



COLLEGE OF EDUCATION

DEPARTMENT OF HUMAN DEVELOPMENT AND
PSYCHOLOGICAL COUNSELING (HPC)

CLINICAL MENTAL HEALTH COUNSELING PROGRAM

CLINICAL FIELD EXPERIENCE MANUAL

HPC 5900: PRACTICUM IN COUNSELING
HPC 6900: INTERNSHIP IN CLINICAL MENTAL HEALTH COUNSELING

WEBSITE

<http://cmhc.appstate.edu/>

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This manual is subject to change.

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APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM (CMHC)

CLINICAL FIELD EXPERIENCE PROCEDURE FOR CMHC COUNSELING STUDENTS

Students are responsible for finding their own sites. Available resources include the CMHC Site Database, which is located at <http://cmhc.appstate.edu/resources> (on the CMHC website) and the mandatory Clinical Field Experience Orientation. The purpose of Clinical Field Experience Orientation is for site supervisors and students to network with each other. It is also an opportunity for students to screen potential sites and for sites to screen students as potential candidates for practicum or internship.

Meet with the Clinical Field Experience Coordinator

It is recommended that in order to gain the most from your meeting with the Clinical Field Experience Coordinator you prepare yourself in a number of ways. First, read the entire Clinical Field Experience Manual. Next, review the CMHC Site Database and attend the mandatory Clinical Field Experience Orientation. Lastly, attend other seminars designed for student professional growth and development so that you can bring specific questions to your meeting.

Clinical Field Experience Application Process

CMHC students must complete the Clinical Field Experience Application when requested by the Clinical Field Experience Coordinator for CMHC. Please watch your e-mail closely, since the due date for application materials changes each semester because of the university process. Each form must be turned in as requested. Forms are requested at various times because the process has various steps. If a step or form is missing, then your application will be delayed, causing students in some cases to have to extend their program. Missed deadlines or incomplete and/or illegible forms may require you to wait until the following semester before being enrolled. So it is vital that you watch your e-mails and complete all forms as instructed and have all signatures before turning in the forms. Typing the forms helps with legibility.

The materials that must be included in the Clinical Field Experience Application are found under Clinical Field Experience Applicant for CMHC section of this manual. Please note that various people have to process the forms are electronically signed; this process can take up to 4 to 6 weeks from the time you turn in each form.

Time-Line for Site Search

Students are advised to start searching for a site the middle of the semester prior to their intention to take HPC 5900 or HPC 6900. Students are not capable of enrolling themselves in HPC 5900 or HPC 6900. For the enrollment process to occur, you need to submit your Appalachian State University Internship Contract form, which can be found at <http://hpc.appstate.edu/admission/resources> . Because this form is processed by four departments, it can take two to four weeks before you are enrolled. If you are looking for Fall Semester enrollment, your site will need to have your site and Clinical Field Application turned in during Spring semester. In order to be certain you are enrolled in time, everything will need to be completed typically before April. If you are enrolling for the Spring semester you will need everything completed by the middle of Fall semester, no later than the first of November. If you are not enrolled before classes start in the semester you wish to take HPC 5900 or HPC 6900, you will need to wait until

the next semester to take either HPC 5900 or HPC 6900.

FIELD EXPERIENCE REQUIREMENTS & DESCRIPTION

Appalachian State University's master's degree in Clinical Mental Health Counseling Program has been accredited in Clinical Mental Health Counseling by the Council for Accreditation of Counseling and Related Educational Programs (CACREP; <http://www.cacrep.org/>) since 1983 and is accredited through 2023. Thus, the requirements for both practicum and internship in Clinical Mental Health Counseling (CMHC) meet the Clinical Mental Health Counseling standards as set forth by CACREP and the North Carolina Board of Licensed Professional Counselors. This Manual will take effect for all students beginning January 1, 2016.

Settings for Professional Practice

Settings for professional practice are defined as mental health service delivery modalities within the continuum of care, such as inpatient care, outpatient care, partial treatment and aftercare, and mental health counseling services networks.

Professional Practice

Professional practice, which includes practicum (HPC 5900) and internship (HPC 6900), provides for the application of theory and the development of counseling skills under supervision. These experiences provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

Professional practice includes the following experiences: (a) intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management, (b) techniques and interventions for prevention and treatment of a broad range of mental health issues, (c) strategies for interfacing with the legal system regarding court-referred clients, (d) strategies for interfacing with integrated behavioral health care professionals, and (e) strategies to advocate for persons with mental health issues. All counseling activities are based in theories and models related to clinical mental health counseling principles.

Student counselors will demonstrate their ability to provide counseling related activities. Counseling related activities (Practice) include the following:

- (a) document biopsychosocial assessment and case conceptualization,
- (b) use diagnostic processes, including differential diagnoses and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD),
- (c) maintain appropriate client records,
- (d) understand the process of third party reimbursement, and other practice and management issues in clinical mental health counseling,
- (e) make appropriate referrals, and
- (f) provide prevention strategies for mental and emotional disorders.

Student Counselors will gain understanding of various important topics through their experiences. The following are topics that each Student Counselor must have an understanding of prior to graduating:

- (a) potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders,

- (b) impact of crisis and trauma on individuals with mental health diagnoses,
- (c) impact of biological and neurological mechanisms on mental health,
- (d) classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation,
- (e) legislation and government policy relevant to clinical mental health counseling, and
- (f) cultural factors relevant to clinical mental health counseling (CACREP, Section 5, C. p 22).

Definition of Direct Hours

Direct hours are typically billable and assist individuals, groups, and families through the counseling relationship. NCBLPC defines direct counseling as including the following components: “a. Assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers. b. Appraisal Activities: – Administering and interpreting tests for assessment of personal characteristics” (NCBLPC § 90-330. Definitions; practice of counseling.3a&b).

Counseling students who are providing the aforementioned duties and activities must be enrolled in HPC 5900 or HPC 6900 courses. Additionally, they must perform these duties and activities under supervision of their site supervisor of record and university supervisor. Additionally, they must have liability insurance from both the university insurance and one of the following: American Counseling Association or National Board for Certified Counselors. These activities are provided only under supervision of a site supervisor (i.e., live supervision, co-therapy, or audio taping).

Definition of Indirect Hours

Indirect services include the following: (a) consulting, which means interpreting scientific data and providing guidance and personnel services to individuals, groups, or organizations, (b) referral activities, which includes identifying problems that require referral to other specialists, (c) record keeping outside of client sessions, and (d) research activities such as designing, conducting, and interpreting research (Adapted the NCBLPC § 90-330. Definitions; practice of counseling.3c&e). Indirect hours also include in-service, meetings, conferences, and professional development. **Site supervision and University supervision does not count as in-direct hours.**

Non-Counseling Activities: The "practice of counseling" does not include the facilitation of communication, understanding, reconciliation, and settlement of conflicts by mediators at community mediation centers authorized by G.S. 7A-38.5 (NCBLPC).

Student counselors may not provide transportation to clients without the presence of another licensed therapist or licensed counselor. Riding along in the car with a licensed counselor or licensed therapist and providing therapeutic intervention for clients would be considered a billable service. Most student counselors are not ready to multi-task by keeping the focus on safe transportation while also providing therapeutic interventions to the client. Furthermore, it is difficult for student counselors to discern when transporting a client is strictly case management or when it is a therapeutic billing services. Therefore, for the safety of the student and the client the university does not condone student counselors providing transportation unless another licensed counselors is with the student and it is clearly indicated as part of

the student counselor's duty. This responsibility needs to be indicated on the Pre-Site Selection form and on the Site Agreement form, along with documentation of training in handling crises that can occur in the process of transporting clients. Additionally, these forms must indicate a clear understanding of how this transportation is within direct hours and a clear understanding that licensed counselors provide the same activity.

Practicum in Counseling (HPC 5900) Standards

Students must complete supervised practicum experiences that totals a minimum of 100 clock hours (average of 10 hours per week over one 15-week semester). This practicum provides for the development of clinical counseling skills under supervision and includes the following activities and requirements:

1. a minimum of 60 hours of direct service with clients and a minimum of 40 hours of indirect services, as previously defined.
2. weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision which occurs regularly over a minimum of one academic term by an approved on-site practicum supervisor.
3. an average of one and one half (1 ½) hours per week of group supervision that is provided on a regular schedule over the course of the student's practicum by a university program faculty member.
4. one (1) hour of individual or triad supervision once weekly by a university supervisor, who will review raw data.
5. audio/videotaping of most of the student's counseling sessions with clients for the purposes of weekly supervision.
6. evaluation of the student's performance throughout the practicum including informal, mid-term, and end of the semester formal evaluation. Evaluations are completed by counseling student, site supervisor, university supervisor, and by classmates.
7. opportunity to become familiar with a variety of professional activities and resources, including technological resources.
8. adherence to ACA code of ethics.
9. demonstration of appropriate professional behaviors and disposition, as outlined on the evaluation tools.

Requirements to meet BEFORE enrolling in HPC5900:

1. Students enrolled in HPC 5900 Practicum in Counseling must have met all of the prerequisites to be enrolled in the necessary corequisites.
2. Both the site and the site supervisor must be approved by the CMHC Field Experience Coordinator, and all necessary documentations must be completed. Site supervisors must have received the appropriate training to be a site supervisor, or be an LPCS or equivalent.
3. Site supervisors must have agreed to be in consultation on a regular schedule with university supervisors.
4. Students must have shown proof of professional liability insurance (as previously outlined).

Internship in CMHC (HPC 6900) Standards

Students must complete a total of 600 clock hours in HPC 6900 Internship in CMHC at an approved site and be on site for at least 20 hours a week; some sites will require more hours per week. Internship includes the following activities and requirements:

1. a minimum 60% (360 hours) of direct hours, and a minimum 40% (240 hours) of indirect hours to meet the 600 hours. Students may complete these hours in one semester of 6 credit hours or over two semesters of 3 credit hours per semesters. Students who take 3 credit hours in one semester must achieve 180 direct hours and 120 indirect hours that semester; they must also achieve 180 direct hours and 120 indirect hours in the second 3 credit hours semester.
2. weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision, which reviews raw data and occurs regularly over the academic term by an approved on-site supervisor.
3. an average of one and one half (1 ½) hours per week of group supervision that is provided on a regular schedule over the course of the student's internship by a university program faculty member.
4. one (1) hour of individual or triadic supervision, which reviews raw data, once a week by university supervisor as deemed necessary.
5. evaluation of the student's performance throughout the internship experience including informal, mid-term, and end of the semester formal evaluation. Evaluations are completed by counseling student, site supervisor, university supervisor, and by classmates.
6. opportunity to become familiar with a variety of professional activities and resources, including technological resources.
7. adherence to ACA code of ethics.
8. demonstration of appropriate professional behaviors and disposition, as outlined on the evaluation tools.

Requirements to meet BEFORE enrolling in HPC6900:

1. Students enrolled in HPC 6900 Internship in CMHC must have met all the prerequisites and be enrolled in the necessary corequisites.
2. Both the site and the site supervisor must already be approved by the CMHC Field Experience Coordinator, and all necessary documentation must be completed.
3. Site supervisors must have satisfactorily met all requirements as outlined.
4. Site supervisors must have agreed to be in consultation on a regular schedule with university supervisors.
5. Students must have shown proof of professional liability insurance, as previously stated.

PREREQUISITES FOR CLINICAL FIELD EXPERIENCES COURSES IN CMHC

Practicum in Counseling (HPC 5900)

- HPC 5120 (Intro to Clinical Mental Health Counseling) *First semester Mandatory*
- HPC 5790 (Group Methods & Processes)
- HPC 5220 (Counseling Theory & Techniques)
- HPC 5752 (Legal and Ethical Issues in Counseling) *Second semester Mandatory*
- HPC 5225 (The Helping Relationship) *starting with the Fall 2015 cohort*

Internship in CMHC (HPC 6900)

- HPC 5120 (Intro to Clinical Mental Health Counseling) *First semester Mandatory*
- HPC 5790 (Group Methods & Processes)
- HPC 5220 (Counseling Theory & Techniques)
- HPC 5752 (Legal and Ethical Issues in Counseling) *Second semester Mandatory*
- HPC 5225 (The Helping Relationship) *Starting with the Fall 2015 cohort*
- HPC 5900 (Practicum in Counseling)
- HPC 6120 (Developmental Assessment and Diagnosis in CMHC) *Second or third semester*

PRACTICUM AND INTERNSHIP FAQ

How do I find a practicum or internship location?

