PRACTICUM
AND
INTERNSHIP GUIDE

2019-2020


Council for Accreditation of Counseling & Related Educational Programs
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INTRODUCTION

Welcome to the Applied Skills portion of your counseling education. It is an exciting time when you get to put everything you have been learning into practice. The department wants to support your success, and offers this Practicum and Internship Guide (affectionately known as “The P.I.G.”) to assist your learning.

This guide contains essential information regarding administrative, clinical, and ethical responsibilities. It also outlines procedures for initiating and maintaining a practicum and internship placement, provides student objectives and competencies to be addressed, provides supervision guidelines for faculty and site supervisors concerning student performance, and provides a format for evaluation of student, faculty, and site supervisor performance.

DEPARTMENT MISSION

The mission of the Department of Counselor Education at the University of Montana is to provide a stimulating, safe, and academically rigorous learning environment for graduate students in Counselor Education. Our principal goal is to prepare students to function as competent professional counselors who can work sensitively with culturally diverse consumers within a wide range of school and mental health settings. Our department recognizes the need for client advocacy, the importance of social justice, and the perpetual nature of multicultural competence and continued professional development for counselors.

THE PRACTICUM AND INTERNSHIP PROGRAM

The practicum/internship program is designed to assist students to transfer concepts, skills, and abilities obtained in classroom activities to actual practice in professional settings. Applied Skills courses (1) emphasize the development of school and/or mental health counseling competencies and specialized skills; (2) encourage ongoing self-appraisal of acquired skills; and (3) identify appropriate learning needs. Students in both School and Mental Health tracks complete their initial 100 hours of clinical work (COUN 530) under close supervision by core department faculty.
ASSIGNMENT TO PLACEMENT SITES

A complete description of the requirements for the Applied Skills courses is provided in the coming pages.

COUN 530: This class is designed to be a supportive, structured learning experience.

Practicum Placement: Your practicum work is arranged by the Counselor Education Department. Talk to your Faculty Practicum instructor if you have special needs or interests.

COUN 585: (COUN 530 must be completed before you can register for COUN 585)
You should begin planning for your internship experience early in your program. It is your opportunity to gain supervised experience in a work setting, and builds skill and employability.

Application to Internship Sites: Please plan to discuss your internship goals and needs with your advisor. The Department of Counselor Education has a number of established internship sites, but we are open to developing new sites as appropriate. You cannot simply arrange your own internship. It must be done in collaboration with the Counselor Education faculty. You have input on selecting your internship site, however, the faculty must approve all site arrangements. We carefully consider appropriate matches between supervisors and supervisees. When you commit to an internship site, it is imperative that you honor that commitment, and only in the case of extenuating circumstances, and with faculty involvement and approval, is it acceptable to terminate an internship placement.

You should approach applying to an internship as if you are applying for a job at that site—even though most of our internships are unpaid. Many sites require interviews and a formal application process. It is wise to develop a vita (a resume) and letter of interest.

School Track students should be aware schools will likely expect interns to be available throughout THEIR school schedule. A campus supervisor will be available to you via group or individual supervision, even if the university term has ended.

Supervising faculty will be in regular contact with each student’s site supervisor during the time that the student is enrolled in 585. This will involve a combination of site visits, telephone contact, and email contact.

Internship at Place of Employment: The intention of an internship is to gain professional experience. Students who are employed in a setting that might serve as an internship may not use their customary employment to gather internship hours. However, if possible, you may add to your regular hours and/or duties and use these hours for internship. This must be approved, in advance, by the appropriate faculty member and should include advanced (beyond case management, for example) skills.

Students must attend internship class weekly. If the student is in an internship some distance from campus, special arrangements must be made in advance if the student anticipates being unable to make a weekly meeting on campus.

Site supervision is ordinarily provided in your internship setting by a licensed professional with training in supervision. For Clinical Mental Health Counseling students, the supervisor must have three years post licensure experience or at least 20 SWP Board-approved continuing education credits in supervision. For school counseling students, the supervisor must be licensed in School Counseling.
COUN 530: Applied Counseling Skills
(AKA Practicum) - 3 credits

COUN 530 is your first opportunity to interact with real clients/students in a professional capacity. Through working with clients/students under faculty supervision, you will begin to synthesize material from your course work, use the theories and techniques you have learned, and begin to develop a professional style. Supervision will occur during the scheduled Practicum (530) class and also in faculty supervised individual or triadic supervision for one hour per week.

This 3-credit course is required for both School and Mental Health Counseling tracks. It equals 100 total hours of work. At least 40 hours must be direct client contact. Additional hours beyond the total of 100 do not count for internship. However, if you are planning to pursue the LCPC with the state, you can count any “extra” Practicum hours at the time that you apply for licensure. Be sure to record any extra hours in your Practicum log.

The 40 hours of direct client/student contact must be video or audio-taped unless supervised live. Direct service activities include: individual counseling and consultation with clients, crisis intervention, group counseling and/or psychoeducation, and client/student education (e.g., classroom presentations, parenting and other types of classes or workshops, consultation with client/student family members). Note: School students will accumulate 16 of their 40 direct hours at a school site and the recording requirement of those hours are at the discretion of the practicum instructor. Further, School students will participate in a 40-hour “Shadow Experience,” 16 of which will be in the form of direct hours as referred to above.

The additional 60 hours (indirect hours) involve doing professional work related to counseling. For example, writing case notes, reviewing video recordings of work, research and reading relevant to client/student needs, telephone contact, staff meetings as required, consultations regarding client/student care, individual and group/faculty supervision.
CACREP STANDARDS (Practicum/Internship)

PRACTICUM – COUN 530 (School and Mental Health)
CACREP STANDARDS
1. Essential interviewing, counseling, and case conceptualization skills (5.G.)
2. Development of measurable outcomes for clients (5.I.)
3. Suicide prevention models and strategies (5.L.)

INTERNSHIP – COUN 585 (School)
CACREP STANDARDS
1. School counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies (2.B.)
2. Development of school counseling program mission statements and objectives (3.A.)
3. Design and evaluation of school counseling programs (3.B.)
4. Core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies (3.C.)
5. Interventions to promote academic development (3.D.)
6. Use of developmentally appropriate career counseling interventions and assessments (3.E.)
7. Techniques of personal/social counseling in school settings (3.F.)
8. Strategies to facilitate school and postsecondary transitions (3.G.)
9. Skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement (3.H.)
10. Approaches to increase promotion and graduation rates (3.I.)
11. Interventions to promote college and career readiness (3.J.)
12. Strategies to promote equity in student achievement and college access (3.K.)
13. Techniques to foster collaboration and teamwork within schools (3.L.)
14. Strategies for implementing and coordinating peer intervention programs (3.M.)
15. Use of accountability data to inform decision making (3.N.)
16. Use of data to advocate for programs and students (3.O.)

INTERNSHIP – COUN 585 – (Mental Health)
CACREP STANDARDS
1. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (3.A.)
2. Techniques and interventions for prevention and treatment of a broad range of mental health issues (3.B.)
COUN 585: Counseling Methods  
(School Internship)—6 (or more) credits

Students who are in the School Counseling Track must enroll in 6 credits of COUN 585 over two or three semesters. This entails 600 hours (100 hours per credit) of work in a school setting under the supervision of a licensed school counselor. At least 240 of these hours must include direct work with clients/students, usually in individual, group, and classroom activities, as well as consultation with parents/guardians of students at the school.

