



WORLDWIDE

*Professional Counseling Degree Program
Department of Behavioral and Social Sciences*

Myrtle Beach Campus

PRACTICUM AND INTERNSHIP

HANDBOOK

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2010-2011

TERMINOLOGY

Practicum Student. A student in the Webster University graduate counseling program who has completed the 6 cores with a passing grade (a B- or better) and no incompletes.

Internship Student. A student in the Webster University graduate counseling program who has completed the 12 core courses and completed one COUN 6000 Practicum.

Counseling Program Coordinator. The designated Webster University staff member who approves the practicum or internship site supervision agreement.

Practicum/Internship Academic Advisor. The designated Webster University staff member who facilitates the student application process and site supervision agreement.

Academic Advisor. The designated Webster University staff member who assists counseling students in developing their program according to area of emphasis. This person also determines eligibility for practicum and internships for eligible students.

Site Supervisor. The agency person at the practicum site responsible for student placement, training experiences, clinical experiences, supervision, and evaluation.

Site Supervisor's Staff: In the event that an unforeseeable circumstance should arise that the site supervisor should not be able to sign the student's weekly record, a staff member may sign the form. The staff signature must be verified by the site supervisor's signature later.

Site Supervisor's Administrator. A person at the site who supervises the site supervisor. In large facilities, this person must also sign the acceptance contract for the practicum or internship to be approved at the site.

Course Instructor. The Webster University instructor who facilitates course requirements, monitors and evaluates student performance, contacts the Site Supervisor, visits the site to assist the site supervisor or if problems should occur, and assigns the final grade.

*** NOTE: Credit for the practicum or internship may NOT include clinical/non-clinical hours for the student's ordinary employment while performing their usual job duties.**

- D. Assuring that hourly requirements at a supervision site are met within the 9-week term. **There can be no extensions or incomplete grades.** The following are requirements for the practicum and internships:

Requirements	Practicum	Internships
Hours on site	100	300 for 3 credits, 150 for 1.5 credit
Clinical hours	Minimum of 40	Minimum of 120 for 3 credits, 60 for 1.5 credit
Site supervision hours (these may be counted as non-clinical hours)	1 hour for 10 hours at the site with site supervisor	1 hour for 10 hours at the site with site supervisor
Non-clinical hours	Other hours not "clinical" for a total of 100 hours for the practicum	Other hours not "clinical" for a total of 150 hours (for 1.5 credit) or 300 hours (for 3.0 credits)

- E. Clinical hours are set by accreditation and licensure standards. They include:
- a. Observation of counseling sessions or participation in individual or group sessions.
- F. Non-clinical hours are those not spent in the same room as a client. They include:
- a. Orientation sessions, in-service training, review of client records, assisting counseling staff, attending court, home visits with clinical staff, staff meetings, and research regarding client clinical conditions.
- G. Site supervision is time spent with the site supervisor. Supervision includes:
- a. Meeting face-to-face with the site supervisor reviewing cases, discussing various types of mental health issues, DSM-IV diagnosis, and the improvement of counseling skills.
- H. The student must secure their own professional liability insurance. Insurance carriers that provide student coverage at student rates include CPH Insurance (www.cphins.com) or HPSO (www.hpso.com). Students can also join the American Counseling Association (www.aca.org) and secure malpractice insurance through that organization. It is important to allow enough time for the insurance company to process the application and receipt of funds. It may take 2-3 days before a certificate of insurance is received.
- I. Students must be prepared to purchase **digital recording equipment** and supplies to fulfill the requirement. The recording equipment must save the recording to a digital file and submitted by Dropbox.com, CD, DVD, or flash drive.
- a. At a minimum, practicum students and 1.5 credit hour interns are expected to do one video recording per class.
 - b. Internship students in the 3.0 credit hour option are expected to do two recordings for each internship.
- J. The prospective practicum/ internship student must obtain a copy of the handbook (available online at www.webster.edu/myrtlebeach to learn about procedures and deadlines. **A copy of this handbook must be given to the prospective site supervisor.**
- K. It is strongly advised for students to view state licensure laws before beginning the search for a practicum or internship site.

1. The North Carolina laws and application process for the NC Board of Licensed Professional Counselors can be found at <http://www.ncblpc.org/>.
 - a. *It is important that North Carolina students keep track of clinical, non-clinical, and site supervisor supervision hours for submission of the NC Verification Hours form that is needed to apply for the LPC-A license.*
 2. The South Carolina <http://www.llr.state.sc.us/pol/counselors/>.
 3. ***It is important that students in the Marriage and Family Counseling program view additional requirements for the LMFT license.***
 - b. *The requirement is a minimum of 9 credit hours (practicum and internships) with a minimum of 120 hours of client contact for individuals, couples, and families in a clinical setting and a minimum of 24 hours of supervision by an approved AALMFT supervisor. For more information, visit the NC Marriage and Family Licensure Board at <http://www.nclmft.org/nclmft/>*
 - c. *For the state of South Carolina, the applicant must have a minimum of 300 hours face-to-face client contact (total) with 150 of those hours “relational” and a minimum of 50 hours of clinical supervision provided by a LMFT-Supervisor. An additional 150 hours of LMFT-S supervision will be required post-masters for the LMFT-I. For more information, consult the South Carolina Association for Marriage and Family Therapy at <http://www.scamft.org/ohana/website/?p=73661290>.*
- F. Students are expected to find their own practicum/internship site consistent with a licensed Site Supervisor. Ideally, the site would be compatible with professional goals, the clientele desired, types of services to be provided, and opportunities for professional growth.
1. Students must call and set up an interview with a prospective site supervisor.
 2. A copy of your resume and the practicum and internship handbook should be given to a prospective site supervisor.
- G. The site must have a licensed counselor, psychologist, or psychiatrist employed and actively engaged at the site qualifies as a Site Supervisor and agree to supervise the student.
1. A qualified Site Supervisor must have a minimum of a master’s degree in counseling or related professions and possess a state license for the type of license or certification sought by the student such as LMHS, LPC, LPC-S, LMFT, LMFT-S.
 - a. Other licenses accepted due to geographical restraints include LCAS, LCSW, LISW, LMSW, Licensed Psychologist (Ph.D.), or Board Certified Psychiatrist (M.D.).
 - b. ***A Site Supervisor with a provisional license (e.g., LPC-I, LPC-A. or LPA) will not be approved.***
 2. Students must make sure the site supervisor’s license is a full license and current. This information can be found online at the following sites:
 - a. For North Carolina, the website is <http://www.nclicensing.org/OnlineReg.htm>.
 - b. For South Carolina, the website is <https://verify.llronline.com/LicLookup/LookupMain.aspx>.