- A database is located on the HPC website that lists practicum and internship sites that students can apply at. The link is <http://cmhc.appstate.edu/resources>, and the PDF file can be found under “CMHC Practicum and Internship Site Database.”
- Meet with your advisor, the coordinator for the certificates programs you have been admitted to, and the Clinical Field Experience Coordinator.
- Attend the annual meeting that occurs in October - “Meet Site Supervisors.”

How many hours do I need to complete my practicum?

- The practicum experience has a minimum requirement of 100 clock hours during the semester (this averages to be about 10-12 hours per week, but some sites can ask students to be on site up to 15 hours per week).
- You need 60 direct hours with clients (individual or group) and 40 indirect hours (record-keeping, referral services, and administrative duties).

How many hours do I need to complete my internship?

- The internship requires 600 clock hours. This can be completed as 40 to 42 hours/week over one semester, or 20 to 22 hours/week across two semesters.
- You need a total of 360 direct hours with clients (combined individual and group) and 240 indirect hours (record-keeping, referral services, and administrative duties). If split between two semesters at the same site, you need 180 direct hours and 120 indirect hours.

What classes do I need to take in order to begin Practicum in Counseling (HPC 5900)?

- HPC 5120 (Intro to Clinical Mental Health Counseling)
- HPC 5790 (Group Methods & Processes)
- HPC 5220 (Counseling Theory & Techniques)
- HPC 5752 (Legal and Ethical Issues in Counseling)
- HPC 5225 (The Helping Relationship) starting with the *Fall 2015 cohort*

What classes do I need to take in order to begin Internship in CMHC (HPC 6900)?

- HPC 5120 (Intro to Clinical Mental Health Counseling)
- HPC 5790 (Group Methods & Processes)
- HPC 5220 (Counseling Theory & Techniques)
- HPC 5272 (Individual and Family Development)
- HPC 5752 (Legal and Ethical Issues in Counseling)
- HPC 5225 (The Helping Relationship) *starting with the Fall 2015 cohort*
- HPC 5900 (Practicum in Counseling)
- HPC 6120 Developmental Assessment and Diagnosis in CMHC

What forms need to be completed to register for practicum or internship?

- **You do not register yourself. If any of the below forms are missing you will not be registered for that semester.**
- The first form that needs to be completed is the Permission to Register for Practicum and Internship form. This form needs to be turned in to the Clinical Field Experience Coordinator when requested via CMHC list-serv. This will hold a spot in one of the course sections, but it **DOES NOT** mean you are enrolled in the course and does not guarantee your first or second course section choice. The student must rank the sections in ascending order of preference.

Please note there are typically 20 to 30 students bidding for a practicum section each semester, and about 16 bidding for an Internship section each semester; therefore you may not be enrolled in your first or second choice of sections. This form only starts the registration process.

- The second form that needs to be completed is the ASU Practicum/Internship Contract. This form needs to be turned in to the Clinical Field Experience Coordinator when requested via CMHC list-serv. This form is the second step to registering but not the final step.
- Both of these forms will start the registration process.
- Both of these forms can be found in the student information cabinet located to the right when entering the HPC office. These forms can also be found online at <http://cmhc.appstate.edu/resources>.
- These forms have to be turned into the Clinical Field Experience Coordinator **every semester**. They must be properly completed, legible, and with all the proper signatures.

How do I register for practicum or internship?

- ***Students cannot register themselves*** for practicum and internship. The proper paperwork has to be turned in to the Clinical Field Experience Coordinator before any further steps can be taken. See the prior section: What forms need to be completed to register for practicum or internship?
- Once the proper paperwork is turned in, there are various individuals that must process and sign off on the form (electronically process and signed off). The registrar's office is the final step and the office that actually registers students for HPC 5900 or HPC 6900. However, if any form is missing or incomplete, the process is delayed and students risk not being registered as they had planned.

How do I know which practicum/internship section I will be placed in?

- The Clinical Field Experience Coordinator will send out an email with the various section times that you can choose in order to pick the best ones that will fit in your schedule.

When do I need to start looking for a practicum or internship site?

- It is recommended that students start looking for a practicum or internship site (at the latest) during the middle of the semester before they will be taking practicum or internship.

CLINICAL FIELD EXPERIENCE APPLICATION FOR CMHC

Students are responsible for monitoring their Appalachian State University e-mail for important announcements. One such announcement is the *Request for Clinical Field Experience Application*. This announcement will occur via the CMHC list-serve and various times throughout each semester. Each form needs to be turned in when requested. Because of the university scheduling process, the time of the announcement varies. Note that you will need to apply for HPC 5900 and HPC 6900 the semester or two before you plan to enroll (i.e. in Fall you will start and complete this process of Spring enrollment; in Spring you will start and complete this process of both Summer semester and Fall semester). This application process occurs each time you plan to enroll in either HPC 5900 or HPC 6900. Therefore, each CMHC student will go through this process at least twice or possibly three times, depending on whether they are enrolled in HPC 6900 for one semester or across two semesters. Forms and other items required include the following:

1. the Permission to Register form.
2. the ASU Internship Contract form.
3. the Pre-Site Selection form.
4. the Site Agreement form.
5. proof of liability insurance (in addition to Appalachian State University's liability insurance).

6. the site supervisor's proof of credential.*
7. the site supervisor's proof of supervision education.

*Note: Already established sites and site supervisors might have the above documents already on file; if so, you will need to update supervisor training information only every two years or so. Check with the CFEC for CMHC if you or your site supervisor has any questions.

Prior to or at the start of each semester, the university supervisor teaching the course will ask for the following:

8. the student's completed self-assessment.
9. the student's Professional Development Plan.
10. the university supervisor's Professional Disclosure Statement signed by the student.
11. the student's Professional Disclosure Statement.

SUPERVISOR QUALIFICATIONS & RESPONSIBILITIES

Supervision is an important part of the training process for both HPC 5900 and HPC 6900. In both Practicum in Counseling and Internship in CMHC, students will receive individual/triadic supervision once a week from an on-site supervisor (the supervisor of record) for 15 weeks. They will receive, on average, 1 ½ to 3 hours of group supervision from the university supervisor. Also, they will receive, on average, 1 hr. of individual/triadic supervision a week from the university supervisor HPC 5900, and additional individual/triadic supervision may be mandated in HPC 6900. Because of the importance of supervision, certain qualifications and responsibilities are required of both the on-site supervisor and the university supervisor. Students also have specific responsibilities to their site, their on-site supervisor, their clients, the CMHC program, and their university supervisor. These responsibilities are located elsewhere in this Manual.

Supervisors Qualifications

University Supervisors must have:

1. relevant experience.
2. professional credentials.
3. counseling supervision training and experience.

Students serving as practicum/internship supervisors must:

1. have completed CACREP entry-level counseling degree requirements.
2. have completed or be receiving preparation in counseling supervision.
3. be under supervision from counselor education program faculty.

On-Site Supervisors must have:

1. a minimum of a master's degree, preferably in counseling or a related profession.
2. relevant certifications and/or licenses.
3. a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled.
4. knowledge of the program's expectations, requirements, and evaluation procedures for students.
5. relevant training in counseling supervision.

Supervisors Responsibilities

On-Site Supervisors agree to:

1. attend orientation, consultation, and professional development opportunities as provided by counselor education program faculty to On-Site Supervisors.
2. have written supervision agreements with CMHC program that define the roles and responsibilities of the faculty supervisor, On-Site Supervisor, and student during practicum and internship.
3. have an agreement with either the university supervisor or the Clinical Field Experience Coordinator that provides details of the format and frequency of consultation to monitor student learning, including on-site visits from the university supervisor or the Clinical Field Experience Coordinator.
4. complete the Pre-Site Selection form.
5. complete the Site Agreement form that is signed by the site-supervisor of record (i.e. the supervisor of record monitors and evaluates the student work), student, and university supervisor.
6. give students opportunities to meet the direct and indirect hours standards for practicum and internship while specifically focusing on activities that develop students' counselor competency (e.g. skills, assessment, referrals, case conceptualization, and maintaining client records).
7. give students ample time and opportunity to complete the necessary direct hours on site (including various site locations) within a reasonable amount of "internship" time each week to avoid student overload. For example, students enrolled in HPC 6900 are expected to be on site between 20 and 22 hours a week, for 3 semester credit hours, and must accrue 180 hours of direct service within 14 weeks; therefore, the average client contact is 13 hours a week, with 7 to 9 hours for indirect service a week.
8. NOT assign students to participate in non-related counseling activities (e.g. activities that other licensed clinicians would not be paid to do). Only employees of the agency should be driving clients to appointments; student counselors may ride along and participate in the therapeutic intervention).
9. recognize that students are also taking additional courses while enrolled in practicum and internship; typically students are enrolled in one to two additional courses.
10. recognize that students may not be able to provide counseling between semesters and may never do so between enrollment in HPC 5900 and HPC 6900.
11. develop individual goals for student counselors at the onset of the semester which may include but are not limited to counseling activities, professional development, and professional disposition. Student performance will be evaluated on these goals regularly and consistently.
12. review raw data either through audio/video taping, live supervision, or co-therapy to enhance, evaluate, monitor, and provide feedback on counseling skills, such as but not limited to assessment skills, techniques, strategies, diagnosis, and case conceptualization.
13. review client records to evaluate and monitor the student counselor's ability to effectively keep records.
14. immediately notify the university supervisor and the Clinical Field Experience Coordinator for CMHC of any ethical violations or any concerns with regard to the student counselor's activities, including but not limited to professional disposition or ability to perform his/her duties.
15. make the evaluation process transparent, including making certain that the student counselor knows which counselors are providing evaluation feedback.
16. complete informal and formal evaluations on students enrolled in practicum and internship. Informal may be done weekly after reviewing raw data, or after case presentation. Written formal evaluation is conducted mid-term, at the university supervisor's site visit, and

approximately two weeks before the end of the semester, using the form developed by the CMHC program.

17. adhere to confidentiality ethics and laws, including but not limited to FERPA, and HIPPA
18. ensure students are not facing harassment or discrimination as outline in American Counseling Code of Ethics, federal and state laws such as but not limited to Title IX
19. immediately notify the Clinical Field Experience Coordinator for CMHC of any concerns in regard to the university supervisor.
20. immediately notify the university supervisor and the Clinical Field Experience Coordinator for CMHC if there is a need to prematurely terminate the relationship with the student counselor. The appropriate protocol will need to be followed if premature termination is warranted.
21. immediately notify the university supervisor of any changes at the site or in the On-Site Supervisor's employment that may affect the student's ability to complete his/her clinical field experience.
22. maintain a professional license and receive 10 hours of clinical supervision training within two years, or maintain LPCS status or equivalent and provide the necessary documentation showing that credentials are current.

University Supervisors agree to:

1. provide orientation, consultation, and professional development opportunities to On-Site Supervisors.
2. have a written consultation/supervision agreement with the On-Site Supervisors that provides details of the format and frequency of the consultation contact to monitor student learning.
3. provide a syllabus to students enrolled in either HPC 5900 or HPC 6900 that outlines expectation for the course.
4. monitor the student's direct and indirect hours and activities at the site.
5. provide group supervision and individual/triad supervision.
6. provide opportunities for professional development and professional disposition growth for student counselors.
7. develop individual goals at the beginning of the semester, which may include but are not limited to counseling activities, professional development, and professional disposition. Student counselors will be evaluated on these goals regularly and consistently. There will be a formal evaluation at midterm, a formal evaluation via a site visit, a formal evaluation at the end of the semester, and weekly informal evaluations.
8. review raw data (audio or videotaping/live supervision) to enhance, evaluate, monitor, and provide feedback on counseling skills, such as but not limited to assessment skills, techniques, strategies, diagnosis, and case conceptualization.
9. review course related documentation to evaluate and monitor the student counselor's ability to effectively keep client records.
10. evaluate the student counselor's professional development and professional disposition.
11. give students the opportunity to evaluate the university supervisor.
12. consult with the Clinical Field Experience Coordinator for CMHC on a regular basis.
13. adhere to confidentiality ethics and laws, including but not limited to FERPA, and HIPPA
14. ensure students are not facing harassment or discrimination as outline in American Counseling Code of Ethics, federal and state laws such as but not limited to Title IX
15. immediately notify the Clinical Field Experience Coordinator for CMHC of any ethical violations or concerns with regard to the student counselor's competency, professional development, or professional disposition.
16. immediately notify the Clinical Field Experience Coordinator for CMHC of any concerns in regard to the site or the On-Site Supervisor.

