

Clinical Experiences Handbook

Counseling & Rehabilitation Education

Faculty of the CARE program

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Program Mission

The Counseling and Rehabilitation Education (CARE) program promotes the professional development of counselors-in-training to prepare them to provide ethical, culturally-inclusive practices that sustain and empower those using counseling services.

Program Goals

1. Staff professionalism: pledging to maintain rigorous standards for education, training and clinical practice.
2. Respect for others: demonstrating an appreciation for the uniqueness and cultural differences of each individual.
3. Relevance in teaching: learning experiences will reflect evidence-based practices, they will be relevant, and purposeful.

Innovation in learning: Students develop understanding through inquiry, use of new technologies, creative problem solving and critical thinking skills.

4. Expanding student potential: Learning experiences will promote the emotional, relational, and academic potential of all students.

Program Learning Outcomes

1. CARE graduates demonstrate the content knowledge and dispositions necessary to be effective, ethical counselors and social justice advocates in their specialty area.
2. CARE graduates appropriately respond to the unique combination of cultural variables, including ability, age, beliefs, ethnicity, gender, gender identity, race, level of acculturation, and socioeconomic status, that influence the counseling process.
3. CARE graduates understand that human development occurs in critical contexts that are influenced by a person's race, ethnicity, religion, and factors such as poverty, loss, developmental and physical trauma, and access to resources.
4. CARE graduates conceptualize the career decision-making process as developmentally influenced, and individually determined.
5. CARE graduates value the influence of a strong working alliance built upon honesty and trust, in achieving success in the therapeutic relationship.
6. CARE graduates differentiate between theories of group counseling and utilize effective interventions and leadership skills in facilitating various types of groups.
7. CARE graduates possess an understanding of developmentally and culturally appropriate approaches to assessment and testing.
8. CARE graduates value the use of statistically supported, evidence-based psychoeducational and psychotherapeutic interventions in their practice.
9. CARE graduates who specialize in clinical mental health counseling promote the development of healthy coping capacities and support systems, for individuals who identify as a person with mental illnesses, to assist them in improving their quality of life.

10. CARE graduates who specialize in clinical rehabilitation counseling advocate for the removal of functional, environmental and social barriers that impede self-sufficiency and reduce the quality of life, for persons who identify as an individual with a disability.

I. Introduction

Welcome to Practicum and Internship!

The overarching objectives for all clinical experiences are to offer beginning counselors field work experiences to further advance the skills acquired in prior courses. Practicum and internship students will be able to demonstrate strong case conceptualization, diagnosis, treatment planning, theory and advanced counseling techniques following their completion of these field work experiences.

CARE prepares students for either Clinical Mental Health Counseling (CMHC) or Clinical Rehabilitation Counseling (CRC) specialties. This manual should be considered your first resource when navigating the Practicum and Internship process as you work toward your Master's degree in Counseling. The contents of this document should guide you and address most questions you may have regarding the clinical experience process.

Clinical experiences such as practicum and internship, are a form of experiential learning. Experiential education empowers students to learn by doing, allowing them to apply what they have learned in the classroom to real world experiences. These experiences are “vitaly important to students' educational and career outcomes” (SIU-C Career Development Center, 2020) in that they:

- Make learning relatable to students: Students build on what they already know and are provided with opportunities to make connections between new concepts and existing ones.
- Increase the effectiveness of learning: Students engage in critical thinking, acquire problem-solving skills and engage in decision-making.
- Links theory to practice: Students have the chance to engage in the experience and practice what they have learned, see the application of theoretical concepts in practice, process that application and make generalizations.
- Increase students' engagement by encouraging collaboration and scaffolding between learners.
- Understanding the strong relationships between feelings and thinking processes. Students have the capacity to learn successfully when the information is associated with values and feelings.
- Lead to development of skills for lifelong learning by assisting in the acquisition of essential skills and encouraging students to reflect, conceptualize, and plan for next steps.

You will be assessed at multiple points in your experiential learning for mastery of these critical counseling skills.

- Essential Communication Skills

You will be asked to demonstrate all of the counseling micro-skills, as well as continue to develop intentionality, an awareness of what you did, intentionality awareness of the choices available, and the impact of what you chose. Micro-skills for individual counseling include

active listening, paraphrasing, reflection of feelings, empathy, summarization, open and question questions, encouragers, silence, etc.

Micro-skills for group counseling include all of the individual skills as well as linking, drawing out, cutting off, prompting, fanning, etc. Effective counselors are also able to establish facilitative conditions, such as positive regard, acceptance, and openness. You will receive regular, timely feedback from your peers and your supervisor on the areas you are demonstrating and those you are ready to develop and add to your repertoire. This occurs during your weekly peer and individual supervision sessions and can occur via email or phone call between supervision meetings as needed.

