, duration, precipitant, severity, sequence,
   Client’s efforts at resolution; Client’s culture-specific definition of the problem and the culture’s accepted norms of behavior.

3. **History of problem/previous intervention/ previous counseling:**
   Prior emotional crises or episodes and their outcome
   Previous counseling/therapy

4. **Counseling objectives and help-seeking style:**
   What does the client seek from counseling? What is the client’s and family’s level of psychological-mindedness?

5. **Other problems and stressors:**
   “Any event or situation in past or present which has been particularly stressful?”

6. **Personal/Family history:**
   Family structure and relationships, background history relevant to current situation.
   “Who raised you?” Tell me something about them. What type of people were they?
   “Tell me something about your family. How do you (did you) get along with parents? Siblings?Spouse? Partner?
   Children?”
   “What type of people were your parents?”
   “Could you tell me something about your childhood? Who were your friends?”
   “Parents/ those who raised you have any health, emotional, depression, drug, alcohol, suicidality, delinquency, arrests?”

7. **Sociocultural background:**
   In what culture was this person raised? If the person is an immigrant, what is the person’s pre-migration history? What were the precipitating events? What was the migration experience like? What was the post-migration experience like? How long has he or she been in this country? Why did he or she come to this country?

   What is the client’s primary language? Family’s primary language? What are the client’s connections to his or her homeland? What language was spoken during the interview? What is the client’s preferred language? At what age was the client introduced to the second language? What language is spoken at home? What is the client’s language of self-talk? Of prayer? Of emotions? Any code switching? What themes are associated with code switching?

   What is the level of acculturation (integrated, assimilated, marginalized, rejecting? What forms of acculturation stress has the client experienced (residency, immigration, voc/educational, language, oppression, racism, prejudice, economic, gender, ethno-support, familial, marital, other)?

   What other group identifications, such as race, gender, age, generational influences, physical abilities, socioeconomic status, religion/spirituality and the like are most important? How does the person’s culture or group influence reactions to symptoms?

   Does the client identify with religious beliefs or spiritual practices? If practicing a faith, what is the client’s church/synagogue/mosque name? Who does the client regard as a spiritual guide? Any folk healers? What spiritual attributions does the client hold? How do religious beliefs influence current functioning? Does a supportive network exist?

8. **Academic functioning** Educational performance, present and past, if relevant.
“How are you doing in school? Favorite/least favorite subjects….?”

9. **Education & work history**
   Current occupation/job; grammar school, high school, college.
   “How’s work? What are you good at? What was school like for you?”

10. **Social history/social resources:**
    Living situation (alone, with someone, privacy)
    “Who lives with you?” or “Who lives in your household?”
    “Where live now?” “What is the neighborhood like?”
    Romance
    “Tell me about romance in your life?”
    Social network:
    “What is your social network like?”
    “Who do you feel really close to?”
    “Who helps you out?” “Whom do you ask for advice?”
    Social functioning and relationships: Is the primary social network comprised of people of the same ethnicity? Mixed? Other?
    How about work and school relationships?

11. **Interests/hobbies:**
    “What do you do for fun?”
    “What kinds of leisure or recreational activities do you enjoy?”
    “What are you passionate about?”

12. **Medical history:** If relevant, major illnesses, accidents, medications, operations, hospitalizations..
    Family history of illnesses (physical and psychological)

13. **Substance use/abuse:** Frequency and consequences of alcohol and other chemical usage (how much? When? With others? Ever tried to quit?)
    “Tell me about your drinking habits.”

14. **Suicide risk:**
    Suicidal ideation; level of depression, social isolation, hopelessness, formulation of a plan, previous attempts
    “Any thoughts about hurting yourself?” (If yes, do you have a plan? Do you think you will carry it out?)