17. immediately notify the Clinical Field Experience Coordinator for CMHC if there is a need for a student counselor to prematurely terminate his/her relationship with the site relationship and/or any site changes. The appropriate protocol will need to be followed if premature termination is warranted.
18. maintain professional license and receive 10 hours of clinical supervision training within two years or maintain LPCS status or equivalent.

STUDENT COUNSELOR'S RESPONSIBILITIES

The Clinical Field Experience, HPC 5900 Practicum in Counseling and HPC 6900 Internship in CMHC, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. Students that are enrolled in any clinical field experience course will hold the title of Student Counselor.

Student Counselors agree to:

1. follow the procedures and policies for registering for HPC 5900 Practicum in Counseling and HPC 6900 Internship in CMHC each semester.
2. turn in all the necessary paper work for Pre-Site Selection form and Site Agreement to the Clinical Field Experience Coordinator when asked.
3. attend all mandatory meetings, orientations, seminars that are highly suggested, and other events related to HPC 5900 or HPC 6900.
4. conduct themselves as professionals both on site and off site, recognizing that professional behavior and professional disposition are evaluated as part of counseling competency.
5. follow American Counseling Associate (ACA) Code of Ethics.
6. have both Appalachian State University professional liability insurance AND one of the following: professional liability insurance through ACA, or through National Board for Certified Counselors (NBCC). Proof of insurance must be given to the Clinical Field Experience Coordinator as part of the application process to register for HPC 5900 or HPC 6900.
7. purchase an audio or video record that is encrypted, or a flash drive or software that is approved and encrypted to present raw data. Cell phones are not to be used for taping purposes because they are not secure devices.
8. arrive on time to the site and stay on the site for the hours that have been agreed to as designated on the Site Agreement form. Student counselors must recognize that for HPC 5900, they will be on site from 10 to 12 hours a week, and for HPC 6900, they will be on site for 20 to 22 hours a week.
9. complete all direct and indirect hours as established in the Clinical Field Experience Manual within the allotted semester.
10. complete all evaluation forms as discussed in this manual and syllabus.
11. destroy all raw data (audio/video tapes), forms with client information that is used for case presentation in supervision.
12. be open to supervision feedback from on-Site Supervisors, university supervisor, & classmates.
13. give constructive evaluation to on-Site Supervisor, university supervisor, and classmates.
14. complete all forms as required by the syllabus and this manual, for the course the student counselor is enrolled in for that semester.
15. meet all requirements as stated in the syllabus for the course the student counselor is enrolled in for that semester.

16. know that receiving a satisfaction (i.e. passing grade) in either course, HPC 5900 or HPC 6900, demands that the student must meet all the requirements and standards as stated in syllabus and this manual, adhere to the ACA Code of Ethics, met mid-term expectations, and meet expectations for final evaluations.
17. develop individual goals at the beginning of the semester with On-Site Supervisor and university supervisor (site and university supervisors may or may not have separate goals) which may include but are not limited to counseling activities, professional development, and professional disposition. The student will be evaluated on these goals regularly and consistently.
18. adhere to confidentiality ethics and laws, including but not limited to FERPA, and HIPPA adhere to non-harassment or discrimination laws and ethics as outline in American Counseling Code of Ethics, federal and state laws such as but not limited to Title IX
19. immediately notify both the university supervisor and Clinical Field Experience Coordinator if you, the student counselor intern, violate any code of ethics or are arrest, or charged with any legal offense or infractions (county, city state, or federal).
20. immediately notify both the university supervisor and Clinical Field Experience Coordinator if you, the student counselor intern, need to prematurely terminate the relationship with the site or change sites. Premature terminations will need to go through the established protocol.
21. immediately notify both the university supervisor and the Clinical Field Experience Coordinator of any concerns with the On-Site Supervisor or other colleagues.
22. immediately notify the Clinical Field Experience Coordinator if there are any concerns with the university supervisor.

PROTOCOL FOR PREMATURE TERMINATION OF A SITE EXPERIENCE

In accordance with the ethical codes of the American Counseling Association (ACA), it is unethical for a student to terminate prematurely from a practicum or internship site without appropriate protocol and consultation. In rare cases expectations can occur after consultation with university supervisor and or CFEC for CMHC, such as threat of harm or harassment, title 9 concerns, or violation of ACA code of ethics including concern of impairment or medical concerns that prevent completing that semester. Thus, a practicum or internship student is not permitted to simply terminate a practicum or internship experience prematurely. If premature termination is necessary, students must first meet with their University Supervisor, their site supervisor, and the Clinical Field Experience Coordinator for CMHC. If it is determined that that a practicum or internship student has to prematurely terminate his/her practicum or internship relationship for **any reason**, the following protocol is to be followed:

1. The practicum/internship student first will immediately inform the university supervisor via phone, email, or in person about the decision to terminate the practicum or internship **before** notifying the site supervisor.
2. The practicum/internship student will meet personally with the University Supervisor to explain and discuss the circumstances for prematurely terminating the practicum or internship.
3. The practicum/internship student and the University Supervisor will then meet personally with the Clinical Mental Health Counseling Program Coordinator (and any other necessary program faculty or university officials) to discuss the circumstances of the termination and the appropriate termination process.
4. The practicum/internship student and the University Supervisor will then schedule a personal meeting with the Site Supervisor (and any other university and/or agency/school officials) to discuss the termination and provision of clients being seen by the practicum or internship student.
5. The practicum/internship student and the University Supervisor will then report to the

Clinical Mental Health Counseling Program Field Experience Coordinator in writing that all appropriate measures have been taken.

Any student counselor who does not following this protocol is in violation of departmental policies as outlined in this Manual, as well as in violation of the ethical codes set forth by the American Counseling Association. Consequently, a recommendation for expulsion from the Clinical Mental Health Counseling program may be warranted.

PROFESSIONAL DEVELOPMENT PLAN FOR CLINICAL FIELD EXPERIENCE

The purpose of the Professional Development Plan (PDP) for the Clinical Field Experience Courses (HPC 5900 Practicum in Counseling and HPC 6900 Internship in CMHC) is designed to establish developmentally appropriate goals for students by providing clear and transparent expectations for each student's counseling skills, professional development, and professional disposition related to his/her clinical field experience. In addition, the PDP will foster clear and transparent evaluation for students' progress or need for remediation related to their clinical field experiences.

At the beginning of each semester that a student is enrolled in HPC 5900 or HPC 6900, the student will develop a PDP with goals and objectives that are focused on his/her clinical skills, professional behavior, and professional disposition for that semester. Each plan is developed by the student in collaboration with his/her program advisor, and in consultation with the student's University Supervisor, and/or Clinical Field Experience Coordinator, and/or Site Supervisor and/or university advisor.

Each semester, the student's site supervisor has the option to develop a separate PDP that is related to his/her evaluation of the student's skills, professional behaviors, and professional disposition. If the student and the site supervisor develop a separate PDP, it will be shared with the University Supervisor and also, as necessary, with the Clinical Field Experience Coordinator and/or program advisor and/or CMHC Program Director.

Each student's progress on their PDP will be re-evaluated throughout the semester with informal and formal evaluations. The student and university supervisor will conduct formal assessments of the student's progress on the PDP at least three times in a semester (at the beginning, middle, and end). Site supervisors will conduct formal assessment of the student's progress on the PDP at least twice during the semester (at the middle and end), using the CCS-R. Site supervisors have the right to use additional site-related evaluations to determine their evaluation of the student. Informal evaluation happens in each supervision session by the supervisor in attendance (i.e. either university supervisor or site supervisor).

HPC 5900 PDP

The PDP for each student planning to enroll in HPC 5900 is developed after the student has completed the following course prerequisites: HPC 5120, HPC 5220, HPC 5225, HPC 5752, and HPC 5790. The PDP must be developed prior to the third week of HPC 5900. The goals and objectives for this course's PDP are considered after reviewing the student's learning outcome assessments (CCS-R) and in collaboration with the student, the student's program advisor, and/or university supervisor. A copy of the PDP is shared with the Clinical Field Experience Coordinator and, as necessary, with the site supervisor.

HPC 6900 PDP

The PDP for HPC 6900 Internship in CMHC is designed to move students from basic to more complex skills. In addition, students' professional behavior and professional disposition are expected to continue to develop, thereby preparing each student to evolve into a licensed professional counselor. The goal is for students to have the skills, professional behavior, and disposition of an LPCA prior to completing 6 credit hours of HPC 6900. The student's progress on the PDP for HPC 6900 will be reviewed throughout the 6 credit hours and will change as the student successfully achieves their goals.

Prior to being enrolled in HPC 6900, students must have successfully completed their goals and objectives on their PDP for HPC 5900. If your goals and objectives on your PDP in HPC 5900 were not successfully completed, you will have a remediation plan developed or you will be asked to repeat HPC 5900. Students who do not successfully complete their goals and objectives on the PDP after each semester they are enrolled in HPC 6900 risk having to withdraw for that semester and repeat the course or fail the course and thereby be terminated from the program, as discussed in the CMHC Student Manual.

SECURITY OF CLIENT/STUDENT DATA FOR FIELD EXPERIENCE

All students are required to be aware of and follow federal, state, site, and ACA Code of Ethics policies for handling of confidential client/student records and data. It is especially important for students to be clear about the requirements regarding recording sessions and using these recordings for supervision. Students must ascertain that their site agrees to audio/video recording prior to any recording occurring. Additionally, each client and parent/guardian must specifically give permission to be recorded and for that recording to be used in supervision. Such form is available under the forms in the back of this manual. A copy of this form needs to be kept in the client's records, or if the agency form is used then that form is maintain in the client's record.

All data, including recordings, are strictly confidential, and client permission must be received prior to the session being recorded. Records are used only for supervision at the university or at the site. Clients may revoke permission at any time or stop the recording at any time. Cell phones are not secure devices and can never be used for recording of client sessions. Recordings are secured via encryption, and electronic paper work is password protect twice. When student counselors keep client data (e.g. assessments, records from observation, case notes, interviews, etc.), identifying data must be removed from the data, or all documents with identifying information must be secured with encryptions and password protected twice, in a locked box. All electronic records must be secured using encryption software or flash drive or recorder. Any ethical violation of a client's confidentiality is grounds for dismissal from the program.

DESTROYING CLIENT INFORMATION AND RECORDINGS

Students have the responsibility to protect their client's information and to maintain confidentiality, including raw data (audio/video taping). That responsibility requires that all client information after being shared in supervision is immediately destroyed. Meaning all paper work with client information is shredded, and all tapings are erased and recorded over, not just deleted. Because digital files can be retrieved, you must record over the previous session and/or use software that will erase the digital files. If there is any breach of client information, including but not limited to not immediately erasing audio/video tapes properly after being viewed in supervision or not immediately shredding the client information after a supervision session, it will be considered an ethical violation of the client's confidentiality and grounds for dismissal.

PROFESSIONAL LIABILITY INSURANCE

CMHC students who are enrolled in HPC 5900 or HPC 6900 are counselors in training within the community. As such, you are expected to adhere to the ACA's Code of Ethics and to the counseling association's code of ethics in the state in which your site is located, as well as to state and federal laws. Moreover, you must show proof of liability insurance beyond university professional liability insurance throughout your Clinical Field Experience Course work in the CMHC program. Students may obtain liability insurance from one of the following: American Counseling Association, or National Board for Certified Counselors, or another professional counseling organization. Proof of a student's liability insurance must be a part of their Clinical Field Experience Application. No student will be allowed to interact with clients (or even shadow another counselor) without both the university professional liability insurance and another professional liability insurance.

STUDENT CONDUCT IN CLINICAL FIELD EXPERIENCE COURSES

Students enrolled in any CMHC Clinical Field Experience course agree to adhere to the CMHC program Student Manual

<http://cmhc.appstate.edu/sites/cmhc.appstate.edu/files/CMHC%20Handbook%20Aug%202015%20Final%20Version.pdf> , the American Counseling Association Code of Ethics (<http://www.counseling.org/knowledge-center/ethics>), the state laws of North Carolina, and the licensure laws of the North Carolina Board of Licensed Professional Counselors (<http://www.ncblpc.org/>) . Students pursuing the Graduate Certificate in Addictions Counseling must also abide by the laws of the North Carolina of Substance Abuse Professional Practice Board (<http://www.ncsappb.org/>).