Direct service activities for school counseling interns are:
- Classroom presentations and activities with children that enhance their ability to function well in the school setting and with their peers
- Individual counseling with students
- Group counseling with students
- Consultation with parents/Parent training
- Some teacher consultation work
- Administration/interpretation of assessment and or testing experiences

Activities that make up the remaining 360 indirect hours include:
- Consultation with teachers, administrators and other mental health/human service professionals
- Program development
- Individual and group supervision/ Writing case notes and summaries
- Preparing for sessions, class presentations, workshops, etc.
- Attending staff meetings, trainings, and other meetings regarding particular students

Typically, students enrolled in COUN 585 work more independently than in COUN 530 and are given more professional responsibilities. Details of assignments related to student learning outcomes and course objectives are provided in the syllabus for COUN 585.

In some settings, counselors-in-training might be given the opportunity to substitute for their [primary] internship site supervisor. Instances such as brief illness or off-site meetings for one day or less are considered reasonable times where students can continue to function in their defined internship role, following their site safety plans (i.e., who to contact for help and support if an issue arises). When opportunities to provide services in replacement of your site supervisor go beyond one day or take place at a secondary internship site, the following procedures should be followed:

1. Immediate notification to faculty internship supervisor of the situation including number of days and expectations of the site. This information will be brought to the department faculty for approval.
2. Arrangement with school to be under formal contract with the site with a role description. For example, becoming a substitute with Missoula County Public Schools therefore gaining additional liability coverage and being paid for increased responsibilities.
3. Working with site and faculty supervisors to ensure on-site supervision is continuously available.

Evaluation of Counseling Skill Development

Students are evaluated both formally and informally throughout their internship experience by site supervisors and faculty supervisors. In many cases, N grades are awarded when a student does not complete the enrolled hours for that semester. In some cases, an N grade may be awarded when a student does not have the opportunity to complete
all activities expected of a professional counselor in a site, and/or when their skill level as reflected in the formal evaluation does not meet or exceed a rating of “3” in each area of evaluation. In the event that skill level is not satisfactory, the faculty supervisor and site supervisor will develop a plan to remediate either the skill development, or to ensure adequate opportunity to engage in professional counseling activities. This could mean adding a site to the internship experience, and/or extending the student’s course of study.

**COUN 585: Counseling Methods**

**Clinical Mental Health Internship**

6 credits

After completing the 100 hours for COUN 530, students who are in the Clinical Mental Health Counseling Track sign up for internship. They need a minimum total of 6 credits of COUN 585. This entails 600 hours (100 hours per credit).

**At least 240 of the 600 hours must include direct work with clients.** Students serve under the supervision of a licensed professional clinical counselor, psychologist, or licensed clinical social worker. All requirements for supervision remain the same as described for COUN 530. Typical activities in which mental health counseling interns engage that are considered to be direct service are as follows:

- Individual and group counseling or psychoeducation
- Case management
- Public or professional education through student presentation of lectures, workshops and trainings
- Consultation with client family members
- Career or other forms of mental health assessment and feedback

Activities that make up the remaining 360 hours may include the following:

- Individual and group supervision
- Consultation with mental health/human service professionals
- Program development and management
- Writing case notes and termination summaries
- Preparing for sessions, presentations, workshops, etc.
- Attending staff meetings, trainings, and other meetings regarding particular clients
- Outside reading and research relevant to provision of counseling
- Conducting public information activities for the agency
- Conducting and participating in professional development activities for the agency

Typically, students enrolled in COUN 585 work more independently than in COUN 530 and are given more professional responsibilities. Details of assignments related to student learning outcomes and course objectives will be provided in the class syllabus for COUN 585.

In some settings, counselors-in-training might be given the opportunity to substitute for their [primary] internship site supervisor. Instances such as brief illness or off-site meetings for one day or less are considered reasonable times where students can continue to function in their defined internship role, following their site safety plans (i.e., who to contact for help and support if an issue arises). When opportunities to provide services in replacement of your site supervisor go beyond one day or take place at a secondary internship site, the following procedures should be followed:

1. Immediate notification to faculty internship supervisor of the situation including number of days and expectations of the site. This information will be brought to the department faculty for approval.
2. Arrangement with agency to be under formal contract with the site with a role description. For example, serving as a counselor in the agency, therefore gaining additional liability coverage and being paid for increased responsibilities.
3. Working with site and faculty supervisors to ensure on-site supervision is continuously available.

**Evaluation of Counseling Skill Development**

Students are evaluated both formally and informally throughout their internship experience by site supervisors and
Faculty supervisors. In many cases, N grades are awarded when a student does not complete the enrolled hours for that semester. In some cases, an N grade may be awarded when a student does not have the opportunity to complete all activities expected of a professional counselor in a site, and/or when their skill level as reflected in the formal evaluation does not meet or exceed a rating of “3” in each area of evaluation. In the event that skill level is not satisfactory, the faculty supervisor and site supervisor will develop a plan to remediate either the skill development, or to ensure adequate opportunity to engage in professional counseling activities. This could mean adding a site to the internship experience, and/or extending the student’s course of study.

SUMMER INTERNSHIP POLICY

SUMMER POLICY FOR CLINICAL WORK
The department offers an Applied Skills group supervision section during the summer semester. If you are participating in clinical work during the summer you must attend this class, and enroll for the number of credits of 585 which reflects the estimated number of clinical hours you will be completing. Those students who are continuing in clinical work from the previous semester and have received a previous grade of “N” must consult with the faculty instructor of the summer section regarding their specific situation.

☐ All students identifying as an Intern are representatives of The Department of Counseling at the University of Montana. As such, students must be enrolled in the internship class for a minimum of one credit regardless of how many hours they are accruing and when they accrue them. This is in place for liability reasons. Students should strive to take the number of credits that actually reflect the hours they will work.

☐ Students who are finishing hours beyond the termination of spring session (the last month of the public school calendar year, etc.) should register for a minimum of one credit and attend all classes until hours are complete; students (in this case) are not obligated to complete all 100 hours/credit. They are welcome to attend all classes, and obtain indirect hours when they do so as we value the richness of the collective group supervision. If a student has two weeks or less to finish hours at a site, they must attend class both weeks but are not required to register for credit.

☐ Students must participate in internship group supervision throughout the time they are identifying as an intern at a site. However, should the student not be available for group supervision because away at an intensive internship experience (such as wilderness counseling, grief camp counseling, etc.) the student must attend group supervision the weeks before and after the experience. Of course, recording these experiences is still a requirement. Please discuss these experiences in advance with the summer faculty supervisor.

☐ Students wishing to count internship hours in the weeks following the termination of summer session and the beginning of fall session, must have attended summer session AND must be receiving weekly site supervision AND have on-call access to their site supervisors. Students wishing to participate are responsible for obtaining prior approval from their advisers before then end of summer session. If these conditions cannot be met, a student can continue to work at their site as a volunteer and NOT collect internship hours towards school credit.

☐ Students wishing to count internship hours in the weeks following the end of fall semester and into the weeks prior to the start of spring semester, must have prior approval from their advisor. Approval will be granted based on the accessibility of the site supervisor and the availability of an on-call faculty member.
The CACREP STANDARDS and DEFINITIONS

PRACTICUM

F. Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term. Each student’s practicum includes all of the following:
   1. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
   2. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member, a student supervisor, or a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract.
   3. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor.
   4. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student’s interactions with clients.
   5. Evaluation of the student’s counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

INTERNSHIP

G. The program requires completion of a supervised internship in the student’s designated program area of 600 clock hours, begun after successful completion of the practicum. The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area. Each student’s internship includes all of the following:
   1. At least 240 clock hours of direct service, including experience leading groups.
   2. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor.
   3. An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.
   4. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
   5. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.
   6. Evaluation of the student’s counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor.
Practicum and Internship Video/Audio Taping Policy

VIDEOTAPING
Videotaping and reviewing your clinical work is an important learning tool in your development as a counselor. Reviewing recorded sessions will be a key component in both your individual and group supervision, and cameras are provided for your use in both the Practicum Lab and sometimes on site for COUN 530. It is your responsibility to arrange for the videotaping of your clinical work in other settings.

