

APPALACHIAN STATE UNIVERSITY

REICH COLLEGE OF EDUCATION

**DEPARTMENT OF HUMAN DEVELOPMENT AND
PSYCHOLOGICAL COUNSELING (HPC)**

**CLINICAL MENTAL HEALTH COUNSELING
PRACTICUM/INTERNSHIP HANDBOOK**

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

WEBSITE:

**[http://www.ced.appstate.edu/departments/hpc/programs
/community_counseling/](http://www.ced.appstate.edu/departments/hpc/programs/community_counseling/)**

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Practicum (HPC 5900) and Internship (HPC 6900) Requirements

Appalachian State University's master's in Clinical Mental Health Counseling Program has been accredited in community counseling by the Council for Accreditation of Counseling and Related Educational Programs (CACREP; <http://www.cacrep.org/>) since 1983 and is accredited through 2013. Thus, the requirements for both practicum and internship in clinical mental health counseling meet the community counseling standards as set forth by CACREP.

Practicum in Counseling (HPC 5900):

Students must complete supervised practicum experiences that total a minimum of 100 clock hours (average of 8 hours per week over one 15 week semester). This practicum provides for the development of counseling skills under supervision. The student's practicum includes all of the following:

1. A minimum of 40 hours of direct service with clients, including experience in individual and group work. Direct service includes individual, group, family, or marital/relationship counseling, intakes, and consultation. The remaining 60 hours should involve opportunities for the practicum student to become familiar with a variety of professional activities in addition to direct services (e.g., record keeping, referral services, inservice, meetings, conferences, professional development, etc.);
2. Weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision which occurs regularly over a minimum of one academic term by an approved on-site practicum supervisor;
3. Weekly interaction with an average of one (1) hour per week of group of individual and/or triadic supervision which occurs regularly over a minimum of one academic term by a university program faculty member or a supervisor working under the supervision of a university program faculty member;
4. An average of one and one half (1 ½) hours per week of group supervision that is provided on a regular schedule over the course of the student's practicum by a university program faculty member or a supervisor under the supervision of a university program faculty member, and;
5. Evaluation of the student's performance throughout the practicum including a formal evaluation after the student completes the practicum.

Practicum (HPC 5900) and Internship (HPC 6900) Requirements (continued)

Internship in Clinical Mental Health Counseling (HPC 6900):

The program requires students to complete a supervised internship of 600 clock hours (average of 40 hours per week over one 15 week semester or 20 hours per week over two 15 week semesters) that is begun after successful completion of the student's practicum. The internship provides an opportunity for the student to perform, under supervision, a variety of counseling activities that a professional counselor is expected to perform. The student's internship includes the following:

1. 240 hours of direct service with clients appropriate to the program of study. Direct service includes individual, group, family, or marital/relationship counseling, intakes, and consultation. The remaining 360 hours should involve opportunities for the internship student to become familiar with a variety of professional activities in addition to direct services (e.g., record keeping, referral services, inservice, meetings, conferences, professional development, etc.);
2. Weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision which occurs regularly over a minimum of one academic term by an approved on-site internship supervisor;
3. An average of one and one half (1 ½) hours per week of group supervision provided on a regular schedule throughout the internship, usually performed by a university program faculty member;
4. Evaluation of the student's performance throughout the internship including a formal evaluation after the student completes the internship.

Requirements to be a Practicum or Internship Site Supervisor

A practicum or internship site supervisor must have:

1. A minimum of a master's degree in counseling or related profession (e.g., marriage and family therapist, social work, psychologist, psychiatrist) with equivalent qualifications, including appropriate certifications and/or licenses;
2. A minimum of two (2) years of pertinent professional experience in the program area in which the student is completing clinical instruction; and
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.

