INTERNERSHIP MANUAL

CLINICAL MENTAL HEALTH COUNSELING

Edinboro University
Counseling Program
September 2015
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PREREQUISITES
1. Students must have completed all core required courses in the area of specialty unless otherwise approved by the advisor and instructor. COUN 730 and COUN 735 must be completed before enrolling for internship.
2. Act 151 (child abuse) and Act 34 Criminal clearances required prior to field placement (practicum and/or internship). Application forms can be obtained online. Copies of up-to-date clearances must be submitted with paperwork. Instructions for downloading clearance forms online: Go to www.dpw.state.pa.us (Child Abuse) or to https://epatch.state.pa.us (Criminal History). Criminal History Request Form can be filled out online with a credit card. Child Abuse must be downloaded and sent in. Your state representative can facilitate requests if you are short on time. Additionally, all students are required to take the ACT 126 Child Abuse Recognition and Mandated Reporting training. Trainings are offered every semester on campus or you can take it online at www.knowledge4solutions.com for a cost of $9.99. In addition, internship students are asked to complete Act 24 forms and submit with their paperwork. These forms are available in the Counseling office.
3. Students must have contracted for professional liability coverage for their field experience (practicum and/or internship). Proof of liability insurance must be provided with paperwork.
4. Students are expected to turn in a Supervisor Data Sheet (Appendix B) with their paperwork to verify appropriate supervisor training and experience.

PURPOSE
The purpose of this manual is to provide information regarding the Clinical Mental Health Counseling internship experience.

DEFINITION
The Clinical Mental Health Counseling internship is a 600 hour clinical experience involving on-the-job training performed in a community setting. A minimum of 240 hours of direct service with clients is required. Appropriate sites for Clinical Mental Health Counseling would include:

- Community Mental Health Centers
- Inpatient Psychiatric Units
- Residential Treatment Facilities
- Drug & Alcohol Treatment Centers
- Domestic Abuse Shelters
- Transitional Living Facilities
- Nursing Homes

INTERNSHIP PLACEMENT
Steps the prospective intern must complete are as follows:
1. Secure the following materials from your advisor:
   A) Internship application (See Appendix A)
   B) Check to see that an Affiliation Agreement exists between Edinboro University and the site. If it does not, this process must be begun.
   C) Information regarding liability insurance (See Appendix G)
2. Contact personnel where prospective internship is to be located to determine both the possibility and the feasibility of placement. The Counseling Program will only endorse an internship experience for which the student is being academically prepared.
3. Determine the general requirements for the experience mandated by the university.
4. Design a rough draft of a supplemental site contract covering all aspects of the proposed internship placement. (See below and Appendix C)
5. Present the contract to both the on-site supervisor and the campus supervisor for possible revisions and eventual approval.

Following the completion of step five (above), the campus intern supervisor will route the complete intern material packet through the department chairperson and the respective deans for their approval.
Note: No student may begin the internship until all officials have approved the internship plan.

SUPPLEMENTAL SITE CONTRACT
Duties pertaining to the internship site should be clearly stated in a fashion that relates as closely as possible to tangible evaluation. In addition, the contract should include duties pertaining to program responsibilities including weekly site supervisor meetings and tapes of sessions. (For an example of a supplemental contract, see Appendix C).

INTERNSHIP INSTRUCTIONS
1. Must have completed all required courses.
2. Act 151 and Act 34 Clearances (current) plus Act 24 form
3. Liability Insurance
4. 600 hours including 240 hours of Direct Service (Counseling)

PACKET:
1. Application for permission to register for graduate internship. NOTE: Your site supervisor DOES NOT sign this form.
2. Supplemental Contract- NOT copied from manual- needs to be your individual duties. (site supervisor signs).
3. Supervisor Data Sheet (site supervisor signs).
4. Clearances (151, 34, 24)
5. Liability Insurance

REGISTRATION: Unlike any other class, Internship cannot be registered for directly. To register, log on to SCOTS. Click on Look Up Classes to Add, then scroll down to Intent (NOT Counseling). You will want to register for either 6 graduate credits or 3 graduate credits depending on whether you are doing 600 hours (6 credits) or 300 hours (3 credits). Once your paperwork has been signed it goes directly to Records and Registration and they will automatically switch you from Intent in to the correct Internship section. It is imperative that you register for Intent, otherwise this could jeopardize your internship registration.