The Department of Counselor Education requires that all students in practicum and internship video or audio record their counseling sessions. It is important to exercise extreme caution in guarding the confidentiality of our clients and students. Therefore, we require that students strictly adhere to the policies below. Failure to do so can result in failing practicum or internship, or removal from the graduate program.

ALL RECORDED SESSIONS NEED TO BE ENCRYPTED PRIOR TO THEIR TRANSPORT BETWEEN INTERNSHIP SITES AND SUPERVISION AT THE UNIVERSITY. The following details instructions for how to install free encryption software on your personal computer. To install AxCrypt:

1. Go to http://www.axcrypt.net/
2. Choose the version of AxCrypt that is appropriate for your personal computer
3. You should save it to your desktop, then install it. This is so you can decrypt files to listen to on your computer. Unless exceptions have been made with university supervisors, files should be deleted immediately after being shown for supervision.

Most cameras have internal storage, the option for a card/chip storage, and the option to transfer the video to a personal computer. Since you cannot remove Counselor Education cameras from our location, if using a program camera, either have a storage card of your own, or use the wire to transfer your session to a password protected location on your personal computer. We expect this to be a location that you use ONLY to store professional, confidential sessions.

For sessions with UM student/clients, there are two cameras stored in each location (the Consultation Center on first floor of the PJW CoEHS, and the filing room of the CSD space). In addition, the Consultation Center and some rooms of the CSD space are equipped with the CORS recording system. You will receive training in the use of this system in Practicum. The CORS system is HIPAA compliant, and is the most secure way to record and access your recorded sessions, but can only be viewed on campus, so arrangements must be made for time and space to view recordings.

We assume that in most cases, for group presentations, you will connect your personal computer to the screen in the classroom to show your session. In individual supervision, you can simply show your session on your computer. Do not upload any segment of your recorded sessions on the Internet. Be very careful about where you review your recordings. Review should always be in a private location where others (including friends and family) cannot see or hear your recording.

In this era of rapidly developing technologies and competing options for creating video recordings, it is important to remember that our essential function is to record our sessions with great care, to watch the recordings of each session so we can grow and develop as professionals, to obtain supervision, and then, after viewing the session and obtaining supervision, to erase the session both from the camera and from your computer. On rare occasions, your supervisor may wish to have you save a session for further consultation. This is permissible, but must be closely monitored.
CLINICAL GUIDELINES ON SITE

CLIENT RECORDS
As mental health and school professionals, it is important that we maintain accurate, up-to-date records concerning our work with clients/students. Records allow us to document and review the delivery of counseling services, and also:

☐ assist us in planning and implementing appropriate treatment for our clients/students;
☐ help protect us in terms of professional liability;
☐ provide a history and current status information, should a client/student seek counseling elsewhere, though some records are kept only for a short period of time.

Most sites will provide you with the forms they wish you to use in working with clients/students. Be sure to ask about the required paperwork for your site. Some general guidelines follow:

☐ All client/student files and recordings of sessions are strictly confidential and should be stored and disposed of accordingly. These must be password protected and/or stored in a locked file cabinet.
☐ Do not remove client/student files from your site unless this is a formal part of the arrangement.
• When it is necessary to transport electronic records, use encryption software. When transporting paper records off campus, use a lock box or briefcase. If on campus, transport only the case note, unidentified, and not the whole client file.
☐ Record all relevant consultation and supervision.
☐ Note any unusual occurrences or emergency situations, the client’s/student’s condition, and what you did to assist.
☐ Case notes and treatment goals should reflect each other.
☐ Make copies of any materials you give your client/student to read and place them in the file.
☐ It is best to make entries the same day as the client/student contact.
☐ Records should contain all information needed for you to treat the client/student.

INFORMED CONSENT
Informed consent is a process, and continues throughout counseling. It is both a verbal interaction and a written record. It is your responsibility to construct a complete and appropriate form for use with your clients, if your site does not have one that meets our guidelines.

Later in this document, there is a sample form that you can use to construct a client/student informed consent form, or to upgrade one already in use at your site. Your practicum/internship supervisor must approve any forms that you use.

CONFIDENTIALITY
Clients/students are rightfully concerned that their privacy and rights to confidentiality be protected. For the counseling relationship to be successful, trust needs to be established and maintained. Therefore, at the beginning of the counseling relationship, it is imperative that you discuss the matter of confidentiality and its limitations. Assure your clients/students that confidentiality is the foundation of the counseling relationship, but also openly inform them that there are exceptions to the rule. These exceptions include:

1. If clients/students indicate that there is clear and imminent danger to themselves (suicidal intent or clients are gravely disabled such that they can’t care for themselves) or to another person (or identifiable group of people), you must “take reasonable personal action or inform responsible authorities.” In the case of concern regarding suicide risk, you must do all you can to prevent it, even if that entails breaking confidentiality. In the case of harm to another person, you must notify authorities and the person(s) being threatened.
2. If the client/student informs you of a case of physical or sexual abuse of a child or elderly person that has previously been unreported, you must notify proper authorities after you notify your practicum instructor, or encourage the client/student to make the report in your presence.
3. If records are subpoenaed by a court order, you must legally comply after consulting with a supervisor, or in a school, the principal. Your faculty instructor must be involved before any records are released. Records are not released to a requesting attorney, only to the court after you remind the judge of
confidentiality.
4. You must have written permission from clients/students or their parents/guardians to video or audio record and to use portions of the sessions to receive supervision. Get this permission BEFORE beginning to video.

As a practicum or intern student, always consult with a supervisor if at all possible before breaching confidentiality.

ADDITIONAL ETHICAL CONCERNS
☐ You may only discuss specific clients/students with persons that you have been authorized to use as consultants or supervisors.
☐ Be absolutely certain that you have a complete understanding of your site’s policies and procedures regarding duty to warn and exceptions to confidentiality. For example, be sure you know how to proceed if you are given information in your work with a client/student regarding child abuse, suicide, teen pregnancy, etc.
☐ Never discuss clients/students in a public place. Remember that just omitting names from the discussion does not protect confidentiality. Others may be able to identify your client/student from the circumstances discussed.
☐ Be very careful in your use of technology. Remember that cell phones, computer-stored case notes, and email are not entirely secure.
☐ We do not allow counselors-in-training to meet with clients in a building that is otherwise unoccupied. If you unexpectedly find that you have ended up alone in the building when your client arrives, you must reschedule the session.
☐ Do not engage in dual relationships with your clients/students. Specifically:
  ☐ Do NOT counsel someone who is already known to you in another capacity (friend, relative, neighbor, business associate, etc.)
  ☐ Do NOT have any form of romantic or sexual contact with your clients/students.
☐ You must consult with your site and faculty supervisor whenever possible before you:
  ☐ are involved in any correspondence regarding a client/student;
  ☐ consult another professional regarding your client/student (either in person or by phone);
  ☐ give over any records to a court of law;
  ☐ report an instance of abuse, threatened suicide or homicide.

