

**Florida Atlantic University
Department of Counselor Education**

**Clinical Mental Health Counseling Handbook:
M.Ed./Ed.S. Program Requirements & Practicum/Internship Information**

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***this revision is occasioned by additional CACREP and university requirements**

PREFACE

The development of this Handbook was prompted by changes in the Council for Accreditation of Counseling and Related Educational Program's (CACREP) policies, standards, and expectations which have resulted in a number of policy changes and requirements in the Mental Health Counseling program at Florida Atlantic University. Among these is the shift to competency-based education and outcomes-based evaluation. Accordingly, this Handbook addresses policies and requirements unique to the M.Ed. degree in Clinical Mental Health Counseling and the Ed.S. degree in Mental Health Counseling. It specifically addresses completion of program requirements, the professional performance review process and procedure, the re-admission policy, transfer policy, the Rehabilitation Counseling Option, and specific information and requirements for practicum and internship training. Note: this Handbook is intended as a supplement to the general departmental policies and procedures addressed in the department's *Student Handbook* for M.Ed. and Ed.S. students.

The change of the title from *Mental Health Counseling Handbook* to *Clinical Mental Health Counseling Handbook* was occasioned by correspondence from CACREP indicating that henceforth the program is to be called and referred to as "Clinical Mental Health Counseling." Students need to understand that the M.Ed. program in Clinical Mental Health Counseling is CACREP accredited, but that the Ed.S. program has not sought CACREP accreditation and continues under the title "Ed.S. in Mental Health Counseling." Note: in this Handbook "program" refers to both CMHC and the Ed.S. Mental Health Counseling program unless otherwise stated.

So what is Clinical Mental Health Counseling (CMHC) and how does it differ from other counseling specialties? While CMHC shares commonalities with other counseling specialties, it is uniquely different in both its scope of practice. Florida statute 491.003(9) describes the uniqueness of mental health counseling practice.

The "practice of mental health counseling" is defined as the use of scientific and applied behavioral science theories, methods, and techniques for the purpose of describing, preventing, and treating undesired behavior and enhancing mental health and human developmentThe practice of mental health counseling includes methods of a psychological nature used to evaluate, assess, diagnose, and treat emotional and mental dysfunctions or disorders (whether cognitive, affective, or behavioral), behavioral disorders, interpersonal relationships, sexual dysfunction, alcoholism, and substance abuse. The practice of mental health counseling includes, but is not limited to, psychotherapy, hypnotherapy, and sex therapy....

Besides reflecting CACREP standards, the development of this Handbook also reflects legal requirements of the state of Florida. Among these is Florida statute 491.002 which specifies the "gatekeeping" function of graduate programs and faculty that train individuals seeking mental health licensure. This and other statutes addresses their duty and responsibility to ensure that only clinically competent and ethical persons are qualified for licensure.

...since such services assist the public primarily with emotional survival, which in turn affects physical and psychophysical survival, the practice of ...mental health counseling by persons not qualified to practice such professions presents a danger to public health, safety, and welfare...(T)o further secure the health, safety, and welfare of the public...by establishing minimum qualifications for entering into and remaining in the respective professions."

CMHC is also unique among other counseling specialties in terms of those who practice it effectively. Those who have a high level of "fit" and who go on to become effective clinical mental health counselors tend to be characterized by the following profile: They enjoy "people watching" and are intrigued by intrapsychic and interpersonal dynamics. They can readily conceptualize patterns of thoughts and behaviors in others, and are fascinated by symbols and metaphors in movies, novels, or poetry. Typically, others gravitate to them because of their capacity to listen, to reflect, and to be supportive. Like other counselors, they desire to help others. But unlike other counselors, the level of change and healing that they foster in clients tends to be at a very deep level, involving changes in the client's basic personality structure and patterns.

COMPLETING PROGRAM REQUIREMENTS

The process of becoming a Licensed Mental Health Counselor (LMHC) is both rewarding and challenging. The rewards include membership in an increasingly respected mental health profession and the satisfaction of making a difference in the lives of clients. The challenges involve increasing competence as a professional counselor. One of CACREP's 2009 Standards (L.2.d) **requires that counseling programs conduct a systematic developmental evaluation of students' progress in three areas of competence (academic, personal and professional) that reflect suitability for the counseling profession.** CMHC faculty support this requirement as well as the spirit behind it. A subsequent section describes this evaluation process in detail.

The CMHC program now specifies four distinct phases of this systematic, developmental evaluation in the process of completing M.Ed. and Ed.S. degree requirements and continuation or retention in the program. Specific thresholds mark each of these four phases and are attested to as "passed" by the department chair's signature on the *Systematic Developmental Evaluation Form* [Appendix]. Continuation in and graduation from this program requires successful, and sequential completion of each of the four phases.

FOUR PHASES

Phase 1. Acceptance into Didactic Coursework. To be accepted in didactic coursework phase of this program, applicants must meet all required admission requirements, which include a rubric-evaluated screening of application material and an in-person interview, which is rubric-evaluated. Applicants are screened against the Graduate College and Department of Counselor Education academic admission standards (e.g., GPA, GRE, academic letters of recommendations, etc.) as well as for their personal and professional suitability for the counseling profession. Acceptance at this phase means the applicant is approved only to undertake didactic coursework.

Because of the competency-based nature of this program, the following required courses: MHS 5005, 5428, 6401, 6070, 6800, and 6830 must be taken in this Mental Health Counseling program. Accordingly, courses with the same or similar titles and/or content cannot be transferred from another program at FAU or from another university to this program.

Once accepted into didactic coursework, students are assigned an advisor and are expected to meet with their advisor in the first semester and complete an approved *Plan of Study*. It specifies the courses and the order in which these courses are to be taken and is filed with the Graduate College. Each semester, students will meet with their advisors to register for classes. During this time, advisors will assess and monitor students' progress in their coursework as well as their personal and professional development.

Students must attend the Orientation Session in their first semester in the program and must sign and return the *Clinical Mental Health Student Agreement Form*. Both are required to continue in the program.

The threshold of this phase includes: (1) formal admission to take didactic coursework; (2) attendance at Orientation; (3) return of the signed ***Clinical Mental Health Counseling Student Agreement Form***; (4) submission of an acceptable ***Plan of Study*** within the first semester; and (5) demonstrated suitability for the counseling profession.

Phase 2. Acceptance into Clinical Coursework. Prior to completing all didactic coursework required for clinical coursework (practica and internship), students must apply for the clinical coursework phase of training. The threshold of this phase includes: (1) maintenance of academic eligibility in terms of graduate GPA [at least 3.0] with no grade below a B; (2) passes the ***Counselor Preparation Counseling Examination (CPCE while in Internship) or hold the NCC credential/have a passing score on the NCE by the end of Internship I***; and (3) demonstrated suitability for the counseling profession.

The ***CPCE*** is usually taken while enrolled in or at the end of MHS 6800 or start of MHS 6830, and passing the test is a requirement to graduate the program. If the student does not pass the examination, the student can apply for the next scheduled exam. A second non-pass will result in administrative dismissal from the program. The student is expected to score no less than 3 points below the national mean score. Students must register to take the CPCE on their own through NBCC computer-based testing. Students must have a passing score on the CPCE turned into the department no later than the end of Internship I. Students that already hold the NCC credential or that have passed the NCE are exempt from taking the CPCE and must submit a copy of your NCC or passing NCE score to the department in your Internship I packet at the end of the semester. Note: The Clinical Coursework requirement holds only for Ed.S. students whose ***Plan of Study*** specifies it; and the ***CPCE*** requirement can be waived--by the advisor-- for Ed.S. students with the NCC credential.

