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

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This manual is subject to change.
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CLINICAL FIELD EXPERIENCE PROCEDURE FOR CMHC COUNSELING STUDENTS

Students are responsible for finding their own sites. Available resources include the CMHC Site Database on Supervision Assist, the mandatory Clinical Field Experience (CFE) Orientation, and the Site Supervisor Meet and Greet Event. The purpose of the Site Supervisor Meet and Greet Event 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 (CFEC)

It is recommended that you do the following before meeting with the Clinical Field Experience Coordinator (CFEC) so that you are prepared to ask specific questions related to your needs. First, read the entire Clinical Field Experience Manual. Next, review Supervision Assist for our most current databases 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 CFE Application when requested by the CFEC for CMHC. Please watch your e-mail closely, since the due date for application materials changes each semester because of the university’s process. Some forms are physically turned in and some forms are completed on Supervision Assist. Each form must be turned-in and completed as requested. Forms are requested at various times throughout the semesters because the registration process has various steps. Missing a step or form may cause a delay in your application, which could cause a student, 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 in a Clinical Field Experience course (CFE course). 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 in this manual, and some forms are found on Supervision Assist. Please note that because various people have to process the registration forms, and some forms are signed electronically and some are not, 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 in the middle of the academic semester prior to their intention to take HPC 5900 or HPC 6900 (i.e. in Fall or Spring prior to your CFE course). **Students are not capable of enrolling themselves in HPC 5900 or HPC 6900.** For the enrollment process to occur, you need to submit your Permission to Register form, start your Supervision Assist Placement Applicant, and have everyone sign your Appalachian State University Internship Contract form. The Appalachian State University Internship form will be mailed to you by the CFEC for CMHC, after you start your Supervision Assist Placement Application and indicate the section you want on the Google Forum. The Appalachian State University Internship contract is signed by the student, site supervisor,
and university supervisor plus processed by four departments; therefore, once everything is signed it may take another two to four weeks before you are enrolled. If you are looking for Fall semester enrollment, you will need to complete your registration mid Spring semester, 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 in a CFE course prior to the start of the semester you wish to take HPC 5900 or HPC 6900 (CFE courses), you will need to wait until the next semester to take either HPC 5900 or HPC 6900.

**FIELD EXPERIENCE REQUIREMENT & 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/](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.

**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 under supervision of a university and site supervisor. 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 an 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 provides counseling with individuals, groups, and families. 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 the supervision of their site and supervisor of record and university supervisor. They must have liability insurance from both the university and one of the following: American Counseling Association or National Board for Certified Counselors. These activities are provided only under supervision of a site and university supervisor (i.e., live supervision, co-therapy, or audio recording).

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 and University supervision does not count as indirect hours.

Hours related to receiving supervision: Individual/triadic supervision on site or on campus does not count for either direct or in-direct, these are separate hours. Groups supervision/class on campus does also does not count as either direct or in-direct. However, supervision time beyond the required site supervision for CACREP (individual/triadic) can be counted towards in-direct hours. If you have two sites in the same semester, you are expected to have weekly supervision at both sites.
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).

The safety of the student counselor and the client are of the utmost important to the CMHC program, therefore the CMHC program does not condone student counselors providing transportation to clients. Student counselors may not provide transportation to clients. The student counselors are able to ride along in the car while the licensed counselor or licensed therapist, who are employees of the agency, are driving the car when transporting clients.

Practicum in Counseling (HPC 5900) Standards

Students enrolled in HPC 5900, must complete supervised practicum experiences that totals a minimum of 100 clock hours (an average of 10 hours per week (or more, but no more than 15 hours a week) over one 15-week semester). Students can only be at one site during practicum. This practicum experience provides opportunities for the development of clinical counseling skills under supervision and includes the following activities and requirements:

1. a minimum of 40 hours of direct service with clients and a minimum of 60 hours of indirect services, as previously defined.
2. a minimum of weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision (supervisors are expected to review students counseling sessions), which occurs regularly over a minimum of one academic term by an approved on-site practicum supervisor. (This required supervision is not counted as in-direct or direct hours). If you are placed at two sites in the same semester you are required to have weekly supervision for an hour on average by both site supervisors.
3. a minimum of an average of one and one half (1 ½) to 3 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. (This required supervision is not counted as in-direct or direct hours).
4. a minimum of one (1) hour of individual or triadic supervision once weekly by a university supervisor, who will review raw data. (This required supervision is not counted as in-direct or direct hours).
5. audio/video recording of most of the student’s counseling sessions with clients for the purposes of weekly supervision by either site or university supervisor.
6. evaluation of the student’s performance throughout the practicum experience including informal and formal assessments (mid-term and end of the semester formal evaluations will occur at the minimum). Evaluations are completed by the counseling student, site supervisor, and university supervisor, and peer supervision by classmates may also occur for group supervision/class and/or individual or triadic supervision.
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 in the evaluation tools.
10. If the 10 group facilitation hours are not achieved in HPC 5900, then they have to be achieved in HPC 6900. Please note, being a process observer for group does not count as group facilitation. Group facilitation includes psycho-education group, group counseling and group therapy. Psycho-education must have a goal of changing behavior(s) or attitude(s),
provide coping skills around feelings or behaviors, and must have a process component to the group.

Requirements to meet BEFORE enrolling in HPC 5900:
1. Students enrolled in HPC 5900 Practicum in Counseling must have met all of the prerequisites and be enrolled in the necessary corequisites.
2. Students must have shown proof of professional liability insurance (as previously outlined).
3. Students must follow the CFE application process for successful and timely enrollment. Not following the application process could lead in a delay in registration. CFE application process needs to be completed each semester the student is enrolling in CFE course.
4. Both the site and the site supervisor must be approved by the CMHC Field Experience Coordinator, and all necessary documentation must be completed.
5. Site supervisors must have satisfactorily met all requirements as outlined and agree to all the responsibilities as stated under the section of this manual “Site supervisors responsibilities”.
6. Site supervisors must have received the appropriate training to be a site supervisor, or be an LPCS or an equivalent. All credentials must be current with the proper licensure board.
7. The site supervisor must have agreed to be in consultation on a regular schedule with university supervisors.