4. Applying for the Practicum or Internship

- A. Students must submit the **original copies** of
1. Completed Form A, B, and C, with the appropriate signatures,
 2. The Professional Skills Evaluation (PSE, a.k.a. Form D),

3. A copy of certificate of professional liability insurance (not receipt).
- B. Be sure that all information is legible. This is especially important so you and your site supervisor will receive communication.
- C. Keep copies of your application for your records.
- D. If the application is Faxed for submission, call to be sure all pages were received.
- E. *Incomplete applications will NOT be approved.*
- F. The application packet must be submitted to Dr. Hilgenkamp, the Practicum/Internship Academic Advisor for review and approval. Allow 1-2 weeks for notification of approval.
- G. Approval is sent via e-mail to your Webster address with a copy to your site supervisor.

5. Registering for the practicum and internship class:

- A. Students will receive a pass to register for the course with the approval letter. To register in person, the pass must be presented to Stephanie. To register by phone, the pass must be faxed to 843-497-9268 and you must call Stephanie (843-497-3677) to register.
- B. ***There are separate sections for Internship I and Internship II. Students will be expected to register for a class appropriate to their level of training.*** This will prevent duplication of class material and activities, making the experience more meaningful to the student.
- C. Students must report to the first day of class and attend all class sessions. ***If a student is not in attendance the first day of class, they will be dropped from the class.*** Students who may be late or have an unavoidable situation must contact the Counseling Program staff, Practicum/Internship Coordinator, Program Coordinator, or Director of the Myrtle Beach campus so they may make a determination about enrollment and notify the Course Instructor.
- D. Practicum students may NOT begin any clinical hours until after the first course meeting. If the site requires orientation or other training, the practicum student must get approval from the Practicum/Internship coordinator and notify the course instructor.
- E. Once all practicum requirements are completed (number of hours, site supervision, recordings, presentations, and attended all class meetings), internship hours may continue from one term to the other. In order to qualify for this, students must notify the Practicum/Internship Coordinator (to be certain they are eligible and indicate the number of hours per week) and the internship instructor (regarding their location and any need for emergency consultation).

6. During the practicum/internship:

- A. The student is responsible for:
 1. Providing the Course Instructor with contact information for the Site Supervisor.
 2. Providing the Site Supervisor with contact information for the Course Instructor.
 3. Attending all required classes and any individual or group sessions with the Course Instructor.
 4. Using professionalism at all times; including interpersonal and counseling skills when interacting with peers, faculty, and Site Supervisors, as well as clients.
 5. Maintain openness to supervision and constructive feedback.
 6. Assuring that minimum requirements are met within the 9-week term:
 - a. For the 3.0 credit hour practicum
 - Total of 100 hours.

- Minimum of 40 clinical hours. This may include individual or group sessions, observations of Site Supervisor or other counselor, and potentially lead to student-led sessions with clients.
 - Non-clinical hours. This may include orientation sessions, in-service training, review of client records, attending court, home visits with clinical staff, staff meetings, research regarding client clinical conditions, and site supervisor supervision.
 - Minimum site supervision of 10 hours (1 hour for every 10 hours at the site).
- b. For 1.5 credit hour internship:
 - Total of 150 hours.
 - Minimum of 60 clinical hours. This may include individual or group sessions, observations of Site Supervisor or other counselor, and potentially lead to student-led sessions with clients.
 - Non-clinical hours. This may include orientation sessions, in-service training, review of client records, attending court, home visits with clinical staff, staff meetings, research regarding client clinical conditions, and site supervisor supervision.
 - Minimum site supervision of 15 hours (1 hour for every 10 hours at the site).
 - c. For the 3.0 credit hour internship:
 - Total of 300 hours.
 - Minimum of 120 face-to-face clinical hours. This may include individual or group sessions with clients as a co-facilitator or counselor intern.
 - Non-clinical hours. This may include orientation sessions, in-service training, review of client records, attending court, home visits with clinical staff, staff meetings, and research regarding client clinical conditions.
 - d. *Marriage and Family Counseling students should try to get as many clinical hours of “relational” (couples/marriage) therapy as possible and to be supervised by a LMFT-Supervisor.*
7. Submitting copies of weekly time logs to the Course Instructor for the student’s permanent record. The copies must be made prior to class.
 - a. ***Students are expected to keep the originals for licensure verification.***
 8. Utilizing the Understanding of Confidentiality and Informed Consent Form, or similar form used by the site/agency for permission to observe, counsel, or record a client.
 9. Securing the midterm and final evaluation from the Site Supervisor.
 - a. ***Students are expected to keep copies.***
 - b. Instructors are to give copies of the midterm/final evaluations to the Practicum/Internship Academic Advisor for the student’s permanent record.
 10. Completing an evaluation of the site (Form L) to be given to Course Instructor.
- B. The Course Instructor is responsible for:
1. Explaining course requirements via the course syllabus and evaluation procedures with students the first day of class.
 2. Securing Site Supervisor and agency information from students to establish contact for telephone consultations, site visits, and midterm/final evaluations.
 3. Assuring that students have realistic and attainable goals/objectives for the practicum/internship.
 4. Assessing student knowledge of ACA ethics, professional boundaries, safety procedures, confidentiality (HPPA and FERPA), mandatory reporting, informed consent, crisis