- Essential Cognitive Development

You will be asked to demonstrate knowledge and comprehension of the essential communication skills as well as individual counseling theory. Next you will be asked to begin to apply, and then analyze the application of the various elements. Finally, you will be asked to begin to pull together an overall understanding of individual client's/group member's concerns, client's/group's overall developmental processes, and specifically your own development of counselor identity. You will demonstrate your ability to conceptualize during the peer processing, through case and group process notes, individual and group case conceptualization papers, and during your supervision sessions. A word of advice: the more you engage in discussion, and active listening, the greater the benefit.

- Essential Professional Maturity.

You will be challenged to manage your time effectively, to conduct ethical practices in preparation for sessions, handling of confidentiality, and assessment activities, to use supervision effectively including timely submission of tapes and process notes, to demonstrate adaptability and flexibility throughout the course, and to establish professional relationships with peers. Real time, real life experience of a practicing counselor requires meeting deadlines, doing boring paperwork, tolerating different temperaments of colleagues, understanding levels of readiness within different clients, engaging in supervision, and practicing good self-care. Professional commitment begins with understanding the degree of responsibility you have for providing services that may greatly affect a client's life. Within this practicum you will be working with a variety of students, some of whom will find this experience highly influential in the course of their college life and ultimately their life post college.

In closing, it is imperative that you refer to this CARE program manual throughout your Practicum and Internship experience. As a counselor in training you are ultimately responsible for adhering to all the standards set out in this manual. The completion of Internship practice and its corresponding courses is a major requirement for the completion of the Master's degree in Counseling at Southern Illinois University. The many hours of study, discussion, and reflection in your academic core courses are finally put into practice. This is your opportunity to further develop your counseling skills with real clients in a supervised setting.

On-site supervision is generously provided by various community agencies and practitioners, in conjunction with clinical supervision from SIU CARE faculty, to assist you throughout this

process. The site supervisor at your internship placement should also have the opportunity to review this manual and should be directed to contact the program director, practicum coordinator and internship coordinator for any questions that they may have. We wish you the best in your journey!

Definitions

- a. Counselor in Training (CIT): A counseling student participating in clinical coursework and experiences.
- b. Direct service: supervised use of counseling, consultation, or related professional skills with actual clients (can be individuals, couples, families, or groups) for fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) assessment, (2) counseling, (3) psycho-educational activities, and (4) consultation. The following would not be considered direct service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties, (4) clinical and/or administrative supervision.
- c. Indirect Services: observing others providing counseling or related services, record keeping, administrative duties, clinical and/or administrative supervision, research for evidence-informed practices related to a client, family, group or social-emotional needs, attending professional development programs, webinars, conferences related to your specialty area (please included documentation)
- d. Group supervision: a tutorial and mentoring relationship between a member of the counseling professional and more than two counseling students.
- e. Individual supervision: a tutorial and mentoring relationship between a member of the counseling professional and one counseling student.
- f. Practicum: a distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. The practicum is completed prior to fieldwork.
- g. Internship (Fieldwork): a distinctly defined, post-practicum, supervised clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates and authenticates professional knowledge and skills related to program objective

Please use these definitions as a guide in completing your Practicum and Internship Time Log

II. CARE Program and Student Clinical Experiences Responsibilities

A. Program Responsibilities

It is the responsibility of the CARE Program and SIUC Practicum and Internship Coordinator to:

1. Select agencies participating in the practicum/internship process that will meet the requirements for an internship site and determine agency willingness to cooperate with the school in provision of an educationally sound and professionally focused internship experience.
2. Develop an Educational Affiliation Agreement or a Memorandum of Understanding between the agency, the CARE program and the School of Human Sciences if feasible and when applicable.
3. Determine the criteria for selection and assignment of students to practicum and internship sites.
4. Assist students in developing appropriate goals and objectives for their practicums and internships.
5. Maintain good working relationships between practicum and internship partners, and the CARE program
6. Conduct evaluations of the students' performance during the clinical experiences placement.
7. Provide ongoing advisement to the students and any needed consultation to agencies in which students are placed.
8. Be available for consultation with agency directors, supervisors, and students on a regular basis and as needed.
9. Assume responsibility for the termination process of any student from the practicum or internship placement.
10. Assign each student a grade for the clinical experiences they have completed.