Students are expected to adhere to the Code of Professional Ethics for the American Counseling Association, and to the codes specific to school or mental health counselors. Failure to do so may result in removal from your clinical site and possibly from the Department of Counselor Education.
IMPORTANT INFORMATION

INSURANCE AND BACKGROUND CHECK:
Many internship sites require a background check, as do most licensing entities. You are also required to carry student liability insurance during your pre-practicum work in Counseling 512, Fundamentals of Counseling. You must carry insurance continually thereafter until you graduate. Most students obtain the student insurance offered by the HPSO (Healthcare Providers Service Organization) which is associated with the American Counseling Association (ACA). At the present time, insurance is included with ACA or ASCA membership. Forms can be downloaded by accessing www.hpso.com, or on the ACA/ASCA student membership websites. As indicated in the Student Handbook, you are must become a member of ACA or ASCA as soon as you begin the program.

CELL PHONES
Remember to TURN OFF YOUR CELL PHONE during clinical work, staff and professional meetings, class and supervision. Because it has become common practice for mental health professionals to use their cell phones for professional messages, it is your choice as to whether you give clients your cell number to use to make or cancel appointments only. Make sure that during the informed consent process, you explain that do not do any counseling on the phone, and that you will not necessarily return calls in any certain time frame. Also, be sure that your voicemail message is professional and nondisclosive. Some of your clients may prefer to text and this is also your choice. It’s a good conversation to have early in supervision. If a counselor in training is uncomfortable using a personal cell phone for client arrangements, they can arrange a meeting with the clinic director for alternate arrangements.

CASE NOTES
When working with UM students, your case notes should be filed in the locked filing cabinet in 109. Bring examples of your case notes to your individual supervision sessions so that your supervisor can help you develop appropriate case note taking skills.

WORKING WITH YOUR SUPERVISORS
You will often be working with at least two supervisors during some clinical experiences: the clinical site supervisor and the faculty supervisor. Each person will have his or her own professional style, theory base and approach, and you may find that supervisors do not always agree. You are encouraged to reflect on these differences and use them for learning, and to address them with your supervisors as needed. In nearly every situation, there is no one right answer, and as you continue to gain knowledge and skills, you will be able to integrate all your experiences and solidify your own approach to the work.

LICENSE REQUIREMENTS

School Counselors: To obtain a Class 6 Specialist License with a School Counselor endorsement, an applicant must provide verification of a master’s degree in school counseling (K-12) or a master’s degree with an equivalent graduate level school counseling content; and a school counselor and/or faculty supervised internship of at least 600 hours in a school or school related setting. (--from the OPI website: www opi.state mt.us)

Mental Health Counselors: 3,000 supervised experience hours, completed at the time of application. A maximum of 1,500 hours may be done pre-degree; a minimum of 1,500 hours must be post-degree. A licensed counselor, social worker, psychologist or psychiatrist must provide the supervision. 1,000 of the 1,500 hours must be direct client contact. Practice hours are “engaging in the practice of counseling” as defined in the statutes: 37-23-102(3), MCA. The Board of Behavioral Health website can be found at http://bsd.dll.mt.gov/license/bsd_boards/swp_board/board_page.asp. While the faculty is knowledgeable about licensure, faculty cannot speak for the Board and regulations change from time to time.
CHECKLISTS AND FORMS

Student Responsibilities for Site-Based Clinical Work

___ Read this entire document and sign the sheet in the forms section.

___ Develop a schedule with the site supervisor for orientation and training, clinical work, staff meetings, etc.

___ Become familiar with and abide by the procedures, policies and regulations established by the practicum site, school or agency.

___ Meet with site supervisor for individual or triadic supervision for at least one hour per week. Use supervision constructively and effectively.

___ Treat the clinical experience as a professional commitment or job. Be aware that agencies/schools do not operate on the same time schedule as the university, so may require you to adapt accordingly.

___ Attend conferences, staff meetings, counseling sessions, and other learning experiences assigned by the site supervisor.

___ Inform the site supervisor of work-related difficulties in a timely manner.

___ Obtain informed consent for your services, using your site form or one you develop specific to your work.

___ Video all individual and group counseling sessions with permission from the client (and parents/guardians in the case of a client under the age of 18).

___ Attend practicum/internship class weekly for group supervision and instruction. Present case material and videos during group supervision class.

___ Keep weekly logs (format provided in this handbook) reflecting all of your work. Have your individual supervisor sign it each week, provide a copy to your faculty supervisor and keep a copy for your files. (Note: You will need this information for licensure/certification so be sure to keep copies).

___ Evaluate yourself at the end of the semester, using the Student Performance Evaluation Form (pages 24-25). Also provide a copy of the evaluation form to your clinical site supervisor to complete as part of your formal evaluation at the end of each semester of clinical work. (Your performance will be evaluated on an informal basis by both your individual and your group supervisor throughout the practicum experience.)

___ Evaluate your clinical site supervisor and placement site with appropriate forms. You are encouraged to discuss this evaluation with your supervisor but it is not mandatory. Provide a signed copy of the evaluation to your group supervisor in a sealed envelope on the last day of group supervision class.

___ Evaluate your faculty supervisor using the form provided in class.
SITE RESPONSIBILITIES/ EXPECTATIONS

___Provide an opportunity, space and setting for the student to begin to do supervised professional work.

___Provide the space and setting for necessary technologies that assist learning, such as video and audio recording equipment. The student or department will provide recording equipment if necessary.

___Orient the student to the school/agency, its components, policies and procedures, and inform students of expectations of them.

CLINICAL SITE SUPERVISOR RESPONSIBILITIES

Note: In many but not all sites, the same person will serve as both site contact and clinical site supervisor.

___Familiarize yourself with this guide and the CACREP Standards related to your work with the students.

___Obtain formal training in supervision, and provide evidence of this to UM. Note: The Counselor Education Department provides annual continuing education supervision workshops.

___Provide an opportunity for the student to begin to do professional work under professional supervision.

___Provide active supervision to the student for at least 1 hour per week, either individually or in pairs. It is important that interactive supervision also be available informally to students during their on-site hours.

___Keep notes regarding your supervision sessions for your own records.

___Refer the student to appropriate resources for learning how to meet specific client needs.

___Model professional and ethical conduct for the student.

___Frequently review all or part of the student’s recorded sessions of work. A minimum of 4 reviews is expected. Provide feedback about the student’s strengths and areas in need of improvement. Live observation of the student’s work is also encouraged if possible.

___Keep the student informed of progress as a developing counselor.

___Verify the student’s clock hours of activity by reviewing and signing off on the student’s log at least once each month.

___Provide a formal evaluation of the student’s performance to the student and to the faculty supervisor at the end of the practicum experience. Meet with the student to discuss your evaluation and compare it with the student’s self-evaluation.

___Contact the department faculty member providing group supervision to discuss the student’s progress when necessary.

___Carry professional liability insurance that covers supervisory responsibilities. For School Counselors, the school’s general insurance has been historically considered sufficient.
FACULTY SUPERVISOR RESPONSIBILITIES

___Provide group class/supervision each semester, meeting weekly for 1½ to 2 hours.

___Prepare the student for the field experience, and arrange for site visits as appropriate.

___Refer the student to appropriate resources for learning to meet specific client needs.

___Assist the student in using supervision effectively and constructively.

___Help students refine their understanding of the profession and ethical, professional behavior.

___Provide opportunities for students to discuss their practicum experience.

___Assure that active, qualified, supervision is provided by the site formally for at least one hour per week, and that supervision is available any time the student is performing on-site duties.

___Be available throughout the semester for consultation with the on-site supervisor.

___Keep students informed of their progress in developing basic counseling skills.

___Address any academic or clinical practice problems that may develop between students and school/agency or between students and their individual supervisor.

___Collect all completed forms from students regarding their clinical placements. Signed logs of direct and indirect hours should be collected weekly.