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; however, students should not be on site more than 22 hours per week). Students may be at two sites, with the permission of the primary site and Clinical Field Experience Coordinator. For approval for a second site to occur, the second site needs to work with a different population than the first site, and there must be a clear reason why you cannot obtain all your hours at the first site. Internship includes the following activities and requirements:
1. a minimum of 240 direct hours, and a minimum of 360 indirect hours to meet the 600 hour requirement. Students may complete these hours in one semester of 6 credit hours or over two semesters of 3 credit hours per semester. Students who take 3 credit hours in one semester must achieve 120 direct hours and 180 indirect hours that semester; additionally, they must also achieve 120 direct hours and 180 indirect hours in the second 3 credit hours semester.
2. a minimum of 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. (This required supervision is not consider as in-direct or direct hours.) If you are placed at two sites in the same semester you are required to have weekly supervision for an hour on average by both site supervisors.
3. a minimum of an average of one and one half (1 ½) to 3 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. (This required supervision is not consider as in-direct or direct hours.)
4. one (1) hour of individual or triadic supervision, which reviews raw data, once a week by university supervisor as deemed necessary. (This required supervision is not consider as in-direct or direct hours.)
5. audio/video recording of most of the student’s counseling sessions with clients for the purposes of weekly supervision by either site or university supervisor.
6. evaluation of the student’s performance throughout the internship experience including informal and formal assessments (mid-term and end of the semester formal evaluations will occur at the minimum). Evaluations are completed by the counseling student, site supervisor, and university
supervisor, and peer supervision by classmates may also occur, for group/class supervision and individual or triadic supervision.

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 in the evaluation tools.

10. If the 10 group facilitation hours are not achieved in HPC 5900, then they have to be achieved in HPC 6900. Please note, being a process observer for group does not count as group facilitation. Group facilitation includes psycho-education group, group counseling and group therapy. Psycho-education must have a goal of changing behavior(s) or attitude(s), provide coping skills around feelings or behaviors, and must have a process component to the group.

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. Students must have shown proof of professional liability insurance (as previously outlined).

3. Students must follow the CFE application process for successful and timely enrollment. Not following the application process could lead in a delay in registration. CFE application process needs to be completed each semester the student is enrolling in CFE course.

4. Both the site and the site supervisor must be approved by the CMHC Field Experience Coordinator, and all necessary documentation must be completed.

5. Site supervisors must have satisfactorily met all requirements as outlined and agree to all the responsibilities as stated under the section of this manual “Site supervisors responsibilities”.

6. Site supervisors must have received the appropriate training to be a site supervisor, or be an LPCS or the equivalent. All credentials must be current with the proper licensure board.

7. The site supervisor must have agreed to be in consultation on a regular schedule with university supervisors.

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 5220 (Counseling Theory & Techniques)
- HPC 5225 (The Helping Relationship)
- HPC 5752 (Legal and Ethical Issues in Counseling)  *Second semester Mandatory*
- HPC 5790 (Group Methods & Processes)

Internship in CMHC (HPC 6900)

- HPC 5120 (Intro to Clinical Mental Health Counseling)  *First semester Mandatory*
- HPC 5220 (Counseling Theory & Techniques)
- HPC 5225 (The Helping Relationship)
- HPC 5790 (Group Methods & Processes)
- HPC 5752 (Legal and Ethical Issues in Counseling)  *Second semester Mandatory*
- 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 Supervision Assist.
- Meet with your advisor, the coordinator for the certificate program that you have been admitted to, and the Clinical Field Experience Coordinator.
- Attend the annual meeting that occurs in October - “Site Supervisor Meet and Greet.”

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 40 direct hours with clients (individual or group) and 60 indirect hours (record-keeping, referral services, and administrative duties).
- If group hours are not achieved in practicum, make sure group hours are achieved during internship.
- The required supervision on site and at the university does not count towards either direct or indirect supervision. At the university, an average of 1 ½ hours of group/class supervision and 1 hour of individual/triadic supervision occurs weekly. Site supervision, on average, includes 1 hour of individual/triadic supervision weekly.

How many hours do I need to complete my internship?
- Internship requires 600 clock hours. This can be completed as 40 to 42 hours/week over one semester, or 20 to 25 hours/week across two semesters.
- You need a total of 240 direct hours with clients (combined individual and group) and 360 indirect hours (record-keeping, referral services, and administrative duties). If split between two semesters at the same site, you need 120 direct hours and 180 indirect hours.
- If the 10 hours of group facilitation is not achieved in HPC 5900, then make sure you achieve them in HPC 6900.
- The required supervision on site and at the university does not count towards either direct or indirect supervision. At the university, at least an average of 1 ½ hours of group/class supervision occurs weekly. Site supervision includes approximately 1 hour of individual/triadic weekly.

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 5220 Counseling Theory & Techniques
- HPC 5225 The Helping Relationship
- HPC 5752 Legal and Ethical Issues in Counseling
- HPC 5790 Group Methods & Processes

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 5220 Counseling Theory & Techniques
- HPC 5225 The Helping Relationship
- HPC 5752 Legal and Ethical Issues in Counseling
- HPC 5790 Group Methods & Processes
- HPC 6120 Developmental Assessment and Diagnosis in CMHC
- HPC 5900 Practicum in Counseling

What forms need to be completed to register for practicum or internship (CFE course application)?
• **You do not register yourself.** If any of the forms below 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** form, which can be found on the Clinical Field Experience page on the CMHC website. This form is to be signed by your advisor, after you met with your advisor to review your Program of Study progress toward completing the necessary courses to enter into either HPC 5900 or HPC 6900.
  - After your advisor has sign the Permission to Register form, upload the form to Supervision Assist and provide the form to the Clinical Field Experience Coordinator. The Clinical Field Experience Coordinator will request this form via the CMHC list-serv. This form is completed each time you are enrolling in either HPC 5900 or HPC 6900. This will hold a spot in one of the course sections, but it **DOES NOT** mean you are enrolled in the course, and it does not guarantee your first or second course section choice.
  - Students will be asked to rank their preference of the available practicum sections. Please watch for an announcement on the CMHC list-serv asking students to rank their preference of sections. Please note, there are typically 20 to 30 students bidding for Practicum sections, and about 16 bidding for an Internship section; therefore, you may not be enrolled in your first or second choice. This form and ranking sections only start the registration process.