Phase 3. Completion of Didactic and Clinical Coursework. The threshold of this phase requires that the student meets all three thresholds: (1) maintenance of academic eligibility in terms of graduate GPA [at least 3.0] with no grade below a B; (2) the ***Exit Counseling Competency Exams (ECCE)*** and the ***CPCE or hold the NCC***; and (3) demonstrates suitability for the counseling profession assessed by the ***Professional Performance Evaluation Rubric***. Note: The ***ECCE*** requirement holds only for Ed.S. students whose ***Plan of Study*** specifies Clinical Coursework. It is only possible to take the ***ECCE*** exam during the scheduled time. If the ***ECCE*** is taken at the scheduled time but not passed the student can petition the instructor to re-take it within one week.

Students who fail [grade lower than B] didactic courses are eligible to register for that course the next time it is offered. They will be permitted to register for other didactic courses in the meantime, but they will not be permitted to register for a clinical course (Practica or Internship) until they receive a passing grade in the retaken didactic course. A non-pass in the retaken course results in administrative dismissal from the program.

Students who fail [grade lower than B] a clinical course cannot register for additional clinical coursework until specified conditions are met. This may require additional clinical coursework such as remedial clinical coaching, such as is offered in MHS 6401, or in the ***Counseling Lab*** component of MHS 6800. Such remediation must be satisfactorily completed before the student can register to retake the failed clinical course. If the retaken clinical course is not passed, the student will be administratively dismissed from the program. If the student wants to complete other didactic coursework during this time, written permission from the department chair must be secured. Remediation may require that the student engages in personal therapy to resolve personal issues that interfere with clinical training. Students who receive a grade of Incomplete (I) in MHS 6800 or MHS 6830 and have not taken and passed the ***ECCE*** are eligible to take the ***ECCE*** in a subsequent semester provided that they complete all remaining requirements to remove the I before the time the for the ***ECCE*** has been scheduled.

If it comes to the attention of the faculty/seminar instructor during the semester that the student is not functioning adequately at the assigned site, suspension from the site placement may be necessary until

remediation is satisfactorily demonstrated to the faculty/seminar instructor. In addition, withdrawal from the practicum or internship may be required resulting in an “in progress” grade until all remediation efforts are completed. Such decisions are made by the faculty/seminar instructor in consultation with the department chair and are documented in the student's file.

Students must also take and pass the *ECCE*, near the end of the Internship (MHS 6830). The importance of this exam cannot be underestimated since it is an objective evaluation of the student's competency with a live (standardized) client in the two key statutory functions and responsibilities of Licensed Mental Health Counselors in the state of Florida: to perform a diagnostic evaluation and to implement psychotherapeutic treatment. Accordingly, it is a course requirement to pass this exam with a composite minimum score of 7.0/10 for MHS 6830. Failure to pass it requires retaking the *ECCE*. A second non-pass results in failing the course and requires retaking that respective course to continue and/or graduate from the Mental Health Counseling program.

Phase 4. Completion of Remaining Graduation Requirements. The threshold of this phase includes: (1) submission of approved revisions to the *Plan of Study*; (2) formal application and departmental approval for graduation; (3) completion of the university Graduate Student Exit Survey (GSES); (4) completion of other requirements of the department and the Graduate College; and (5) demonstrated suitability for the counseling profession.

PROFESSIONAL PERFORMANCE REVIEW

Rationale

In addition to meeting academic competency standards, students are expected to conduct themselves in an ethical, responsible, and professional manner. They must be knowledgeable of, and, at all times, adhere to the standards of professional ethics and practice set forth by the American Counseling Association (ACA) available at: <http://www.counseling.org>. Mental Health Counseling students are directed to review these standards and seek any clarification needed from their advisor and faculty. As noted earlier **CACREP (Standard L.2.d) requires ongoing, systematic and formative evaluation of personal and professional as well as academic performance.**

As future professional counselors, the Mental Health Counseling faculty expects students to be concerned about others, to be stable and psychologically well adjusted (both personally and professionally), to be capable of effective interpersonal relationships, to take responsibility for their words and actions, to be able to receive and apply feedback willingly, and to give feedback constructively. Students are expected to behave in a manner that demonstrates suitability for the counseling profession. Furthermore, faculty expects students to be committed to continued personal growth and professional development and to demonstrate that commitment through self-care, and through self-reflection and responsiveness to supervision in all activities related to their degree program. Finally, faculty believes that it is ethically imperative that counselors-in-training be willing to do in their own lives what they ask their clients to do in theirs. These characteristics reflect "suitability" for the counseling profession and the Mental Health Counseling faculty are required to exercise their gatekeeping function by evaluating the suitability of counselors-in-training.

Accordingly, faculty will regularly monitor not only students' academic progress but also selected personal and professional characteristics that affect their performance in the field. The purpose of this monitoring and ongoing evaluation process is to ensure that all graduates of this program possess those characteristics sufficiently to support--rather than interfere with--their professional responsibilities and wellbeing. The *Professional Performance Evaluation Rubric* [Appendix] is keyed to the ten standards of the *Criteria for Professional Performance Evaluation* [Appendix], a highly regarded and commonly used objective measure for evaluating suitability in counseling students (McAdams, Foster & Ward, 2007). **These Criteria are standards that operationally define "suitability" for entry into the counseling profession, and FAU**

Mental Health Counseling students are systematically evaluated against these ten standards. The ten standards are:

1. Openness to new ideas
2. Flexibility
3. Cooperativeness with others
4. Willingness to accept and use feedback
5. Awareness of own impact on others
6. Ability to deal with conflict
7. Ability to accept personal responsibility
8. Ability to express feelings effectively and appropriately
9. Attention to ethical and legal considerations
10. Initiative and motivation

The Professional Performance Review Procedure

These ten standards characterize the attitudes and behavior of effective, ethically-sensitive and culturally-sensitive and competent professional counselors, and represents a tangible, formative model for Mental Health Counseling students to emulate. Accordingly, these standard serve as the basis for both meeting the CACREP requirement for an ongoing systematic evaluation of students' academic, personal, and professional competence, and for facilitating students' personal and professional development. Based on these Standards, the following policy and procedure have been established.

Each student's personal and professional performance is rated on the ***Professional Performance Evaluation Rubric*** on a scale of 1 (poor) to 5 (excellent). The *Rubric* provides a quantitative measure of a student's suitability for the counseling profession with a score of 3 or higher on each standard representing "suitability".

Near the end of each semester, instructors in the following MHS courses (5005, 6401, 6070, 6450, 6470, 6701, 6800, and 6830), are expected to complete the *Rubric* on every student in that course who has been admitted to the Mental Health Counseling Program. The instructor and the student will sign the ***Professional Performance Evaluation Rubric***, after which the instructor delivers the form to the department secretary. A copy is placed in the student's file and the original is retained by the department. Ordinarily, during the student progress review segment of the last faculty meeting of the semester, faculty review students who wish to be promoted to practica or internship training. At that time, a student's *Rubric* can be considered. Note: the student's academic advisor can also rate the student at any time.