**CLINICAL MENTAL HEALTH COUNSELING
PRACTICUM/INTERNSHIP SITE PRE-SELECTION DATA FORM**

Student: _____ Date: _____

Name of Agency/School: _____

 Address State County Zip code

Telephone: _____

Site Supervisor Name: _____

Direct Phone Line: _____

Email: _____

Degree Held: _____

Years of Counseling Experience: _____

Professional Licensure/Certification Held (NCC, LPC, LMFT, LCAS, MAC, CCSW, or specify): _____

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

Type of Direct Service Provided

Individual counseling	Yes_____	No_____
Couples counseling	Yes_____	No_____
Family counseling	Yes_____	No_____
Child/Adolescent counseling	Yes_____	No_____
Group counseling	Yes_____	No_____
Career counseling	Yes_____	No_____
Intake Assessments	Yes_____	No_____
Consultation services	Yes_____	No_____
Referral services	Yes_____	No_____
Testing interpretation	Yes_____	No_____

Site Supervision Provided

Individual supervision	Yes_____	No_____
Group supervision	Yes_____	No_____

Education Provided

Professional training seminars	Yes_____	No_____
In-service training	Yes_____	No_____
Research opportunities	Yes_____	No_____

Audio and/or Video Tape of Clients Permitted**

Yes_____ 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 video-tape counseling sessions. Audio and/or video taped sessions are to be heard and/or viewed by the university site supervisor and supervision group **ONLY** and afterwards will be immediately 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.

**Appalachian State University
Reich College of Education
Human Development and Psychological Counseling
Clinical Mental Health Counseling Program
Practicum/Internship Agreement**

Student: _____ Phone: _____

Practicum/Internship Site: _____

Site Address: _____

Site Supervisor: _____ Phone: _____

Site Supervisor Credentials: _____ Years in the field: _____
(Please attach a copy of the supervisor's credentials to this agreement.)

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

Anticipated Weekly Schedule:

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

Purpose: The purpose of this agreement is to provide a qualified graduate student with a practicum/ internship experience in the field of counseling.

The University Program Agrees:

1. To assign a University faculty liaison to facilitate communication between the University and the site;
2. To notify the student that the student must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
3. That the faculty liaison shall be available for consultation with both site supervisor and student and shall be immediately contacted should any problem or change in relation to the student, site, or University occur; and
4. That the University supervisor is responsible for the assignment of the fieldwork grade.

Practicum/Internship Agreement Continued

The Practicum/ Internship Site Agrees:

1. To assign a practicum/internship supervisor who has the appropriate credentials, time and interest for training the practicum/internship student;
2. To provide opportunities for the practicum/internship student to engage in a variety of counseling activities under supervision and for evaluating the practicum/internship student's performance;
3. To provide the practicum/internship student with adequate work space, telephone, office supplies and staff to conduct professional activities.
4. To help the practicum/internship student secure informed consent from clients for purposes of audio and/or video taping counseling sessions.

The Practicum/Internship Student Agrees:

1. To read and understand the ACA Code of Ethics and to practice in accordance with these standards;
2. To keep practicum/internship supervisors informed regarding practicum/internship experiences;
3. To demonstrate a basic level of competency in specified counseling knowledge, skills and attitudes in order to receive a passing grade;
4. To attend classes and supervisory sessions fully prepared as outlined by the course requirements and supervisors' expectations.

Termination

It is understood and agreed among 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 serves agreed upon in contract, then 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 on p. 23 of this handbook.

Practicum/Internship Agreement Continued

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.

ASU Student

Date

Site Supervisor

Date

ASU Faculty Supervisor

Date

Record of Practicum/Internship & Supervisory Data

Name of ASU Graduate Student: _____

Dates of Practicum/Internship: _____

Total number of hours completed by ASU student: _____

Direct service hours completed by ASU student: _____

Name of Counseling Agency/School:

Address of Agency/School:

Agency/School Phone: _____

Agency/School Site Supervisor Information

Name of Supervisor: _____

Years of Counseling Experience: _____ Highest Degree: _____

Professional Licensure/Certifications: _____

ASU Supervisor Information

Name of ASU Faculty Supervisor: _____

Total number of hours of individual supervision at ASU: _____

Total number of hours of group supervision at ASU: _____

ASU Student Date

Site Supervisor Date

ASU Faculty Supervisor Date

SITE EVALUATION FORM

Directions: Student completes this form at the end of the practicum and/or internship. This should be turned in to the university supervisor or internship coordinator as indicated by the university program