- (SI/HI, child/elderly abuse/neglect) evaluations, counseling theories, micro-skills, and self-care.
5. Meeting with students as a group and individually to assist with student interpersonal skills and professional development.
 6. Providing reading assignments, role-playing, re-enactment scenarios, and other skill-building opportunities during class.
 7. Providing opportunities to evaluate student abilities to write a clinical note, treatment plan, progress summary, and other documentation of client services.
 8. Assuring that students have the proper equipment, consent form (Form F), and opportunities for recording a client session, as a class requirement.
 - a. A minimum of one 15 minute recording for practicum and 1.5 credit hour interns.
 - b. A minimum of two 15 minute records for 3.0 credit hour interns.
 9. Providing feedback, give support and direction, and determine opportunities for professional growth to further develop student counseling skills.
 10. Contacting the Site Supervisor and arrange a site visit, as necessary.
 11. Providing copies of the following to the Practicum/Internship Academic Advisor for the student's permanent record:
 - a. Copies of the students' weekly records
 - b. Copies of the midterm/final evaluations
 12. ***Notifying the Practicum/Internship Academic Advisor or Counseling Program Coordinator immediately of any problems in class or at the site.***
 13. Determining a final grade based upon course requirements and consultation with the Site Supervisor.
 - Credit (CR) = Course requirements have been completed satisfactorily.
 - No Credit (NC) = The student did not complete the required hours, assignments, or evaluations during the 9-week term. This is the same as a failing (F) grade.

C. The Site Supervisor must provide:

1. Review of practicum/internship student goals and objectives for the purpose of discussion and making realistic modifications.
2. Opportunities for the student to become oriented to the agency, site policies/procedures, emergency procedures, and training opportunities.
3. Suggested readings (books, articles, manuals, etc.) relevant to the agency, client population, mental health disorders, or types of counseling used.
4. Opportunities to observe various types of clients, counselors, and techniques.
5. Observing student counseling skills through live supervision, Skype or other live Internet-based medium, co-therapy, recordings, or other acceptable form of observation.
6. Individualized supervision opportunities for face-to-face clinical experience at a ratio of 1 hour of debriefing/supervision for every 10 practicum/internship hours. NOTE: This is especially important for state licensure.
7. Facilitating digital recording(s) of an actual client session with secured client permissions, or a mock with a staff member familiar with an actual case. NOTE: It is not recommended that the Site Supervisor record or be a participant in a mock recording.
8. Provide emergency contact information (24 hours per day) for student consultations as necessary.
8. Midterm and final evaluations regarding student performance in a sealed and signed envelope. This may be given to the student to bring to class.

9. Consultation to the Course Instructor, Practicum/Internship Academic Advisor, and Counseling Program Coordinator, as needed.

FORM A

STUDENT APPLICATION TO REGISTER FOR PRACTICUM OR INTERNSHIP

Academic Year: _____ to _____

Directions: *Indicate in the boxes below whether you need a Practicum (P), Internship I (I-I) or Internship II (I-II). Then fill out the rest of the form completely and legibly. Include a copy of your resume and Forms B, C, D with your application to the Practicum/Internship Coordinator.*

Term	Fall 1	Fall 2	Spring I	Spring II	Summer
Type of Training (Practicum, Intern I or II)					

Student Name: _____ Preferred Name _____

Address: _____ City/State: _____

Zip Code: _____ Webster E-mail: _____

Cell Phone: _____ Other E-mail: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Directions: *Answer the following questions.*

Have you completed all core courses? _____ Do you have any incomplete grades? _____

Do you have a fulltime job? _____ Do you have a part-time job? _____

Employer _____ Position _____

Will you be able to devote a minimum of 15-20 hours per week for your practicum? _____

Will you be able to devote a minimum of 37-40 hours per week for each internship? _____

NOTE: If unable to devote a minimum of 37-40 hours per week for your internship, you must consider the 1.5 credit hour option for your internship.

Which will you be able to complete the required clinical hours for: practicum (40/100 hours) _____, 1.5 credit hour internship (60/150) _____, and/or 3.0 credit hour internship = 120/300) _____ ?

Are you currently employed in the agency or institution, or setting where you plan to do your practicum or internship? _____

** NOTE: Credit for the internship may NOT include clinical/non-clinical hours for the student's ordinary employment while performing their usual job duties.*

Student Signature: _____ Date _____

FORM B

AGREEMENT BETWEEN THE PRACTICUM OR INTERNSHIP STUDENT AND WEBSTER UNIVERSITY

(A). I understand that the application for the approval of the practicum or internship experience must be made by the following deadlines:

March 31st	For Summer Term
July 31st	For Fall I and/or II Terms
October 31st	For Spring I and/or II Terms

(B). I understand that I must carry professional liability insurance and that a **copy of the certificate of insurance** (not receipt) must be included with the application materials. The insurance is available through many resources including the American Counseling Association at 1-800-347-6647 x284 or their website at <http://www.hpsso.com/students/studentindex.php3>.

(C). **I understand that the application (Form A), student agreement (Form B), site agreement (Form C), and Professional Skills Evaluation (Form D) must all be completed and submitted with a copy of the certificate of professional liability insurance by the deadlines listed above.** Failure to adhere to this may delay registration and my eligibility for financial aid. If I should miss the deadline for any reason, I will apply for the next term(s). I agree to keep copies of these forms and my certificate of insurance for my personal records.

(D). I agree to **submit my application for the practicum or internship to the Practicum/Internship Academic Advisor before the deadline to be certain that my application is completed.** I understand that I am to submit the originals and keep copies for myself.