15. **Resources, social supports, and barriers:**
    Individual resources: What does the person do particularly well? What does he or she feel good about? How can persistence, loyalty, optimism, and intelligence become resources for treatment? How might these attributes undermine treatment?
    Social resources such as friends, family, school, and work: How positive and supportive are the client’s family, friends, and relationship with coworkers? Are these relationships sufficient in both quantity and quality to meet the client’s needs? Do any relationship increase or decrease the client’s stress levels” Do these relationship empower the client or undermine him or her?
    Community/cultural resources: What agencies, if any, are involved? How supportive are they? How well do they work together? Do they undermine each other’s recommendations or are they open and collaborative in sharing information? What are some of the client’s cultural strengths (beliefs, values, traditions, rituals etc)?
    Community contributions: How does your client contribute to the community? Does this feel useful and meaningful to him or her? Are your client’s contributions acknowledged by important people in his or her support system? If so, how?
    Mentors and models: What real, historical, or metaphorical figures serve as pillars of support or spiritual guides? How have these figures handled similar problems? Note: Some models may be primarily negative in tone. What are the positive aspects of these “negative” models?
    Individual, social, community, cultural barriers:
16. **Clinical Assessment:** general appearance; attitude toward current problems, interview, counselor; affect, i.e., sad, anxious, elated, appropriate/inappropriate; belief system (self-defeating, irrational); evidence of thought disorder; include DSM-IV diagnosis if appropriate; include culture-bound syndrome.

17. **Conceptualization of problem**
   Summarize your understanding of the nature of the client’s problem.

   Statement of the problem, duration, pervasiveness, predisposing factors, client’s response to the problem (overwhelmed, defeated, obsessive, disorganized, etc.), probable functional significance (if any) of problem, role of cognitions or belief system.

   State how does cultural background influence the therapist’s assessment of symptoms, the client’s assessment of the problem, and how difference in group identification may influence the nature and quality of the client/therapist relationship.

   Describe the client’s strengths and weaknesses, internal/external supports; resources, barriers.

   State your assessment of the client’s motivation and expectations for treatment. State what might serve as potential obstacles or aides to the change process (financial, educational, social, intellectual, and the like).

   Integrate your own insights and relevant data from the preceding sections in this form.

18. **Plan and recommendations:** (include here a treatment formulation incorporating information gathered from Seligman’s DO A CLIENT MAP)
   Individual/group therapy; long/short term; suggested focus and/or therapeutic orientation; referral; systemic/ecological recommendations; culture accommodations; community resources.

19. **Insurance Information:**

20. **Disposition**
   - Clearly identify the service or referral destination.
   - Interviewer to provide a specified service to the client
   - Referral to other specified Center service
   - Specified referral outside the Center
   - Specified other disposition
Individual Progress Notes: DAP Note

Name: ___________________________ Therapist: ______ Date: _______
Axis I: __________________________ Axis II: _______________
Session goals/objectives: ________________________________

**Data** (Include here homework from past session(s); current issues/topics/stressors: emotional, social, occupational, legal, behavioral impairment, including degree, frequency, and duration; interventions; observations, etc.)

**Assessment** (Include here progress/impairment/effectiveness of interventions)

**Plan** (Include here assigned homework; objectives for next session, referrals for testing, medication, etc):

Time started: ________ Time finished: ___________ Duration: _____

Next appointment: Date: ___________ Time: ___________

Therapist’s signature: __________________________________________
Client: ___________________________  Group: _______  Date: ________________

Agenda: Group Topic/Issues

_____________________________________________________________________________________
_____________________________________________________________________________________

<table>
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<tr>
<th>Group Behavior Ratings</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
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<tr>
<td>Seemed interested in the group</td>
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<tr>
<td>Initiated positive interactions</td>
<td>(   )</td>
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<tr>
<td>Shared emotions</td>
<td>(   )</td>
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<tr>
<td>Helpful to others</td>
<td>(   )</td>
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<tr>
<td>Focused on group tasks</td>
<td>(   )</td>
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<tr>
<td>Disclosed information about self</td>
<td>(   )</td>
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<tr>
<td>Understood group topics</td>
<td>(   )</td>
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<tr>
<td>Participated in group exercises</td>
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<td>Showed listening skills/empathy</td>
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<td>Offered opinions/suggestions/feedback</td>
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<tr>
<td>Seemed to benefit from the session</td>
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<td>Treatment considerations addressed</td>
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Monthly Evaluation (fill out for last group of each month)