Students receiving a rating below 3 on one or more of the ten standards will be considered deficient in professional performance and subject to the following "Professional Performance Review Procedure:"

1. If a student receives a single rating of below 3 on one of the ten standards, the "issuing faculty" meets with the student to discuss and to resolve the Professional Performance concern. Note: "issuing faculty" refers to the course instructor or academic advisor.
2. If a resolution is not reached, or if the student has two or more ratings below 3--from one or more issuing faculty-- the student will be presented with a *Notification of Professional Performance Concern Form* which lists the deficient rating(s), the issuing faculty's explanation for the ratings, and details the required remedial actions. Signatures of both the issuing faculty and the student will verify their understanding of the concerns, the required remedial actions, and the schedule for completing them. Both the student and issuing faculty will retain copies of the signed *Notification of Professional Performance Concern Form*, with a copy placed in the student's file, and copies forwarded to the student's assigned advisor and the department chair.

3. If a student receives more than one *Notification of Professional Performance Concern* during his/her Program of Study or fails to show reasonable progress in remediation of deficiencies previously cited, he/she will be required to meet with the issuing faculty and his/her academic advisor in accordance with the procedure described in #2 above. Depending upon the nature of new performance concerns and/or the reasons for the student's failure to comply with previously determined remedial action plans, the issuing faculty and academic advisor will consult faculty regarding the development of alternative remedial strategies and/or evaluation of the student's suitability and fitness for continuation in the Program. The issuing faculty, the student, and the academic advisor will retain a signed copy of any revision made to the *Notification of Professional Performance Concern Form*. A copy is sent to the department chair and a copy is retained in the students' file.

4. Faculty will initiate the "Professional Performance Review Procedure" at any time for students who engage in illegal or unethical activities, or for students whose professional performance is deemed to present an immediate threat to the wellbeing of others. In such cases and depending upon the level of perceived threat, the Mental Health faculty and the department chair may recommend discontinuation in the program without opportunity for student remediation.

5. All faculty recommendations for denial of a student's continuance in the program will be forwarded to (and will be the ultimate decision of) the Dean of the College of Education.

RE-ADMISSION POLICY

1. If it has been determined that a student must withdraw from the program and attend to personal issues with remedial action as determined by the faculty, a remediation plan will be developed, discussed, and signed by the student.

2. Once the student has completed the remediation plan, and the student wishes to re-enter the program, the student will be required to re-apply, at the next available application date, and undergo the admission process.

3. Such students wishing to re-enter the program will need to provide a written report of the completion of their remediation plan that specifically explains the actions that he/she has taken, and the steps to alter any problematic behavior that triggered the withdrawal from the program.

4. The student is also required to address these issues in the Personal Statement of their formal application for readmission. The Personal Statement must include sufficient reflection on the impact of their experiences during the time away from the program, and how he or she has used and will continue use the insights gained as a readmitted student and then as a professional counselor.

5. The readmission application will be processed as if it were a first-time application. To insure impartiality, all applications are evaluated by the same set of criteria and rubrics.

6. Student will be required (if invited) to attend one of the group interview sessions.

7. Student may not take any additional course work (even as a non-degree student) before being re-admitted into the program.

8. A student who was previously admitted to the program and becomes inactive for reasons other than those specified above, and fails to register and complete coursework for more than two consecutive semesters is required to re-apply for admission.

TRANSFER TO THE CMHC PROGRAM

Students admitted to the School Counseling or Rehabilitation Counseling track who might consider a transfer to the CMHC track should be aware of the transfer policy whose purpose is to identify those with a high level of fit for this track and clinical mental health practice. The policy is: (1) An application for transfer can only be made before the student has completed 27 hours of all degree coursework; and (2) Transfer applicants must meet the same admission standards to the Clinical Mental Health track as initial applicants and have full faculty approval. Students should understand that requests for transfer are not automatically approved and that an alternative to transfer is to meet coursework requirements for Florida LMHC licensure in by completing the original track requirements and then completing the designated MHS specialty courses. This can be accomplished as an M.Ed. student in their current track or in the Ed.S. Mental Health Counseling program. A formal request for transfer includes the following: (1) Send a letter of petition to the Director of Clinical Training stating reason for request for transfer. It must detail the student's *specific* goals and *specifically* how the CMHC master's degree will help achieve that goal. The letter must also spell out how the applicant "fits" the profile of the effective clinical mental health counselor. (2) Provide a statement from the assigned advisor endorsing the transfer request. E-mail statements are sufficient. (3) Submit an unofficial transcript of courses already taken. (4) Submit a separate written statement indicating that the student has read and agrees to abide by this and other policies included in the "Mental Health Counseling Handbook." (5) The request and accompanying materials must be received prior to the posted deadline for receipt of new applicants for admission. When received here is how these applications are processed: (1) The request and accompanying material will be reviewed by the same eligibility criteria (rubric- evaluated) as materials from new applicants. (2) If CMHC faculty agrees that a student requesting transfer is eligible, s/he will be invited to participate in the CMHC interview process (rubric-evaluated) with incoming applicants. Typically, these interviews take place in late February or early March. (3) If the requesting student is at or above the interview cut-off level criteria (rubric-based) for new applicants who were interviewed, the student will be accepted into the track and will be formally notified by the Director of Clinical Training. (4) Once accepted into CMCH track, the student may begin to take CMHC specialty courses in that Summer or Fall semester.

Joint M.Ed/Ed.S. Option for CMHC Students

The Clinical Mental Health Program in the Department of Counselor Education at Florida Atlantic University has sought to be innovative in the training of its students, and to prepare them for success in the workforce. Currently we provide a pathway for students to obtain advanced training for skills in areas such as, supervision, university counseling, couples and family therapy, and integrated behavioral practice (among others) through our joint M.Ed/Ed.S option. This option allows students a seamless process to garner this education. Students that choose to receive the Ed.S degree in addition to their M.Ed will need to put in an application with their intention for completion of the Ed.S degree no later than the semester they begin practicum. This will allow students to be approved to take the additional 12 hours of coursework to receive their Ed.S degree. Students would take Ed.S. coursework while in their master's program. In addition, students would only need one additional semester, while receiving advanced training. In some cases, students may not need additional semesters to finish the requirements.

PRACTICUM/INTERNSHIP INFORMATION

Introduction

The signature feature of CMHC is therapeutic counseling with a focus on clients' strengths rather than on pathology. As such, it differs considerably from the signature feature of *case management* in social work, *psychological testing* in clinical and counseling psychology, *family and couples work* in marital and family therapy, *medication* in psychiatry, and *detoxification* and *psychoeducation* in substance abuse

treatment. While students in our program would do well to learn about case management, psychometrics, couples and family work, detoxification, and psychoeducation, their *direct supervised hours* practicum and internship experience should primarily involve therapeutic counseling, whether in an individual, group, or family context. Students must also realize that logging hours that involve case management, substance treatment, behavioral analysis, testing, and psycho-educational and support groups can be documented, but only as *indirect supervised hours*. In short, the endpoint of CMHC practicum and internship training is to document *direct supervised experience* in therapeutic counseling. Thus, the availability of clients suitable for therapeutic counseling should be the student's main criteria in interviewing and in selecting a training site. Students should also be aware that the formal agreement between FAU and approved training sites—also specified in the "Supervisor Agreement Form"—requires that the site will “*provide the student clinical cases that are appropriate to their present level of training and competence.*”

The primary purpose of the beginning practicum (MHS 6800) and the internship (MHS 6830) is to provide students with closely supervised and integrated therapeutic counseling experiences as part of their overall professional preparation program. Practicum and internship field experiences are expected to integrate didactic preparation with practical application. It is intended that the practicum and internship experience be designed to assist students in developing not only a better understanding of themselves as persons and competent counselors, but also a better understanding of the constituency with which they expect to work in the future.