___Evaluate the student and assign grades based on observations made in group supervision, student logs, through regular contact with on-site supervisors, and from the evaluation form completed each semester by the agency/school supervisor.
CONTACT INFORMATION—necessary for each site
University of Montana Department of Counselor Education

Instructions to the student: Please get this form completed and make three copies—one for yourself, one for your Counseling Department Faculty Supervisor, and one for your Clinical Site supervisor. You need a separate form for each site. This is due by the third week of the term.

Student Name: ___________________________ Phone: ___________________________
Email Address: ___________________________ Semester/Year: __________________________
Counselor Ed. Faculty Supervisor: ___________________________ Cell: __________________________
Faculty Office Phone: ___________________________ Email: __________________________
Clinical Site Supervisor: ___________________________ Email: __________________________
Office Phone: ___________________________ Home or Cell Phone: __________________________

SUPERVISOR AGREEMENT

I have agreed to supervise ___________________________.

I carry professional liability coverage for supervisory activities such as these (School Counselors, please note that your school’s general insurance is sufficient.) I will provide my credentials to the Department of Counselor Education. I agree to notify the University regarding any concerns I may have as soon as is reasonably possible.

I will provide copies of the following to the Department of Counselor Education:

☐ Professional License
☐ Information necessary for any stipends or opportunities for Continuing Education
☐ Evidence of formal training in supervision.

I have read applicable portions of this Practicum and Internship Guide and agree to the responsibilities listed for site and clinical site supervisors.

Signature: ___________________________ Date: __________________________

Faculty Signature: ___________________________ Date: __________________________
Student Signature: ___________________________ Date: __________________________
### CLINICAL EXPERIENCES LOG

University of Montana Department of Counselor Education

**Student name:**

**Semester/Year:**

**Time period:**  

**Course:**

**Students:** Keep logs of all counseling related activities using this form. Use a separate form for each site, and have your site supervisor sign the form when it is full, after 10 hours of direct service, or at the end of the term, whichever comes first. **Give copies of your logs to your faculty supervisor and keep the originals for your own records.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Title and Description of Activity</th>
<th>Direct Hours</th>
<th>Indirect Hours</th>
<th>Supervision Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Sept. 1</td>
<td>Client Session</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intake and Diagnostic assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept. 1</td>
<td>Case notes</td>
<td>1</td>
<td>.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wrote SOAP note and treatment plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept. 1</td>
<td>Individual supervision</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussed differential diagnosis and treatment plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept. 2</td>
<td>Group supervision</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Case conceptualization and theoretical orientation development</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total for this period (combine Sup. and Indirect for 1 total):**  
1 3.5

**Total from previous records:**

**Running total (All hours to date):**

<table>
<thead>
<tr>
<th>Supervisor name:</th>
<th>Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
DIRECT AND INDIRECT HOURS CLARIFICATION

Direct hours are those in which you are providing direct service in your role as counselor. The following are some examples of what would constitute direct hours:

- Individual counseling
- Couples counseling
- Group therapy
- Psycho-educational presentations
- Individual student and classroom guidance activities
- Co-counseling
- Meetings with clients and/or family members that have clear therapeutic purpose or evidence goal attainment as stated in treatment plan
- Client observations with clear assessment plan (e.g. classroom observations of a student)

Indirect hours include any activities where you are either not in direct contact with clients, or are not acting in a therapeutic role or with clear purpose. The following are activities that would constitute indirect hours:

- Training and orientation
- Related readings and research
- Writing of case notes
- Individual and group supervision
- Class time in COUN 530 and COUN 585 ONLY
- Observations of counseling
- Unstructured, informal time spent with clients that does not have clear goal or is not part of treatment plan
- Treatment team meetings
- Case management activities (i.e. contacting human service agencies, consulting with treatment team members)
- Reviewing recorded sessions of yourself in session
This form should be completed (1) by the student as a self-evaluation, and (2) by the student’s individual supervisor at the end of each semester. Important domains of practicum student/intern competence are listed below along with specific items in each domain. Signed copies of the student’s self-evaluation and of the supervisor’s evaluation should be turned into the faculty instructor/group supervisor at the beginning of the last week of the semester.

**Personalization Skills**
Please rate the student therapist’s ability to:
- _____ Convey warmth and establish a therapeutic environment
- _____ Be genuine and authentic in the role of a therapist
- _____ Gain client confidence and establish an effective working relationship
- _____ Monitor reactions and remain aware of own defenses as they emerge in session
- _____ Build rapport with all parties in the agency or school system (classroom teacher, parents, etc.)

Additional Comments:

**Conceptualization Skills**
Please rate the student therapist's ability to:
- _____ Comprehend the client's issues, including identifying a working diagnosis
- _____ Understand theoretical and conceptual principles as applied to particular client concerns
- _____ Show an understanding of diverse ethno-cultural and racial dynamics, as well as multicultural complexities and values
- _____ Collate with the client to develop a therapeutic framework
- _____ Show awareness of developmental stages and tasks, as appropriate

Additional Comments:

**Intervention Skills**
Please rate the student therapist's ability to:
- _____ Gather historical and relevant information about clients
- _____ Facilitate client expression of concern (thoughts, feelings, behaviors)
- _____ Purposefully implement a variety of counseling responses (reflection, summary, etc.) and intervention strategies
- _____ Facilitate the client's resolution of concerns
- _____ Appropriately refer clients and terminate the counseling relationship effectively
- _____ Identify the source of the presenting problem (schools, classroom, home, client)
**Professional Development**

Please rate the student therapist's ability to:

- _____ Behave professionally (e.g., demeanor, dress, language, etc.)
- _____ Articulate and adhere to ethical and legal aspects of counseling
- _____ Manage schedule responsibly, use time well
- _____ Write concise, complete intake summaries and case notes
- _____ Keep adequate and timely client records
- _____ Understand and respect components of the system in which they are placed

**Group Counseling Skills**

Please rate the student therapist's ability to:

- _____ Identifies group stages and understands the role of the group leaders at each stage
- _____ Understands the difference between content and process in group sessions and is able to effectively address both during sessions.
- _____ Adequately paces the group sessions while attending to effective role and norm development.
- _____ Effectively uses advanced group counseling skills

**Utilization of Supervision**

Please rate the student therapist's ability to:

- _____ Meet with Supervisor as scheduled
- _____ Form an effective working relationship with the supervisor
- _____ Handle feedback well and use supervision constructively
- _____ Be open and engaged in supervision

**Practicum Specific CACREP STANDARDS:**

**PRACTICUM – COUN 530 (School and Mental Health)**

- _____ Essential interviewing, counseling, and case conceptualization skills (5.G.)
- _____ Development of measurable outcomes for clients (5.I.)
- _____ Suicide prevention models and strategies (5.L.)

**Internship Specific CACREP STANDARDS:**

**INTERNSHIP – COUN 585 (Mental Health)**

- _____ Intake interview, mental status evaluation, biopsychosocial history, mental health history and psychological assessment for treatment planning and caseload management (3.A.)
2. Techniques and interventions for prevention and treatment of a broad range of mental health issues (3.B.)

Overall comments/observations:

Signature of Supervisor ___________________________ Date ___________________________

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

Signature of Supervisee ___________________________ Date ___________________________
PRACTICUM STUDENT EVALUATION – SCHOOL COUNSELING

Student: ___________________________________________ Date: ______________________
Supervisor: ______________________________________ Site: ______________________

☐ Self Evaluation ☐ Supervisor Evaluation

This form should be completed (1) by the student as a self-evaluation, and (2) by the student’s individual supervisor at the end of each semester. Important domains of practicum student/intern competence are listed below along with specific items in each domain. Signed copies of the student’s self-evaluation and of the supervisor’s evaluation should be turned into the faculty instructor/group supervisor at the beginning of the last week of the semester.