EVERYTHING IN THE PACKET MUST BE HANDED IN AT THE SAME TIME- AT LEAST ONE MONTH PRIOR TO START OF INTERNSHIP.

NOTE – It is the student’s responsibility to make sure an Affiliation Agreement is in place between the Site and Edinboro University. Please check with your advisor and/or the Clinical Coordinator to make sure that this requirement is met.

SUPERVISION:
1. A minimum of one (1) hour per week by on-site supervisor. (Does NOT count as Direct Service- DOES count as part of 600 hours).
2. Two (2) site visits by on-campus supervisor (campus supervisor visits you and your on-site supervisor at your site) (Two hours counts as on-campus supervision and as part of 600 hours).

REQUIREMENTS:
1. Weekly time logs
2. Weekly narratives
3. Five (5) audio or video tapes (at least 1 group and 1 individual- other 3 either).
4. Two evaluations (midterm and final) done by site supervisor.
5. 3-5 page reflection paper at end of course (final report).

3 CREDIT HOUR INTERNSHIPS:
Students must have 6 credit hours of internship to obtain a Master’s Degree in Counseling. Students may choose to complete two - 3 credit hour internships to fulfill this requirement.

Students electing to take two – 3 credit hour internships may take both internships at the same site over two semesters (or one semester and one summer) or may intern at two different sites. All requirements for internship paperwork remain the same. Non-consecutive internships will need to be approved by the advisor.

FOR STUDENTS REGISTERING FOR 3 CREDIT HOUR INTERNSHIPS, THE FOLLOWING CHANGES IN REQUIREMENTS WILL BE IN EFFECT:

- Complete a 300 hour internship with a minimum of 120 hours of direct service with clients.
- Complete a minimum of three (3) tapes (audio or video). At least one group and one individual, the third can be either.
- Current clearances required at the beginning of each internship (you may need to renew).
- These requirements are different from the 6 credit hour internship.

THE FOLLOWING REQUIREMENTS WILL ALSO BE IN EFFECT:
- Submit weekly logs.
- Submit weekly narrative.
- Meet weekly with on-site supervisor for a minimum of one hour.
- Participate in a one and one/half (1 ½) hours per week of campus internship group supervision. (Group meetings may meet less frequently for longer periods. For a 16 week internship the intern must meet for 24 hours of supervision).
- Submit internship final report.

THE INTERNSHIP EXPERIENCE
During the internship, the intern is expected to be involved with all activities that a regularly employed member of the staff of the assigned Clinical Mental Health Counseling area is expected to perform. Monitoring and supervision are conducted by both the on-site supervisor and the campus supervisor. Interns are required to return to the campus of Edinboro University for scheduled group intern seminar sessions conducted by the campus supervisor. Interns will also meet individually with the campus supervisor, both on-campus and during site visits. The on-site supervisor will maintain daily contact and supervision with the intern and spend at least one hour per week in individual supervision with the intern. Interns will record a minimum of five audio and/or video tapes of their interactions with clients which will be reviewed and critiqued in group and individual supervisory sessions. The internship experience will include as many of the following activities as can be provided:

1. Orientation to the mission, purpose and function of the agency.
2. Specific orientation to personnel, procedures and standards of the department setting to which the student is assigned. Included in this will be provision of format for case recording and discussion of case management procedures.
3. A chance to observe and participate in intake interviewing, individual/family counseling with a small case load (under qualified agency supervision), and group counseling, where applicable. If possible, tapes of some of these sessions should be made to facilitate intern supervision.
4. A chance to observe and participate in case conferences, team meetings, client meetings as well as to attend departmental and staff meetings of the agency.
5. The opportunity to work with members of other disciplines such as social workers, psychologists, and therapists. The experience is intended to be an interdisciplinary, educational one.
6. Experience in working with community agencies and the family as well as the client.
7. Attendance and participation in local professional meetings, conferences, and workshops.
At all times, the intern will be expected to work within agency policy and standards. Provisions should be made for the physical location of the intern. In order to gain the maximum possible benefit from the internship experience, the intern should...