ASU Student Name: _____

Site: _____

Dates of placement: _____

Site supervisor: _____

Rate the following questions about your site and experiences with 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 practicum/internship site goals
6. _____ Exposure to and communication of practicum/internship site procedures
7. _____ Exposure to professional roles and functions within the practicum/internship site
8. _____ Exposure to information about community resources

Rate all applicable experiences that you had at your site:

- | | |
|-------|-----------------------------|
| _____ | Individual counseling |
| _____ | Group counseling |
| _____ | Professional presentations |
| _____ | Career counseling |
| _____ | Consultation services |
| _____ | Collaborative team approach |
| _____ | Consumer/Family conferences |
| _____ | Family counseling |
| _____ | Referral services |
| _____ | Testing interpretation |
| _____ | Other _____ |

9. _____ **Overall evaluation of the site**

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

STUDENT EVALUATION OF ON-SITE SUPERVISOR*

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

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

Name of Student

Name of Internship Supervisor:

Period covered: from _____ to _____

	Poor	Adequate	Good
1. Gives time and energy in observations, tape processing, and case conferences.	1 2	3 4	5 6
2. Accepts and respects me as a person.	1 2	3 4	5 6
3. Recognizes and encourages further development of my strengths and capabilities.	1 2	3 4	5 6
4. Gives me useful feedback when I do something well.	1 2	3 4	5 6
5. Provides me the freedom to develop flexible and effective counseling styles.	1 2	3 4	5 6
6. Encourages and listens to my ideas and suggestions for developing my counseling skills.	1 2	3 4	5 6
7. Provides suggestions for developing my counseling skills.	1 2	3 4	5 6
8. Helps me understand the implications and dynamics of the counseling approaches I use.	1 2	3 4	5 6
9. Encourages me to use new and different techniques when appropriate.	1 2	3 4	5 6
10. Is spontaneous and flexible in the supervisory sessions.	1 2	3 4	5 6
11. Helps me define and achieve specific concrete goals for myself during the clinical experience.	1 2	3 4	5 6
12. Gives me useful feedback when I do something wrong.	1 2	3 4	5 6
13. Allows me to discuss problems I encounter in my setting	1 2	3 4	5 6
14. Pays appropriate amount of attention to both my clients and me.	1 2	3 4	5 6

* Printed by permission from Dr. Harold Hackney, Assistant Professor, Purdue University. Two graduate students based upon material drawn from *Counseling Strategies and Objectives* by H. Hackney and S. Nye, Prentice-Hall, Englewood Cliffs, NJ, 1973, designed this form. This form originally was printed in Chapter 10 of the *Practicum Manual for Counseling and Psychotherapy* by K. Dimick and F. Krause, Accelerated Development, Muncie, IN, 1980.

	Poor	Adequate	Good
15. Focuses on both verbal and nonverbal behavior in me and in my clients.	1 2	3 4	5 6
16. Helps me define and maintain ethical behavior in counseling and case management.	1 2	3 4	5 6
17. Encourages me to engage in professional behavior.	1 2	3 4	5 6
18. Maintains confidentiality in material discussed in supervisory sessions.	1 2	3 4	5 6
19. Deals with both content and affect when supervising.	1 2	3 4	5 6
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision.	1 2	3 4	5 6
21. Helps me organize relevant case data in planning goals and strategies with my client.	1 2	3 4	5 6
22. Helps me to formulate a theoretically sound rationale of human behavior.	1 2	3 4	5 6
23. Offers resource information when I request or need it.	1 2	3 4	5 6
24. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.	1 2	3 4	5 6
25. Allows and encourages me to evaluate myself.	1 2	3 4	5 6
26. Explains his/her criteria for evaluation clearly and in behavioral terms.	1 2	3 4	5 6
27. Applies his/her criteria fairly in evaluating my counseling performance.	1 2	3 4	5 6

ADDITIONAL COMMENTS AND/OR SUGGESTIONS

 Date

Signature of Student Counselor

 Date

Signature of Site Supervisor

My signature indicates that I have read the above report and have discussed the content with my supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