All students admitted to the CMHC program are required to successfully complete three consecutive semesters of beginning practicum and internship.

MHS 6800: Practicum in Mental Health Counseling

Prerequisites: permission of instructor AND completion of the following eight courses

- 1) MHS 5005 Processes in Counseling
- 2) MHS 6401 Counseling Theories & Techniques
- 3) MHS 6842 Life Span Development
- 4) MHS 6700 Legal, Ethical & Professional Issues in Counseling
- 5) MHS 6070 Psychopathology in Counseling
- 6) MHS 6220 Appraisal & Evaluation*
- 7) MHS 6430 Family Counseling
- 8) MHS 6701 Issues in Mental Health Counseling Practice

*courses noted are co-requisite with practicum

In other words, registration for MHS 6800 is not possible unless these eight courses are completed; with the exception of MHS 6220 which is a co-requisite.

Students can begin their first practicum in the fifth semester of the program assuming they have completed the required prerequisites. Group Counseling MHS 6510 and Substance Abuse MHS 6450 can be taken concurrently with MHS 6800. However, if students have not taken MHS 6510 prior to their first practicum, it is unlikely that they will not be allowed to conduct/lead group counseling/therapy at their site.

MHS 6830: Internship in Mental Health Counseling

Prerequisites: MHS 6800 Practicum Counseling AND permission of instructor

MHS 6830 is divided into two consecutive 3 credit hours semesters of 3 credit hours and each cannot be taken in a single semester (6 credit hours) without prior written approved which is given only in

extraordinary circumstances as defined below. This policy is strictly observed in the M.Ed. program, although it can be waived by written permission for the Ed.S. program.

PROCEDURES AND GUIDELINES

Every student who seeks clinical training must complete a new application (specific for Practicum/Adv. practicum or Internship) by the specified application deadline. One complete application is due for both practicum and internships. Please note that you are not required to have a site at the time you submit the application. The site choices noted on the application are sites of interest. Practicum and Internship experiences are expected to be at the same site. When you begin with a site for practicum, you are expected to stay at that site, unless there is a reason that the site can no longer have you work on site and reaches out to the clinical coordinator to notify of this situation (ex. the site closes or does not have enough client hours). You are making a commitment to that site. If you leave or withdraw from site, you will be required to drop the course for the semester and retake the course with a new site placement from the approved list of sites during the next semester that the course is offered. Your hours will restart at your new placement. Students who are dismissed from a site for non-professional behavior, ethical concerns, breach of contracts, or behavior not becoming of a professional counselor will be required to halt their progress and meet with the clinical mental health faculty to determine if progression in their clinical sequence needs to be modified, remediated, or otherwise.

Application Deadline: **Fall- September 30th**

♣ Step One

Submit application for Practicum or Internship to the Clinical Coordinator at the Counselor Education office (Bldg 47, Room 270) the deadline before 4pm.

After the application deadline, the Clinical Coordinator will review and approve all appropriate applications submitted on time. The student will then receive an email noting eligibility to contact sites on the approved site list. Students are to contact the on-site supervisors of the practicum/internship sites recommended by the department on the approved list only. The list of the selected practicum/internship sites can be obtained from the Clinical Coordinator. Students must complete both practicums at one site and can change to a new site for both internships if they choose to. No more than 2 students are allowed at one site during each semester. Students are allowed to do their practicum/internship in clinical sites not specified on the department list only in extenuating circumstances approved by the Clinical Coordinator and pending site review. For an additional/new site to be considered for the departmental list, the site must first gain department approval. In order to obtain the approval, students are to submit the **Site Approval Form** (see P & I handbook) with application. New site requests after the application deadline, will not be granted. No site request is ever guaranteed. Each site will need to be the educational standards deemed by the department. Each student may choose to submit no more than one site for consideration for practicum and internship if they have a site that is not on the list they would like to be considered. Site approval is never guaranteed and is based on the site meeting CACREP and department requirements for students. Every site is screened thoroughly, and all submitted sites will be reviewed based on need, standards, and availability.

Students are not allowed to complete their clinical training at a place of employment. This prohibition also applies to students in in any phase of their clinical training who want to switch to a site where they are or will be employed. If a student is offered a job by a site where they are currently an Internship Student and have successfully completed prior sequences of clinical training, the faculty will consider these requests on a case-by-case basis.

♣ Step Two

Students will go through the interview process required by the on-site supervisors to be accepted for their clinical experiences. Once accepted, students are to notify the Clinical Coordinator via email of placement.

Documentation that will need to be submitted **by the first day of the semester to their University Seminar Instructor for practicum and internship are listed below.** Agency Approval Form and Supervisor Agreement form is available in the Appendix of this document

1. Professional malpractice insurance
2. Signed Agency Approval Form
3. Signed Supervisor Agreement Form

♣ Step Three

Begin at your site during the first week of class (unless instructed otherwise). You must have your liability insurance in place before you begin work with any clients. Beginning practicum students must complete a **minimum of 150 hours** at their clinical site within the semester. [Note that for the first five weeks of the *Counseling Lab* portion of MHS 6800, students follow specific guidelines in their site activities]. A minimum of 15 hours per week on site is required.

60 hours will be direct, face-to-face contact in counseling.

90 hours will be indirect services related to counseling activities.

***Your CPCE should ideally be taken during internship I. Successful scores on the CPCE are required to continue in your clinical experiences. Students must test on their own and submit their scores to the department along with their Internship I documentation. See the policy above.**

Split Internship (over two consecutive semesters) students must complete a **minimum of 300 hours** at their clinical site within each semester.

120 hours each semester will be direct, face-to-face contact in counseling.

180 hours each semester will be indirect services related to counseling activities.

Example: For each semester – (must be consecutive)

20 hours a week (x15 wks) of direct & indirect = 300 hrs/semester

8 hours a week (x15 wks) of direct counseling = 120 hrs/semester

12 hours a week (x15 wks) of indirect activities = 180 hrs/semester

Remote Internship I and II Policy

Under extreme extenuating circumstances, students may participate in Internship I and II from out of town and take seminar classes remotely. Taking the seminar course remotely is only available for Internship I and II and permission will not be provided for any practicum or advanced practicum course. Students that opt for taking the seminar course remotely will only be able to do so upon approval from the chair of the department and if the requirements listed below are met. Students that are approved to take internship remotely are responsible for finding their own site that is out of town and having that site approved by the practicum and internship coordinator well in advance before internship begins. Students must participate in weekly, regularly scheduled class discussions (via computer/ Skype) and/or teleconferences at the scheduled time of the course. **Participation in all seminars is required.** Seminar Instructors will record and maintain attendance. If a student is not able to attend seminar, they must notify their Seminar Instructor immediately. Students who miss more than one Seminar class (i.e., more than two and a half hours of Seminar, including tardiness) per semester may receive a grade of NC-No Credit for the course. Full and active participation is mandatory and will be factored into the student's grade.