1. Try to assess the tone, social structure, work patterns, day-to-day flow, etc., of the agency as soon as possible.
2. Maintain ethical confidentiality where necessary regarding all matters within the agency. Violation of this guideline will be grounds for both internship and program dismissal.
3. Maintain a sound, professional relationship with the on-site supervisor.
4. Secure feedback from supervisors in an on-going and timely manner.

Steps that may be taken to accomplish some of the above include the following:
1. Ask a lot of questions.
2. Be a self-starter.
3. Handle constructive criticism effectively.
4. Learn from others.
5. Operate on a professional basis at all times.
6. Dress appropriately.
7. Arrive at the site before the expected time.
8. Do not be afraid to work late.
9. In case of illness or emergency, notify your supervisors as soon as possible.
10. Learn from your mistakes.

THE INTERNSHIP LOG
All interns are required to keep a daily log of their internship activities. The one-page format may vary according to the specific internship (See Appendix D for an example of a log). Procedures for maintenance of the internship log will be explained in detail during the first internship seminar meeting. At the end of each week, the intern will complete a self-evaluation of his/her performance for the week. This self-evaluation will be maintained in the internship log (See Appendix E). This completed self-evaluation will then be delivered to the campus supervisor on a weekly basis.

TAPING
All interns are required to tape (either video or audio) 5 sessions (at least one individual and one group, the others can be either) to be shared during group supervision. (Three for 300 hour internships). This requirement should be made clear to prospective on-site supervisors and should be included in the supplemental contract. Taping consent forms must be signed by all clients prior to taping. In the event of minors, parental/guardian permission is necessary.

INTERNSHIP FINAL REPORT
At the end of the internship experience, the intern will present a 3-5 page paper reflecting on his/her internship experience. The following topics should be addressed:
   a. What I did in my internship
   b. What I learned as a result of my internship
   c. Personal strengths and limitations identified
   d. What I would do differently if I were just beginning my internship
   e. Supervision experience –
      • On site
      • On campus
   f. Recommendations for improvement to the Counseling Program (what I wish I had known, holes in the program).
EVALUATION OF THE INTERNSHIP EXPERIENCE
The university, through the campus internship supervisor, will retain final authority for the assignment of the student internship grade. Assignment of the final grade will be made only after consultation with the site supervisor. The student will be graded either satisfactory (S) or unsatisfactory (U). No letter grades are awarded for the internship experience.

Part, though not all of the grade, will be based on the rating scales completed by the site supervisor during the internship period. (See Appendix F for this instrument). The rating scale will be completed twice, once at midterm and the second time at the end of the internship. Site supervisors are encouraged to share their ratings with interns prior to submitting them to the campus supervisor. Part, though not all of the grade, will be based on the audio/video tapes and written material submitted.

KNOWLEDGE, SKILLS AND DISPOSITIONS EVALUATION
Students will self-assess their professional knowledge, skills and dispositions at the conclusion of their internship. This time has been identified as a transition point from student to professional. The evaluation will follow the same format as the one done as part of the candidacy process.

POLICY REGARDING CONCERNS THAT ARISE DURING A STUDENT’S PRACTICUM OR INTERNSHIP
Similar to the “Disposition Policy” outlined in the Advisement Guide for students in the Master of Arts in Counseling Programs, the following policy applies to students who do not demonstrate satisfactory knowledge or clinical skills while enrolled in Counseling Practicum (COUN 735) and/or Internship in Counseling (COUN 795).

Students enrolled in the counseling programs are evaluated throughout their graduate experience on professional knowledge, skills, and dispositions. Students are informed of these expectations through a number of venues including course syllabi, advisement, Graduate Catalogue, the candidacy application, course assignments, and clinical experiences.