The violation of a professional code of ethics, or state law or federal law or policies in the CMHC Student handbook or Clinical Field Experience Manual is grounds for termination. Students are obligated to report any legal violations. In addition, students are expected to share any problems that are related with any diagnosis that could be an impairment in their work with clients (such as alcohol or other drugs or other mental health signs and symptoms as indicate in the DSM. All such occurrences will follow the protocol as outlined in the CMHC student handbook and well as in the University Student Conduct Policy. Students showing impairment will be required to obtain an assessment by a qualified mental health and/or substance abuse counselor and follow the recommendations on the assessment.

REMEDIATION PLAN POLICY FOR CLINICAL FIELD EXPERIENCE

The purpose of a Clinical Field Experience remediation plan is to help students have a clear understanding of areas of deficiency and/or concerns. A remediation plan in either HPC 5900 or HPC 6900 is developed in order to give a student the opportunity to change and/or improve counseling skills, professional behavior, and professional disposition.

The site supervisor, the university supervisor, or the Clinical Field Experience Coordinator can initiate a remediation plan any time during the Clinical Field Experience for CMHC. In addition, the student's program advisor or CMHC Program Director may initiate a remediation plan during the Clinical Field Experience in collaboration with both the university supervisor and the Clinical Field Experience Coordinator for CMHC.

Remediation plans for Clinical Field Experience courses can be established separately from the other academic courses; therefore, a student may have two or more remediation plans. The remediation plans for the Clinical Field Experience courses are based on the assessment and evaluation process of the student's competency, professional behavior, and professional disposition in skill related courses. The assessments and evaluations may also include, but are not limited to, concerns about attendance, harm to self, others, or sites, and/or ethical concerns and/or legal infraction or violations. Formal remediation plans will be written and, whenever possible, developed in collaboration with the student and then signed by all necessary parties.

Clinical Field Experience Remediation Plan

The procedure for remediation plans and professional development plans as outlined in the Clinical Field Experience Manual will be adhered to. If a remediation plan is developed, that plan will be evaluated weekly, and the student must complete the remediation plan prior to the end of the semester in which the plan was established. If the remediation plan needs to continue into the next semester, the student may be advised to repeat either HPC 5900 or HPC 6900, Any financial consequences will be at the expense of the student.

Notifications of Remediation Plans: The CMHC Program Director and student's program advisor will be notified of remediation plans that have been established for any student in a Clinical Field Experience course, unless there is a personal matter that the student requests to keep confidential. If such a request is made, parties who need to know a plan has been established will be notified only that a remediation plan has been enacted but that details will be withheld due to the confidential nature of the personal issues. Site supervisors will be notified that a remediation plan has been established only when that plan directly affects their site. The Clinical Field Experience Coordinator and the university supervisor for that semester will always be aware of a remediation plan related to Clinical Field Experience courses. When deemed appropriate, the Chair of HPC will also be notified by the Clinical Field Experience Coordinator and/or the CMHC Program Director of any student concerns, including any remediation plans.

Non-Negotiable Remediation Plan: On some occasions during the Clinical Field Experience courses, a formal remediation plan which is non-negotiable will be provided to a student. When such an event occurs, it is because a student has refused to accept and implement supervisor evaluations or feedback regarding needed changes that impact client well-being or ethical concerns such as, but not limited to, impairment or safety issues. It is recommended that non-negotiable plans are enacted under any of these circumstances:

1. clear concerns are indicated with informal and formal evaluations, with time remaining for the student to successfully change.
2. evaluations and/ or PDP lack of success indicate that further progress is limited or impossible.
3. immediate concerns are present and there is clear evidence of impairment, harm to self, or others, or the site (including not following agency policies).
4. concerns are present regarding ethical violations or student misconduct or legal arrest or charges.

The university supervisor has the right to consult with the Clinical Field Experience Coordinator, the CMHC program director, as well as the HPC Chair, and the student's program advisor. A remediation meeting is established with the follow persons: (a) the student, (b) the Clinical Field Experience Coordinator, and (c) one of the following: university supervisor, program advisor, CMHC program director, or HPC Chair. When a non-negotiable remediation plan meeting is scheduled, the remediation

plan is pre-written without the student's input. Each person at the meeting will have a copy, and signing the plan indicates that each person agrees to the plan. The remediation plan will be filed in the CMHC student's academic file as well as his/her Clinical Field Experience File, and a copy provided to the student.

Suspension from Counseling Activity and Clinical Field Experience Courses

The university supervisor and/or site supervisor in consultation with the Clinical Field Experience Coordinator for CMHC and CMHC Program Director, and the Chair of HPC can immediately withdraw the student from the site, site activities, or classroom under any of the following circumstances:

1. the student refuses to sign a PDP for HPC 5900 or HPC 6900.
2. the student refuses to sign a remediation plan for HPC 5900 or HPC 6900.
3. there are immediate concerns and/or clear evidence of impairment, harm to self or others, or to the site (including not adhering to the site policy).
4. there is concern regarding an ethical violation or student misconduct or some legal infractions.

Furthermore, any student will be terminated from the Clinical Field Experience courses in the CMHC program for any of the following reasons:

1. receiving an Unsatisfactory in HPC 5900 or HPC 6900.
2. non-adherence to the remediation plan.
3. failure to complete the remediation plan in the time designated.
4. causing of harm to self or others or to the site.
5. violation of student conduct and/or expulsion by the university.

For termination from the Clinical Field Experience Courses in the CMHC program to occur, the proper procedures must be adhered to as outlined in the CMHC Student Handbook and the Graduate School Student Handbook.

APPALACHIAN STATE UNIVERSITY STUDENT CONDUCT POLICY

Students are expected to adhere to the Academic Integrity Code, which states: "*Students attending Appalachian State University agree to abide by the following Code: Students will not lie, cheat, or steal to gain academic advantage. Students will oppose every instance of academic dishonesty. Students shall agree to abide by the Academic Integrity Code when submitting the admission application.*" (<http://studentconduct.appstate.edu/index.php>). **If any such violation in conduct occurs, students can expect the professor to address the violation in accordance with the procedures as outlined in the above sources.**

APPALACHIAN STATE UNIVERSITY DISABILITY POLICY

"Appalachian State University is committed to making reasonable accommodations for individuals with documented qualifying disabilities in accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Those seeking accommodations based on a substantially limiting disability must contact and register with The Office of Disability Services (ODS) at www.ods.appstate.edu or 828-262-3056. Once registration is complete, individuals will meet with ODS staff to discuss eligibility and appropriate accommodations" (Maranda Maxey, Director of Appalachian State University).

Before your requests for accommodations can be honored, your plan with the ODS must be

presented to your University Supervisor. The faculty cannot accept retroactive requests for accommodations; therefore, if you need accommodation, please be pro-active. If you have a plan with ODS when an adjunct or instructor is teaching a Clinical Field Experience course, both the instructor/adjunct and the Clinical Field Experience Coordinator for CMHC will need to have your accommodation plan. Please note that all accommodations plans must adhere to CACREP standards, the ACA code of ethics, and NC State Licensure Laws for LPCAs and LCASAs.

APPALACHIAN STATE UNIVERSITY RELIGIOUS OBSERVANCE POLICY

Clinical Field Experience courses in CMHC will adhere to the ACA Code of Ethics and the site's religious observance policy, as well as the university's religious observance policy. In order for a student's conflict with either religious observance or values/beliefs to be honored, the student is expected to speak immediately to his/her university supervisor and/or the Clinical Field Experience Coordinator. At that time, we can assist in navigating through all three standards (e.g. the ACA Code of Ethics, the site's policy, and the university's policy).

Appalachian State University's Religious Observance Policy states, "Students' religious observances will be respected and honored in accordance with Appalachian State University's Religious Observance Policy which can be found at

<http://www.academicaffairs.appstate.edu/sites/default/files/Interim%20Religious%20Observance%20Policy.pdf>".

APPALACHIAN STATE UNIVERSITY GRIEVANCE PROCEDURES AND OTHER COMPLAINT PROCEDURES

Grievance on the part of any student will be processed in accordance to the CMHC Student Handbook, and as stated in the Appalachian State Student Handbook located at

<http://www.academicaffairs.appstate.edu/resources/grievance>.

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

BOUNDARIES OF COMPETENCE

Must be signed prior to enrolling HPC 5900 and stands throughout your program

Once you begin coursework as a student in the Clinical Mental Health Counseling program you are required to act according to the 2014 American Counseling Association Ethical Codes. Code C.2.a. titled “Boundaries of Competence” states:

“Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience.” (C.2.a, American Counseling Association, 2014, pg. 8).

As a counseling student this means that you may not:

1. provide counseling services, with the exception of practicum and internship, to any individuals regardless of their relationship to you (friend, family member, acquaintance, etc). If you are currently licensed or certified to provide counseling or related services, please complete the *Disclosure of Related Practices* form.
2. offer clinical recommendations, diagnoses, or advice to individuals who are not your clients.
3. receive compensation for services that you are not licensed or certified to provide.
4. provide unsupervised practice in any form, unless you are licensed to do so.

Providing services that exceed your level of competence or scope of practice is a very serious matter, which could result in your removal from the program.

Signing below indicates that you have read and understand the above statements.

_____	_____	_____
Student Printed Name	Student Signature	Date
_____	_____	_____
Faculty Advisor Printed Name	Witness Signature	Date

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APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

DISCLOSURE OF RELATED PRACTICES

Must be signed prior to enrolling HPC 5900 and stands throughout your program

In North Carolina, the "practice of counseling" means holding oneself out to the public as a professional counselor offering counseling services that include, but are not limited to, the following:

- a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.
- b. Appraisal Activities. – Administering and interpreting tests for assessment of personal characteristics.
- c. Consulting. – Interpreting scientific data and providing guidance and personnel services to individuals, groups, or organizations.
- d. Referral Activities. – Identifying problems requiring referral to other specialists.
- e. Research Activities. – Designing, conducting, and interpreting research with human subjects.

The 'practice of counseling' does not include the facilitation of communication, understanding, reconciliation, and settlement of conflicts by mediators at community mediation centers." (§ 90-330. NC General Statutes - Chapter 90 Article 24, found on the North Carolina Board for Licensed Professional Counseling Board, www.ncblpc.org).

It is unlawful for CMHC students prior to licensure in North Carolina as counselors to engage in the practice of counseling unless they fit the following categories: "(1) Licensed lawyers, doctors, school counselors, or other registered, certified or licensed by the State to practice any other occupation or profession while providing the services of his/her profession; (2) Any student intern or trainee in counseling pursuing a course of study in counseling in a regionally accredited institution of higher learning or training institution, if the intern or trainee is a designated 'counselor intern' and the activities and services constitute a part of the supervised course of study. (3) Any person counseling within the scope of employment at a local community college, a public higher education institution or private higher education institution. (4) Any ordained minister or other member of the clergy while acting in a ministerial capacity who does not charge a fee for the service. (5) Any nonresident temporarily employed in this State to render counseling services for not more than 30 days in a year, if the person holds a license or certificate required for counselors in another state. (6) Any person employed by State, federal, county, or municipal government while counseling within the scope of employment." (§ 90-332.1. NC General Statutes - Chapter 90 Article 24, found on the North Carolina Board for Licensed Professional Counseling Board, www.ncblpc.org)

If you engage in any existing related practices, you must disclose them below. Although it is ultimately your responsibility to ensure that you remain in compliance with North Carolina's "practice of counseling" provisions, a CMHC faculty member will review your related practices with you to identify any potential legal or ethical issues. It is your ongoing responsibility to submit an updated form any time during your CMHC program enrollment if you engage in additional related practices.

Description of related practice (if none, indicate “not applicable”):

Printed Name	Signature	Date
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Faculty advisor	Signature	Date
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APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING

RELEASE AND INDEMNIFICATION REGARDING RELATED PRACTICES

As a student enrolled in Appalachian State University's Clinical Mental Health Counseling (CMHC) program, I understand that it is my responsibility to comply with all legal and ethical requirements of the counseling profession. These include, but are not limited to, restrictions on engagement in the "practice of counseling" as defined in North Carolina General Statutes Chapter 90, Article 24, Section 90-330(a)(3), as it may be amended from time to time.

I further understand that I may engage in certain related practices that could potentially be confused with the practice of counseling. Such related practices include, for example, coaching, massage therapy, healing touch therapy, and similar practices. I understand that it is my responsibility to clearly indicate the scope and limits of my activities to any clients I serve in such related practices.