(E). **I agree to wait until my application is approved before I can be registered for the course.** I understand that I must be approved and registered for the course before I can begin any hours at the supervision site. I will not be able to begin my practicum hours until after the first class meeting.

(F). I agree to complete the following hours at the site, according to the following requirements:

Practicum I or II	(3 credit hours)	100 total hours with a minimum of 40 clinical hours
Internship I or II	(1.5 credit hours)	150 total hours with a minimum of 60 clinical hours
Internship I or II	(3 credit hours)	300 total hours with a minimum of 120 clinical hours

(G). I further understand that the total number of hours must be within the specified term for which the practicum or internship is approved for a CR grade. I understand that an INC grade can not be granted and that a NC grade will be given if the total number of hours is not completed during that term, which is the equivalent of an F for the course.

(H). I understand that I am required to submit **digital recordings** (video file) of a client session or a mock session with a caseworker from the agency where I am doing my practicum/internship so my counseling skills can be evaluated by the course instructor.

(I). In the instance where the practicum or internship experience must be terminated due to personal illness, death, or closure of the agency, I understand I may be able to use my hours accumulated up to that point so long as I reapply for the next term, register, and pay my tuition.

(J). I agree that it is my responsibility to arrange weekly meetings with my Site Supervisor or 1 hour of supervision for every 10 hours of practicum/internship experience for the purpose of reviewing cases, verifying hours and the type of work done at the site (see Form E for the debriefing/weekly record), and reminding them to submit midterm (Form F) and final evaluations (see Form G). I will bring them to class in a sealed and signed envelope during the 3rd and 5th class meetings, respectively. As required, I agree to complete a site evaluation (Form I).

(K). I understand that it is **my responsibility** to attend all classes, complete other assignments as given by the Course Instructor, complete the necessary digital recordings on time (with required client consent Form H) as specified by my instructor, to be on time for the class to begin, and to be fully prepared. I shall expect to receive feedback, insight, and some constructive suggestions that are intended to help me become a competent professional counselor and will receive them in an accepting manner. I understand that hours with the Course Instructor shall not be counted as clinical or non-clinical hours for the practicum or internship.

(J). I understand that I will be complying with agency policies and procedures, maintaining a positive attitude, and displaying counseling knowledge and skills at all times. This may include compliance with a requirement for a background check, TB test, HepB immunizations or waiver, blood-borne disease prevention, or any other pre-employment criteria set forth by the agency site.

(K). I understand that falsifying any records at Webster University or with the site constitutes immediate failure of the course and potential withdrawal from the Counseling Program.

(L). I hereby attest that I have read and understand the American Counseling Association (ACA) Code of Ethics (see <http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.asp>) and will conduct myself at the site and in class in accordance with these standards. I further understand that any breach of this code or any unethical behavior on my part may result in termination of the practicum or internship experience at the site, a failing grade, and that written notification of such behavior may be a part of my permanent record.

(L). I further agree to notify my instructor, Practicum/Internship Academic Advisor, and Counseling Program Coordinator immediately of any potential changes at the site; including change of Site Supervisor, conflicts at the site, or problems completing the required clinical, non-clinical, and supervision hours.

Student Name: _____

Student Signature: _____ Date: _____

FORM C
SITE SUPERVISOR AGREEMENT

All parties have read the Webster University Counseling Program Practicum and Internship Handbook for the Myrtle Beach campus and accept the responsibilities described herein to provide experiences to meet the requirements for state licensure as a Licensed Professional Counselor. The proposed schedule shall be as follows:

Practicum dates _____ to _____ for _____ Term, _____ Year
Internship I dates _____ to _____ for _____ Term, _____ Year
Internship I dates _____ to _____ for _____ Term, _____ Year
Internship II dates _____ to _____ for _____ Term, _____ Year
Internship II dates _____ to _____ for _____ Term, _____ Year

Printed Name of Webster Student: _____

Signature of Webster Student: _____ Date _____

Address: _____
(Street or P.O. Box) (City) (Zip Code)

Cellular Phone: _____ Webster E-mail: _____

Agency Name: _____

Agency Address: _____
(Street or P.O. Box) (City) (Zip Code)

Printed Name of Site Supervisor: _____

Signature of Site Supervisor: _____ Date _____

Type of License _____ State: _____ License Number: _____ Expiration date: _____

Contact Information: Phone: _____ E-mail: _____

Name of Site Supervisor's Administrator: (If Required) _____

Signature of Site Supervisor's Administrator: _____ Date _____

Contact Information: Phone: _____ E-mail: _____

Webster University Academic Advisor Signature: _____

Counseling Program Coordinator Signature: _____

Date Approved: _____

FORM D
Webster University
 Department of Behavioral and Social Sciences
Professional Counseling Degree Program

Professional Skills Evaluation

Student Name _____ Today's Date _____

Student Directions: This self- evaluation is to be completed as part of your initial application and used to establish goals and objectives for the practicum/internship. It will be completed by your site supervisor as your final evaluation. Complete the following self-evaluation using this scale:

- 1 = Low, lacks competence in this area;*
- 2 = Low Average, some competence but needs improvement;*
- 3 = Average, adequate competence;*
- 4 = High Average, more than adequate in this area;*
- 5 = High, the performs extremely well in this area;*
- NA = evidence of the skill is not required for this practicum/internship setting.*

Basic Counseling Skills (competency evidenced in skills selected by Foundations of Counseling/5020 instructor; competency in most by completion of Group/COUN 5600; competency by completion of Practicum/6000)	1	2	3	4	5	NA
Demonstrates empathy in all professional relationships						
Demonstrates unconditional positive regard in client relationship						
Demonstrates development of therapeutic alliance with client						
Demonstrates appropriate body language with client including eye contact, body position, and distance from client taking into consideration social and cultural norms of the client						
Demonstrates facial expressions congruent with language						
Tone is appropriate for counselor role						
Demonstrates respect for and acceptance of the client						
Is collaborative with client as evidenced through verbal and body language						
Communicates trust and safety with the client						
Can hear client comments in a non-defensive manner						
Avoids double questions						
Maintains focus on client issue as appropriate						
Asks open-ended questions						
Summarizes periodically						