• The second form/process includes completing your **Field Placement Application** on Supervision Assist, which is completed once the student knows their site. Each semester, an e-mail is sent via the list-serv giving students the deadline for the selection of their site. Typically, this form is requested in January or February for Summer session, March or April for Fall, and late October or November for Spring.

• The third form, **Appalachian State University Practicum/Internship Contract**, is generated by the Clinical Field Experience Coordinator and then e-mailed to the students. Once the student receives this form via e-mail, the site supervisor and the student are required to sign the form along with the Clinical Field Experience Coordinator. Once this step is completed, the process of the university registration begins. This form is the third step to registering, but not the final. This form must go through an additional three departments before you are registered by the Registrar’s office.

**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 (as described above) before any further steps can be taken. See the prior section: *What forms need to be completed to register for practicum or internship?* This entire process can take up to 8 weeks.

• Once the proper paperwork is turned in, there are various individuals within different departments that must electronically process and sign off on the form. The Registrar’s office is the final step, and they actually register 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 when 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 requesting that students complete a form online ranking their preference of the available sections for that semester. You will know your final section when you receive the Appalachian State University Internship Contract form.
When do I need to start looking for a practicum or internship site?

- It is recommended that students start looking for a practicum site towards the middle to the end of their first semester (October), and complete their search no later than the middle of their second semester (March). To help start the process there is a mandatory meeting called “Site Supervisor Meet and Greet” which happens once a year in the Fall semester, in October.
- If students do not wish to continue at their site, for either practicum or internship, they must follow the pre-termination policy. It is important that the university supervisor is aware of any problems at the very onset of the problem.

CLINICAL FIELD EXPERIENCE APPLICATION FOR CMHC

Students are responsible for monitoring their Appalachian State University e-mail for important announcements. Announcements regarding the Clinical Field Experience Application will occur each semester via the CMHC list-serv. Each form needs to be completed and/or turned in when requested. Because of the university scheduling process, the time of the announcement varies for forms and/or the completion of the Supervision Assist Placement Application. 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 for enrollment in the Spring; 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, once for Practicum in Counseling (HPC 5900) and either once or twice for Internship in CMHC, 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, found on the CFE website (completed by student and their university supervisor) once completed, upload to Supervision Assist.
2. Supervision Assist Placement Application.
3. Selection of section ranking (there is typically more than one course available for each CFE) Google Form.
4. the Appalachian State University Internship Contract form (sent to the student by CFEC and must be signed by student, site supervisor and CFEC).
5. the Pre-Site Selection form (only for new sites & completed by site supervisor), found on Supervision Assist.
6. the Site Agreement form (completed by site supervisors) found on Supervision Assist.
7. student’s proof of liability insurance (in addition to Appalachian State University’s liability insurance) uploaded to Supervision Assist.
8. the site supervisor’s proof of credentials.* (For new site supervisors, or renewal of license)
9. the site supervisor’s proof of supervision education.* (For new site supervisors)

At the beginning of the semester, the university supervisor teaching the course will ask for the following:

10. the student’s completed self-assessment (Counseling Skills & Disposition Assessment Tool).
11. the student’s Professional Development Plan found on Supervision Assist.
12. the university supervisor’s Professional Disclosure Statement signed by the student (see course syllabus).
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 for each site. They will receive, on average, 1 ½ to 3 hours of group supervision from the university supervisor. Additionally, they will receive, on average, 1 hr. of individual/triadic supervision a week from the university supervisor in 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 for 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 (CFE manual, Site agreement form, CFE Orientation, and Site Supervisor Meet and Greet).
3. have an agreement with either the university supervisor or the CFEC that provides details of the format and frequency of consultation to monitor student learning, including on-site visits from the university supervisor or the CFEC (the Site Agreement form, which is located on Supervision Assist).
4. complete the Pre-Site Selection form for new sites (found on Supervision Assist).
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 (found on Supervision Assist).

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 25 hours a week, for 3 semester credit hours, and must accrue 120 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. Although, the semester is usual 15 or 16 weeks, typically the first and last week students do not see clients, therefore student have 14 full weeks to complete the hours.

8. DO 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, as well as possibly working part-time.

10. recognize that students may not provide counseling between semesters when a university supervisor is not available and may never do so between enrollment in HPC 5900 to HPC 6900.

11. develop individual goals (Professional Development Plan/PDP) 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 recording, 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. Minimum evaluation is expected at Mid-term and Final using the CSDAT via Supervision Assist.

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 to the supervisor of record.

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, HIPPA and CFR 42 as relevant to the site’s populations and treatment.

18. ensure students are not facing harassment or discrimination as outlined in the American Counseling Code of Ethics, and 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 their clinical field experience.

22. maintain a professional license and receive 10 hours of clinical supervision training within two years, or maintain LPCS status or the 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 consultation contact to monitor student learning (see Site Agreement form).

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 (PDP) 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 video recording/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, using the CSDAT at least at Mid-term and Final.

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 (using PDP and CSDAT).