Release and Indemnification (Hold Harmless): I hereby agree to release and indemnify (hold harmless) the State of North Carolina; the University of North Carolina (UNC); the UNC Board of Governors; Appalachian State University (Appalachian); the Appalachian Board of Trustees; all current and former members, officers, agents, and employees of the above-named entities (in both their official and individual capacities); and all successors of the above-named entities of and from any and all claims and liabilities brought in any forum and of any kind or nature whatsoever which any client of mine in a related practice ever had, now has, or may ever have.

Student Printed Name

Student Signature

Date

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

PROFESSIONAL DEVELOPMENT PLAN

Student Name: _____ Date: _____

Clinical Experience Field Coordinator: _____ Date _____

Section I. Area(s) for Professional Development:

(Areas of growth in professional development may include but are not limited to the quality of clinical skill, quality of record keeping, cooperativeness, initiative, attendance, punctuality, dependability, empathy, acceptance of diversity, ethics, and/or professionalism.)

Goal:

Section II. Objectives:

(Professional Development Activities that will assist the student counselor in achieving their goals).

Section III. Mid-term review:

Section IV. Final review:

Section V. Revision of goal or objectives if necessary:

Section VI. Commitment to Professional Development Plan – I understand that I am expected to develop all counseling skills and professional dispositions to the standard of “Meets Expectation” as outlined on the CCS-R and syllabus. However, the above goal and objectives are particular areas of growth. I understand that I need to meet the requirements and standards

of the course and of the Clinical Field Experience Manual. If I do not complete this plan or meet the expectation of the course or this manual, I am aware that a remediation plan may be developed and/or I could receive an unsatisfactory grade in this course.

Date

Student Signature

Date

Site-Supervisor Signature
(if they are also using this plan; if they develop a different plan, all signatures are required on that plan)

Date

University Supervisor

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

REMEDIATION PLAN

(Adapted from Kress, V.E. & Protivnak, J.J. (2009). Professional Development Plans to Remedy Problematic Counseling Student Behaviors. *Counselor Education and Supervision*, 48, 154-166)

Student Name: _____ Date: _____

Clinical Experience Field Coordinator: _____ Date _____

Section I. Area(s) for Professional Development

It has been noted that _____ (student name) would benefit from professional development to remediate the following professional development issue(s):

(Areas for professional development may include progress toward degree completion, quality of foundational coursework, quality of specialization coursework, quality of clinical skill, quality of scholarly skill, cooperativeness, initiative, attendance, punctuality, dependability, empathy, acceptance of diversity, ethics, and/or professionalism.)

Section II. Professional Development Activities

For you to continue to progress toward receiving your counseling degree, the counseling faculty is collectively requiring that you engage in the following professional development activities that relate to the competencies addressed within our program's retention policy. For each competency listed, a date by which satisfactory progress must be made should be documented. Please consider that the faculty member developing the plan with the student will share the information on this form with site supervisors.

Section III. Faculty Comments:

Section IV. Student Comments:

Section V. Professional Development Activities Revised (check here if revision not needed)

Section VI. Commitment to Professional Development Plan

I understand and agree to all of the conditions of this document. If I do not follow through on completing all of the tasks outlined in this contract by the prescribed deadlines, I will be subject to termination from the Clinical Mental Health Counseling Program.

Date

Student Signature

Date

Faculty Representative/Program Chair

Date

Faculty Advisor or University Supervisor

PERMISSION TO REGISTER FOR PRACTICUM/INTERNSHIP FOR CMHC & PSC

Department of Human Development and Psychological Counseling

Instructions:

1. Student completes section A. Please note: **All information is required.**
2. Student's advisor signs section B.
3. Give completed/signed form to Field Experience Coordinator for your program.
4. When approved you will be registered.

For office use only:

Internship Inventory

Contract uploaded

Electronic Signature

Section A:

Student Name: _____

Banner ID#: _____ Student Degree Program _____

Current Address: _____

ASU E-mail: _____

Student Phone #: _____

Term when course is to be taken: _____

GPA: _____ Total # of hours that you will complete prior to taking practicum or internship _____

Student Emergency Contact Information:

Name _____

Relationship _____

Telephone # _____

Internship Details:

Physical location of internship is domestic _____ or international _____

Internship Site is located in which state _____

Internship Site is located in which country _____

Agency/School Details:

Name of Agency/School _____

I wish to be registered for the following course:

HPC 5900 Practicum in:

___ Counseling (3 ch)

Section Preference _____

HPC 6900 Internship in: (rank order preference for section)

___ Clinical Mental Health Counseling (3 sh)

Section Preference _____

___ Clinical Mental Health Counseling (6 sh)

Section Preference _____

___ Professional School Counseling (3 sh)

Section Preference _____

___ Professional School Counseling (6 sh)

Section Preference _____

___ Professional School Counseling (9 sh)

Section Preference _____

Fill this form out and bring
with you to the meeting
with your advisor.

Section B:

This student has or will have the necessary prerequisites for taking the appropriate practicum or internship and has met all assessment and evaluation requirements to begin or continue in field placement and has my permission to register.

Advisor Signature _____ Date _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

PRE-SELECTION SITE FORM FOR FIELD EXPERIENCE

Please indicate: HPC 5900 ___ HPC 6900 ___ Credit hours _____

ASU Student Name _____ Date: _____

ASU Student Phone number _____ email address _____

Beginning Date of Practicum/Internship: _____ Ending Date: _____

Agency/School Site Information

Name of Agency/School: _____

Address _____ State _____ County _____ Zip code _____

Telephone: _____ Website _____

Agency/School Site Supervisor Information

Site Supervisor Name: _____

Direct Phone Line: _____ Email: _____

Highest Degree and Field: _____

Supervisor Area of Specialization _____

Years of Counseling Experience: _____ Years of Supervision Experience _____

Supervisors Current Licensure/Certification Held (NCC, LPCS, LPCS, LPC, LMFT, LCAS, CCS, or specify):

Professional Memberships (ASCA, ACA, NCCA, AAMFT, NCAAMFT, or specify): _____

Agency Clientele _____

Type of Direct Service Offered (Check all that apply)

Individual counseling _____	Couples counseling _____	Family counseling _____
Group counseling _____	Career counseling _____	Intake Assessments _____
Appraisal Services _____	Diagnosis Assessment _____	Others _____

Type of In-Direct Service Offered (Check all that apply)

Treatment planning _____	Progress Notes _____	Discharge planning _____
Consultation services _____	Referral services _____	Case management _____
Others _____		

Site Supervision Provided (Check all that apply)

Individual supervision ___ Triadic supervision ___ Group supervision ___

Education Opportunities for Student Counselors (Check all that apply)

Professional training seminars _____ In-service training _____
Research opportunities _____ Others _____

Audio and/or Video Tape of Clients Permitted**

Yes _____ **or** **No** _____

** The Department of Human Development and Psychological Counseling Master's in Clinical Mental Health Counseling is accredited nationally in community counseling by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). As part of this accreditation requirement, and to facilitate optimum and ethical professional development through supervision of developing clinical skills, practicum and internship students must be permitted, with proper informed consent, to audio and/or videotape counseling sessions. Audio and/or videotaped sessions are to be heard and/or viewed **ONLY** by the following: site supervisor (unless live supervision is used), university site supervisor, and supervision group. Afterward they will be immediately distorted/erased to ensure confidentiality. All practicum and internship students are pledged to the ethical codes of the American Counseling Association (ACA), including all aspects of confidentiality and transporting of tapes back and forth from the practicum/internship site. Any student not adhering strictly to confidentiality as outlined by ACA may be recommended for expulsion from the program by the Clinical Mental Health Counseling Program faculty.

The Reich College of Education and the Department of Human Development and Psychological Counseling at Appalachian State University would like to thank you for your support of our students. We could not effectively train clinical mental health counselors without your help and expertise. Thank you for your assistance and cooperation.

Site supervisor's signature _____ Date _____
Student's signature _____ Date _____
Clinical Field Experience Coordinator's signature _____ Date _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

SITE AGREEMENT FORM FOR FIELD EXPERIENCE

Please indicate:

HPC 5900 Practicum in Counselor ____ HPC 6900 Internship CMHC ____ # of credit hours ____

ASU Student Name _____

ASU Student Phone number _____ Student's e-mail address: _____

Beginning Date of Practicum/Internship: _____ Ending Date: _____

Agency/School Site Information

Name of Agency/School: _____

Site Supervisor Name & credentials: _____

Direct Phone Line: _____ Email: _____

Agency Clientele _____

Number of Hours per week expected to be at the site _____

Indicate specific times and days that reflects the actual time on site this semester

Hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Agreed duties and responsibilities for this semester:

Direct Service Offered (Check all that apply)

Individual counseling ____ Couples counseling ____ Family counseling ____
 Group counseling ____ Career counseling ____ Intake assessments ____
 Appraisal services ____ Diagnosis assessment ____ Screening ____
 IIH ____ CA ____ Others _____

In-Direct Service Offered (Check all that apply)

Treatment planning ____ Progress notes ____ Discharge planning ____
 Consultation services ____ Referral services ____ Case management ____
 Others _____

Audio and/or Video Tape of Clients Permitted**

Yes _____ OR No _____

Student Counselor can transport Audio or Video Tapes**

Yes _____ OR No _____ OR On site viewing only _____

Site Supervision Schedule (Please check all that apply and you agree to provide.)

One hour face to face Weekly Individual supervision ____ Date and time _____

One hour face to face Weekly Triadic supervision ____ Date and time _____

One hour face to face Weekly Group supervision ____ Date and time _____

Consultation with University Supervisor of Clinical Field Experience Coordinator

Please indicate your agreement to the following by initialing; contact will occur minimally within 30 days of the semester starting, at mid-term/site visit, and at the end of the semester.

Contact once a month when there are no problems _____

Contact twice a month when there are slight problems _____

Contact weekly when remediation plan is in place _____

Termination

It is understood and agreed upon by all parties involved that the practicum/internship site has the right to terminate the practicum/internship experience of the student whose physical or mental health status is detrimental to the services provided to consumers at the practicum/internship site. Equally, should the practicum/internship site not fulfill its obligation to provide the practicum/internship student the services agreed upon in contract, the university supervisor has the right to terminate the practicum/internship experience of the student. In either case, such action should not be taken until the grievance against any practicum/intern student, or site, has been discussed with the practicum/intern student, ASU officials, and the site supervisor. Please refer to Protocol for Premature Termination of Practicum/Internship.

Equal Opportunity

In accordance with the Ethical Codes of the American Counseling Association, it is mutually agreed that all parties shall not discriminate on the basis of race, color, nationality, ethnic origin, language preference, immigration status, sexual preference, age, ability level, gender, or creed.

ASU/Student/Site Supervisor Agreement:

We understand and agree to perform the above responsibilities. We understand and agree to practice counseling in accordance with the ACA Code of Ethics. We understand that there is a responsibility to keep ASU faculty & site supervisor informed of student on-site activities and provide them with the appropriate material needed for supervision.

Site supervisor's signature _____ Date _____

Student's Signature _____ Date _____

Clinical Field Experience Coordinator's signature _____ Date _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM &
PROFESSIONAL SCHOOL COUNSELING PROGRAM

PROOF OF SUPERVISION TRAINING

(This only needs to be completed once by a the site supervisors, most established supervisors have completed this form, typically only new supervisors are required. Check with the Clinical Field Experience Coordinator to determine if this needs to be completed by your site supervisor)

TO: Practicum and Internship Field Placement Supervisors

In accordance with the Standards published by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), we need to know what, if any, relevant training you have had in providing counseling/clinical supervision. Please check all supervision/clinical training(s) that apply to you:

- _____ District Training
- _____ Training at professional associations/conferences, such as American Counseling Association
ACA, North Carolina School Counselors Association -NCSCA, North Carolina Counseling
Association -NCCA, etc.,
- _____ ASU/HPC In-Service
- _____ Workshop/Presentation (not a conference workshop or presentation)
- _____ Coursework
- _____ Other

If you have not received any relevant training in supervision, please read the attached articles summarizing those expectations and special considerations necessary to meet the training requirements of CACREP.

Have you now read the attached supervision article? Yes No

On-Site Supervisor Signature Printed Name Date

Thank you again for all your support and assistance to our students!

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

CLIENT CONSENT TO AUDIO OR VIDEO RECORD

I, _____, agree to be counseled by a Clinical Mental Health Counseling practicum/intern student in the Department of Human Development and Psychological Counseling at Appalachian State University.

I further understand that I will participate in counseling interviews that will be audiotaped, videotaped, and/or viewed by practicum/intern students.

I understand that a graduate student who has completed advanced coursework in counseling/therapy will counsel me.