The Department of Counseling, School Psychology and Special Education Dispositions Policy is designed to assist students in meeting the Edinboro University Graduate Dispositions and professional standards in their advanced professional programs. Although program faculty will provide professional assistance, the student is expected to take ownership of his/her professional conduct. Should a student demonstrate a lack of satisfactory knowledge or clinical skills or demonstrate behaviors that are deemed by faculty to be unacceptable during practicum or internship, the following procedure will be enacted:

Faculty will discuss concerns with the student and, if appropriate, the site supervisor. If necessary, faculty will discuss concerns with the counseling program committee.
If necessary, the program committee may direct the advisor and appropriate faculty to meet with the student to address concerns and specific recommendations aimed at improving the student’s knowledge, clinical skills, or behavior.
If necessary, the program committee may require the student to meet with the program committee to discuss concerns and develop a plan to assist the student with interpersonal and professional growth.
The advisor will meet with the student and, if appropriate, the site supervisor to develop a specific plan of action. The plan will include a monitoring and reporting process.
In the event that the student’s knowledge, clinical skills or behavior do not comply with the action plan, the program faculty may ask the Dean of Education to remove the student from the program. Students have the right to appeal such a decision as outlined in the Graduate
TAPE SECURING POLICY

Policy: Tape securing procedures
It is the policy of Edinboro University that student trainees must submit video or audio tapes for clinical review and supervision. To ensure confidentiality of clients when being taped (video/audio) for the purpose of internship or practicum) the following procedures must be followed.

Purpose:
The purpose of this policy is to remain compliant with HIPAA and state regulations regarding confidentiality. Reference: Pa Code 3800.19 and MHMPA of 1976, 5100.71.

Tape securing procedures

Audio

Students, who present audio recordings for supervision or course requirements, must ensure that the audio media they submit or bring to supervision can be played using equipment available to the instructor or supervisor.

Video

Students are responsible to ensure that all tapes meet course requirements are compatible with the equipment and software available to their course instructors or supervisors. No deadline or grade consequence will be waived for inability to provide an assignment in an appropriate format. Students should be certain that tapes they submit or bring to supervision are acceptable to their course instructors or supervisors in advance of course due dates and supervisory meetings.

Security

Videos or audio recordings of counseling sessions must meet HIPAA standards for security. This standard states that a video or audio recording must, at all times, be in a double lock security situation. For example, if you store a tape in a locked file cabinet (lock 1) in a room that has a locked door (lock 2); you have met the double lock requirement.

Transporting tapes to and from practicum, internship or other classroom sites represents a potentially challenging situation. For example, a video in a locked car (lock 1) does not constitute double lock security. Ways of creating a double lock security situation include storing the tape in a locked portable file cabinet or brief case within the car (lock 2).

Video Lifetime and Destroying Procedures
At the conclusion of each semester, all video and audio recordings will be erased
APPENDIX A
APPLICATION FOR PERMISSION TO REGISTER
FOR AN INTERNSHIP
This is the official application form for requesting authorization to register* for an Edinboro University of Pennsylvania approved graduate internship. No other application form for internship is valid. After the student receives the copy of the application showing the internship has been approved, the STUDENT must pay the fees at the Bursar’s Office, then contact the Scheduling Office to complete registration for the internship. REGISTRATION MUST BE COMPLETED PRIOR TO THE PROJECTED BEGINNING DATE OF THE INTERNSHIP.

*Failure to register properly will invalidate this approval.

A one to three-page description of the professional experience and educational outcomes (daily logs, major paper or project, portfolio, detailed oral report, etc.) that the applicant is to undertake must be attached before submitting this form for approval (if applicable). Also, the applicant needs to attach a course history.

I. EDUCATIONAL DATA (To be completed by student)

Name: ________________________________________ Student Identification Number:____________________

Last First M.I.