The remote seminar is standardized with regard to required content areas. Individual Seminar Instructors may infuse additional content or have additional requirements as needed. Each student will be informed of any applicable campus based requirements in the syllabus or early in the Internship experience. The student

must be willing to attend seminar class live and in person for all of their own case presentations and the exit exam.

Students wishing to enroll in the online seminar must meet the following requirements:

- Have both a home address and be placed at a Practicum and Internship site greater than 100 miles from campus in one direction;
- Have an Internship site which allows recording (audio/video) of clinical sessions; a supervisor that meets all requirements, and have the site approved by the practicum and internship coordinator.
- Request for approval of the remote seminar needs to be indicated within the application and written request must be provided to the practicum and internship coordinator and the chair of the department before or by the application deadline.
- Students must have computer access and technological skills to participate in live weekly “chat” sessions, send assignments via email and official documentation via US mail as needed, and communicate as required with Internship classmates and seminar instructor using the blackboard platform and skype/email.
- **Students must commit to participating in each online seminar class while in a stationary and confidential location. Calling into a seminar conference call while driving is not acceptable. Students will adhere and be responsible for all ACA codes of ethics and must maintain confidentiality at all times. Those found breaching this requirement will face disciplinary action from the department as needed.**

Students may receive permission to schedule their field experiences, usually the Internship in the distance format, under extenuating circumstances. Written permission must be requested to the advisor and Clinical Coordinator. The above criteria needed to complete the distance field experience must be noted in the request. This is not encouraged, as most clinical placements that take place locally are better facilitated by the department. For any distance internship request that is granted, it is the students responsibility to find adequate placement ahead of time that will need approval by the clinical coordinator.

♣ Step Four

Obtain the **Field Experience Log and Summary Forms** from instructor or located in the appendix. These forms will validate the student’s counseling and administrative experience while at their clinical site. The student is expected to keep these forms current and obtain the appropriate signatures. All forms should be copied and turned into the clinical coordinator by the end of semester for the student’s file within the department. Please refer to your University Seminar Instructor if you are unclear of what counts as direct vs. indirect work at your site.

♣ Step Five

Obtain the **Practicum /Internship Student Counselor Site Evaluation** and the **Practicum/ Internship Supervisor Evaluation Form** and submit the completed and signed forms to the university practicum or seminar instructor.

The student is expected to participate in an on-going evaluation process with their site supervisor and their practicum/internship course instructor. The **Supervisor Practicum and Internship Evaluation Form** will evaluate the student’s progress and should be completed and returned to the practicum/internship course instructor three weeks prior to the end of the semester.

The practicum/internship experience is evaluated on the basis of each student’s counseling skills and ability to integrate theory and practice. Since practicum involves clients in a community counseling setting, a great deal of value is placed on providing high quality service in a professional and ethical manner. Become

familiar with your responsibilities and assist your site supervisor in understanding their responsibilities, as described in this handbook.

♣ **Step Six**

Submit the signed **Field Experience Log and Summary Forms** to the university practicum or seminar instructor by end of the semester. This submission completes your practicum and internship experiences for the semester.

♣ **Step Seven**

If, after receiving your approved site, you have an emergency situation which makes it impossible to proceed with the Practicum or Internship, notify the Director of Clinical Training immediately. You must reapply for the next practicum or internship sequence offered.

If you do not gain enough hours in your clinical experience to meet the deadline for the course, you could be eligible for an incomplete grade. Still, you must make your instructor aware of the need for an incomplete no less than 3 weeks before the semester ends, and it is based on full CMHC faculty approval. Incomplete grades will only be provided to students attempting to progress in the course and completing over half of their coursework. Those who have yet to progress or complete at least half of their coursework will not be allowed to enroll in the next clinical training sequence and must take the following semester off to finish the current clinical training sequence. Incomplete grades are customarily reserved for extreme circumstances where students have stayed current with their coursework and are making all reasonable attempts to complete the assignments.

If an incomplete is granted, there must be a clear and tangible timeline for remediation of outstanding hours or case reports and tapes that will be submitted to the instructor for grading and to reverse the incomplete. One semester is the maximum allowable time frame for remediating an incomplete grade. An incomplete will not be automatically provided for the next clinical training sequence for those continuing their coursework. Remediation plans to reverse the incomplete grades must be drafted with the instructor and approved by the Director of Clinical Training. Additionally, failure to meet this timeline and stay in contact with the course instructor will result in the incomplete grade reverting to a failing course grade and having to retake the course and restart hours associated with the course.

Failure to submit tapes/case conceptualization papers on time to the instructor without approval and a valid reason will result in a failing grade for the course. Valid reasons include things like, your clients all terminated, and you do not have a client (which your site must verify), your clients canceled your appointments and you had no one to tape (site must verify), you had no one in your caseload who has consented to record and your site is unable to allow you to borrow a client (must be verified), or you just started on site, and you do not yet have a caseload. Not submitting tapes because you are not happy with how a session went or because you have too many other assignments is not a valid reason for an incomplete grade. Late case reports will only be accepted with approval from the instructor. You'll need to email your instructor to request approval and copy your site supervisor on that email to verify that there was an issue on site that led to you not completing your case report on time.

APPENDIX

- **Clinical Mental Health Counseling Student Agreement Form**
- **Systematic Developmental Evaluation Form**
- **Criteria for Professional Performance Evaluation**
- **Professional Performance Evaluation Rubric**
- **Application for practicum**
- **Application for advanced practicum**
- **Application for internship**
- **MH agency approval form**
- **Letter of Agreement**
- **Practicum/Advanced Practicum/Internship Student Counselor Site Evaluation**
- **Practicum/Advanced Practicum/Internship Supervisor Evaluation Form**

Clinical Mental Health Counseling Student Agreement Form*

After reading the *Clinical Mental Health Counseling Handbook*, please sign this Agreement and return it to the Department Chair. Failure to do so promptly will result in non-continuation in the program.

I, _____ (print) have read and understand the FAU *Clinical Mental Health Counseling Handbook* and the policies and related program requirements and expectations. By signing below, I agree to follow the policies outlined in this Handbook and to abide by the ACA Code of Ethics.

Student signature Date

Department Chair Date

*Also required of students admitted to the Ed.S. in Mental Health Counseling Program

Criteria for Professional Performance Evaluation*

1. Openness to new ideas (rated from Closed [1] to Open [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Was dogmatic about own perspective and ideas. Ignored or was defensive about constructive feedback. - Showed little or no evidence of incorporating constructive feedback received to change own behavior. 	<ul style="list-style-type: none"> - Was amenable to discussion of perspectives other than own. - Accepts constructive feedback without defensiveness. - Some evidence of effort to incorporate relevant feedback received to change own behavior. 	<ul style="list-style-type: none"> - Solicited others' opinions and perspectives about own work. -Invited constructive feedback, and demonstrated interest in others' perspectives. - Showed strong evidence of incorporation of feedback received to change own behavior. 		