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 the American Counseling Code of Ethics, and 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, and/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 their relationship with the On-site supervisor 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 the 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. purchase Supervision Assist, for Placement Applications, evaluations, and direct recording streaming.
2. follow the procedures and policies for registering for CFE (HPC 5900 Practicum in Counseling and HPC 6900 Internship in CMHC) each semester: including, but not limited to, completing the Placement Application on Supervision Assist, and all forms related to registering by the deadline set by the CFEC.
3. attend all mandatory meetings, orientations, seminars that are highly suggested, and other events related to CFE courses.
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 the American Counseling Association (ACA) Code of Ethics, state and federal laws, as well as site policies and procedures.
6. have both Appalachian State University professional liability insurance AND one of the following: professional liability insurance through ACA, or through the National Board for Certified Counselors (NBCC). Proof of insurance must be uploaded to Supervision Assist as part of the application process to register for HPC 5900 or HPC 6900.
7. purchase an audio or video recorder that is encrypted, or a flash drive or software that is approved and encrypted to present raw data. If the site does not have encrypted Wi-Fi that meets HIPPA compliant, use a cable and Ethernet connection that is encrypted. Cell phones are not to be used for recording purposes. No counseling sessions are allow to be stored on cell phones, or any other hard device (i.e., recorders, or computer). If a students uses a recorder, they agree to upload recorded session to Supervision Assist prior to leaving the site. Computers can be used to directly stream counseling sessions to Supervision Assist.
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 25 hours a week.
9. complete all direct and indirect hours as outlined in the CFE Manual within the allotted semester. There are no “Incompletes” for CFE courses.
10. complete all evaluation forms as discussed in the CFE manual and syllabus.
11. destroy all raw data (audio/video tapes) and forms used for case presentations for individual or group/class supervision, within a week of supervision.
12. be open to supervision feedback from On-Site Supervisors, university supervisors, & classmates.
13. give constructive evaluations to the On-Site Supervisor, university supervisor, and classmates.
14. complete all forms as required by the syllabus and this manual for the course that the student counselor is enrolled in for that semester.
15. meet all requirements as stated in the syllabus for the course that the student counselor is enrolled in for that semester.
16. use Supervision Assist for tracking all hours in CFE course, print final training report at the end of each semester and provide a copy to your university supervisor, as well as keep a copy for your own records. Make sure you have the amount of direct, in-direct, group and supervision hours for each CFE course each semester.
17. understand and agree that to receiving a satisfaction (i.e. passing grade) in any CFE course, students must meet all the requirements and standards as stated in syllabus and this manual, adhere to the ACA Code of Ethics, state and federal laws, met mid-term expectations, and met expectations for final evaluations.
18. develop individual goals (PDP) 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.
19. adhere to confidentiality (ethically and legally), including, but not limited to, FERPA and HIPPA, and adhere to non-harassment or discrimination laws and ethics as outlined in the American Counseling Code of Ethics, federal and state laws such as, but not limited to, Title IX.
20. immediately notify both the university supervisor and CFEC if you, the student counselor intern, violate any code of ethics or are arrested, or charged with any legal offenses or infractions (county, city, state, or federal).
21. immediately notify both the university supervisor and CFEC 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.
22. immediately notify both the university supervisor and the CFEC of any concerns with the On-Site Supervisor or other colleagues.
23. immediately notify the CFEC 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 IX concerns, or violation of the 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 On-Site Supervisor, and the CFEC 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 CEFC for CMHC (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 CFEC for CMHC 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 CFE courses (HPC 5900 and HPC 6900) 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 evaluations for student’s 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 their clinical skills, professional behavior, and professional disposition for that semester. Each plan is developed by the student in collaboration with their program advisor, and in consultation with the student’s University Supervisor, and/or CFEC, 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 their 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 CFEC 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 assessments of the student’s progress on the PDP at least twice during the semester (at the middle and final), using the CSDAT. Site supervisors have the right to use additional site-related evaluations to determine their evaluation of the student. Informal evaluations happen 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 is developed early in the semester, by 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 (CSDAT) and in collaboration with the student, the student’s program advisor, and/or university supervisor. A copy of the PDP is shared with the CFEC 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 clearly understand 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. Clients must be aware that the recording is being streamed to an encrypted cloud-based storage on Supervision Assist. The Consent to Record informs clients of recording being streamed. However, student interns are also expected to add this wording to their PDS. 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 maintained 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. Prior to leaving the site, the student must secure the recording via encryption, using an encrypted device, Appalachian State University’s File Locker, or a secure web-based platform approved by Appalachian State University. All recordings will be directly streamed to a secure web-based platform on Supervision Assist, unless the counseling student’s site does not allow them to have access to encrypted WiFi (that meets HIPPA compliance), or a secure cable and/or Ethernet connection. Any electronic paper work is password protected twice. Cell phones are not secure devices and can never be used for recording of client sessions. If a site is prohibited in allowing a student intern to record, then prior to leaving their site, all counseling session recording should be uploaded to Supervision Assist and any recordings on a hard device will be deleted and erased prior to leaving the site (i.e. no counseling session recordings leave the site). When student counselors are completing forms regarding clients for university supervision purposes, identifying data must be removed from the forms, or all documents with identifying information must be secured with encryptions and be password protected twice. In your home, this information should be in a locked box. For class purposes, use File Locker to secure such files. All electronic records & recordings must be secured using
encryption software, a flash drive, or some recorders that are encrypted. Any ethical violation of a client’s confidentiality is grounds for dismissal from the program.

DESTRUCTION OF CLIENT INFORMATION AND RECORDINGS

Students have the responsibility to protect their client’s information and to maintain confidentiality, including raw data (audio/video recording). That responsibility requires that all client information (counseling recording and documentation used for supervision) after being shared in supervision is immediately destroyed. Meaning all paper work with client information is shredded, and all recordings 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 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 any state and federal laws. Moreover, you must show proof of liability insurance beyond the university professional liability insurance throughout your CFE Course work in the CMHC program. Students may obtain liability insurance from one of the following: the American Counseling Association, the National Board for Certified Counselors, or another professional counseling organization. Proof of a student’s liability insurance must be a part of their CFE 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 agrees to adhere to the this CFE Manual, the CMHC program Student Handbook https://cmhc.appstate.edu/clinical-field-experience, 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 pursing 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 any professional code of ethics, state laws, federal laws, policies in the CMHC Student handbook, or the 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, but not limited to, alcohol or other drugs or other mental health signs and symptoms as indicated in the DSM-5). 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, which may include, but not limited to, postponing CFE course or possible removable from a CFE course and/or site.
ACTION PLAN POLICY FOR CLINICAL FIELD EXPERIENCE

The purpose of a CFE action plan is to help students have a clear understanding of areas of deficiency and/or concerns. An action 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 CFEC can initiate an action plan during any time throughout the CFE for CMHC. In addition, the student’s program advisor or CMHC Program Director may initiate a remediation plan during the CFE course(s) in collaboration with both the university supervisor and the CFEC for CMHC.