Address during Internship:

__________________________________________
Street City State Zip

Home Address (if other than above):

__________________________________________
Street City State Zip

Email Address: _____________________________ Home Phone: ( )________

Major Field: ___________________________ Anticipated Graduation Date: ____________________________

II. INTERNSHIP DATA

( ) 1st semester, Yr: _______ ( ) 2nd Semester, Yr: _______ ( ) Summer Session, Yr: _______

Course Number:_____________________________ Course Subject:_____________________________

Course Title:_______________________________ Number of Credits:_______

Proposed Site Supervisor: _____________________________________________

Internship Site: _______________________________________________________

Address:

__________________________________________
Street City State Zip

Internship Period: Starts ______/_____/______ Ends: ______/_____/______

Mo. Day Year Mo. Day Year

Number of Weeks:________________________ Hours per Week:________________________
Daily from: _______________ to: _______________  Paid: _______  Nonpaid: _______

Student's phone number on site: (_____)_____________  Hourly Amount:_______________

III. INTERNSHIP APPROVAL (the following signatures must be obtained in sequence; copies will be sent to all signers)

Student's Signature: ____________________________  Date: ______________

Advisor's Signature: ____________________________  Date: ______________

Internship Supervisor Signature: ____________________________  Date: ______________

Department Chairperson: ____________________________  Date: ______________

Academic Program Dean: ____________________________  Date: ______________

Dean of Graduate Studies: ____________________________  Date: ______________

C: APSCUF, Bursar's Office, Scheduling Office, Advisor, Internship Supervisor, Student, Graduate Program Head, with all signatures completed (Responsibility of Graduate Studies Office).
APPENDIX B
INTERNSHIP
SUPERVISOR DATA SHEET
INTERNSHIP SUPERVISOR DATA SHEET

Name of Supervisor ________________________________________________________________

Title ________________________________________________________________

Highest College Degree Earned ______________________________________________________

Major Area of Studies ________________________________________________________________

[NOTE: “Supervisors should hold a master’s degree in counseling or a closely related field”
CACREP guidelines.]

Certifications/Licenses ________________________________________________________________

[NOTE: “Supervisors should hold appropriate certifications and/or licenses”]

☐ CRC
☐ LPC
☐ NCC
☐ Other:_______________________

Total Number of Years of Pertinent Professional Experience ____________________________

[NOTE: “Supervisors should have at least two years of pertinent professional experience”]

Supervisor’s email ________________________________________________________________

Intern’s Name ________________________________________________________________

Internship Site ________________________________________________________________

Address ________________________________________________________________

_________________________________________________ ______________________

Phone Number ________________________________

_________________________________________________ ______________________

Intern’s Signature Date

_________________________________________________ ______________________

Supervisor’s Signature Date

Edinboro University Counseling Program 2014
APPENDIX C
EXAMPLE OF SUPPLEMENTAL SITE CONTRACT
Supplemental Clinical Mental Health Counseling Internship Agreement  
(Sample)

This contract constitutes an agreement between____________________(internship site), the Counseling Program of Edinboro University (Counseling, School Psychology and Special Education Department), and student intern ___________________.

The responsibilities of the intern shall include, but will not be limited to the following:

- To assess needs of client/family
- To develop appropriate treatment plans for client/family based on diagnosis
- To assist and/or administer standardized testing
- To demonstrate adequate conceptualization of case via progress notes, weekly reports and agency documentation
- To adhere to ethical guidelines of ACA and agency/treatment facility
- To function as part of an interdisciplinary team if possible
- To provide individual counseling as needed
- To provide group counseling as needed
- To gain experience in specialized area of interest such as family counseling, drug & alcohol counseling, or counseling of the elderly.
- To record 5 counseling tapes (audio or video) including both individual and group or family sessions.
- To meet with On-Site Supervisor for at least 1 hr. / week.
- Attend group sessions with on-campus supervisor.