2. Flexibility (rated from Inflexible [1] to Flexible [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Showed little or no effort to recognize changing demands in the professional & interpersonal environment. - Showed little or no effort to flex own response to changing environmental demands. - Refused to flex own response to changing environmental demands despite knowledge of the need for change. - Was intolerant of unforeseeable or necessary changes in established schedule or protocol. 	<ul style="list-style-type: none"> - Effort to recognize changing demands in the professional & interpersonal environment was evident but sometimes inaccurate. - Effort to flex own response to new environmental demands was evident but sometimes inaccurate. - Flexed own response to changing environmental demands when directed to do so. - Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them. 	<ul style="list-style-type: none"> - Showed accurate effort to recognize changing demands in the professional & interpersonal environment. - Showed accurate effort to flex own response to changing environmental demands as needed. - Independently monitored the environment for changing demands and flexed own response accordingly. - Attempts to understand needs for change in established schedule or protocol to avoid resentment. - Accepted necessary changes in established schedule and attempted to discover the reasons for them. 		

3. Cooperativeness with others (rated from Uncooperative [1] to Cooperative [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Showed little or no engagement in collaborative activities. - Undermined goal achievement in collaborative activities. - Was unwilling to compromise in collaborative activities. 	<ul style="list-style-type: none"> - Engaged in collaborative activities but with minimum allowable input. - Accepted but rarely initiated compromise in collaborative activities. - Was concerned mainly with own part in collaborative activities. 	<ul style="list-style-type: none"> - Worked actively toward reaching consensus in collaborative activities. - Was willing to initiate compromise in order to reach group consensus. - Showed concern for group as well as individual goals in collaborative activities. 		

4. Willingness to accept and use feedback (rated from Unwilling [1] to Willing [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Discouraged feedback from others through defensiveness and anger. - Showed little or no evidence of incorporation of feedback of supervisory feedback received. - Took feedback contrary to own position as a personal affront. - Demonstrated greater willingness to give feedback than receive it. 		<ul style="list-style-type: none"> - Was generally receptive to supervisory feedback. - Showed some evidence of incorporating supervisory feedback into own views and behaviors. - Showed some defensiveness to critique through "over-explanation of own actions--but without anger. - Demonstrated greater willingness to receive feedback than to give it. 		<ul style="list-style-type: none"> - Invited feedback by direct request and positive acknowledgement when received. - Showed evidence of active incorporation of supervisory feedback received into own views and behaviors. - Demonstrated a balanced willingness to give and receive supervisory feedback.

5. Awareness of own impact on others (rated from Unaware [1] to Aware [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Words and actions reflected little or no concern for how others were impacted by them. - Ignored supervisory feedback about how words and actions were negatively impacting others. 		<ul style="list-style-type: none"> - Effort to determine how own words and actions impacted others was evident but sometimes inaccurate. - Respond as necessary to feedback regarding negative impact of own words and actions on others, but at times, with resentment. 		<ul style="list-style-type: none"> - Effort toward recognition of how own words and actions impacted others was impact on others through words and actions. - Initiates feedback from others regarding impact of own words and behaviors - Regularly incorporates feedback regarding impact of own words and behaviors to effect positive change.

6. Ability to deal with conflict (rated from Unable [1] to Able [5])

1	2	3	4	5
<ul style="list-style-type: none"> -Was unable or unwilling to consider others' points of view. -Showed no willingness to examine own role in a conflict. -Ignored supervisory advisement if not in agreement with own position. -Showed no effort at problem solving. -Displayed hostility when conflicts were addressed. 		<ul style="list-style-type: none"> - Attempted but sometimes had difficulty grasping conflicting points of view. - Would examine own role in a conflict when directed to do so. - Was responsive to supervision in a conflict if it was offered. - Participated in problem solving when directed. 		<ul style="list-style-type: none"> - Always willing and able to consider others' points of view. - Almost always willing to examine own role in a conflict. - Was consistently open to supervisory critique about own role in a conflict. - Initiated problem solving efforts in conflicts. - Actively participated in problem solving efforts.

7. Ability to accept personal responsibility (rated from Unable [1] to Able [5])

1	2	3	4	5
---	---	---	---	---

- Refused to admit mistakes or examine own contribution to problems.
- Lied, minimized or embellished the truth to extricate self from problems.
- Consistently blamed others for problems without self-examination.

- Was willing to examine own role in problems when informed of the need to do so.
- Was accurate and honest in describing own and others roles in problems.
- Might blame initially, but was open to self-examination about own role in problems

- Monitored own level of responsibility in professional performance.
- Invited constructive critique from others and applied it toward professional growth.
- Accepted own mistakes and responded to them as opportunity for self-improvement.
- Avoided blame in favor of self-examination.

8. Ability to express feelings effectively and appropriately (rated from Unable [1] to Able [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Showed no evidence of willingness and ability to articulate own feelings. - Showed no evidence of willingness and ability to recognize and acknowledge the feelings of others. - Acted out negative feelings (through negative behaviors) rather than articulating them. - Expressions of feeling were inappropriate to the setting - Was resistant to discussion of feelings in supervision. 	<ul style="list-style-type: none"> - Showed some evidence of willingness and ability to articulate own feelings, but with limited range. - Showed some evidence of willingness and ability to acknowledge others' feelings-- sometimes inaccurate. - Expressions of feeling usually appropriate to the setting-- responsive to supervision when not. - Willing to discuss own feelings in supervision when directed. 	<ul style="list-style-type: none"> - Was consistently willing and able to articulate the full range of own feelings. - Showed evidence of willingness and accurate ability to acknowledge others' feelings. - Expression of own feelings was consistently appropriate to the setting. - Initiated discussion of own feeling in supervision. 		

9. Attention to ethical and legal considerations (rated from Inattentive [1] to Attentive [5])

1	2	3	4	5
<ul style="list-style-type: none"> - Engaged in dual relationships with clients. - Acted with prejudice toward those of different race, culture, gender, or sexual orientation than self. - Endangered the safety and the well-being of clients. - Breached established rules for protecting client confidentiality. 	<ul style="list-style-type: none"> - Was responsive to supervision for occasional personal-professional boundary confusion in verbal interactions with clients. - Was responsive to supervision for occasional insensitivity to diversity in professional interactions. - Used judgment that could have put client safety and well being at risk. - Used judgment that could have put client confidentiality at risk. 	<ul style="list-style-type: none"> - Maintained clear personal-professional boundaries with clients. - Demonstrated consistent sensitivity to diversity. - Satisfactorily ensured client and safety and well-being, including informed consent. - Appropriately safeguarded the confidentiality of clients. 		

Initiative and motivation (rated from Poor Initiative and Motivation [1] to Good Initiative and Motivation [5])

1	2	3	4	5
---	---	---	---	---

- Often missed deadlines and classes.
- Rarely participated in class activities.
- Often failed to meet minimal expectations in assignments.
- Displayed little or no initiative and creativity in assignments.

- Missed the maximum allowable classes and deadlines.
- Usually participated in class activities.
- Met only the minimal expectations in assigned work
- Showed some initiative and creativity in assignments.

- Met all attendance requirements and deadlines.
- Regularly participated in class activities.
- Met or exceeded expectations in assigned work.
- Consistently displayed initiative and creativity in assigned work

* McAdams, C., Foster, V., & Ward, T. (2007). Remediation and dismissal policies in counselor education: lessons learned from a challenge in federal court. *Counselor Education and Supervision*, 46, 212-229.