	1	2	3	4	5	NA
Avoids answering the question for the client						
Can label the client's feeling(s) whether verbalized or not						
Demonstrates ability to assess for suicidal ideation						
Demonstrates ability to assess for homicidal ideation						
Understands the differences between sexual, physical, verbal, emotional, and elderly abuse						
Demonstrates ability to assess for sexual, physical, verbal, emotional, and elderly abuse						
Knowledge of relationship between diagnosis and treatment						
Understands the concept of informed consent and uses regularly with clients						
Understands the concept of confidentiality and demonstrates appropriate use of confidentiality statements with clients						
Understands the concept of referral						
Has demonstrated referral of a client						
Understands the concept of termination						
Has demonstrated use of termination						
Maintains client focus in session						
Uses silence appropriately (knows when to break)						
Paraphrases accurately						
Reflects client content						
Reflects client content with emotion						
Demonstrates awareness of own personal biases						
Demonstrates awareness of own racial identity level						
Demonstrates awareness of own values						
Advanced Counseling Skills (beginning competency in Practicum/6000; evidenced competency in most by completion of Internship/6500)	1	2	3	4	5	NA
Confronts clients with incongruities in a professional and appropriate manner						
Encourages transition of session content to outside functioning						
Interrupts appropriately						
Reflects clients content with emotion and underlying meaning						
Can label the clients values whether verbalized or not						
Understands the concept of and practices within ones level of competence						
Understands the differences between personal and professional boundaries and demonstrates appropriate use of boundaries in interpersonal interactions						
Understands appropriate application of treatment related to chemical addiction						

	1	2	3	4	5	NA
Evidenced knowledge of the relationship between medications and treatment						
Demonstrates understanding of difference between crisis, disaster, and trauma counseling						
Demonstrates appropriate application of systems theory when working within an obvious system (family, couple, group)						
Demonstrates application of one theory or no more than integration of two theories in internship experience						
Demonstrates ability to integrate selected theory with practice						
Is aware of effect on others						
Understands systems theory						
Is aware of how counselor's values impact therapy outcome						
Is aware of how others' cultural differences impact counselor's approach and language						
Demonstrates professional comfort with the topic of sex						
Demonstrates professional comfort with the topic of abuse, physical, sexual and verbal						
Self-discloses appropriately						
Demonstrates ability to assess for client cultural and social implications on presenting issues						
Professional Ethics and Manner (evidenced competency in most by completion of Professional Ethics/5800; evidenced competency in all by completion of Internship/6500)	1	2	3	4	5	NA
Participates every week in class discussions and activities						
Demonstrates professionalism in discussions of conflict or concern related to the counseling program						
Demonstrates manner consistent with a counselor when managing conflict or concern in the program						
Participates in professional organizations in seminars, workshops, and or other activities that contribute to personal and professional growth.						
Can label counselor's professional identification						
Demonstrates empathy in all professional relationships						
Application of ACA Code of Ethics						
Awareness of Social and Cultural Issues (evidenced awareness by Foundations/5020; evidenced initial competency by Group/5600; evidenced competency by completion of Internship/6500)	1	2	3	4	5	NA
Demonstrates awareness of counselor's own values						
Demonstrates awareness of how counselor's values impact therapy outcome						
Demonstrates awareness of personal biases						

	1	2	3	4	5	NA
Demonstrates awareness of effect on others						
Demonstrates sensitivity to differences without prejudice; and understands impact of prejudice						
Demonstrates awareness of own racial identity level						
Demonstrates ability to assess for client cultural and social implications on presenting issues						
Demonstrates ability to label client cultural and social implications on presenting issues						
Demonstrates awareness of the ways others' cultural differences impact therapeutic approach and session content						
Demonstrates appropriate self-disclosure						
Planning and In-session time (evidenced some competency by completion of Practicum/6000; evidenced competency in all by completion of Internship/ 6500)	1	2	3	4	5	NA
Demonstrates appropriate use of theory in relation to case conceptualization skills						
Demonstrates appropriate use of client time in therapeutic manner						
Ability to develop measurable treatment goals						
Can develop treatment goals						
Can implement treatment plan						
Can delineate selected theory according to basic tenets, counselor's role, how change occurs, therapeutic strategy, tools/techniques, human nature, goals of treatment, strengths and limitations of the theory, and multicultural critiques of the theory						
Conceptualizes a client case in relation to chosen theory						
Demonstrates application of <i>one</i> theory in case conceptualization while in Internship experience						
Demonstrates awareness of social and cultural issues						
Can make an accurate DSM-IV-R diagnosis when appropriate						
Can implement a professional intake interview including psychosocial history and mental status examination						
Self growth and awareness (evidenced initial awareness and practice in Foundations/5020 and Group/5600; evidenced competency by completion of Internship/6500)	1	2	3	4	5	NA
Understands the concept of and evidenced regular practice of self care						
Is aware of effect on others						
Understands the differences between personal and professional boundaries						
Appropriate use of boundaries in interpersonal interactions						

Clinical Supervision (evidenced awareness and some competency by Group 5600; evidenced competency by completion of Practicum/6000)	1	2	3	4	5	NA
Takes feedback non defensively						
Responds to instructor in manner consistent with that of a counselor						
Is aware of affect on peers and instructor when responding or providing feedback						
Provides feedback to peers in a manner consistent with that of a counselor						
Comprehends supervisory feedback and integrates it into next client session						
Self confidence is congruent with developing skill level						
Overall skill with specific client subgroups (evidenced competency by completion of Internship/6500)	1	2	3	4	5	NA
Ability to conduct individual counseling						
Ability to conduct co therapy						
Ability to conduct group therapy (as facilitator)						
Ability to conduct family counseling						
Ability to conduct couples and marriage counseling						
Ability to conduct counseling with minors						
Experience with diverse clientele						
Experience with depth of client issues						
Experience with referral and or termination						

Identified Strengths:

Areas in Need of Improvement:

Skills Development Plan of Study for Practicum:

Skills Development Plan of Study for Internship I:

Skills Development Plan of Study for Internship II:

Student Signature _____ Date _____

Adapted from Cristiani & George, 1995; Bernard & Goodyear, 2004; CACREP, 2008; Engles, Minton, & Ray, 2009; NBCC; & Wong & Wong, 2003.