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<th>Topic/Issue</th>
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<tr>
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<td>Participation</td>
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<td>Discusses issues</td>
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<td>Insight</td>
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<td>Motivation</td>
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<td>Emotional expression</td>
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<td>Stays on task</td>
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<tr>
<td>Objectives being met</td>
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Suggestions

_____ Individual counseling  _____ Evaluation for meds  ____ Other: _______________________________

Individual Contributions This Session

_____________________________________________________________________________________
_____________________________________________________________________________________

Time started: _______  Time finished: _______  Duration: ________________________________

Therapist: __________________________

CoTherapist: ________________________________  Counseling Program
The effective counselor evaluates mental status as part of the overall assessment of a client’s functioning and ability to benefit from treatment. We evaluate mental status by making skilled observations of the client’s presentation and appearance, orientation, mood and affect, cognitive function, thought processes and content, memory, judgment, insight, use of medication and substances, and danger to self and others. Below are six factors that make up the mental status assessment. The acronym POPMP-CS can serve as a memory aid for you (Presentation, Orientation and attitude, Mood and emotional status, Perceptual status, Cognitive status, Safety).

Write a 1-2 paper on your evaluation of the client’s mental status using the outline below. Provide the rationale for your judgments. A simple statement for each dimension without an explanation of your thinking process is NOT SUFFICIENT.

1. **Assessing Presentation:** Describe the client’s general appearance including the appropriateness of dress, grooming and hygiene. Note whether the client looks his or her stated age, or appears younger or older. Comment on facial expression, for example, pained, frightened, depressed, and so on, as well as unusual mannerisms. Also, indicate any abnormalities of speech, such as slurred, rapid, or slowed.

2. **Assessing Orientation and Attitude.** Describe the client’s level of orientation to time, place, and person. This is assessed by asking the client to describe the day, date, and year; the time and place of the assessment interview; and their name. Finally, note the degree of the client’s attitude toward the assessment process: is it cooperative, guarded, angry, or suspicious.

3. **Assessing Mood and emotional status.** Both the client’s report of subjective feeling (mood and affect) are recorded as well as the therapist’s observation. Mood refers to an emotional attitude that is sustained over time, for example, neutral, euphoric, depressed, anxious, or irritable. Affect refers to brief emotional responses which are usually triggered by some stimuli. Affect is typically described as being full, blunted, flat, or inappropriate.

4. **Assessing Perceptual status:** Abnormalities of perception include illusions, such as perceptual misinterpretations of an actual stimulus; hallucinations, such as false sensory experience in the absence of an actual stimulus; and dissociations, such as sudden alterations in consciousness or identity, such as depersonalization, for example, wherein one feels that he or she is suddenly different, or derealization wherein one feels that somehow the environment has changed and reality is no longer familiar. Depersonalization and derealization are commonly reported in individuals experiencing post-traumatic stress disorder.

5. **Assessing Cognitive status.** Cognitive status includes both the form and content of thought as well as memory and insight and judgment. Thought form or process refers to the way, including speed of thought, in which an individual puts together ideas and association. Thought form can be rated in terms such as poverty of ideas, flight of ideas, pressured speech, perseveration, loosened association, or tangentiality. Thought content refers to what an individual is actually thinking about such as ideas, beliefs, obsessions, and so on. Delusions, that is fixed, false beliefs out of keeping with the individual’s cultural background, and obsessions, that is repetitive irrational thoughts, are examples of thought content. Memory is usually described in terms of three types of recall: immediate, short-terms, and remote or long-term. Difficulty with memory recall should be tested and recorded for example, asking the individual to recall three items immediately after the therapist identified the items and then again after five minutes. Insight refers to the degree to which the individual can appreciate the nature of their condition and the need for treatment. Judgment is the capacity to deal with social situations and adhere to reasonable social conventions. Judgment is rated as intact, limited, or poor.