Professional Performance Evaluation Rubric

Student _____ MHS _____ Semester/Year _____ / _____

Directions: The instructor and/or advisor rates [1-5 scale] the student on the following ten items using the detailed anchors of the *Criteria for Professional Performance Evaluation* (McAdams, Foster & Ward,2007)

_____ 1. **Openness to new ideas** (rated from *Closed* [1] to *Open* [5])

_____ 2. **Flexibility** (rated from *Inflexible* [1] to *Flexible* [5])

_____ 3. **Cooperativeness with others** (rated from *Uncooperative*[1] to *Cooperative* [5]).

_____ 4. **Willingness to accept and use feedback** (rated from *Unwilling* [1] to *Willing* [5])

_____ 5. **Awareness of own impact on others** (rated from *Unaware* [1] to *Aware* [5])

_____ 6. **Ability to deal with conflict** (rated from *Unable* [1] to *Able* [5]).

_____ 7. **Ability to accept personal responsibility** (rated from *Unable* [1] to *Able* [5]).

_____ 8. **Ability to express feelings effectively and appropriately** (rated from *Unable* [1] to *Able* [5])

_____ 9. **Attention to ethical and legal considerations** (rated from *Inattentive* [1] to *Attentive* [5])

_____ 10. **Initiative and motivation** (rated from *Poor Initiative and Motivation* [1] to *Good Initiative and Motivation* [5])

Instructor or Advisor

Date

Student

Date

Mental Health Agency Approval

Practicum/Internship

Student _____ is accepted for
Practicum/ Advanced Practicum/ Internship placement. (Please circle correct one)

Agency Name: _____

Agency Address:

(Street) (City) (State) (Zip)

Agency Phone #: _____

Approved for the Agency by Agency Director:

(Print Name) (Signature)

Approved by the Site Supervisor:

(Signature)

License Type (i.e. LMHC, LCSW, LMFT, etc.): _____

*SSN# or License Number: _____

(Print Name) (Signature)

* Social Security # is required for the site supervisor to receive a "Certificate of Participation" which provides the site supervisor a fee waiver for up to 6 hours within any one semester at any state university in Florida.

**FLORIDA ATLANTIC UNIVERSITY
MENTAL HEALTH COUNSELING
Practicum/Advanced Practicum/Internship Schedule and Log
(Circle appropriate field experience)**

Term/Year

Student

Student's Address

Student's
Phone

Student's Liability Insurance Policy and Number

Site Supervisor

Site Address

Site Phone

Fax

SITE SCHEDULE

Student: _____

DAYS

TIMES

Monday

Tuesday

Wednesday

Thursday

Friday

Day & Time of Campus Group Seminar Supervision

Site supervisors' signature

FAU Practicum--Advanced Practicum--Internship I & II

SUPERVISOR LETTER OF AGREEMENT

This letter of agreement involves you _____, your site _____ and the Counselor Education Department at Florida Atlantic University (FAU) for the clinical education of _____(trainee).

FAU takes pride in its competency-based psychotherapy/therapeutic counseling training program. Our aim is to graduate mental health counselors who are competent, confident, caring, and culturally- and ethically-sensitive. Note that while at your site trainees will also be involved in a weekly case seminar at FAU. Your contribution as a supervisor and role model of effective mental health practice is essential to the professional and personal development of our trainees.

To meet CACREP accreditation and licensure requirements, the student must log a minimum of _____ clock hours over the course of the semester (--- dates ---) on-site with at least 40% of the time spent (___ hours) in **direct** contact with clients providing psychotherapy/therapeutic counseling. More specifically, this trainee experience is to include each of the following provisions:

- (1) Ensure that the trainee's **direct hours** (___) are appropriately scheduled, monitored and **only involve providing psychotherapy/therapeutic counseling--not** case management, assessment /evaluations, nor psychoeducation-- to individuals, families and/or groups.
- (2) Ensure that the trainee's **indirect hours** (___) are appropriately scheduled and monitored. These indirect hours can include the provision of case management, assessment /evaluations, and psychoeducation (often as psychoeducation groups). It is expected that the trainee will participate in case conferences, staff meetings, training workshops, or other professional meetings at the site. Indirect hours can also be logged in writing case reports, case notes, and transcribing recorded sessions.
- (3) Ensure that the **trainee is the primary therapist** for each individual client in his/her caseload. However, *when an explicit written site policy requires that staff be primary therapists*, then a client assigned to an FAU trainee cannot be concurrently treated by other trainees, they can be treated by staff only. If policy does not permit the trainee to be the primary therapist, *the site is required to inform the practicum and internship coordinator immediately. Students must be assigned as a secondary therapist for a caseload of clients. They must consistently see these clients and hold therapeutic sessions.*
- (4) Ensure that the trainee is provided **only clinical cases that are appropriate to his/her present level of training and competence**. For beginning trainees (first practicum) this means clients with GAF scores at 60 or above (LPFS of 1.0-2.0), and for advanced trainees (internship) of 50 or above (LPFS of 2.0-3.0).
- (5) Ensure that the trainee is allowed to record when consent is provided. The consent forms are to stay on site and be maintained by the site supervisor. The student needs to make a **minimum of five (5) audio and/or video tapes** of his or her psychotherapy/therapeutic counseling for the

purpose of on-site supervision and for the university-based seminar, with the permission of the clients via a signed informed consent and release form. The student will be able to record more than 5 tapes if there is consent.

(6) Ensure that there is **one assigned on-site supervisor** for the trainee who is a licensed mental health counselor, family therapist, psychologist, or social worker and an approved supervisor with the state, carries ACS credential, or QS eligible (license, three years of post-licensed clinical experience, and supervision training) to provide primarily psychotherapy/therapeutic counseling supervision.

(7) Ensure that **at least one hour per week of this scheduled on-site supervision focuses in-depth on the psychotherapeutic issues of a specified client** in the trainee's caseload and that supervision follows the case over time so that the trainee has the experience of engaging clients in the therapeutic process, managing therapy interfering behaviors (e.g. transference and countertransference), effecting change, and dealing with termination issues. Supervision should be consistent and needs to be a continuous hour. Brief moments of supervision and support throughout a work week cannot be added up to count for a supervision hour.

(8) Ensure that the **trainee monitors clients' progress with the designated FAU clinical outcome measures**, at least for the cases that will be presented in the university-based seminar.

(9) Ensure that the trainee has the exclusive **use of an appropriate setting to ensure client privacy and confidentiality** during psychotherapy/therapeutic counseling sessions.

(10) Ensure that **sufficient office supplies, telephones and other arrangements that enable the trainee to function effectively**, as well as adequate provisions for safeguarding confidential materials such as treatment notes and client records.

(11) Guide the trainee toward a **greater synthesizing of theory into psychotherapy practice**.

(12) Guide and facilitate the trainee in **completing progress notes and forms and learning about and adhering to site's policies** and code of conduct.

(13) Contribute to and facilitate the trainee's efforts to understand, appreciate, and appropriately **employ the legal and ethical standards of the profession**.

(14) Provide time for the **on-site supervisor to evaluate the trainee's performance in an on-going manner and provide a final evaluation** on the appropriate FAU forms.

(15) **Communicate immediately with FAU faculty any concern** regarding the trainee's learning or professional behavior.

(16) **Discuss university scheduled holidays and breaks** with the trainee in order to allow the trainee to take time off between semesters and on holidays whenever possible. The trainee is not to work on any "university holiday (Memorial Day, Independence Day, etc.) or religious/spiritual holiday.