I understand that a faculty member and site supervisor will supervise the student.

Signature of Client

Date

Signature of Parent/Guardian
(if client is under the age of 18)

Date

Signature of Counselor Intern

Date

Signature of Counselor Site Supervisor

Date

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

**VERIFICATION OF DESTRUCTION OF AUDIO/VIDEO RECORDINGS &
DOCUMENTATIONS**

I, _____, verify that I have destroyed all copies of audio and/or visual recordings made and forms with client information that are used during my field experiences. This includes, but is not limited, to:

1. any or all devices on which the original sound/video file was recorded,
2. any or all devices onto which the recorded files were uploaded,
3. any or all transmission programs (e.g., Hightail) by which recordings were sent to supervisors,
4. any or all objects onto which the recordings were copied for the purpose of conveyance (cd, thumb drive etc.),
5. any and all “downloads” files on any of these programs and/or devices,
6. any and all “trash,” “recycling,” or deleted files (audio/video and forms) receptacles.
7. All recordings after deleted are recorded over.
8. All paperwork/documents files have been shredded and deleted from the electronic devices.

In the case that any question should arise hereafter regarding this legal and ethical matter, I am hereby attesting to the fact that the permanent and complete deletions/destructions of these recording files were executed on ___/___/___ at ___:___ am/pm.

Student Signature

Date

University Supervisor Signature verifying receipt of this form

Date

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

SAMPLE OF PARENTAL RELEASE FORM

Parent's Name _____

Address _____

Phone _____ (Home) _____ (Mobile) or (Office)

Clinical Field Experience courses (Counseling Practicum and Internship In CMHC) are advanced required courses that the graduate student-counselor intern is required to complete for their MA degree in the Clinical Mental Health Counseling program, in the Human Development and Psychological Counseling Department at Appalachian State University. In these courses student counselor interns are required to audio and/or videotape their counseling sessions in order to meet the course and program requirements. Each student counselor receives direct supervision from an On-Site Supervisor and a University Supervisor.

Student's name _____ would like to work with your son/daughter, a client/student at _____ agency/school.

The counseling sessions conducted with your child may be audio and/or videotaped and will be reviewed by the student's supervisor _____. All audio and videotapes will be erased at the end of each supervision meeting.

We hope that you will take the opportunity to have your child receive counseling from our student counselor intern in the Clinical Mental Health Counseling Program. If you are interested in having your child receive counseling, please sign the form where indicated.

Thank you for your cooperation.

Student Counselor's signature _____ Date _____

Parent's signature _____ Date _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

SUMMARY OF SUPERVISED FIELD EXPERIENCE

Semester _____ Course _____ Section # _____ Credit hours _____

Name of Graduate Student _____

Name of ASU University Supervisor _____

Name of Site Supervisor _____

Name of Agency _____

Agency Address _____

Phone: _____

Dates of Internship/Practicum; Date started _____ Date Ended _____
(Official start and stop dates as designed by the registers office)

Total hours of Individual clinical supervision received during this semester at ASU:* _____
Total hours of Individual clinical supervision received during this semester at Site:** _____
Total hours of Group clinical supervision received during this semester at ASU:* _____
Total hours of Group clinical supervision received during this semester at Site:** _____
Total supervision hours (site and university) _____

* ASU supervision cannot be counted as indirect or direct hours

** Site supervision cannot be counted as indirect or direct hours

Total Hours of Indirect Client Contact _____

Total Hours of Direct Client Contact _____

Total Hours, of Supervision Individual/Group _____ (ASU + site only)

Total of all hours: _____ (direct, in-direct & supervision)

Graduate Student Signature _____ Date _____

Site Supervisor Signature _____ Date _____

University Supervisor Signature _____ Date _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

SITE EVALUATION FORM FOR FIELD EXPERIENCE

Directions: Student completes this form at the end of the field experience. These forms should be turned in to the University Supervisor at the final checkout meeting.

Name _____
Site _____ County _____
Dates of placement _____
On-Site Supervisor _____

Rate the following questions about your site and experiences using the following scale:

- A. Very satisfactory B. Moderately satisfactory
C. Moderately unsatisfactory D. Very unsatisfactory

1. _____ Amount of on-site supervision
2. _____ Quality and usefulness of on-site supervision
3. _____ Usefulness and helpfulness of faculty liaison
4. _____ Relevance of experience to career goals
5. _____ Exposure to and communication of school/agency goals
6. _____ Exposure to and communication of school/agency procedures
7. _____ Exposure to professional roles and functions within the school
8. _____ Exposure to information about community resources

Rate all applicable experiences that you had at your site:

- _____ Individual counseling
- _____ Academic advising (PSC)
- _____ Addiction Counseling/Substance Abuse Counseling
- _____ Group counseling
- _____ Classroom presentations (PSC)
- _____ Career counseling
- _____ Consultation services
- _____ Collaborative team approach (PSC and CMHC)
- _____ Couples counseling
- _____ Parent conferences (PSC)
- _____ Prevention activities
- _____ Family counseling
- _____ Referral services
- _____ Testing interpretation (PSC and CMHC)
- _____ Site's ability to accommodate to diversity population
- _____ Implementation of technology
- _____ Other _____
- _____ Overall evaluation of the site

Comments: Include any suggestions for improvements in the experiences you have rated moderately unsatisfactory (C) or very unsatisfactory (D) _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

STUDENT COUNSELOR EVALAUTION OF SITE SUPERVISOR

The purposes of this form are twofold: (1) to provide feedback for improving site supervision and (2) to encourage communication between the site supervisor and the student counselor.

Directions: The student counselor is to evaluate the site supervisor and the supervision received. Circle the number that best represents how you, the student counselor, feel about the supervision received. After the form is completed, we suggest you share and discuss your evaluation with your site supervisor.

Name of Student _____

Name of Site Supervisor _____

Period covered from _____ to _____

Please rate each questions for 1 to 6, with 1- very unsatisfactory, 2 - unsatisfactory, 3 satisfactory, and 5 - very satisfactory

- | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Gave time and energy in observations of my raw data | 1 | 2 | 3 | 4 | 5 |
| 2. Made me feel accepted and respected as a person | 1 | 2 | 3 | 4 | 5 |
| 3. Recognized and encouraged further development of my strengths and capabilities | 1 | 2 | 3 | 4 | 5 |
| 4. Provided me the freedom to develop flexible and effective counseling styles | 1 | 2 | 3 | 4 | 5 |
| 5. Gave me useful and balanced feedback on my strengths and needed areas of growth | 1 | 2 | 3 | 4 | 5 |
| 6. Encouraged and listened to my ideas and suggestions for developing my counseling skills | 1 | 2 | 3 | 4 | 5 |
| 7. Provided clear and concrete feedback for developing my counseling skills | 1 | 2 | 3 | 4 | 5 |
| 8. Encouraged me to use new and different techniques, when appropriate | 1 | 2 | 3 | 4 | 5 |
| 9. Was spontaneous and flexible in the supervisory sessions | 1 | 2 | 3 | 4 | 5 |
| 10. Helped me define and achieve specific concrete goals for myself during the field experience | 1 | 2 | 3 | 4 | 5 |
| 11. Provided clear informative evaluation, from all my supervisors (e.g. supervisor of record and peer supervisors) | 1 | 2 | 3 | 4 | 5 |

- 12. Focused on both verbal and nonverbal behavior in me and in my student clients 1 2 3 4 5
- 13. Helped me define and maintain ethical behavior in counseling and case management 1 2 3 4 5
- 14. Encouraged me to engage in professional behavior and disposition 1 2 3 4 5
- 15. Clearly evaluated my professional behavior and disposition; I know my supervisor's evaluation of my professional behaviors disposition 1 2 3 4 5
- 16. Maintained confidentiality in material discussed in supervisory sessions 1 2 3 4 5
- 17. Offered resource information when requested or needed 1 2 3 4 5
- 18. Helped me develop increased skill in critiquing and gaining insight from my counseling tapes 1 2 3 4 5
- 19. Allowed and encouraged me to evaluate myself. 1 2 3 4 5

ADDITIONAL COMMENTS AND/OR SUGGESTIONS:

Signature of Student Date

Signature of Site Supervisor Date

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

STUDENT COUNSELOR EVALUATION OF UNIVERSITY SUPERVISOR

The purposes of this form are twofold: (1) to provide feedback for improving university supervision and (2) to encourage communication between the university supervisor and the student counselor.

Directions: The student counselor is to evaluate the university supervisor and the supervision received. Circle the number that best represents how you, the student counselor, feel about the supervision received. After the form is completed, we suggest you share and discuss your evaluation with your university supervisor.

Name of Student _____

Name of University Supervisor _____

Period covered from _____ to _____

Please rate each questions for 1 to 6, with 1- very unsatisfactory, 2 - unsatisfactory, 3 satisfactory, and 5 - very satisfactory

- | | | | | | |
|-------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Gave time and energy in observations of my raw data to evaluate me | 1 | 2 | 3 | 4 | 5 |
| 2. Accepted and respected me as a person | 1 | 2 | 3 | 4 | 5 |
| 3. Recognized and encouraged further development of my strengths and capabilities | 1 | 2 | 3 | 4 | 5 |
| 4. Provided me the freedom to develop flexible and effective counseling styles | 1 | 2 | 3 | 4 | 5 |
| 5. Gave me useful and balanced feedback on my strengths and areas of growth | 1 | 2 | 3 | 4 | 5 |
| 6. Encouraged and listened to my ideas and suggestions for developing my counseling skills | 1 | 2 | 3 | 4 | 5 |
| 7. Provided clear and concrete feedback for developing my counseling skills | 1 | 2 | 3 | 4 | 5 |
| 8. Encouraged me to use new and different techniques, when appropriate | 1 | 2 | 3 | 4 | 5 |
| 9. Was spontaneous and flexible in the supervisory sessions | 1 | 2 | 3 | 4 | 5 |
| 10. Helped me define and achieve specific concrete goals for myself during the field experience | 1 | 2 | 3 | 4 | 5 |
| 11. Provided clear informative evaluation, from all my supervisors | | | | | |

- | | | | | | |
|--------------------------------------------------------------------------------------------------|---|---|---|---|---|
| (e.g. supervisor of record and peer supervisors) | 1 | 2 | 3 | 4 | 5 |
| 12. Focused on both verbal and nonverbal behavior in me and in my student clients | 1 | 2 | 3 | 4 | 5 |
| 13. Helped me define and maintain ethical behavior in counseling and case management | 1 | 2 | 3 | 4 | 5 |
| 14. Encouraged me to engage in professional behavior and disposition | 1 | 2 | 3 | 4 | 5 |
| 15. Clearly evaluated my professional behavior and disposition, | 1 | 2 | 3 | 4 | 5 |
| 16. Maintained confidentiality in material discussed in supervisory sessions | 1 | 2 | 3 | 4 | 5 |
| 17. Offered resource information when requested or needed | 1 | 2 | 3 | 4 | 5 |
| 18. Helped me develop increased skill in critiquing and gaining insight from my counseling tapes | 1 | 2 | 3 | 4 | 5 |
| 19. Allowed and encouraged me to evaluate myself | 1 | 2 | 3 | 4 | 5 |

ADDITIONAL COMMENTS AND/OR SUGGESTIONS:

Signature of Student

Date

Signature of University Supervisor

Date

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

STUDENT SELF-ASSESSMENT OF FIELD EXPERIENCE

Beginning, Mid-term and End of each semester CCS-R

Please complete at the minimum at mid-term and the end of the semester to assist in monitoring your development as a student counselor.

Course Semester #/ section _____ Year _____ Credit hours _____

Student Counselor's Name _____

Site Supervisor's Name _____

Site/Agency Name _____

University Supervisor's Name _____

CCS- R totals

Part I: Counseling Skills & Therapeutic Conditions

Beginning term rating _____ Mid-term rating _____ Final rating _____

Part II: Part 2: Counseling Dispositions & Behaviors

Beginning term rating _____ Mid-term rating _____ Final rating _____

Beginning term

Student Signature _____

Date of signature _____

University Supervisor Signature _____

Date of Signature _____

Mid-term

Student Signature _____

Date of signature _____

University Supervisor Signature _____

Date of Signature _____

End of the semester

Student Signature _____

Date of signature _____

University Supervisor Signature _____

Date of Signature _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

SITE SUPERVISOR'S EVALUATION OF STUDENT COUNSELOR

Mid-term and End of each semester

Please complete at the minimum at mid-term and the end of the semester to assist in monitoring the student counselor's development.