6. **Assessing Safety: Self and Others.** Assessing safety issues is an integral part of any diagnostic assessment; it is not optional. Counselors need to use common sense when assessing suicidality as well as the potential for harm to others. The use of a systematic evaluation scheme is recommended to improve therapists’ clinical judgment. A systematic assessment should include the following: (1) known risk factors; (2) client ideation, intentions, and impulsiveness; and (3) lethality. Some clinical and hospitals require the use of standardized rating forms to assess and record indicators of harm to self and others. The prediction of violence against others is a perplexing matter for most counselors. Although it is currently not possible to accurately predict violence behavior, and it may never be, counselors will continually be asked to offer such determination.
DO A CLIENT MAP (Seligman, 2003)

The purpose of treatment planning is to map out the counseling process for a client. The thinking process includes 12 steps:

1. Diagnosis
2. Objectives of treatment
3. Assessments
4. Clinician
5. Location of treatment
6. Interventions
7. Emphasis
8. Number of people
9. Timing
10. Medication
11. Adjunct services
12. Prognosis

Complete a DO A CLIENT MAP for your client and then, using the information gathered, write an integrative treatment plan statement. In your integrative statement, be sure to include specified targeted psychological, social, and biological treatment goals. (Sperry, Carlson, & Kjos, 2003).
Write a 2-4 page case study using the following outline.
I. The client's story
   a. Presenting problem(s) including onset, duration, precipitant, severity, sequence, client's efforts at resolution and client's
culture-specific definition of the problem and the culture's accepted norms of behavior.
   b. Client's interpersonal world
      i. How the client perceives, experiences, and acts with others in the world
      ii. Client's expectations of how others will respond
      iii. How others act or are perceived to act toward the client
      iv. How the client treats him-or herself; how they think about and talk to themselves.
   c. How the counselor experiences the client in session (feelings, hunches)
II. Demographic and cultural variables: age, gender, marital status, occupation, education completed, social class, sexual orientation, self-
described race/ethnicity, language spoken in session and/or at home.
III. Social and historical influences contributing to the problem and its solution
   a. Family history related to the issues
   b. Social/cultural factors
      i. Client values and origins
      ii. Cultural factors
      iii. Immigration history (premigration, precipitating events, migration experience, post-migration)
      iv. Language spoken at home, work; language of self-talk, prayer; language of emotions, code-switching.
      v. Psychocultural dimensions: acculturation level (integrated, assimilated, marginalized, rejecting)
      vi. Spiritual dimensions (practicing, nonpracticing)
      vii. Sources of stress (immigration, prejudice, language, racism, marital, familial, ethno-support, residency status,
economic, oppression, gender)
      viii. Educational background
      ix. Economic status of self and family
      x. Context in which the problem is occurring.
      xi.
IV. Client's resources: personal, cultural, social, community strengths; usual coping skills; mentors and role-models
V. Barriers to treatment: individual, familial, cultural, community
VI. Therapist's hypotheses about the nature of the client's problems
VII. Initial contract: Agreed-upon goals for counseling
VIII. Risk management
   a. Nature of risk
   b. Plans for addressing risk
IX. Anticipated challenges
   a. Internal challenges based on the client's usual patterns
   b. External challenges based on setting constraints (agency schedule, client work schedule)
   c. Planned responses to predictable challenges.
X. Challenges for the counselor: Counselor individual, familial, life cycle, or sociocultural issues that this client/case triggers
TERMINATION REPORT

Date: _________________________________

Client’s Name: _____________________________________

Staff Member: _____________________________________

Inclusive Dates of Service:
   Start Date:                               End Date:

Reasons for termination:

Service Focus (presenting problem, service delivery, and resume of contacts)

Brief description of significant background and client’s dynamics:

Disposition:
   ☐ Plan to return
   ☐ Referred to outside agency
   ☐ Terminated
   ☐ Other ________________________________

Recommendations (type of service and treatment focus) and Prognosis
Frequently Asked Questions

1. **What are the procedures for practicum and internship registration and placement?**
   Semester prior to taking practicum/internship, the students are required to:
   - Consult with the faculty advisor to determine eligibility for the course. The student must meet all prerequisites.
   - Attend the orientation meeting to obtain forms, requirements, referrals to sites and other information relative to placement.
   - Submit all practicum/internship registration paperwork to the Practicum/Internship Coordinator and obtain the Coordinator’s approval to register for practicum/internship. **You may not register for Practicum, COUN 9701 or Internship, COUN 9702 until you obtain the Practicum/Internship Coordinator’s signature to register for Practicum and Internship.**

2. **Do I need to purchase liability insurance for practicum/internship?**
   Yes! All students in the program are required to procure liability insurance prior to registering for practicum. Insurance is available from the American Counseling Association. When you join the American Counseling Association and pay the membership fee, insurance will be automatically included. Proof of insurance coverage must be presented to the Coordinator of Practicum/Internship in order to register for practicum and internship.

3. **How many hours is practicum? What is the time commitment?**
   A minimum of one hundred (100) clock hours of on-site supervised experience is required during the course of one semester. Students are expected to spend at least nine (9) hours per week at their practicum site. In addition, students must have at least one (1) hour per week of triadic supervision by the university supervisor and one and one-half (1.5) hours per week of group seminar/supervision per week by the university instructor.

4. **What is the duration of practicum?**
   As stated by CACREP’s Policy statement (2009), “the duration of practicum is to extend a full academic term to allow for the development of basic counseling skills and the integration of knowledge.”

5. **If I accrue more than 100 hours during practicum, can I count these hours for internship?**
   No. As stated by CACREP’s Policy statement (2009), “practicum is completed prior to internship. Therefore, CACREP standards do not allow for extra hours obtained during practicum to be counted toward the 600 clock hour requirement for internship.” Thus, any
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*hours beyond 100 hours completed during the practicum semester are part of "professional development" and do not “count” for internship.*

6. Can I accrue hours for internship during practicum?
   No. As stated previously, CACREP standards do not allow for hours obtained during practicum to be counted toward internship.

7. After completing practicum during the fall semester, can I count hours completed during winter break towards internship?
   Only if the following conditions are met can the hours count toward internship:
   - You must have officially passed practicum (with course grade posted) and have been officially recommended for internship.
   - You must receive at least one (1) hour of on-site supervision.
   - You must agree to contact FDU faculty if you encounter any difficulty with a client or on your site.
   - You must be officially enrolled for Internship I for the semester immediately following completion of Practicum (i.e., the spring semester).

8. After completing practicum during the spring semester, can I count hours completed between the end of the spring semester and the beginning of Summer Session I towards internship?
   Only if the following conditions are met can the hours count toward internship:
   - You must have officially passed practicum (with course grade posted) and have been officially recommended for internship.
   - You must receive at least one (1) hour of on-site supervision.
   - You must agree to contact FDU faculty if you encounter any difficulty with a client or on your site.
   - You must be officially enrolled for Internship I for the semester immediately following completion of Practicum (i.e., the Summer Session I).

9. How many hours is internship? What is the time commitment?
   Students are required to work 300 hours in both COUN 9702, Internship I, and COUN 9703, Internship II for a total of 600 hours. A minimum of 240 of the 600 hours must be direct contact with clients. Therefore, a student will spend approximately 20 hours per week for 30 weeks at their internship site.