Please rate the student counselor using the following scale:

<table>
<thead>
<tr>
<th></th>
<th>Needs Development</th>
<th>Acceptable</th>
<th>Exemplary</th>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Please know that the expected score is 3, with 5 being reserved for exceptional effort or skill, and 1 being used to signal the need for significant educational or interpersonal intervention.

*IO = Inadequate Opportunity to Observe

* If IO is indicated, please explain in comment section and provide a plan for opportunity in coming semester.

Personalization Skills
Please rate the student counselor's ability to:

_____ Convey warmth and establish a therapeutic environment
_____ Be genuine and authentic in the role of a therapist
_____ Gain client confidence and establish an effective working relationship
_____ Monitor reactions and remain aware of own defenses as they emerge in session
_____ Build rapport with all parties in the agency or school system (classroom teacher, parents, etc.)

Additional Comments:

Conceptualization Skills
Please rate the student counselor's ability to:

_____ Comprehend the student's issues, including identifying systems perspective
_____ Understand theoretical and conceptual principles as applied to particular student concerns
_____ Show an understanding of diverse ethno-cultural and racial dynamics, as well as multicultural complexities and values
_____ Collaborate with the student to develop a therapeutic framework
_____ Show awareness of developmental stages and tasks, as appropriate

Additional Comments:

Intervention Skills
Please rate the student therapist's ability to:

_____ Gather historical and relevant information about students
_____ Facilitate student expression of concern (thoughts, feelings, behaviors)
_____ Purposefully implement a variety of counseling responses (reflection, summary, etc.) and intervention strategies
_____ Facilitate the student's resolution of concerns
_____ Appropriately refer student and terminate the counseling relationship effectively
_____ Identify the source of the presenting problem (schools, classroom, home, client)
Additional Comments:

**Professional Development**
Please rate the student counselor's ability to:
- _____ Behave professionally (e.g., demeanor, dress, language)
- _____ Articulate and adhere to ethical and legal aspects of counseling
- _____ Manage schedule responsibly, use time well
- _____ Write concise, complete progress notes
- _____ Keep adequate and timely student records
- _____ Understand and respect components of the system in which they are placed
- _____ Uses self-care strategies appropriate to the counselor role.

Additional Comments:

**Group Counseling Skills**
Please rate the student counselor's ability to:
- _____ Identifies group stages and understands the role of the group leaders at each stage
- _____ Understands the difference between content and process in group sessions and is able to effectively address both during sessions
- _____ Adequately paces the group sessions while attending to effective role and norm development
- _____ Effectively uses advanced group counseling skills
- _____ Can articulate a plan for the group and make adjustments based on group needs
- _____ Effectively seeks referrals, screens and invites students to group

Additional Comments:

**Utilization of Supervision**
Please rate the student counselor's ability to:
- _____ Meet with Supervisor as scheduled
- _____ Form an effective working relationship with the supervisor
- _____ Handle feedback well and use supervision constructively
- _____ Be open and engaged in supervision

Additional Comments:

**Specific CACREP STANDARDS:**

- _____ 1. Essential interviewing, counseling, and case conceptualization skills (5.G.)
- _____ 2. Development of measurable outcomes for clients (5.I.)
- _____ 3. Suicide prevention models and strategies (5.L.)

_________________________    ______________________
Signature of Supervisor       Date
My signature below indicates that I have read and discussed the material above with my practicum/internship supervisor. It does not indicate my total or partial agreement with the evaluation.

_________________________________________       _______________________
Signature of Supervisee                       Date
INTERNERNSHIP STUDENT EVALUATION – SCHOOL COUNSELING

Student: ___________________________ Date: ___________________________
Supervisor: _________________________ Site: ___________________________
☐ Self Evaluation  ☐ Supervisor Evaluation

This form should be completed (1) by the student as a self-evaluation, and (2) by the student’s individual supervisor at the end of each semester. Important domains of practicum student/intern competence are listed below along with specific items in each domain. Signed copies of the student’s self-evaluation and of the supervisor’s evaluation should be turned into the faculty instructor/group supervisor at the beginning of the last week of the semester.

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<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
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Please know that the expected score is 3, with 5 being reserved for exceptional effort or skill, and 1 being used to signal the need for significant educational or interpersonal intervention.

*IO = Inadequate Opportunity to Observe

*If IO is indicated, please explain in comment section and provide a plan for opportunity in coming semester.

Personalization Skills

Please rate the student counselor’s ability to:

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Additional Comments:

Conceptualization Skills

Please rate the student counselor's ability to:

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_____ Collaborate with the student to develop a therapeutic framework
_____ Show awareness of developmental stages and tasks, as appropriate

Additional Comments:

Intervention Skills

Please rate the student therapist’s ability to:

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_____ Facilitate the student's resolution of concerns
_____ Appropriately refer student and terminate the counseling relationship effectively
_____ Identify the source of the presenting problem (schools, classroom, home, client)
Additional Comments:

**Professional Development**
Please rate the student counselor's ability to:
- _____ Behave professionally (e.g., demeanor, dress, language)
- _____ Articulate and adhere to ethical and legal aspects of counseling
- _____ Manage schedule responsibly, use time well
- _____ Write concise, complete progress notes
- _____ Keep adequate and timely student records
- _____ Understand and respect components of the system in which they are placed

Additional Comments:

**Group Counseling Skills**
Please rate the student counselor's ability to:
- _____ Identifies group stages and understands the role of the group leaders at each stage
- _____ Understands the difference between content and process in group sessions and is able to effectively address both during sessions
- _____ Adequately paces the group sessions while attending to effective role and norm development
- _____ Effectively uses advanced group counseling skills
- _____ Can articulate a plan for the group and make adjustments based on group needs
- _____ Effectively seeks referrals, screens and invites students to group

Additional Comments:

**Utilization of Supervision**
Please rate the student counselor's ability to:
- _____ Meet with Supervisor as scheduled
- _____ Form an effective working relationship with the supervisor
- _____ Handle feedback well and use supervision constructively
- _____ Be open and engaged in supervision

Additional Comments:

**Specific CACREP STANDARDS:**

**Contextual Dimensions**
- 2.B. Demonstrates the ability to apply and adhere to ethical and legal standards in school counseling.

Additional Comments:

Continued on next page…

**Practice**
- 3.A. Development of school counseling program mission statements and objectives
3.B. Design and evaluation of school counseling programs

3.C. Core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies

3.D. Interventions to promote academic development

3.E. Use of developmentally appropriate career counseling interventions and assessments and assessing

3.F. Techniques of personal/social counseling in school settings

3.G. Strategies to facilitate school and post-secondary transitions

3.H. Skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement

3.I. Approaches to increase promotion and graduation rates

3.J. Interventions to promote college and career readiness

3.K. Strategies to promote equity in student achievement and college access

3.L. Techniques to foster collaboration and teamwork within schools

3.M. Strategies for implementing and coordinating peer intervention programs

3.N. Use of accountability data to inform decision-making

3.O. Use of data to advocate for programs and students

Additional Comments:

Overall comments/observations:

_________________________________________________________  ________________________________
Signature of Supervisor                                             Date

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

_________________________________________________________  ________________________________
Signature of Supervisee                                             Date
# STUDENT EVALUATION OF INDIVIDUAL SUPERVISOR

University of Montana Department of Counselor Education

Supervisor Name: ___________________________ Semester: ________________ Student Name: ___________________________ Date: ________________

Supervisors receive feedback from each student supervised at the end of each semester for the following reasons: (1) to provide for improving supervisory skills, and (2) to encourage communication between the supervisor and the student counselor.