STUDENT EVALUATION OF UNIVERSITY SUPERVISOR*

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

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

Name of Student Counselor

Name of University Practicum/Internship Supervisor

Period covered: from _____ **to** _____

	Poor	Adequate	Good
1. Gives time and energy in observations, tape processing, and case conferences.	1 2	3 4	5 6
2. Accepts and respects me as a person.	1 2	3 4	5 6
3. Recognizes and encourages further development of my strengths and capabilities.	1 2	3 4	5 6
4. Gives me useful feedback when I do something well.	1 2	3 4	5 6
5. Provides me the freedom to develop flexible and effective counseling styles.	1 2	3 4	5 6
6. Encourages and listens to my ideas and suggestions for developing my counseling skills.	1 2	3 4	5 6
7. Provides suggestions for developing my counseling skills.	1 2	3 4	5 6
8. Helps me understand the implications and dynamics of the counseling approaches I use.	1 2	3 4	5 6
9. Encourages me to use new and different techniques when appropriate.	1 2	3 4	5 6
10. Is spontaneous and flexible in the supervisory sessions.	1 2	3 4	5 6
11. Helps me define and achieve specific concrete goals for myself during the clinical experience.	1 2	3 4	5 6
12. Gives me useful feedback when I do something wrong.	1 2	3 4	5 6
13. Allows me to discuss problems I encounter in my setting	1 2	3 4	5 6

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	Poor	Adequate	Good
14. Pays appropriate amount of attention to both my clients and me.	1 2	3 4	5 6
15. Focuses on both verbal and nonverbal behavior in me and in my clients.	1 2	3 4	5 6
16. Helps me define and maintain ethical behavior in counseling and case management.	1 2	3 4	5 6
17. Encourages me to engage in professional behavior.	1 2	3 4	5 6
18. Maintains confidentiality in material discussed in supervisory sessions.	1 2	3 4	5 6
19. Deals with both content and effect when supervising.	1 2	3 4	5 6
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision.	1 2	3 4	5 6
21. Helps me organize relevant case data in planning goals and strategies with my client.	1 2	3 4	5 6
22. Helps me to formulate a theoretically sound rationale of human behavior.	1 2	3 4	5 6
23. Offers resource information when I request or need it.	1 2	3 4	5 6
24. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.	1 2	3 4	5 6
25. Allows and encourages me to evaluate myself.	1 2	3 4	5 6
26. Explains his/her criteria for evaluation clearly and in behavioral terms.	1 2	3 4	5 6
27. Applies his/her criteria fairly in evaluating my counseling performance.	1 2	3 4	5 6

ADDITIONAL COMMENTS AND/OR SUGGESTIONS

Date

Signature of Student Counselor

Date

Signature of Site Supervisor

My signature indicates that I have read the above report and have discussed the content with my supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

SITE SUPERVISOR'S EVALUATION OF STUDENT PERFORMANCE*

Name of Student Counselor

Name of Site Supervisor

Period covered: from _____ to _____

Directions: The site supervisor evaluates the student counselor's development and progress in developing the identity and skills of a professional Community Counseling counselor during the internship experience. After the form is completed, we suggest you share and discuss your evaluation with the counseling intern.

General Supervision Comments	Poor	Adequate	Good
1. Demonstrates a personal commitment in developing professional competencies	1 2	3 4	5 6
2. Invests time and energy in becoming a counselor	1 2	3 4	5 6
3. Accepts and uses constructive criticism to enhance self-development and counseling skills	1 2	3 4	5 6
4. Engages in open, comfortable, and clear communication with peers and supervisors	1 2	3 4	5 6
5. Recognizes own competencies and skills and shares these with peers and supervisors	1 2	3 4	5 6
6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors	1 2	3 4	5 6
7. Completes duties punctually and conscientiously	1 2	3 4	5 6
The Counseling Process			
8. Researches the referral prior to the first session	1 2	3 4	5 6
9. Keeps appointments on time	1 2	3 4	5 6
10. Begins the session smoothly	1 2	3 4	5 6
11. Explains the nature and objectives of counseling when appropriate	1 2	3 4	5 6
12. Is relaxed and comfortable in the session	1 2	3 4	5 6
13. Communicates interest in and acceptance of the client	1 2	3 4	5 6
14. Facilitates client expression of concerns and feelings	1 2	3 4	5 6
15. Focuses on the content of the client's problem	1 2	3 4	5 6
16. Recognizes and resists manipulation by the client	1 2	3 4	5 6