FORM F
SITE SUPERVISOR WEEKLY RECORD
Webster University Counseling Program

Webster University Student: _____ Week: _____ to _____

Practicum/Internship Goal: _____

Objective Discussed:

Clinical (Direct, Face-to-Face) Hours

Intake evaluation _____ hrs.
Assessment _____ hrs.
Individual counseling _____ hrs.
Child/adolescent _____ hrs.
Family counseling _____ hrs.
Home visits _____ hrs.
Marital counseling _____ hrs.
Group counseling _____ hrs.
Other (describe) _____ hrs.
Total Clinical Hours Needed: _____
Total Clinical Hours This Week: _____
Total Clinical Hours Left: _____

Indirect (Non-Clinical Hours)

Consultation _____ hrs.
Review of recordings _____ hrs.
Preparation for client work _____ hrs.
Staffings/meetings _____ hrs.
Training _____ hrs.
Other (describe) _____ hrs.
Total Non-Clinical Hours Needed: _____
Total Non-Clinical Hours This week: _____
Total Non-Clinical Hours Left: _____

Site Supervision

Individual Supervision Hours this Week By Site Supervisor: _____ hrs.
Group Supervision Hours this Week by Site Supervisor: _____ hrs.
Total Supervision Hours This Week: _____
Total Supervision Hours This Term: _____

Student Concerns: _____

Site Supervisor Recommendations:

Staff Signature Verifying Hours: _____

Site Supervisor Signature: _____ Date: _____

FORM G

Informed Consent Form Webster University Counseling Program

Informed Consent

I understand that I will be seen by a Counselor-In-Training with Webster University as a under the direct supervision of a Licensed Professional Supervisor at the agency. It has been explained to me that there will be times when the Counselor-In-Training will need to discuss details of my case with their Supervisor. I agree to be seen by the Counselor-In-Training.

Initials _____

Statement of Counselor-in-Training Mandatory Reporting Obligations

I understand there are certain situations, when it may be necessary to protect me or others from harm, in which the Counselor-in-Training is mandated by law to report. Those situations include:

- * A clear and present danger to myself or others
- * Suspected abuse or neglect of a child or vulnerable (disabled or elderly) adult
- * A court order regarding the contents of my case.

If such a situation arises, it will be discussed with me before any action takes place. Resulting actions may include contacting family members, seeking hospitalization, notifying potential targets, and notifying Department of Social Services or the police.

I understand that counseling sessions may be terminated by me at any time and that the Counselor-in-Training may, with advanced notice, refer me to another counselor. I understand that it would be necessary to terminate the counseling relationship at that time.

Initials _____

Permission to Be Recorded

I agree to be recorded either by video or audio devices which will be used for supervision purposes. The recordings may be shared with the Webster University instructor and shown to other Webster University students for training purposes. I understand that my face will not be recorded but it will be necessary to locate the camera in such a way that the recording may be heard clearly. The recordings will be kept in a secure location and my identify shall not be revealed.

I agree to be recorded without my (my child's) face showing. **Initials** _____

I agree that the recording may be shown to other students. **Initials** _____

I agree to recording, but it can not be shown to other students. **Initials** _____

I do not wish to be recorded. **Initials** _____

Client Name: _____ **Client/Parent Signature:** _____ **Date:** _____

Witnessed by Counselor-In-Training: _____ **Date:** _____

FORM H

SITE SUPERVISOR'S MIDTERM EVALUATION FORM

Webster University Counseling Program

Directions for the Student: Complete this portion of the form before asking the Site Supervisor to complete the evaluation form.

Printed Name: _____ Student Signature: _____

Directions for Site Supervisor: Check the following requirements completed by the student.

- _____ Student provided a copy of their professional resume and highlighted counseling skills.
- _____ Student provided a copy of the Webster University Practicum and Internship Handbook.
- _____ Student has provided the Webster University Course Instructor, Practicum/Internship Academic Advisor, & Program Coordinator contact information.
- _____ Student has identified one professional goal and five objectives for the practicum/internship.
- _____ Student has become oriented to safety procedures, crisis management, management of client records, and other policies and procedures of the agency.
- _____ Student has kept accurate weekly records of the practicum/internship experience
- _____ Student has initiated the need for and receptiveness to feedback and professional development.
- _____ Student has expressed evidence of professional counseling knowledge.
- _____ Student has expressed evidence of professional counseling skills.
- _____ Student is on-time and has displayed professionalism.
- _____ Student shows initiative in scheduling debriefing sessions and securing evaluations.

Please rate your satisfaction, comfort level, or impression of the student's performance on a scale of 1-10 below. Provide comments, if necessary.

Rating: _____ Comments: _____

Indicate the need, if any, to discuss student progress with the Course Instructor or the Practicum/Internship Coordinator.

- _____ Request consultation with the Course Instructor
- _____ Request consultation with the Practicum/Internship Academic Advisor
- _____ Request consultation with the Counseling Program Coordinator

Please sign and place in a sealed and signed envelope, to be sent to the Course Instructor by the student.