Course Semester _____ Course section # _____ Year _____ Credit hours _____

Student Counselor's Name _____

Site Supervisor's Name _____

Site/Agency Name _____

University Supervisor's Name _____

CCS- R totals

Part I: Counseling Skills & Therapeutic Conditions

Mid-term rating _____ Final rating _____

Part II: Part 2: Counseling Dispositions & Behaviors

Mid-term rating _____ Final rating _____

Mid-term

Student Signature _____

Date of signature _____

University Supervisor Signature _____

Date of Signature _____

End of the semester

Student Signature _____

Date of signature _____

University Supervisor Signature _____

Date of Signature _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

UNIVERSITY SUPERVISOR'S EVALUATION OF FIELD EXPERIENCE

Mid-term and End of each semester

Please complete at the minimum at mid-term and the end of the semester to assist in monitoring the student counselor's development.

Course Semester #/ section _____ Year _____ Credit hours _____

Student Counselor's Name _____

Site Supervisor's Name _____

Site/Agency Name _____

University Supervisor's Name _____

CCS- R totals

Part I: Counseling Skills & Therapeutic Conditions

Mid-term rating _____ Final rating _____

Part II: Part 2: Counseling Dispositions & Behaviors

Mid-term rating _____ Final rating _____

Mid-term

Student Signature _____

Date of signature _____

University Supervisor Signature _____

Date of Signature _____

End of the semester

Student Signature _____

Date of signature _____

University Supervisor Signature _____

Date of Signature _____

CCS-R TOOL NOTE

This tool is the formal evaluation of a student's competency in counseling skills, professional behavior, and professional dispositions. Students are expected to be familiar with this tool and be prepared to discuss their scores with the university supervisor in each category. This tool is a portion of your grade as outlined in the syllabus. It may be used to inform the PDP and/or to develop the Remediation plan. This tool is reviewed at the beginning of the semester, mid-term, and the end of the semester with your site supervisor and university supervisor. A readable copy is located on AsULearn.

Counselor Competencies Scale—Revised (CCS-R) ©

(Lambie, Mullen, Swank, & Blount, 2015)

The *Counselor Competencies Scale—Revised* (CCS-R) assesses counselors' and trainees' skills development and professional competencies. Additionally, the CCS-R provides counselors and trainees with direct feedback regarding their demonstrated ability to apply counseling skills and facilitate therapeutic conditions, and their counseling dispositions (dominant qualities) and behaviors, offering the counselors and trainees practical areas for improvement to support their development as effective and ethical professional counselors.

Scales Evaluation Guidelines

- **Exceeds Expectations / Demonstrates Competencies (5)** = the counselor or trainee demonstrates **strong** (i.e., *exceeding* the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Meets Expectations / Demonstrates Competencies (4)** = the counselor or trainee demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s). A beginning professional counselor should be at the “Demonstrates Competencies” level at the conclusion of his or her practicum and/or internship.
- **Near Expectations / Developing towards Competencies (3)** = the counselor or trainee demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Below Expectations / Insufficient / Unacceptable (2)** = the counselor or trainee demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

Directions: Evaluate the counselor’s or trainee’s counseling skills, ability to facilitate therapeutic conditions, and professional dispositions & behaviors per rubric evaluation descriptions and record rating in the “score” column on the left.

CACREP (2016) Standards relating to the *Counselor Competencies Scale—Revised (CCS-R)*

CACREP (2016) Common Core Standards:

- Strategies for personal and professional self-evaluation and implications for practice (Section II, *Standard 1.k.*).
- Self-care strategies appropriate to the counselor role (Section II, *Standard 1.l.*).
- Multicultural counseling competencies (Section II, *Standard 2.c.*)
- A general framework for understanding differing abilities and strategies for differentiated interventions (CACREP, 2016, Section II, *Standard 3.h.*).
- Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships (Section II, *Standard 5.d.*).
- Counselor characteristics and behaviors that influence the counseling processes (Section II, *Standard 5.f.*).
- Essential interviewing, counseling, and case conceptualization skills (Section II, *Standard 5.g.*).
- Developmentally relevant counseling treatment or intervention plans (Section II, *Standard 5.h.*).
- Processes for aiding students in developing a personal model of counseling (Section II, *Standard 5.n.*).
- The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal. (Section 4, *Standard H.*).
- Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community (Section III, *Professional Practice*).
- Entry-Level Professional Practice and Practicum (Section III, *Professional Practice*, p. 13).
 - A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
 - B. Supervision of practicum students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
 - C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum.
 - F. Students must complete supervised counseling practicum experiences that total a **minimum of 100 clock hours** over a full academic term that is a minimum of 10 weeks.
 - G. Practicum students must **complete at least 40 clock hours of direct service** with actual clients that contributes to the development of counseling skills.
 - H. Practicum students have weekly interaction with supervisors that averages **one hour per week of individual and/or triadic supervision** throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement
 - I. Practicum students participate in an average of **1½ hours per week of group supervision** on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

CACREP (2016) Specialty Standards:

- Clinical Mental Health Counseling
 - Techniques and interventions for prevention and treatment of a broad range of mental health issues (3. Practice, *Standard b.*).
- Marriage, Couple, and Family Counseling
 - Techniques and interventions of marriage, couple, and family counseling (3. Practice, *Standard c.*).
- School Counseling
 - Techniques of personal/social counseling in school settings (3. Practice, *Standard f.*).

Part I: Counseling Skills & Therapeutic Conditions

#	Score	Primary Counseling Skill(s)	Specific Counseling Skills and Therapeutic Conditions Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
1. A		Nonverbal Skills	Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc. (<i>attuned to the emotional state and cultural norms of the clients</i>)	Demonstrates effective nonverbal communication skills, conveying connectedness & empathy (85%).	Demonstrates effective nonverbal communication skills for the majority of counseling sessions (70%)	Demonstrates inconsistency in his or her nonverbal communication skills.	Demonstrates limited nonverbal communication skills.	Demonstrates poor nonverbal communication skills, such as ignores client &/or gives judgmental looks.
1. B		Encouragers	Includes Minimal Encouragers & Door Openers such as “Tell me more about...”, “Hmm”	Demonstrates appropriate use of encouragers, which supports development of a therapeutic relationship (85%).	Demonstrates appropriate use of encouragers for the majority of counseling sessions, which supports development of a therapeutic relationship (70%)	Demonstrates inconsistency in his or her use of appropriate encouragers.	Demonstrates limited ability to use appropriate encouragers.	Demonstrates poor ability to use appropriate encouragers, such as using skills in a judgmental manner.
1. C		Questions	Use of Appropriate Open & Closed Questioning (<i>e.g., avoidance of double questions</i>)	Demonstrates appropriate use of open & close-ended questions, with an emphasis on open-ended question (85%).	Demonstrates appropriate use of open & close-ended questions for the majority of counseling sessions (70%).	Demonstrates inconsistency in using open-ended questions & may use closed questions for prolonged periods.	Demonstrates limited ability to use open-ended questions with restricted effectiveness.	Demonstrates poor ability to use open-ended questions, such as questions tend to confuse clients or restrict the counseling process.
1. D		Reflecting^a Paraphrasing	Basic Reflection of Content – Paraphrasing (<i>With couples and families, paraphrasing the different clients’ multiple perspectives</i>)	Demonstrates appropriate use of paraphrasing as a primary therapeutic approach (85%).	Demonstrates appropriate use of paraphrasing (majority of counseling sessions; 70%).	Demonstrates paraphrasing inconsistently & inaccurately or parroted responses.	Demonstrates limited proficiency in paraphrasing or is often inaccurate.	Demonstrates poor ability to paraphrase, such as being judgmental &/or dismissive.
1. E		Reflecting^b Reflection of Feelings	Reflection of Feelings (<i>With couples and families, reflection of each clients’ feelings</i>)	Demonstrates appropriate use of reflection of feelings as a primary approach (85%).	Demonstrates appropriate use of reflection of feelings (majority of counseling sessions; 70%).	Demonstrates reflection of feelings inconsistently & is <i>not</i> matching the client.	Demonstrates limited proficiency in reflecting feelings &/or is often inaccurate.	Demonstrates poor ability to reflective feelings, such as being judgmental &/or dismissive.
1. F		Reflecting^c Summarizing	Summarizing content, feelings, behaviors, & future plans (<i>With couples and families, summarizing relational patterns of interaction</i>)	Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans (85%).	Demonstrates ability to appropriately use summarization to include content, feelings, behaviors, and future plans (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use summarization.	Demonstrates limited ability to use summarization (e.g., summary suggests counselor did <i>not</i> understand clients or is overly focused on content rather than process).	Demonstrates poor ability to summarize, such as being judgmental &/or dismissive.

#	Score	Primary Counseling Skill(s)	Specific Counseling Skills and Therapeutic Conditions Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
1. G		Advanced Reflection (Meaning)	Advanced Reflection of Meaning, including Values and Core Beliefs <i>(taking counseling to a deeper level)</i>	Demonstrates consistent use of advanced reflection & promotes discussions of greater depth during counseling sessions (85%).	Demonstrates ability to appropriately use advanced reflection, supporting increased exploration in session (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use advanced reflection. Counseling sessions appear superficial.	Demonstrates limited ability to use advanced reflection &/or switches topics in counseling often.	Demonstrates poor ability to use advanced reflection, such as being judgmental &/or dismissive.
1. H		Confrontation	Counselor challenges clients to recognize & evaluate inconsistencies.	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion (can confront, but hesitant) or was <i>not</i> needed; therefore, appropriately <i>not</i> used (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to challenge clients through verbalizing inconsistencies & discrepancies in clients' words &/or actions in a supportive fashion. Used minimally/missed opportunity.	Demonstrates limited ability to challenge clients through verbalizing discrepancies in the client's words &/or actions in a supportive & caring fashion, &/or skill is lacking.	Demonstrates poor ability to use confrontation, such as degrading client, harsh, judgmental, &/or aggressive.
1. I		Goal Setting	Counselor collaborates with clients to establish realistic, appropriate, & attainable therapeutic goals <i>(With couples and families, goal setting supports clients in establishing common therapeutic goals)</i>	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with clients (85%).	Demonstrates ability to establish collaborative & appropriate therapeutic goals with client (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to establish collaborative & appropriate therapeutic goals with clients.	Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with clients.	Demonstrates poor ability to develop collaborative therapeutic goals, such as identifying unattainable goals, and agreeing with goals that may be harmful to the clients.
1. J		Focus of Counseling	Counselor focuses (or refocuses) clients on their therapeutic goals (i.e., <i>purposeful counseling</i>)	Demonstrates consistent ability to focus &/or refocus counseling on clients' goal attainment (85%).	Demonstrates ability to focus &/or refocus counseling on clients' goal attainment (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates limited ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates poor ability to maintain focus in counseling, such as counseling moves focus away from clients' goals
1. K		Facilitate Therapeutic Environment_a: Empathy & Caring	Expresses accurate empathy & care. Counselor is "present" and open to clients. <i>(includes immediacy and concreteness)</i>	Demonstrates consistent ability to be empathic & uses appropriate responses (85%).	Demonstrates ability to be empathic & uses appropriate responses (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be empathic &/or use appropriate responses.	Demonstrates limited ability to be empathic &/or uses appropriate responses.	Demonstrates poor ability to be empathic & caring, such as creating an unsafe space for clients.
1. L		Facilitate Therapeutic Environment_b: Respect & Compassion	Counselor expresses appropriate respect & compassion for clients	Demonstrates consistent ability to be respectful, accepting, & compassionate with clients (85%).	Demonstrates ability to be respectful, accepting, & compassionate with clients (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be respectful, accepting, & compassionate with clients.	Demonstrates limited ability to be respectful, accepting, &/or compassionate with clients.	Demonstrates poor ability to be respectful & compassionate with clients, such as having conditional respect.