Action plans for CFE courses can be established separately from the other academic courses; therefore, a student may have two or more action plans. The action plans for the CFE 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. Action plans will be written and, whenever possible, developed in collaboration with the student and then signed by all necessary parties. A remediation plan occurs when the action plan has not been successful or the student has a serious situation that requires immediate attention.

Clinical Field Experience Action Plan

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

Notifications of an Action Plans: The CMHC Program Director and the student’s program advisor will be notified of an action plans that has been established for any student in a CFE 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 an action plan has been enacted, but the details will be withheld due to the confidential nature of the personal issues. Site supervisors will be notified that an action plan has been established only when that plan directly affects their site. The CFEC and the university supervisor for that semester will always be aware of any action plans related to CFE courses. When deemed appropriate, the Chair of HPC will also be notified by the CFEC and/or the CMHC Program Director of any student concerns, including action plans.

Remediation Plan: On some occasions during the CFE courses, a 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 necessary changes that will impact client well-being or ethical concerns such as, but not limited to, impairment or safety issues. It is recommended that remediation plans are enacted under any of these circumstances:

1. clear concerns are indicated in 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 CFEC, the CMHC program director, as well as the HPC Chair, and the student’s program advisor. An action plan meeting is established with the follow persons: (a) the student, (b) the CFEC, and (c) one of the following: university supervisor, program advisor, CMHC program director, or HPC Chair. When a remediation plan meeting is scheduled, the 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 will be filed in the CMHC student’s academic file, as well as in their CFE file, and a copy will be provided to the student.

**Suspension from Counseling Activity and Clinical Field Experience Courses**

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

1. the student refuses to sign a remediation plan for HPC 5900 or HPC 6900.
2. 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).
3. 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, to 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 https://academicaffairs.appstate.edu/resources/syllabi-policy-and-statement-information.

**APPALACHIAN STATE UNIVERSITY GRIEVANCE PROCEDURES AND OTHER COMPLIANT 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.
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

Revised on 9-02-2019
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 in HPC 5900 and stands throughout CFE course, unless this form needs to be updated

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”):

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Student Printed Name          Signature          Date

Revised on 9-02-2019
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 other 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

Created on 9-6-2017
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(s):

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

Section III. Mid-term review:

________________ University Supervisor initials and date
________________ Students initials and date
________________ Site supervisor’s initials and date

Section IV. Final review:

________________ University Supervisor initials and date
________________ Students initials and date
________________ Site supervisor’s initials and date
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 CSDAT 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

Form Revised 9-02-2019
APPALACHIAN STATE UNIVERSITY  
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING  
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

ACTION PLAN


Student Name: __________________________ Date: __________________

Clinical Experience Field Coordinator: __________________ Date: ____________

Section I. Area(s) for Professional Development
It has been noted that __________________________ (student’s 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

Form revised 9-5-2018
PERMISSION TO REGISTER FOR PRACTICUM/INTERNSHIP FOR CMHC
Department of Human Development and Psychological Counseling

Instructions Please type:
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. To complete this form students are to meet with their CMHC Advisor, have this signed, email to the Clinical Field Experience Coordinator and then uploaded to Supervision Assist.

Section A:
Student Name: ____________________________
Banner ID#: ______________________________
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: (must have to register)
Name: ______________________________________
Relationship: _________________________________
Telephone #: _________________________________
Email: _______________________________________

I wish to be registered for the following course:
HPC 5900 Practicum in: _____________________
HPC 6900 Internship in: _____________________
____ Counseling (3 cr.) __________ Clinical Mental Health Counseling (3 cr.)
____ Clinical Mental Health Counseling (6 cr.)

Section Ranking- Each semester you will be asked to rank order the available sections, through Google Forum, when requested via CMHC list-serv.

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 ______

Form revised 9/02/2019
APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

PRE-SELECTION SITE FORM FOR FIELD EXPERIENCE
TO BE USED FOR ALL NEW SUPERVISORS AND SITES ONLY

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: __________________________________________________

<table>
<thead>
<tr>
<th>Type of Direct Service Offered (Check all that apply)</th>
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<tr>
<td>Individual counseling ___ Couples counseling ___ Family counseling ___</td>
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<tr>
<td>Group counseling _____ Career counseling _____ Intake Assessments _____</td>
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<tr>
<td>Appraisal Services _____ Diagnosis Assessment ___ Others ____</td>
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<tr>
<th>Type of In-Direct Service Offered (Check all that apply)</th>
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<tbody>
<tr>
<td>Treatment planning ______ Progress Notes ______ Discharge planning ______</td>
</tr>
<tr>
<td>Consultation services _______ Referral services _______ Case management ______</td>
</tr>
<tr>
<td>Others ____________</td>
</tr>
</tbody>
</table>

Site Supervision Provided (Check all that apply)

Individual supervision ____ Triadic supervision ____ Group supervision ______

Revised 8/29/2019          CMHC Clinical Field Experience Manual 33
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 ________

Form revised 8-29-2019
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 anticipated time on site this semester

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</table>

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________

Revised 8/29/2019  CMHC Clinical Field Experience Manual 35
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 __________________
# PROOF OF SUPERVISION TRAINING FOR NEW SUPERVISORS AND NEW SITES

(This only needs to be completed once by the site supervisor. Most established supervisors have already 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:

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

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!*

Form revised 9-02-2019
APPALACHIAN STATE UNIVERSITY

DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

CLIENT CONSENT TO AUDIO OR VIDEO RECORD
TO BE USED IF SITES DO NOT HAVE THEIR OWN FORMS

I, ____________________________, agree to be counseled by a Clinical Mental Health Counseling practicum/intern student from 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. As of January 2019, recording will be directly streamed to the HIPPA compliant secure web-platform, Supervision Assist.