____________________________  ________________  
Work Site Supervisor                  Date

____________________________  ________________  
Internship Supervisor               Date

____________________________  ________________  
Student Signature                   Date
APPENDIX D
EXAMPLE OF LOG
**Clinical Mental Health Counseling**

**INTERNSHIP LOG**

**WEEK OF:__________**  
**INTERN:________________**

**SITE:________________**

<table>
<thead>
<tr>
<th>Activity</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>S</th>
<th>S</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling *</td>
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<tr>
<td>Group Counseling *</td>
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<td></td>
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<tr>
<td>Family Counseling *</td>
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<td></td>
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<tr>
<td>Needs assessments *</td>
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<td></td>
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<td></td>
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<tr>
<td>Treatment planning</td>
<td></td>
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<td></td>
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<tr>
<td>Documentation/Progress notes</td>
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<td></td>
<td></td>
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<tr>
<td>Team meetings</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend trainings and conferences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Assist in program planning</td>
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<td></td>
</tr>
<tr>
<td>Meet with on-site supervisor</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Direct Service Hours */ Week________**  
**Total Hours / Week:________**

**Cumulative Direct Service Hours_______**  
**Running Total:___________**

---

**Signature of Site Supervisor**  
**Date**
APPENDIX E
WEEKLY REPORT FORM
1. As you look over the activities of the past week, which activities have occupied most of your time? How do you feel about the relative proportions?

2. During the past week, which incident or event presented you with your greatest learning experience? To what extent did you take advantage of the experience?

3. In terms of your personal strengths and weaknesses, what did you do during the past week to use your strong points and build on your weaker areas?

4. Plans for the following week(s).

5. Any expected changes in duties

6. Additional comments:
APPENDIX F
INTERN EVALUATION FORM
1. Describe briefly any assignment(s) which were not mentioned in the original internship contract description. Is there any substantial change of emphasis in internship responsibility?

2. At this point of the semester, what is your general opinion of the intern’s performance?

3. Please indicate competency of the student by checking the appropriate column using either the scale below or the “yes, no, comment” scale, as indicated.

   Scale:  1--unacceptable: minimum expectations not met.
          2--below average: minimum expectations met with difficulty.
          3--average: expectations met.
          4--above average: expectations exceeded.
          5--excellent: expectations met at a superior level.

   PERSONAL WORK HABITS:
   (COMMENT/IF ANY)

<table>
<thead>
<tr>
<th>Demonstrates punctuality</th>
<th>yes</th>
<th>no</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeps appointments</td>
<td>yes</td>
<td>no</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Handles absences responsibly</td>
<td>yes</td>
<td>no</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Shows professional dress/grooming</td>
<td>yes</td>
<td>no</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Prepares for assignments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains flexibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to follow through and complete tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assumes responsibility for his/her actions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes initiative in assuming responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   APPROPRIATE USE OF SUPERVISORY RELATIONSHIP:

   | Understands purpose of supervision | 1 | 2 | 3 | 4 | 5 | N/A |
   | Assumes responsibility for participation in supervisory relationship | 1 | 2 | 3 | 4 | 5 | N/A |
   | Submits paperwork promptly        | 1   | 2  | 3  | 4  | 5  | N/A |
   | Handles constructive criticism    | 1   | 2  | 3  | 4  | 5  | N/A |

   21
<table>
<thead>
<tr>
<th>Uses supervisory relationship for growth in self-awareness &amp; skill</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Relates effectively to use of authority in supervisor relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Relates to supervision with a minimum of resistance and defensiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>N/A</td>
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</tbody>
</table>

**DEVELOPING MEANINGFUL RELATIONSHIPS:**

<table>
<thead>
<tr>
<th>Gives indication of ability to relate to people with warmth and interest</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>Works comfortably with others on staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Relates to individuals in groups</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Relates to groups as a whole</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Relates to individuals in one-to-one situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Relates to community people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Relates to professionals in related fields</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Able to terminate relationships in a planned manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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</tbody>
</table>

**EXPANDED SKILL BASE:**

<table>
<thead>
<tr>
<th>Shows ability to interview</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Shows beginning ability to analyze a problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Shows ability to assess strengths of others</td>
<td>1</td>
<td>2</td>
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<td>N/A</td>
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<tr>
<td>Shows ability to handle hostility</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>N/A</td>
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<tr>
<td>Shows ability to problem solve</td>
<td>1</td>
<td>2</td>
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<td>N/A</td>
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<tr>
<td>Shows ability to formulate short-term and long-term goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>N/A</td>
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**FUNCTIONING WITHIN PROFESSIONAL ROLE:**

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<tr>
<th>Demonstrates</th>
<th>1</th>
<th>2</th>
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understanding of confidentiality