_____ : Total Score (out of a possible 60 points)

Part 2: Counseling Dispositions & Behaviors

#	Score	Primary Counseling Dispositions & Behaviors	Specific Counseling Disposition & Behavior Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
2 · A		Professional Ethics	Adheres to the ethical guidelines of the ACA, ASCA, IAMFC, APA, & NBCC; including practices within competencies.	Demonstrates consistent & advanced (<i>i.e., exploration & deliberation</i>) ethical behavior & judgments.	Demonstrates consistent ethical behavior & judgments.	Demonstrates ethical behavior & judgments, but on a concrete level with a basic ethical decision-making process.	Demonstrates limited ethical behavior & judgment, and a limited ethical decision-making process.	Demonstrates poor ethical behavior & judgment, such as violating the ethical codes &/or makes poor decisions
2 · B		Professional Behavior	Behaves in a professional manner towards supervisors, peers, & clients (e.g., emotional regulation). Is respectful and appreciative to the culture of colleagues and is able to effectively collaborate with others.	Demonstrates consistent & advanced respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates consistent respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates inconsistent respectfulness and thoughtfulness, & appropriate within professional interactions.	Demonstrates limited respectfulness and thoughtfulness & acts inappropriate within some professional interactions.	Demonstrates poor professional behavior, such as repeatedly being disrespectful of others &/or impedes the professional atmosphere of the counseling setting / course.
2 · C		Professional & Personal Boundaries	Maintains appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent & strong appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent appropriate boundaries with supervisors, peers, & clients.	Demonstrates appropriate boundaries inconsistently with supervisors, peers, & clients.	Demonstrates inappropriate boundaries with supervisors, peers, & clients.	Demonstrates poor boundaries with supervisors, peers, & clients; such as engaging in dual relationships.
2 · D		Knowledge & Adherence to Site and Course Policies	Demonstrates an understanding & appreciation for <i>all</i> counseling site and course policies & procedures.	Demonstrates consistent adherence to <i>all</i> counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates adherence to most counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates inconsistent adherence to counseling site and course policies & procedures, including attendance and engagement.	Demonstrates limited adherence to counseling site and course policies & procedures, including attendance and engagement.	Demonstrates poor adherence to counseling site and course policies, such as failing to adhere to policies after discussing with supervisor / instructor.
2 · E		Record Keeping & Task Completion	Completes <i>all</i> weekly record keeping & tasks correctly & promptly (e.g., case notes, psychosocial reports, treatment plans, supervisory report).	Completes <i>all</i> required record keeping, documentation, and assigned tasks in a thorough, timely, & comprehensive fashion.	Completes <i>all</i> required record keeping, documentation, and tasks in a competent & timely fashion.	Completes <i>all</i> required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation, and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by specified deadline.
#	Score	Primary Counseling	Specific Counseling Disposition & Behavior	Exceeds Expectations / Demonstrates	Meets Expectations / Demonstrates	Near Expectations / Developing towards	Below Expectations / Insufficient /	Harmful (1)

	Dispositions & Behaviors	Descriptors	Competencies (5)	Competencies (4)	Competencies (3)	Unacceptable (2)	
2 · F	Multicultural Competence in Counseling Relationship	Demonstrates respect for culture (e.g., race, ethnicity, gender, spirituality, religion, sexual orientation, disability, social class, etc.) and awareness of and responsiveness to ways in which culture interacts with the counseling relationship.	Demonstrates consistent & advanced multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates inconsistent multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates limited multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates poor multicultural competencies, such as being disrespectful, dismissive, and defensive regarding the significance of culture in the counseling relationship.
2 · G	Emotional Stability & Self-control	Demonstrates self-awareness and emotional stability (i.e., congruence between mood & affect) & self-control (i.e., impulse control) in relationships with clients.	Demonstrates consistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates inconsistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates limited emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates poor emotional stability & appropriateness in interpersonal interactions with client, such as having high levels of emotional reactants with clients.
2 · H	Motivated to Learn & Grow / Initiative	Demonstrates engagement in learning & development of his or her counseling competencies.	Demonstrates consistent and strong engagement in promoting his or her professional and personal growth & development.	Demonstrates consistent engagement in promoting his or her professional and personal growth & development.	Demonstrates inconsistent engagement in promoting his or her professional and personal growth & development.	Demonstrates limited engagement in promoting his or her professional and personal growth & development.	Demonstrates poor engagement in promoting his or her professional and personal growth & development, such as expressing lack of appreciation for profession &/or apathy to learning.
2 · I	Openness to Feedback	Responds non-defensively & alters behavior in accordance with supervisory &/or instructor feedback.	Demonstrates consistent and strong openness to supervisory &/or instructor feedback & implements suggested changes.	Demonstrates consistent openness to supervisory &/or instructor feedback & implements suggested changes.	Demonstrates openness to supervisory &/or instructor feedback; however, does <i>not</i> implement suggested changes.	Demonstrates a lack of openness to supervisory &/or instructor feedback & does <i>not</i> implement suggested changes.	Demonstrates <i>no</i> openness to supervisory &/or instructor feedback & is defensive &/or dismissive when given feedback.
2 · J	Flexibility & Adaptability	Demonstrates ability to adapt to changing circumstance, unexpected events, & new situations.	Demonstrates consistent and strong ability to adapt & “reads-&-flexes” appropriately.	Demonstrates consistent ability to adapt & “reads-&-flexes” appropriately.	Demonstrated an inconsistent ability to adapt & flex to his or her clients’ diverse changing needs.	Demonstrates a limited ability to adapt & flex to his or her clients’ diverse changing needs.	Demonstrates a poor ability to adapt to his or her clients’ diverse changing needs, such as being rigid in work with clients.
2 · K	Congruence & Genuineness	Demonstrates ability to be present and “be true to oneself”	Demonstrates consistent and strong ability to be genuine & accepting of self & others.	Demonstrates consistent ability to be genuine & accepting of self & others.	Demonstrates inconsistent ability to be genuine & accepting of self & others.	Demonstrates a limited ability to be genuine & accepting of self & others (incongruent).	Demonstrates a poor ability to be genuine & accepting of self & others, such as being disingenuous.

_____ : Total Score (out of a possible 55 points)

Narrative Feedback from Supervising Instructor / Clinical Supervisor

Please note the counselor's or trainee's areas of strength, which you have observed:

Please note the counselor's or trainee's areas that warrant improvement, which you have observed:

Please comment on the counselor's or trainee's general performance during his or her clinical experience to this point:

Counselor's or Trainee's Name (print)

Date

Supervisor's Name (print)

Date

Date CCS-R was reviewed with Counselor or Trainee – _____

Counselor's or Trainee's Signature

Date

Supervisor's Signature

Date

*** Note. If the supervising instructor / clinical supervisor is concerned about the counselor's or trainee's progress in demonstrating the appropriate counseling competencies, he or she should have another appropriately trained supervisor observe the counselor's or trainee's work with clients to provide additional feedback to the counselor or trainee.**

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

**AUTHORIZATION TO SHARE STUDENT EDUCATION RECORDS
WITH EXTERNAL SITE SUPERVISOR**

(Required before seeing client – due first day of class each semester)

Appalachian State University endorses and seeks to comply with all provisions of the Family Educational Rights and Privacy Act of 1974, as amended (“FERPA”) and all pertinent regulations. The purpose of this legislation was and is to afford students certain rights with regard to their respective education records. In essence, these rights are: (1) the right to inspect and review education records, (2) the opportunity to challenge the contents of education records, and (3) the right to exercise some control over the disclosure of information from education records. I understand that the documentation Appalachian State University maintains about its students may constitute an “education record” protected by FERPA, which provides that, subject to certain exceptions, institutions may not permit “the release of education records... of students without their written consent.”

Student Name: _____ BANNER ID: _____

I will participate during the _____ academic term in an externally supervised practicum, internship, or other activity as part of my academic program at Appalachian State University (“the University”). I understand that it may be necessary for the University to share information with my external site supervisor(s) in order to assess my performance and/or ongoing suitability to participate in that activity. I consent to allow Faculty/Staff of the University to provide information from my education records to the following person(s):

I consent to allow the following information to be released from my education records to the persons listed above in writing and/or orally;

Any information related to the assessment of my performance and/or ongoing suitability to participate in the activity supervised by the person(s) named in the paragraph above. Student Initial: _____

I understand that my authorization for the release of this information is voluntary and that I may refuse to sign this consent form – however, without this permission, the University may not be able to assess my performance in the external placement for purposes of awarding academic credit. I further understand that I have a right to revoke this authorization by providing written notice to Appalachian State University. Revoking my authorization will not have any effect on the actions Appalachian State University took in reliance on this authorization prior to receiving the revocation. I also understand that I have a right to inspect or review any information used or disclosed under this authorization.

Once information is disclosed pursuant to this signed authorization, I understand that the state and federal privacy laws protecting my educational and/or medical records may not apply to the recipient of the information and, therefore, may not prohibit the recipient from disclosing it to other third parties.

I certify that I am at least eighteen (18) years of age and competent to enter into this agreement. I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND I HAVE SIGNED IT VOLUNTARILY.

Student signature: _____ Date _____

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

FIELD EXPERIENCE MANUAL UNDERSTANDING AND ACKNOWLEDGMENT

Students are required to complete this form and give a copy to the Clinical Field Experience Coordinator before registering for HPC 5900 Practicum in Counseling. This form will be placed in each Clinical Mental Health Counseling program student's file and represents that you understand the standards, policies and responsibilities for both HPC 5900 and HPC 6900. Please keep a copy for your records.

Site supervisors are required to complete this form and give a copy to the Clinical Field Experience Coordinator at the start of the academic year/semester student will be at their site.

I, _____ (name), have downloaded and read the Appalachian State University, Clinical Mental Health Counseling program Clinical Field Experience Manual and understand that I am responsible for the information presented therein.

I understand the policies and procedures, and my responsibilities as stated in the Clinical Field Experience Manual. I agree to fulfill the requirements as stated and to abide by the policies set forth herein.

I understand that it is solely the student's responsibility to meet the requirements of Clinical Field Experience as stated in the Manual, meet ACA code of ethics, meet conduct standards and all requirements of the Graduate School, the College of Education, and Human Development and Psychological Counseling at the Appalachian State University.

I further understand that faculty of Appalachian State University Clinical Mental Health Counseling Program has the right and responsibility to monitor my academic progress, my professional behavior, my professional disposition, and my personal characteristics. During HPC 5900 and HPC 6900 my University Supervisor and the Clinical Field Experience Coordinator will speak to my site supervisor(s) throughout my experiences and use his/her evaluation to help assess and monitor my clinical field experience. Moreover, my peers will also give me evaluations during group and triadic supervision. Based on that monitoring, decisions about my standing in the counseling program—whether I will continue without restriction, will continue with restriction and/or remediation, or will withdraw from the program. I understand that remediation can include the requirement of personal counseling that I undertake at my own expense. I understand that site supervisors are responsible to read and agree to this Manual as indicated by their signature following the student's signature.

By signing this document Site supervisor acknowledges reading, understanding and agreeing to adhere to the policies of this manual. My role is to assist, evaluate and monitor student's progress during the semester they are enrolled in HPC 5900 or HPC 6900. In doing so I agree to provide opportunities for students to meet both the direct and in-direct hours as outline in this Manual for the course the student is enrolled in during the semester. I understand the student has obligations in addition to HPC 5900 and HPC 6900; therefore, I will keep expectations appropriate in relationship to credit hours. I also agree to meet with the University Supervisor to discuss student's progress, based on observation and review of the student's raw data. I agree to adhere to the evaluations within this Manual, although I may also use additional evaluations as deemed necessary by my organization/agency. I also agree to meet with the

Field Experience Coordinator as necessary. I agree to maintain my license, continue receiving education on supervision, and notify the Field Experience coordinator of any change in my license status or employment status.

I/Student understand that success in didactic courses does not necessarily indicate success in clinical field experience courses (HPC 5900 and HPC 6900). Clinical field experience courses' application of skills and professional behaviors and disposition may be different from those required for success in didactic courses; therefore, success in didactic courses does not guarantee success in clinical courses. I also understand that there is a curriculum series of clinical field experience courses, which involves a progression of demonstrating increasingly complexity of counseling abilities (e.g. skills, case conceptualization, and professional behavior and disposition) and, subsequently, success in previous clinical course(s) in the series does not necessarily indicate success in later course(s) in the curriculum sequence.

I hereby agree to provide proof of malpractice insurance throughout my clinical field experience in counseling, via either American Counseling Association or National Board for Certified Counselors and through Appalachian State University Field Experience fee. I will provide notification of any changes in my insurance coverage to the Clinical Field Experience Coordinator immediately and will discontinue my clinical field placement until the change is correct.

I understand and agree to the conditions of this Manual. Any breach of this agreement constitutes grounds for being removed from the counseling program. I also understand the Clinical Mental Health program's retention policy and I am clear that there are certain behaviors that, if violated, will supersede this agreement including remediation services and, instead, may result in immediate removal from the program (e.g., ethics violations).

Student Signature _____ Date _____

Print Name _____

Site Supervisor Signature _____ Date _____

Print Name _____