Agency: _____

Site Supervisor Signature: _____ Date: _____

Site Supervisor Telephone: _____ (W) _____ (C) License #: _____

Site Supervisor E-mail Address: _____

FORM I
Webster University
Department of Behavioral and Social Sciences
Professional Counseling Degree Program

Professional Skills Evaluation
Final Evaluation for Practicum

Student Name _____ Today's Date _____

Site Supervisor Directions: *This evaluation is to be completed as the practicum student's final evaluation. Complete the following self-evaluation using this scale:*

- 1 = Low, lacks competence in this area;*
- 2 = Low Average, some competence but needs improvement;*
- 3 = Average, adequate competence;*
- 4 = High Average, more than adequate in this area;*
- 5 = High, the performs extremely well in this area;*
- NA = evidence of the skill is not required for this practicum/internship setting.*

Basic Counseling Skills (competency evidenced in skills selected by COUN 5020, COUN 5600, and competency completion in COUN 6000)	1	2	3	4	5	NA
Demonstrates empathy in all professional relationships						
Demonstrates unconditional positive regard in CL relationship						
Demonstrates development of therapeutic alliance with CL						
Demonstrates appropriate body language with CL including eye contact, body position, and distance from CL, taking into consideration social and cultural norms of the CL						
Demonstrates facial expressions congruent with language						
Tone is appropriate for counselor role						
Demonstrates respect for and acceptance of the CL						
Is collaborative with CL as evidenced through verbal and body language						
Communicates trust and safety with the CL						
Can hear CL comments in a non defensive manner						
Avoids double questions						
Maintains focus on CL issue as appropriate						
Asks open ended questions						
Summarizes periodically						
Avoids answering the question for the CL						
Maintains CL focus in session						
Uses silence appropriately (knows when to break)						
Paraphrases accurately						
Reflects CL content						
Reflects CL content with emotion						
Demonstrates awareness of own personal biases						
Demonstrates awareness of own racial identity level						

	1	2	3	4	5	NA
Demonstrates awareness of own values						
Advanced Counseling Skills						
Understands the differences between personal and professional boundaries and demonstrates appropriate use of boundaries in interpersonal interactions						
Clinical Supervision (evidenced awareness and some competency by Group 5600; evidenced competency by completion of Practicum/6000)	1	2	3	4	5	NA
Takes feedback non defensively						
Responds to instructor in manner consistent with that of a CN						
Is aware of affect on peers and instructor when responding or providing feedback						
Provides feedback to peers in a manner consistent with that of a CN						
Comprehends supervisory feedback and integrates it into next CL session						
Self confidence is congruent with developing skill level						
Clinical Supervision (evidenced awareness and some competency by Group 5600; evidenced competency by completion of Practicum/6000)	1	2	3	4	5	NA
Takes feedback non defensively						
Responds to instructor in manner consistent with that of a CN						
Is aware of affect on peers and instructor when responding or providing feedback						
Provides feedback to peers in a manner consistent with that of a CN						
Comprehends supervisory feedback and integrates it into next CL session						
Self confidence is congruent with developing skill level						

Practicum Student Strengths:

Areas that need more attention for this Student:

Recommendations for Student:

Site Supervisor Signature: _____ Date: _____

I have read this evaluation.

Student Signature: _____ Date _____

Adapted from Cristiani & George, 1995; Bernard & Goodyear, 2004; CACREP, 2008; Engles, Minton, & Ray, 2009; NBCC; & Wong & Wong, 2003.

FORM J
Webster University
Department of Behavioral and Social Sciences
Professional Counseling Degree Program

Professional Skills Evaluation
Final Evaluation for Internship I

Student Name _____ Today's Date _____

Site Supervisor Directions: This evaluation is to be completed as the practicum student's final evaluation. Complete the following self-evaluation using this scale:

- 1 = Low, lacks competence in this area;*
2 = Low Average, some competence but needs improvement;
3 = Average, adequate competence;
4 = High Average, more than adequate in this area;
5 = High, the performs extremely well in this area;
NA = evidence of the skill is not required for this practicum/internship setting.

Basic Counseling Skills (COUN 6000 and COUN 6500)	1	2	3	4	5	NA
Can label the CL's feeling(s) whether verbalized or not						
Demonstrates ability to assess for suicidal ideation						
Demonstrates ability to assess for homicidal ideation						
Understands the differences between sexual, physical, verbal, emotional, and elderly abuse						
Can label the CL's feeling(s) whether verbalized or not						
Demonstrates ability to assess for suicidal ideation						
Demonstrates ability to assess for homicidal ideation						
Demonstrates ability to assess for sexual, physical, verbal, emotional, and elderly abuse						
Knowledge of relationship between diagnosis and treatment						
Understands the concept of informed consent and uses regularly with CLs						
Understands the concept of confidentiality and demonstrates appropriate use of confidentiality statements with CLs						
Understands the concept of referral						
Has demonstrated referral of a CL						
Understands the concept of termination						
Has demonstrated use of termination						
Advanced Counseling Skills (Internship/6500)	1	2	3	4	5	NA
Confronts CLs with incongruities in a professional and appropriate manner						
Encourages transition of session content to outside functioning						

Interrupts appropriately						
Reflects CL content with emotion and underlying meaning						
Can label the CL's values whether verbalized or not						
Understands the concept of and practices within ones level of competence						
Understands appropriate application of treatment related to chemical addiction						
Demonstrates understanding of difference between crisis, disaster, and trauma counseling.						
Professional Ethics and Manner (evidenced competency in most by completion of Professional Ethics/5800; evidenced competency in all by completion of Internship/6500)	1	2	3	4	5	NA
Participates every week in class discussions and activities						
Demonstrates professionalism in discussions of conflict or concern related to the counseling program						
Demonstrates manner consistent with a CN when managing conflict or concern in the program						
Participates in professional organizations in seminars, workshops, and or other activities that contribute to personal and professional growth.						
Can label CN's professional identification						
Demonstrates empathy in all professional relationships						
Application of ACA Code of Ethics						

Internship I Student Strengths:

Areas that need more attention for this Student:

Recommendations for Student:

Site Supervisor Signature: _____ Date: _____

I have read this evaluation.