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	Poor	Adequate	Good
17. Recognizes and deals with positive affect of the client	1 2	3 4	5 6
18. Recognizes and deals with negative affect of the client	1 2	3 4	5 6
19. Is spontaneous in the session when appropriate	1 2	3 4	5 6
20. Uses silence effectively in the session	1 2	3 4	5 6
21. Is aware of own feelings in the counseling session	1 2	3 4	5 6
22. Communicates own feelings to the client when appropriate	1 2	3 4	5 6
23. Recognizes and skillfully interprets the client's covert messages	1 2	3 4	5 6
24. Facilitates realistic goal setting with the client	1 2	3 4	5 6
25. Encourages appropriate action-step planning with the client	1 2	3 4	5 6
26. Employs judgment in the timing and use of different techniques	1 2	3 4	5 6
27. Initiates periodic evaluation of goals, action-steps, and process during counseling	1 2	3 4	5 6
28. Explains, administers, and interprets assessment tools correctly	1 2	3 4	5 6
29. Terminates the session smoothly	1 2	3 4	5 6

The Conceptualization Process

30. Focuses on specific behaviors and their consequences, implications, and contingencies	1 2	3 4	5 6
31. Recognizes and pursues discrepancies and meaning of inconsistent information	1 2	3 4	5 6
32. Uses relevant case information in planning both immediate and long-range goals	1 2	3 4	5 6
33. Uses relevant case information in considering various strategies and their implications	1 2	3 4	5 6
34. Bases decisions on a theoretically sound and consistent rationale of human behavior	1 2	3 4	5 6
35. Is perceptive in evaluating the effects of own counseling techniques	1 2	3 4	5 6
36. Demonstrates ethical behavior in the counseling activity and case management	1 2	3 4	5 6

Additional comments and/or suggestions

Date Signature of Student Counselor

Date Signature of Site Supervisor

My signature indicates that I have read the above report and have discussed the content with my supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

UNIVERSITY SUPERVISOR EVALUATION OF STUDENT

Purposes

1. To provide the student counselor with an opportunity to review levels of competency in the performance skill areas of basic helping skills and procedural skills.
2. To provide the student counselor with a basis for identifying areas of emphasis within supervision.

Directions

Circle a number next to each item to indicate your perceived level of competence.

Basic Helping Skills	Poor	Adequate	Good
1. Ability to demonstrate active attending behavior	1 2	3 4	5 6
2. Ability to listen to and understand nonverbal behavior	1 2	3 4	5 6
3. Ability to listen to what client says verbally, noticing mix of experiences, behaviors, and feelings	1 2	3 4	5 6
4. Ability to understand accurately the client's point of view	1 2	3 4	5 6
5. Ability to identify themes in client's story	1 2	3 4	5 6
6. Ability to identify inconsistencies between client's story and reality	1 2	3 4	5 6
7. Ability to respond with accurate empathy	1 2	3 4	5 6
8. Ability to ask open-minded questions	1 2	3 4	5 6
9. Ability to help clients clarify and focus	1 2	3 4	5 6
10. Ability to balance empathic response, clarification, and probing	1 2	3 4	5 6
11. Ability to assess accurately severity of client's problems	1 2	3 4	5 6
12. Ability to establish a collaborative working relationship with client	1 2	3 4	5 6
13. Ability to assess and activate client's strengths and resources in problem solving	1 2	3 4	5 6
14. Ability to identify and challenge unhealthy or distorted thinking or behaving	1 2	3 4	5 6
15. Ability to use advanced empathy to deepen client's understanding of problems and solutions	1 2	3 4	5 6