_________________________________________  ___________________________
Signature of Client                                      Date

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

_________________________________________  ___________________________
Signature of Counselor Intern                           Date

_________________________________________  ___________________________
Signature of Counselor Site Supervisor                   Date

Form revised 9/02/2019
VERIFICATION OF DESTRUCTION OF AUDIO/VIDEO RECORDINGS & DOCUMENTATIONS

I, ____________________________________________________, verify that I have destroyed all copies of audio and/or visual recordings made and any 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, flash drive etc.),
5. any and all “downloaded” 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 being deleted are recorded over.
8. All paperwork/document files have been shredded and deleted from the electronic devices.
9. Effective January 2019, NO recordings will be stored on any devices. All recordings will be streamed directly to the secure HIPPA Compliant Web-platform, Supervision Assist. Deletion of recordings will occur after all supervisor has reviewed recording.

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

Form revised 9-02-2019
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, within 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 ______________
SUMMARY OF SUPERVISED FIELD EXPERIENCE

This has been replaced by the *Training Report*. At the end of each CFE course, students will send a copy of the *Training Report* to University Supervisor and keep a copy for themselves.

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 required supervision hours cannot be counted as indirect or direct hours

Total Hours of Indirect Client Contact ______
Total Hours of Direct Individual/couple family Client Contact ______
Total Hours of Facilitating Group Hours ______
Total Hours, of Supervision Individual/Group (ASU + site only) ______

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

Graduate Student Signature ___________________ Date ____________________

Form Revised 9-02-2019
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)

________________________________________________________________________________
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 Site Supervisor

Period covered from ______________ to ______________

Please rate each question from 1 to 5, with 1 = poor, 2 = very unsatisfactory, 3 = satisfactory, and 5 = very satisfactory

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gave time and energy in observations of my raw data</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>2. Made me feel accepted and respected as a person</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>3. Recognized and encouraged further development of my strengths and capabilities</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>4. Provided me the freedom to develop flexible and effective counseling styles</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>5. Gave me useful and balanced feedback on my strengths and needed areas of growth</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>6. Encouraged and listened to my ideas and suggestions for developing my counseling skills</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>7. Provided clear and concrete feedback for developing my counseling skills</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>8. Encouraged me to use new and different techniques, when appropriate</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>9. Was spontaneous and flexible in the supervisory sessions</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>10. Helped me define and achieve specific concrete goals for myself during the field experience</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>11. Provided clear informative evaluation, from all my supervisors (e.g. supervisor of record and peer supervisors)</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>12. Focused on both verbal and nonverbal behavior in me and in</td>
<td>1 2 3 4 5 N/A</td>
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</tbody>
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my student clients

13. Helped me define and maintain ethical behavior in counseling and case management

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<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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14. Encouraged me to engage in professional behavior and disposition

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<td>4</td>
<td>5</td>
<td>N/A</td>
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15. Clearly evaluated my professional behavior and disposition;
I know my supervisor’s evaluation of my professional behaviors disposition

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<td>N/A</td>
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16. Maintained confidentiality in material discussed in supervisory sessions

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<td>N/A</td>
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17. Offered resource information when requested or needed

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<td>N/A</td>
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18. Helped me develop increased skill in critiquing and gaining insight from my counseling tapes

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<td>N/A</td>
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19. Allowed and encouraged me to evaluate myself.

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<td>5</td>
<td>N/A</td>
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**ADDITIONAL COMMENTS AND/OR SUGGESTIONS:**

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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 University Supervisor ____________________________________________

Period covered from __________________________ to ________________________

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

12. Focused on both verbal and nonverbal behavior in me and in my student clients 1 2 3 4 5 N/A

13. Helped me define and maintain ethical behavior in counseling and case management 1 2 3 4 5 N/A

14. Encouraged me to engage in professional behavior and disposition 1 2 3 4 5 N/A

15. Clearly evaluated my professional behavior and disposition, 1 2 3 4 5 N/A

16. Maintained confidentiality in material discussed in supervisory sessions 1 2 3 4 5 N/A

17. Offered resource information when requested or needed 1 2 3 4 5 N/A

18. Helped me develop increased skill in critiquing and gaining insight from my counseling tapes 1 2 3 4 5 N/A

19. Allowed and encouraged me to evaluate myself 1 2 3 4 5 N/A

ADDITIONAL COMMENTS AND/OR SUGGESTIONS:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Form revised 9/6/2017
Directions: Site supervisors can assist the Clinical Mental Health Counseling program make necessary changes with their Clinical Field Experience courses and process by answering the following questions.

Year and semester: ___ Fall Semester, ____ Spring Semester, _____ Summer Semester

Course: ____ HPC 5900 or ____HPC 6900, & Section Number _______

Please rate each questions for 1 to 5, with 1- poor, 2 - very unsatisfactory, 3- unsatisfactory, 4 satisfactory, and 5 - very satisfactory

1. The university supervisor was responsive
2. Communication with university supervisor was clear and responsive
3. The university supervisor made contact with me about the student intern this semester
4. The university supervisor understood the agency/practice policies
5. The university supervisor understood the agency/practice environment
6. The university supervisor took my evaluation into consideration in determining student’s readiness for the field experience
7. The university supervisor collaborated with me to address student issues
8. CMHC students are prepared for practicum/internship
9. The CMHC Clinical Field Experience Coordinator was responsive to my questions.
10. The CMHC Clinical Field Experience Coordinator ability to assisted in resolving problems
11. CMHC Clinical Field Experience Coordinator timeliness in resolving problems
12. CMHC Clinical Field Experience Manual clearly explain policy and procedure
13. Forms from the CMHC Clinical Field Experience are useful
14. As a site supervisor I feel informed of CMHC expectation and my responsibilities.