**DIRECTIONS:** Check the box below the number that best represent your perception of the supervision you received this semester. Provide copies of your completed evaluation to your supervisor and to your faculty supervisor by finals week. **You are encouraged to discuss this evaluation with your supervisor, particularly if you are continuing with the same supervisor in the upcoming semester, but this is NOT required.**

<table>
<thead>
<tr>
<th>Needs Development</th>
<th>Acceptable</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

- Accepts and respects me as a person.
- Recognizes and encourages further development of my strengths and capabilities.
- Gives me useful feedback when I do something well.
- Provides freedom to develop flexible and effective counseling styles.
- Encourages and listens to my ideas and suggestions for developing my counseling skills.
- Provides suggestions for developing my counseling skills.
- Helps me to understand the implications and dynamics of the counseling approaches I use.
- Helps me to define and achieve specific, concrete goals for myself during the practicum or internship experience.
- Gives me useful feedback when I do something that is ineffective or wrong.
- Allows me to discuss problems I encounter in my practicum or internship setting.
- Focuses on verbal and nonverbal behavior that consumers and I display in our interactions.
- Helps me define and maintain ethical and professional behavior in counseling and case management.
- Maintains confidentiality in material discussed in supervisory sessions.
- Helps me organize relevant case data in planning goals and strategies.
- Helps me to formulate my theoretical orientation for working with clients.
- Offers resource information when I request or need it.
- Explains criteria for evaluation clearly and in behavioral terms.
- Is open to my feedback and accepts it without defensiveness.
- How would you rate this supervisor if a peer asked for your recommendation?
SITE EVALUATION
University of Montana Department of Counselor Education

Complete this evaluation of your practicum or internship site at the end of the semester. Turn the completed form in to the faculty instructor for your practicum or internship class.

Site: ___________________________ Semester/Year: ____________
Site Supervisor: ___________________ Faculty Supervisor: ________________
Student: ___________________________ Date: ________________

For each item below, indicate your level of satisfaction with the site based on your experience and perceptions using the following scale:

<table>
<thead>
<tr>
<th>Needs Development</th>
<th>Acceptable</th>
<th>Exemplary</th>
<th>NA: Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

- Amount of on-site supervision
- Quality and usefulness of on-site supervision
- Usefulness and helpfulness of faculty supervisor
- Relevance of experience to career goals
- Communication of counseling goals appropriate for specific clients
- Communication of counseling procedures appropriate for specific clients
- Exposure to professional roles and functions within the agency
- Exposure to relevant information about community resources for clients
- Exposure to and communication of ethical standards
- Overall evaluation of the site

Indicate level of satisfaction with the opportunity to engage in the following activities:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case recording and report writing</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Intake interviewing</td>
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<tr>
<td>Psychosocial assessment</td>
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<tr>
<td>Staff presentations/case conferences</td>
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<tr>
<td>Individual counseling</td>
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<td>Group counseling</td>
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<td>Case coordination</td>
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<tr>
<td>Career counseling</td>
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<tr>
<td>Networking in the community</td>
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<tr>
<td>Consultation with client families</td>
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<tr>
<td>Client advocacy</td>
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SAMPLE CLIENT INFORMED CONSENT FORM
University of Montana Department of Counselor Education

Client Name: ___________________________ Date of Birth: __________________

Dear Client: This form is intended to provide you with important information about the counseling relationship and your rights and responsibilities. Please read the form carefully. Feel free to ask your counselor questions about anything on this form.

1. Your counselor is a graduate student in Counselor Education at the University of Montana. Their work with you will be supervised by a faculty member at the university and by a certified or licensed professional.

2. In order to receive adequate supervision, your counselor will be required to make video- or audio recordings of their work with you or your child. Both supervisors will review two or more of these sessions for the purpose of providing feedback to the student counselor on their counseling skills. Once or twice during the semester, the student will show a small portion of a counseling session in a group setting with the university supervisor and 4-5 other counseling students in the department. Confidentiality will be strictly maintained.

3. Your confidentiality is very important. No one outside the supervisory arrangement will have access to the information you discuss with your counselor, except in situations required by law. These situations are described as follows:
   □ If your counselor or supervisor feels you are in danger of harming yourself or others, they are obligated to take action. Every effort will be made to work with you and inform you first in such a case.
   □ If instances of previously unreported child or elder sexual or physical abuse are brought to light, Montana State Law requires your counselor to report this to the proper authorities, or to assist you in making the report.
   □ If records are court-ordered, your counselor will attempt to contact you first. However, legally they must comply with the court.
   □ OTHER AGENCY REGULATIONS SHOULD BE NOTED HERE

4. In an emergency, if you are unable to contact your counselor, you may call: CHECK WITH YOUR SCHOOL/AGENCY REGARDING POLICIES FOR EMERGENCIES

5. Regarding therapy with minor children: although what takes place in individual or group therapy is confidential, parents have the right to be informed of their children’s general progress. THIS SHOULD BE MORE FULLY SPELLED OUT, DEPENDING ON SCHOOL/AGENCY POLICIES.

6. Being in counseling can offer relief from a number of distressing emotional and interpersonal problems. However, it is not uncommon for you to feel temporarily worse instead of better. This is because you are now paying attention to difficult areas in your life or in your relationships and sometimes this has an effect of “turning up the heat.” Old ways of thinking and behaving are hard to change, but ultimately your efforts should produce some benefits.

7. We will meet weekly, for fifty minutes.

I have read the above information and agree to abide by the guidelines listed including video-taping of all sessions, and terms of confidentiality. I understand my student counselor will receive supervision from a faculty supervisor and from supervisor at the agency or in the community. I also understand that my counselor will be required to make video or audio recordings of their counseling work with me or my child.

Client or Parent/Guardian Signature: ___________________________ Date: ______________

Counselor Signature: ___________________________ Date: ______________
Faculty Documentation Form for Site Contacts

Student: ____________________________ Term: ______________

Site: ____________________________ Supervisor(s): ____________________________

Site Contact Date: ________________ Type of Contact: ____________________________
Notes: __________________________

Site Contact Date: ________________ Type of Contact: ____________________________
Notes: __________________________

Site Contact Date: ________________ Type of Contact: ____________________________
Notes: __________________________

Site Contact Date: ________________ Type of Contact: ____________________________
Notes: __________________________

Site Contact Date: ________________ Type of Contact: ____________________________
Notes: __________________________
DOCTORAL CLINICAL EXPERIENCES LOG
University of Montana Department of Counselor Education

Student name: ___________________________ Semester/Year: ______________

Time period: __________________ to __________________ Course: ____________

**Students:** Keep logs of all counseling related activities using this form. Use a separate form for each site, and have your site supervisor sign the form when it is full, after 10 hours of direct service, or at the end of the term, whichever comes first. **Give copies of your logs to your faculty supervisor and keep the originals for your own records.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Title and Description of Activity</th>
<th>Direct Hours</th>
<th>Indirect Hours</th>
<th>Supervision Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Sept. 1</td>
<td>Client Session</td>
<td>1</td>
<td></td>
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<tr>
<td></td>
<td>Intake and Diagnostic assessment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sept. 1</td>
<td>Case notes</td>
<td></td>
<td>.5</td>
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<td></td>
<td>Wrote SOAP note and treatment plan</td>
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<td></td>
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<tr>
<td>Sept. 1</td>
<td>Individual supervision</td>
<td></td>
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<td>1</td>
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<tr>
<td></td>
<td>Discussed differential diagnosis and</td>
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<td></td>
<td>treatment plan</td>
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<td>Sept. 2</td>
<td>Group supervision</td>
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<td>2</td>
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<td></td>
<td>Case conceptualization and theoretical</td>
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<td></td>
<td>orientation development</td>
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</table>

Total for this period (combine Sup. and Indirect for 1 total): 1 3.5

Total from previous records: ____________________________

Running total (All hours to date): ____________________________

Supervisor name: ___________________________ Site: __________________
Supervisor signature: ___________________________ Date: ______________
DOCTORAL CLINICAL STUDENT EVALUATION

Student: ___________________________  Date: ___________________________
Supervisor: ________________________  Site: ___________________________

☐ Self Evaluation  ☐ Supervisor Evaluation

This form should be completed (1) by the student as a self-evaluation, and (2) by the student’s individual supervisor at the end of each semester. Important domains of practicum student/intern competence are listed below along with specific items in each domain. Signed copies of the student’s self-evaluation and of the supervisor’s evaluation should be turned into the faculty instructor/group supervisor at the beginning of the last week of the semester.