Basic Helping Skills	Poor	Adequate	Good
16. Ability to explore the counselor-client relationship	1 2	3 4	5 6
17. Ability to share constructively some of own experiences, behaviors, and feelings with client	1 2	3 4	5 6
18. Ability to summarize	1 2	3 4	5 6
19. Ability to share information appropriately	1 2	3 4	5 6
20. Ability to understand and facilitate decision making	1 2	3 4	5 6
21. Ability to help clients set goals and move toward action in problem solving	1 2	3 4	5 6
22. Ability to recognize and manage client reluctance and resistance	1 2	3 4	5 6
23. Ability to help client's explore consequences of the goals they set	1 2	3 4	5 6
24. Ability to help clients sustain actions in direction of goals	1 2	3 4	5 6
25. Ability to help clients review and revise or recommit to goals based on new experiences	1 2	3 4	5 6
Procedural Skills			
26. Ability to open the session smoothly	1 2	3 4	5 6
27. Ability to collaborate with client to identify important concerns for the session	1 2	3 4	5 6
28. Ability to establish continuity from session to session	1 2	3 4	5 6
29. Knowledge of policy and procedures of educational or agency setting regarding harm to self and others, substance abuse, and child abuse	1 2	3 4	5 6
30. Ability to keep appropriate records related to counseling process	1 2	3 4	5 6
31. Ability to end the session smoothly	1 2	3 4	5 6

 Date

 Signature of Student Counselor

 Date

 Signature of University Supervisor

My signature indicates that I have read the above report and have discussed the content with my supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

CLIENT RELEASE FORM

Department of Human Development and Psychological Counseling
Appalachian State University

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

I further understand that I will participate in counseling interviews that will be audio taped, 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.

Client's signature _____

Age _____ Date _____

Counselor's signature _____

PARENT CONSENT FORM

Department of Human Development and Psychological Counseling

APPALACHIAN STATE UNIVERSITY

Parent's name

Address

Phone _____ (Home) _____ (Office)

The Department of Human Development and Psychological Counseling at Appalachian State University conducts Clinical Mental Health Counseling Practicum/Internship each semester. The Community Counseling Practicum/Internship is an advanced course in Community Counseling required of all Master's degree candidates in the Community Counseling Program at Appalachian State University. Students are required to audio- and/or videotape counseling sessions as part of their course and degree requirements.

I (student counselor's name) _____ would like to work with your son/daughter, at (name of agency or school) _____
_____.

The counseling sessions conducted with your child will be audio- and/or videotaped and will be reviewed by the student's supervisor. All audio- and videotapes made will be erased at the completion of your child's involvement in the program.

We hope that you will take the opportunity to have your child become involved in the Clinical Mental Health Counseling Program. If you are interested in having your child participate, please sign the form where indicated.

Thank you for your cooperation.

Parent's signature _____ Date _____

Counselor's signature _____ Date _____

Protocol for Premature Termination of a Practicum/Internship Experience

Department of Human Development & Psychological Counseling

Appalachian State University

In accordance with the ethical codes of the American Counseling Association (ACA), it is unethical to prematurely terminate a practicum or internship (except in rare cases where there is a threat of physical harm to the student) without appropriate protocol and consultation. Thus, a practicum or internship student is not permitted to simply terminate a practicum or internship experience prematurely without first meeting with the university and site supervisor. In the event that a practicum or internship student has to prematurely terminate the practicum or internship for **any reason**, the following protocol is to be followed:

1. The practicum/internship student first will immediately contact the university supervisor via phone, email, or in person of the decision to terminate the practicum or internship **before** notifying the site supervisor.
2. The practicum/internship student will meet personally with the university supervisor to explain and discuss the circumstances for prematurely terminating the practicum or internship.
3. The practicum/internship student and the university supervisor will then meet personally with the Clinical Mental Health Counseling Program Coordinator, and any other necessary program faculty or university officials, to discuss the circumstances of the termination and the appropriate termination process.
4. The practicum/internship student and 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 university supervisor will then report to the Clinical Mental Health Counseling Program Coordinator in writing that all appropriate measures have been taken.

Any practicum/internship student not following this protocol is in violation of departmental policies as outlined in this handbook, 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.