Please turn over to complete
15. Please identify CMHC program’s strengths:

________________________________________________________________________

________________________________________________________________________

16. Please identify CMHC program’s area of improvement:

________________________________________________________________________

________________________________________________________________________
CSDAT 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 Action 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. As of January 2019, this form will be on Supervision Assist
The CSDAT provides a formal assessment, collecting both quantitative & qualitative data, to students as they progress through developmental expectations within their program. Part 1 is especially focused on skills & will be used in skills-based courses. Part 2 is focused on professional dispositions & will be used in all 8 CACREP core course & specialty courses for both PSC & CMHC. Parts 1 & 2 will be used in all Field Experience Courses.

Directions: Based on direct observation, please evaluate students according to their expected developmental level for each of the items listed below.

Scale Scoring

**Surpasses Standards (5)** = the student demonstrates exceptionally strong knowledge, skills, & dispositions in the specified item in the rubric at the appropriate developmental level.

**Meets Standards (4)** = the student demonstrates consistent & proficient knowledge, skills, & dispositions in the specified item in the rubric at the appropriate developmental level.

**Approaching Standards (3)** = the student demonstrates inconsistent & limited knowledge, skills, & dispositions in the specified item in the rubric at the appropriate developmental level. Students are expected to be at the “Approaching Standards” or higher at the conclusion of their Practicum.

**Below Standards (2)** = the student demonstrates limited or no evidence of the knowledge, skills, & dispositions in the specified item in the rubric at the appropriate developmental level. A student receiving a 2 on any of the skills or professional disposition will need an Action Plan that will assist them in moving from a 2 to a rating of a 3.

**Harmful (1)** = the student demonstrates harmful use of knowledge, skills, & dispositions in the specified item in the rubric. Any students at this standard are expected to develop & maintain an Action Plan & discontinue clinical work until additional training & assistance has improved skill or disposition rating standard to at least a 2.

**N/A (0)** = did not demonstrate or unable to observe.

Revised 11-1-2018
<table>
<thead>
<tr>
<th>Skill</th>
<th>Descriptors</th>
<th>5 - Surpasses Standard</th>
<th>4 - Meets Standard</th>
<th>3 - Approaching Standard</th>
<th>2 - Below Standard</th>
<th>1 - Harmful</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Attending &amp; Nonverbal Skills</td>
<td>Sensitive to individual client re: eye contact, vocal qualities, attentive body language, pacing/timing &amp; tracking the session.</td>
<td>Student demonstrates exceptionally strong attending &amp; nonverbal skills the majority of the time.</td>
<td>Student demonstrates consistent &amp; proficient attending &amp; nonverbal skills.</td>
<td>Student demonstrates inconsistent &amp; limited attending &amp; nonverbal skills.</td>
<td>Student demonstrates limited or no attending &amp; nonverbal skills.</td>
<td>Student demonstrates attending &amp; nonverbal skills that are potentially harmful to clients.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>1B. Empathy</td>
<td>Observing &amp; reflecting feelings, facilitating client awareness of &amp; exploration of his/her/their emotional world, clarifying emotional strengths &amp; furthering resilience, respecting resistance, use of direct empathy statements.</td>
<td>Student demonstrates exceptionally strong use of empathy as a primary therapeutic approach the majority of the time.</td>
<td>Student demonstrates consistent &amp; proficient use of empathy.</td>
<td>Student demonstrates inconsistent &amp; limited use of empathy.</td>
<td>Student demonstrates limited or no proficiency in empathy.</td>
<td>Student demonstrates harmful &amp;/or non-empathic skills.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>1C. Active listening</td>
<td>Skills of encouraging/affirming, paraphrasing, &amp; summarizing.</td>
<td>Student demonstrates exceptionally strong use of active listening skills the majority of the time.</td>
<td>Student demonstrates consistent &amp; proficient use of active listening skills.</td>
<td>Student demonstrates inconsistent &amp; limited active listening skills.</td>
<td>Student demonstrates limited or no proficiency in active listening skills.</td>
<td>Student demonstrates harmful active listening skills.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>1D. Questioning</td>
<td>Skills of open &amp; closed ended questions, adapting questioning style to demonstrate respect to diverse clients.</td>
<td>Student demonstrates exceptionally strong use of questioning skills the majority of the time.</td>
<td>Student demonstrates consistent &amp; proficient use of active questioning skills.</td>
<td>Student demonstrates inconsistent &amp; limited questioning skills.</td>
<td>Student demonstrates limited or no proficiency in questioning skills.</td>
<td>Student demonstrates harmful questioning skills.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>Skill</td>
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<tr>
<td>1E. Focusing</td>
<td>Skill of setting collaborative goals with clients. Explores situations from multiple frames of reference &amp; includes advocacy, community awareness, &amp; social change as appropriate for client needs.</td>
<td>Student demonstrates exceptionally strong use of focusing skills the majority of the time.</td>
<td>Student demonstrates consistent &amp; proficient use of focusing skills.</td>
<td>Student demonstrates inconsistent &amp; limited use of focusing skills.</td>
<td>Student demonstrates limited or no proficiency in focusing skills.</td>
<td>Student demonstrates harmful focusing skills.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>1F. Empathic confrontation</td>
<td>Skill of identifying client’s conflict, incongruity &amp; mixed messages in behavior, thought, feelings or meaning. Skill is conducted in an empathic yet challenging manner that furthers client exploration of situation.</td>
<td>Student demonstrates exceptionally strong use of empathic confrontation skills the majority of the time.</td>
<td>Student demonstrates consistent &amp; proficient use of active empathic confrontation skills.</td>
<td>Student demonstrates inconsistent &amp; limited empathic confrontation skills.</td>
<td>Student demonstrates limited or no proficiency in empathic confrontation skills.</td>
<td>Student demonstrates harmful confrontation skills.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>1G. Facilitative Therapeutic Demeanor</td>
<td>Skill of conveying respect, unconditional positive regard &amp; acceptance of clients’ strengths, areas of growth &amp; diversity.</td>
<td>Student demonstrates exceptionally strong use of facilitative therapeutic demeanor the majority of the time.</td>
<td>Student demonstrates consistent &amp; proficient use of facilitative therapeutic demeanor at least a majority of the time.</td>
<td>Student demonstrates inconsistent &amp; limited therapeutic demeanor inconsistently &amp; inaccurately.</td>
<td>Student demonstrates limited or no proficiency in facilitative therapeutic demeanor skills.</td>
<td>Student demonstrates harmful facilitative therapeutic demeanor skills.</td>
<td>Did not demonstrate or unable to observe.</td>
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___ Total score (out of a possible 35)
<table>
<thead>
<tr>
<th>Professional Disposition</th>
<th>Descriptors</th>
<th>5 - Surpasses Standard</th>
<th>4 - Meets Standard</th>
<th>3 - Approaching Standard</th>
<th>2 - Below Standard</th>
<th>1 - Harmful</th>
<th>N/A</th>
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<tbody>
<tr>
<td>2A. Ethical Behavior</td>
<td>Follows professional organization codes of ethics, the University’s Code of Academic Integrity &amp; PSC or CMHC Field Experience Manual policies, &amp; seeks appropriate consultant as needed.</td>
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<td></td>
<td>Student demonstrates exceptionally strong ethical behavior &amp; engages in discussion of these issues with supervisors.</td>
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<td></td>
<td>Student consistently demonstrates ethical behavior &amp; judgments &amp; engages in discussion of these issues with supervisors.</td>
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<td>2B. Engagement</td>
<td>Flexibly &amp; actively engages others with respect &amp; consideration. Cooperates with others &amp; resolves differences &amp; misunderstandings respectfully.</td>
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<td></td>
<td>Student demonstrates exceptionally strong ability to be engaged flexibly &amp; cooperatively with others.</td>
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<tr>
<td></td>
<td>Student demonstrates consistent ability to be engaged flexibly &amp; cooperatively with others.</td>
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<td>2C. Self-Awareness</td>
<td>Engages in self-reflection by using various forms of feedback about one's own effectiveness, values, beliefs, &amp; limitations including assessment data &amp; supervision. Makes changes as needed.</td>
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<td>Student demonstrates exceptionally strong ability to be self-aware.</td>
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<td></td>
<td>Student demonstrates consistent ability to be self-aware.</td>
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<tr>
<td>2D. Acceptance of Self &amp; Others</td>
<td>Warm &amp; understanding with open-minded acceptance of others &amp; tolerance of their viewpoints.</td>
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<td>Student demonstrates exceptionally strong ability to be genuinely accepting of self &amp; others.</td>
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<td></td>
<td>Student demonstrates consistent ability to be accepting of self &amp; others.</td>
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**Part 2: Professional Counselor Dispositions**