Student Signature: _____ Date _____

Adapted from Cristiani & George, 1995; Bernard & Goodyear, 2004; CACREP, 2008; Engles, Minton, & Ray, 2009; NBCC; & Wong & Wong, 2003.

FORM K

Webster University
Department of Behavioral and Social Sciences
 Professional Counseling Degree Program

Professional Skills Evaluation *Final Evaluation for Internship II*

Student Name _____ Today's Date _____

Site Supervisor Directions: *This evaluation is to be completed as the practicum student's final evaluation. Complete the following self-evaluation using this scale:*

- 1 = Low, lacks competence in this area;*
 - 2 = Low Average, some competence but needs improvement;*
 - 3 = Average, adequate competence;*
 - 4 = High Average, more than adequate in this area;*
 - 5 = High, the performs extremely well in this area;*
- NA = evidence of the skill is not required for this practicum/internship setting.*

Advanced Counseling Skills (beginning competency in COUN 6000, evidenced competency by completion of COUN 6500)	1	2	3	4	5	NA
Evidenced knowledge of the relationship between medications and treatment						
Demonstrates understanding of difference between crisis, disaster, and trauma counseling						
Demonstrates appropriate application of systems theory when working within an obvious system (family, couple, group)						
Demonstrates application of one theory or no more than integration of two theories in internship experience						
Demonstrates ability to integrate selected theory with practice						
Is aware of effect on others						
Understands systems theory						
Is aware of how CNs values impact therapy outcome						
Is aware of how others' cultural differences impact CN's approach and language						
Demonstrates professional comfort with the topic of sex						
Demonstrates professional comfort with the topic of abuse, physical, sexual and verbal						
Self-discloses appropriately						
Demonstrates ability to assess for CL cultural and social implications on presenting issues						

Awareness of Social and Cultural Issues (evidenced awareness by COUN 5200, COUN 6500, and COUN 6500)	1	2	3	4	5	NA
Demonstrates awareness of CN's own values						
Demonstrates awareness of how CNs values impact therapy outcome						
Demonstrates awareness of personal biases						
Demonstrates awareness of effect on others						
Demonstrates sensitivity to differences without prejudice; and understands impact of prejudice						
Demonstrates awareness of own racial identity level						
Demonstrates ability to assess for CL cultural and social implications on presenting issues						
Demonstrates ability to label CL cultural and social implications on presenting issues						
Demonstrates awareness of the ways others' cultural differences impact therapeutic approach and session content						
Demonstrates appropriate self-disclosure						
Planning and In-session time (evidenced some competency by completion of Practicum/6000; evidenced competency in all by completion of Internship/ 6500)	1	2	3	4	5	NA
Demonstrates appropriate use of theory in relation to case conceptualization skills						
Demonstrates appropriate use of client time in therapeutic manner						
Ability to develop measurable treatment goals						
Can develop treatment goals						
Can implement treatment plan						
Can delineate selected theory according to basic tenets, CN role, how change occurs, therapeutic strategy, tools/techniques, human nature, goals of treatment, strengths and limitations of the theory, and multicultural critiques of the theory						
Conceptualizes a client case in relation to chosen theory						
Demonstrates application of <i>one</i> theory in case conceptualization while in Internship experience						
Demonstrates awareness of social and cultural issues						
Can make an accurate DSM diagnosis when appropriate						
Can implement a professional intake interview including psychosocial history and mental status examination						
Self growth and awareness (evidenced initial awareness and practice in Foundations/5020 and Group/5600; evidenced competency by completion of Internship/6500)	1	2	3	4	5	NA
Understands the concept of and evidenced regular practice of self care						
Is aware of effect on others						
Understands the differences between personal and professional boundaries						
Appropriate use of boundaries in interpersonal interactions						

Overall skill with specific client subgroups (evidenced competency by completion of Internship/6500)	1	2	3	4	5	NA
Ability to conduct individual counseling						
Ability to conduct co therapy						
Ability to conduct group therapy (as facilitator)						
Ability to conduct family counseling						
Ability to conduct couples and marriage counseling						
Ability to conduct counseling with minors						
Experience with diverse clientele						
Experience with depth of CL issues						
Experience with referral and or termination						

Internship II Student Strengths:

Areas that need more attention for this Student:

Recommendations for Student:

Site Supervisor Signature: _____ Date: _____

I have read this evaluation.

Student Signature : _____ Date _____

Adapted from Cristiani & George, 1995; Bernard & Goodyear, 2004; CACREP, 2008; Engles, Minton, & Ray, 2009; NBCC; & Wong & Wong, 2003.

FORM L

WEBSTER UNIVERSITY INTERNSHIP STUDENT SITE EVALUATION

Directions: Complete this form and give it to the Course Instructor (who will give it to the Practicum/Internship Academic Advisor) at the conclusion of the Practicum/Internship experience. Additional pages may be attached.

Student Name: _____ Term _____ Year: _____

Practicum ___ Internship I ___ II ___ Internship Site: _____

Site Supervisor: _____ License _____

1. Describe the site setting and services provided.
2. The type of clients with whom you worked and the problems which they had.
3. Counseling/professional activities available at the agency/site to you.
4. Facilities and resources available for professional development.
5. Describe any difficulties regarding the attainment of internship goals.
6. Type and level of communication among the counselors with whom you interacted.
7. Type and level of supervision you received.
8. Advantages and/or disadvantages of this particular setting.
9. Recommendations for future student placement.
10. Recommendations for Course Instructor.