10. Are there credentials required of site supervisors so that your potential practicum or internship site can be approved by the university?
Yes. The site supervisor must hold a Master’s degree in counseling or a related field and be an LPC, LCSW, or licensed psychologist or psychiatrist and has a minimum of three (3) years relevant professional experience. *Note that a site supervisor with only a LCADC credential is not acceptable.*

11. **What are typical types of placements for clinical mental health counseling practicum/internship?**

Typical placement sites include, but are not limited to: in-patient psychiatric (adolescents, adults), partial hospitalization program (adolescents, adults), out-patient and mental health agency, correction/family court, family services agency, substance abuse treatment (in-patient and out-patient), domestic violence shelter/treatment, child protective services agency, hospice, HIV counseling, services for the elderly, and working with the unemployed. For the placement to be used for your professional training, the site must be approved by the Coordinator of Practicum/Internship, the site must allow audio and/or videotaping of clients, and have a site supervisor who has the appropriate credentials and who agrees to provide at least one (1) hour of direct, individual supervision per week.

12. **How do I prepare for and procure a practicum or internship site placement?**

As stated previously, all student planning to take practicum and internship courses must attend an orientation session the semester prior to actual placement. The orientation will offer ideas and professional tips on selecting and obtaining a practicum and internship site. While the Coordinator of Practicum/Internship, as well as your faculty advisor, will help the you find a proper placement you, the student, are primarily responsible for selecting, obtaining, and formalizing your practicum and internship site. This is so because of the unique needs of each student (e.g., geographic location, work requirements, family commitments, etc.) Finding, selecting and obtaining an appropriate site placement is an enriching experience because it can be considered to be a practice run for when you seek employment as a professional counselor upon completion of your degree. Practicum and internship sites generally require an interview and such an experience prepares you for a future search for a professional position.

13. **Do sites require an interview?**

The majority of sites require an interview. You should seek an appointment to discuss a request for placement and by presenting the letter of introduction provided for you by the university. A copy of this letter is included in this Handbook. It is critical that you bring a resume to this interview. A sample resume is included in this Handbook.

14. **Can I use my current place of employment for practicum or internship?**

It depends. The current place of employment must meet the following criteria:
- The agency or institution must provide counseling services.
• This setting must provide services that will enable you to satisfy all the requirements for Practicum and Internship as stated in the Graduate Handbook and in this Practicum/Internship Handbook.

• You must select another individual other than your current, regular supervisor who meets all the supervisor criteria to act as your Practicum/Internship site supervisor. Your regular supervisor at the employment site cannot serve in this role because of ethical guidelines pertaining to dual relationships.

15. What are the student’s responsibilities in supervision?
Students are responsible for conducting themselves as professionals-in-training and to represent FDU well. As such, the student should be knowledgeable of and conduct him/herself according to the professional and ethical standards of the American Counseling Association. With regard to supervision specifically, students are expected to keeps appointments for site and university supervision, relate openly with supervisor, recognize assets and liabilities, promptly report problems to supervisor, use supervision time well, accept critical evaluation, and appropriately implement supervisor’s suggestions.

16. If I complete more than the 600 hours required for internship class, can the extra hours be used towards the 4500 hours of supervised professional counseling experience mandated by the NJ Licensing Board for licensure as an LPC?
No. The Professional Counselor Regulations (NJAC 13:34-13.3) state “an applicant may be granted up to one year of supervised counseling experience credit towards the fulfillment of the supervised professional counseling experience requirements for licensure as a professional counselor…. provided the courses labeled practicum or internship are not also used to satisfy the educational requirements.” Put simply, your practicum and internship courses may not be used towards the LPC because the practicum and internship courses are part of the university’s programmed plan of study used to satisfy the 45 hours graduate semester hours distributed in the 8 areas of coursework required by the Board for licensure (NJAC 13:34-11.2). Moreover, please note that with the new October 5, 2009 Professional Counselor Regulations, the Licensed Associate Counselor (LAC) credential is required to accrue the 4500 clinical hours mandated for licensure. An applicant must now file a written plan of supervision which outlines the work setting, job description, duties, qualifications and supervisor’s responsibilities and qualifications and have that plan approved by the Board prior to an LAC accruing clinical hours towards the LPC. An individual accruing the required supervised clinical hours without the LAC credential would be practicing counseling without a license.