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<tr>
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<tr>
<td>Protects confidentiality</td>
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<tr>
<td>Shows relative freedom from bias, prejudices</td>
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<tr>
<td>Understands role as helping/enabling individual</td>
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<tr>
<td>Avoids over-identification with others</td>
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<tr>
<td>Permits others to participate in process</td>
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<tr>
<td>Works on plan rather than impulse</td>
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<tr>
<td>Fosters responsibility in others</td>
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<tr>
<td>Utilizes reading materials in professional development</td>
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<tr>
<td>Functions independently</td>
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<tr>
<td>Functions in a consistent manner</td>
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**FOUNDATIONS OF CLINICAL MENTAL HEALTH COUNSELING:**

Can discuss the historical, philosophical, societal, cultural, economic and political dimensions of and current trends in the community human service/mental health movement. | 1 | 2 | 3 | 4 | 5 | NA |
Identifies and is familiar with roles, functions, preparation standards, credentialing, licensure and professional identity of Clinical Mental Health counselors

Understands policies, laws, legislation, recognition, reimbursement, right-to-practice and other issues relevant to Clinical Mental Health counseling.

Follows legal and ethical standards of practice specifically related to community populations

Demonstrates an understanding of the role of diversity issues in Clinical Mental Health counseling (race, ethnicity, SES, cultural heritage, family structure, gender, sexual orientation, age, religious and spiritual beliefs, physical and mental status).

**CONTEXTUAL DIMENSIONS OF CLINICAL MENTAL HEALTH COUNSELING**

Demonstrates a knowledge of the roles of Clinical Mental Health counselors in various practice settings and the relationship between counselors and other professionals in these settings

Is knowledgeable of the organizational, fiscal and legal dimensions of the institutions and settings in which Clinical Mental Health counselors practice.

Uses needs assessment strategies to design, implement and evaluate Clinical Mental Health counseling interventions, programs and systems

Is well versed on general principles of community intervention, consultation, education and outreach; and characteristics of human services programs and networks (public, private and volunteer) in local communities.

**KNOWLEDGE AND SKILL**

Demonstrates knowledge and skills related to typical characteristics of individuals and communities served by a variety of institutions and agencies that offer Clinical Mental Health counseling services.
Utilizes effective strategies for promoting client understanding of and access to community resources  

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Understands models, methods and principles of program development and service delivery for a clientele based on assumptions of human and organizational development, including prevention, implementation of support groups, peer facilitation training, parent education, career/occupational information and counseling and encouragement of self-help.

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Exhibits skills in biopsychosocial assessment, case conceptualization, theories of human development and concepts of normalcy and psychopathology leading to diagnosis and/or appropriate counseling plans.

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Demonstrates a knowledge of the principles of diagnosis and the use of current diagnostic tools, including the current edition of the DSM.

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Uses effective strategies for client advocacy in public policy and other matters of equity and accessibility.

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Applies appropriate individual, couple, family, group and systems modalities for initiating, maintaining and terminating counseling, including the use of crisis intervention and brief, intermediate and long-term approaches.

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4. Please give a brief summary of the intern’s overall strengths and limitations.

SITE SUPERVISOR’S SIGNATURE

SITE SUPERVISOR’S NAME TYPED OR PRINTED

Overall Rating: ________ Satisfactory ________ Unsatisfactory

If necessary, use the space below or attach another page for any further comments:
APPENDIX G
INFORMATION REGARDING LIABILITY
INSURANCE AND CLEARANCES
INFORMATION REGARDING LIABILITY INSURANCE

Interns must have contracted for professional liability coverage prior to their internship experience. If intern insurance is being provided by the school or agency a letter to that effect must be presented to the campus supervisor. Many of the professional organizations (ASCA and ACA) offer free insurance to student members. Others offer nominal cost liability insurance to students (ACPA). Interns who wish to secure their own insurance should contact their professional organization, or the following organization:

Seabury & Smith Associates, Inc.
Professional Insurance Administrators and Consultants
75 Remittance Drive
Chicago, IL 60675-1788
1-800-621-3008 ext. 45105

For further information, see your campus intern supervisor.