*Date:______, Recording #:______, Student Name:______, Rater Name:__________________, Course__________*
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<tr>
<th>Professional Disposition</th>
<th>Descriptors</th>
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</thead>
<tbody>
<tr>
<td>2E. Multicultural Competence</td>
<td>Values diversity through creating inviting relationships with diverse clients. Demonstrates multicultural knowledge. Willing to be transformed through experiences.</td>
<td>Student demonstrates exceptionally strong multicultural competence.</td>
<td>Student demonstrates consistent multicultural competence.</td>
<td>Student demonstrates inconsistent multicultural competence.</td>
<td>Student demonstrates limited multicultural competence.</td>
<td>Student is so limited in their multicultural competence that they engage in harmful behavior.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>2F. Professionalism</td>
<td>Timeliness, consistent attendance, appropriate appearance &amp; dress to match dress standards or expectations in university classes &amp; clinical sites.</td>
<td>Student demonstrates exceptionally strong professionalism</td>
<td>Student demonstrates consistently appropriate behaviors of professionalism</td>
<td>Student demonstrates inconsistent ability to maintain professionalism</td>
<td>Student demonstrates limited ability to maintain appropriate professionalism</td>
<td>Student is so limited in their ability to maintain professionalism that they engage in harmful behavior.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>2G. Initiative</td>
<td>The ability to plan, prepare, &amp; engage in university classes &amp; clinical sites. Offers ideas, sets goals for self-improvement, seeks advice, independently, searches for plans &amp;/or materials</td>
<td>Student demonstrates exceptionally strong initiative.</td>
<td>Student demonstrates consistently appropriate initiative.</td>
<td>Student demonstrates inconsistent initiative.</td>
<td>Student demonstrates limited initiative.</td>
<td>Student is so limited in their initiative that they engage in harmful behavior.</td>
<td>Did not demonstrate or unable to observe.</td>
</tr>
<tr>
<td>2H. Emotional Stability &amp; Self-Control</td>
<td>Demonstrates congruence between mood &amp; affect &amp; demonstrates impulse control in relationships.</td>
<td>Student demonstrates exceptionally strong emotional stability &amp; self-control.</td>
<td>Student demonstrates consistently appropriate emotional stability &amp; self-control.</td>
<td>Student demonstrates inconsistent emotional stability &amp; self-control.</td>
<td>Student demonstrates limited emotional stability &amp; self-control.</td>
<td>Student is so limited in their emotional stability &amp; self-control that they engage in harmful behavior.</td>
<td>Did not demonstrate or unable to observe.</td>
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_____ : Total score (out of a possible 40)
Date_________,   Student Name_________________________________,  Rater Name_________________________, Course_____________________

Please be specific as you provide qualitative feedback to the student regarding their professional development:

Students’ strengths thus far with skills & disposition:

______________________________

________________________________________

Students’ areas to improve thus far with skill & disposition:

Additional comments of students’ progress in becoming a professional counselor:

How did you observe the skills you rated?:

___ live supervision 20 minutes - one session
___ audio/video 20 minutes - one session,
___ live supervision 20 min.– more than one session
___ audio/video 20 min. - more than one session

How did you observe the professional disposition?:

___ full semester course class room or site
___ half semester course class room or site
___ outside the normal class room
___ in session with client

Student Signature ___________________________ Date ____________

Supervisor or Peer signature ___________________________ Date ____________
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 clients – 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 Initials: _______

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 ________________________

Revised 8/29/2019 CMHC Clinical Field Experience Manual 57
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’s 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 the 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 the 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 their 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, the 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, the 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___________________________________________