(17) If **students have worked all of their required hours for the week** and met their university and site requirements, the site cannot require the students to go above and beyond those hours. Students are required to fulfill professional obligations but should not be used as a fulltime therapist. Requirements and expectations should meet that of a trainee. If a student is behind in hours and needs to spend additional hours on site each week, this is at the discretion, supervision, and guidance of a site supervisor.

(18) If you have **specific requirements** that are not part of what is required by the university for students (i.e., the students work a certain number of hours per week, the student work with your site for multiple continuous semesters, the student needs specific trainings, background checks, drug screens, etc.) it is the site and site supervisors responsibility to document these things in writing with the students.

I have read and agree to fully implement the expectations and conditions of this Letter of Agreement.

(Site Supervisor's Signature)

Date

(Student's Signature)

Date

**FLORIDA ATLANTIC UNIVERSITY MENTAL HEALTH COUNSELING
Practicum/ Internship Semester Summary Log (Circle appropriate field experience)**

Student Name _____

Week of _____

For each activity list the total number of hours for each day. List seminars, workshops, etc. and hours spent under other. Your individual site supervisor must sign off on each weekly log.

Day	M	T	W	TH	F	S/S	Weekly Total (Direct and indirect)
Date							
DIRECT HOURS							
Individual Counseling hrs							
Group Counseling hrs							
Family Counseling hrs							
Other: Specify here							
Total Direct Weekly Hours							
INDIRECT HOURS							
Record keeping (progress notes, appts, etc.)							
Site supervision (formal & informal consultation)							
Site admin. (phone, support activities, etc.)							
Tx. Planning, case review, Workshops, teaching,							
Case Conferences							
Other: Specify here							
Total Weekly Indirect							

Student's Signature _____ Date _____

Site Supervisor Signature _____ Date _____

**FLORIDA ATLANTIC UNIVERSITY MENTAL HEALTH COUNSELING
Practicum/Advanced Practicum/Internship Semester Counseling Log
 (Circle appropriate field experience)**

Student Name

Week of

For each activity list the total number of hours for each day. List seminars, workshops, etc. and hours spent under other. Your individual site supervisor must sign off on each weekly log.

week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Semester Total
Date																	
DIRECT HOURS																	
Individual Counseling hrs																	
Group Counseling hrs																	
Family Counseling hrs																	
Other: Specify																	
Total Direct Weekly Hours																	
INDIRECT HOURS																	
Record keeping (progress)																	
Site supervision (face-to-face)																	
Site admin. (phone)																	
Tx. Planning, case																	
Case Conferences																	
Other: Specify																	
Total Weekly Indirect																	

Student's Signature _____ Date _____

Site Supervisor Signature _____ Date _____

Campus Supervisor Signature _____ Date _____

FLORIDA ATLANTIC UNIVERSITY
MENTAL HEALTH COUNSELING
Practicum /Internship Student Counselor Site Evaluation (Circle appropriate
field experience)

Directions: Student is to complete this form at the end of Beginning and Advanced Practicum and Internship.

This should be turned in to the University Instructor who will give the form to the Practicum/Internship Coordinator.

Student Name _____

Site (Name and city)_____

Term and Dates of Placement _____

Site Supervisor _____

Rate the following statements about your site and experiences according to the following scale:

A = Very Satisfactory; B = Moderately Satisfactory; C = Moderately Unsatisfactory;

D = Very Unsatisfactory; N = Not Applicable

- _____ 1. Relevance of experience to career goals.
- _____ 2. Exposure to and communication of agency goals.
- _____ 3. Exposure to and communication of agency procedures.
- _____ 4. Exposure to professional roles and functions within the agency.
- _____ 5. Exposure to information about community resources.
- _____ 6. Amount of on-site supervision.
- _____ 7. Quality and usefulness of on-site supervision.
- _____ 8. Rate supervisory experiences, which you had at this site:
 - _____ a. Gives time and energy in observing, tape processing and case conferences.
 - _____ b. Accepts and respects me as a person.
 - _____ c. Recognizes and encourages further development of my strengths.
 - _____ d. Gives me useful feedback.
 - _____ e. Provides me the freedom to develop flexible and effective counseling styles.
 - _____ f. Encourages and listens to my ideas and suggestions for development.
 - _____ g. Provides suggestions for developing my counseling skills.
 - _____ h. Helps me to understand the implications and dynamics of the counseling approaches I use.
 - _____ i. Encourages me to use new and different techniques when appropriate.
 - _____ j. Is spontaneous and flexible in the supervisory sessions.
 - _____ k. Gives me useful feedback when I do something wrong.
 - _____ l. Facilitates the discussion and resolution of problems I encounter in my setting.
 - _____ m. Helps me to define and maintain ethical behavior in counseling and case management.
 - _____ n. Maintains confidentiality in material discussed in supervisory sessions.
 - _____ o. Other (please specify)

- _____ 9. Rate all applicable experiences, which you had at this site:
- _____ a. Report writing.
 - _____ b. Intake interviewing.
 - _____ c. Administration and interpretation of tests.
 - _____ d. Staff presentations/case conferences.
 - _____ e. Individual counseling.
 - _____ f. Group counseling.
 - _____ g. Family/Couple counseling.
 - _____ h. Psycho/Educational activities.
 - _____ i. Consultation Career Counseling.
 - _____ j. Other (please specify) _____

_____ 10. Overall evaluation of the site.

Comments: Include any suggestions for improvements in the experiences you have rated (C) Moderately, Unsatisfactory, or (D) Very Unsatisfactory. (Please use the back of this form, or another paper.)

5. Conceptual Foundations:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to apply one or more counseling theories as a basis for developing a case conceptualization, implementing a treatment plan, and educating clients in the theoretical framework(s).												
REMARKS:												

6. Therapeutic Relationship:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to appropriately and effectively attend and respond to clients and establish a mutual collaborative counseling relationship, as well as assess and foster readiness for change using Motivational Interviewing.												
Demonstrates the capacity to assess resistance and strains or ruptures in the therapeutic alliance, as well as transference enactments and countertransference, and to effectively deal with them.												
REMARKS:												

7. Assessment/Case Conceptualization:	10	9	8	7	6	5	4	3	2	1	NA	NO
Demonstrates the capacity to assess clients' ineffectual or maladaptive pattern in light of their presenting problem(s), precipitants, predisposing factors, and perpetuants, based on eliciting relevant mental status, developmental, social, cultural, health and treatment history, strengths and hindrances.												
Demonstrates the capacity to articulate an accurate five axes DSM diagnosis that reflects the presenting problem and case conceptualization.												
Demonstrates the capacity to articulate the clinical formulation component of the case conceptualization which accurately explains the client's ineffectual or maladaptive pattern and presenting problem.												
Demonstrates the capacity to articulate a treatment formulation (plan) component of the case conceptualization that reflects the client's presentation, diagnostic, clinical & cultural formulation and expected challenges and barriers to engaging in the treatment process and achieving treatment goals.												
Demonstrates the capacity to write clinical case reports that are accurate and clinically useful, and of transcribing sessions material for analysis and presentation												
REMARKS:												

12. Recommendations for Development of the Supervisee's PROFESSIONAL DEMEANOR

13. Recommendations for Development of the Supervisee's CLINICAL COMPETENCIES

STUDENT'S SIGNATURE: _____ **DATE:** _____

SITE SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

UNIVERSITY SUPERVISOR'S SIGNATURE: _____ **DATE:** _____