Please rate the student counselor using the following scale:

<table>
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<tr>
<th>Needs Development</th>
<th>Acceptable</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4</td>
<td>5</td>
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</tbody>
</table>

Please know that the expected score is 3, with 5 being reserved for exceptional effort or skill, and 1 being used to signal the need for significant educational or interpersonal intervention.

*IO = Inadequate Opportunity to Observe

*If IO is indicated, please explain in comment section and provide a plan for opportunity in coming semester.

Personalization Skills
Please rate the student therapist's ability to:

_____ Convey warmth and establish a therapeutic environment
_____ Be genuine and authentic in the role of a therapist
_____ Gain client confidence and establish an effective working relationship
_____ Monitor reactions and remain aware of own defenses as they emerge in session
_____ Build rapport with all parties in the counseling session, agency, and/or school system

Additional Comments:

Conceptualization Skills
Please rate the student therapist's ability to:

_____ Comprehend the client's issues, including identifying a working diagnosis
_____ Understand theoretical and conceptual principles as applied to particular client concerns
_____ Show an understanding of diverse ethno-cultural and racial dynamics, as well as multicultural complexities and values
_____ Collaborate with the client to develop a therapeutic framework
_____ Show awareness of developmental stages and tasks, as appropriate

Additional Comments:

Intervention Skills
Please rate the student therapist's ability to:

_____ Gather historical and relevant information about clients
_____ Facilitate client expression of concern (thoughts, feelings, behaviors)
_____ Purposefully implement a variety of advanced counseling responses that are theoretically congruent and intentional
Facilitate the client's resolution of concerns
Appropriately refer clients and terminate the counseling relationship effectively
Identify client and systemic patterns that are the source of the presenting problem

Additional Comments:

Professional Development
Please rate the student therapist's ability to:
 behave professionally (e.g., demeanor, dress, language, etc.)
 articulate and adhere to ethical and legal aspects of counseling
 manage schedule responsibly, use time well
 write concise, complete intake summaries and case notes
 keep adequate and timely client records
 understand and respect components of the system in which they are placed

Additional Comments:

Utilization of Supervision
Please rate the student therapist's ability to:
 meet with Supervisor as scheduled
 form an effective working relationship with the supervisor
 handle feedback well and use supervision constructively
 be open and engaged in supervision

Additional Comments:

Overall comments/observations:

________________________________________  ______________________________
Signature of Supervisor  Date

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

________________________________________  ______________________________
Signature of Supervisee  Date
DOCTORAL EVALUATION OF INDIVIDUAL SUPERVISOR
University of Montana Department of Counselor Education

Supervisor Name: ___________________________ Semester: ________________ Student Name: ___________________________ Date: ________________

Supervisors receive feedback from each student supervised at the end of each semester for the following reasons: (1) to provide for improving supervisory skills, and (2) to encourage communication between the supervisor and the student counselor.

**DIRECTIONS:** Check the box below the number that best represent your perception of the supervision you received this semester. Provide copies of your completed evaluation to your supervisor and to your faculty supervisor by finals week. **You are encouraged to discuss this evaluation with your supervisor,** particularly if you are continuing with the same supervisor in the upcoming semester, but this is **NOT required.**

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<tr>
<th>Needs Development</th>
<th>Acceptable</th>
<th>Exemplary</th>
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- Accepts and respects me as a person.
- Recognizes and encourages further development of my strengths and capabilities.
- Gives me useful feedback when I do something well.
- Provides freedom to develop flexible and effective counseling styles.
- Encourages and listens to my ideas and suggestions for developing my counseling skills.
- Provides suggestions for developing my counseling skills.
- Helps me to understand the implications and dynamics of the counseling approaches I use.
- Helps me to define and achieve specific, concrete goals for myself during the practicum or internship experience.
- Gives me useful feedback when I do something that is ineffective or wrong.
- Allows me to discuss problems I encounter in my practicum or internship setting.
- Focuses on verbal and nonverbal behavior that consumers and I display in our interactions.
- Helps me define and maintain ethical and professional behavior in counseling and case management.
- Maintains confidentiality in material discussed in supervisory sessions.
- Helps me organize relevant case data in planning goals and strategies.
- Helps me to formulate my theoretical orientation for working with clients.
- Offers resource information when I request or need it.
- Explains criteria for evaluation clearly and in behavioral terms.
- Is open to my feedback and accepts it without defensiveness.
- How would you rate this supervisor if a peer asked for your recommendation?
DOCTORAL SITE EVALUATION
University of Montana Department of Counselor Education

Complete this evaluation of your practicum or internship site at the end of the semester. Turn the completed form in to the faculty instructor for your practicum or internship class.

Site: ___________________________ Semester/Year: ___________________________
Site Supervisor: ___________________________ Faculty Supervisor: ___________________________
Student: ___________________________ Date: ___________________________

For each item below, indicate your level of satisfaction with the site based on your experience and perceptions using the following scale:

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<thead>
<tr>
<th>Needs Development</th>
<th>Acceptable</th>
<th>Exemplary</th>
<th>NA: Not Applicable</th>
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- Amount of on-site supervision
- Quality and usefulness of on-site supervision
- Usefulness and helpfulness of faculty supervisor
- Relevance of experience to career goals
- Communication of counseling goals appropriate for specific clients
- Communication of counseling procedures appropriate for specific clients
- Exposure to professional roles and functions within the agency
- Exposure to relevant information about community resources for clients
- Exposure to and communication of ethical standards
- Overall evaluation of the site

Indicate level of satisfaction with the opportunity to engage in the following activities:

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N</th>
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<tbody>
<tr>
<td>Case recording and report writing</td>
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<tr>
<td>Intake interviewing</td>
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<td>Psychosocial assessment</td>
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<td>Staff presentations/case conferences</td>
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<td>Individual counseling</td>
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<td>Case coordination</td>
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<td>Career counseling</td>
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<td>Consultation with client families</td>
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<td>Client advocacy</td>
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The Practicum and Internship Guide addresses concerns many students have about counseling practicum and internship. Consult the guide first when you have questions. You are responsible to uphold the policies and procedures detailed in this guide.

Please read and sign the following statement and return this form to the Clinical Experiences Manager for your file. Keep a copy for yourself.

I, (please print name) ____________________________________________, have read the Practicum and Internship Guide and know that I am responsible to carry out the policies and procedures described herein. I have read the American Counseling Association Code of Professional Ethics and agree to uphold this code in all of my clinical work as a counseling trainee.

Student Signature ___________________________ Date ________________