INSTRUCTIONS FOR DOWNLOADING CLEARANCE FORMS ONLINE

Go to www.dpw.state.pa.us (Child Abuse) or to https://epatch.state.pa.us (Criminal History). Criminal History Request Form can be filled out online with a credit card. Child Abuse must be downloaded and sent in. Your state representative can facilitate requests if you are short on time.

Under Act 24 of 2011, a new form (PDE-6004) has been instituted that requires the reporting of any arrest or conviction for an offense enumerated under Act 24. In addition, written notice within 72 hours of a conviction or arrest for said offenses is required once the initial report has been signed. The Counseling Office has copies of this form and the list of offenses.

ENDORSEMENT POLICY
COUNSELING PROGRAM

Faculty members endorse or recommend students only for positions in the area of specialization experience. Faculty members will review appropriate credentials to make judgments about student recommendations which are consistent with professional and ethical obligations.
APPENDIX H
TAPING CONSENT FORM
TAPING CONSENT FORM  
Sample- Adult Client

I hereby give my permission to be audiotaped (videotaped) during a group (individual) counseling session. I realized that _______________ is a graduate student being trained in counseling skills and is receiving supervision. The tape may be listened to by the course supervisor and other counselors-in-training as part of the counselor training program. The tapes will be strictly used to critique the graduate student’s counseling skills and abilities. I also understand that the tape will be erased after it is reviewed in order to insure that the information I provide remains confidential. I acknowledge that my participation in this taping session is voluntary.

Signature:___________________________________     Date:____________________________

TAPING CONSENT FORM  
Sample- Minor Client

I hereby give my permission for my son/daughter to be audiotaped (videotaped) during a group (individual) counseling session. I realize that _______________________________ is a graduate student being trained in counseling skills and is receiving supervision. The tape may be listened to by the course supervisor and other counselors-in-training as part of the counselor training program. The tapes will be strictly used to critique the graduate student’s counseling skills and abilities. I also understand that the tape will be erased after it is reviewed in order to insure that the information my child provides remains confidential. I acknowledge that my participation in this taping session is voluntary.

Child’s Name:_____________________________________  Date:_______________________________

Parent/Guardian Signature:____________________________________________________________
APPENDIX I

INFORMED CONSENT &
CONFIDENTIALITY FORM
SUBJECT: INFORMED CONSENT & CONFIDENTIALITY

Policy:

It is the policy of Edinboro University to maintain confidentiality and provide fully informed consent for all interventions rendered by the student trainees enrolled in the counseling program. Faculty and trainees are obligated to the policies, procedures and rules of the Placement Agency or program. Faculty and graduate trainees share in professional responsibility, accountability and confidentiality of information regarding services to clients.

Informed Consent:

Informed consent is explained to clients using plain language. In obtaining informed consent Edinboro University students provide needed information concerning the procedures and expectations of interventions used. Clients and their legal representative freely and without undue influence give informed consent as documented by their signature.

Purpose:

The purpose of this policy is to ensure that compliance with state and federal regulations regarding consent to care. Reference: Pa Code 3800.19 and MHMPA of 1976, 5100.71.

In order to provide the highest quality of care, consultation with faculty or other professional staff may occur.

Confidentiality:

Students and facility members hold in strictest confidence information gained during practicum and internship placements such as supervision or any other manner that may be construed to be associated with the field placement. This practice in accordance with established Codes of Ethics from professional associations as well as federal and state laws. Breaches of confidentiality will not be tolerated and may result in disciplinary action including possible dismissal from the Counseling Program.

Students are instructed regarding confidential and situations in which we are required by law and/or professional ethics to release information. Clients are informed that information and disclosures will remain confidential with exception to the following:

1. Danger to self or others.
2. Child or elder abuse/ neglect
3. Court order a part of a legal proceeding.

I have read the above policy concerning confidentiality and understand the expectations the Counseling Program has for graduate students. I agree to abide by the policy and understand that breach of confidentiality can be cause for dismissal from the program.

__________________________________  ________________