B. Responsibilities of the Student

Students have a major role in the internship process and are expected to be active participants at all times. They must:

1. Complete all paperwork relating to the internship process in a timely and professional manner.
2. Participate in the development of goals and objectives for their individual internship experience.
3. Attend all mandatory meetings throughout the semester.
4. Assume a role as a professional member of the internship agency's staff and adhere to the agency's policies, regulations, and procedures (including but not limited to confidentiality).
5. Initiate action to resolve any conflict within the internship setting. It is only after the student has attempted to resolve matters on his/her own that the SIUC Coordinator will become involved.
6. Act in a professional and ethical manner as a representative of the agency (and SIUC) regarding any contact with consumers, colleagues, and the community.
7. Meet required hours for practicum and internship
8. Adhere to the permanent weekly work schedule unless otherwise arranged.

III. Overview of Clinical Experiences Policies and Requirements

A. Student Policies

In the community you are a representative of this University. All students who participate in practicum and internship activities must abide by the student policies and procedures related to appropriate conduct and professionalism. To help you in your journey SIU-C offers resources to assure that you are supported in your scholarly activities. Please review the information available at the Student Affairs website (<https://studentaffairs.siu.edu/student-conduct-and-legal.php>) and the SIU-C Policies webpage (<https://policies.siu.edu/other-policies/chapter3/>) for listings of student policies and procedures, so that you are aware of your responsibilities. These include but are not limited to:

1. Student Rights and Responsibilities
2. Student Conduct Code
4. Policy on Sexual Harassment
5. Policy on Nondiscrimination and Non Harassment

These sites offer facts and guides to some but not all of the student resources available to you at SIU-C:

1. Saluki Cares <https://salukicare.siu.edu/>
2. Disability Support Services <https://disabilityservices.siu.edu/>
3. Saluki Solution Finder <https://solutionfinder.siu.edu/>
4. Financial Aid and Scholarships <https://fao.siu.edu/>

Liability Insurance

The CARE program follows CACREP standards (2016). Therefore, it is our policy that all students will carry liability insurance in order to participate in clinical experiences. Most if not all professional organizations offer professional liability insurance at low rates for counselors in training. The American Counseling Association (ACA) is recommended as a professional affiliation for all counselors regardless of specialty. However, as members of a professional counselor training program, students are encouraged to join more than one professional organization that reflects their interests.

Because this point is important it will be repeated again, purchasing individual liability insurance is required. It is highly recommended that you explore insurance purchase options immediately so you are prepared and ready. If you have questions or concerns please see your academic advisor immediately.

B. Student Responsibilities

It is especially important that each student enrolled in the supervised professional practice sequence (CARE 548B, and CARE 591) recognize that the process of preparation, planning, interviewing, and selecting a clinical site is a very important part of the academic experience and your growth as a counselor. The entire process is a learning experience from which increased

professionalism should be gained. A thorough reading of this Handbook prior to beginning any part of the supervised professional practice sequence is strongly advised. Students should maintain communication with the Clinical Coordinator to ensure an accurate understanding of the process, summarized below.

Practicum and internship require considerable time management to acquire 100 hours (Practicum), and 300 hours (Internship) in one semester, particularly if you have job and family responsibilities. It is important that students taking practicum and internship develop a plan that is realistic for their personal and professional lives. Please note that an average of 1.5 hours of group university supervision is required for every week students are accruing hours in practicum and internship.

Student responsibilities prior to starting clinical experiences:

- a. All students must contact the CARE Clinical Coordinator to receive permission to enroll in supervised clinical practice. Students will be given permission to register for Practicum or Internship after the CARE Clinical Coordinator verifies that all course assignments and paperwork have been completed, including a signed Practicum or Internship Agreement.
- b. All students who plan to begin their supervised clinical experience sequence must be in good standing with the University, having no academic or disciplinary action standing or pending against them.
- c. All students in the program must adhere to the ACA Code of Professional Ethics for Counselors and the CRCC Code of Professional Ethics for Rehabilitation Counselors while in the program.
- d. All students who plan to begin their supervised clinical experience sequence must have professional liability insurance with coverage at the level of \$1 million per claim/\$3 million annual aggregate for a full calendar year. Students may access professional liability insurance from a number of sources. Your faculty advisor can assist you in identifying a source.
- e. All students are required to complete a state and federal background check prior to participation in clinical experiences.
- f. During the semester prior to beginning **CARE 548B** practicum, students should complete the Clinical Center training manual which included mandated reporter training, receive HIPAA training and intake training from the assigned Clinical Center graduate assistant. Information about completion of these tasks is sent to qualifying students in October (during CARE 500) and must be completed before the January semester starts.

C. Requirements for Clinical Experiences

1. Practicum (CARE 548B) Requirements

Prerequisites:

- 1) Grade of B or better in the following courses: COUN 500 Interviewing and Counseling Skills, COUN 541 Theories of Counseling, and concurrent enrollment in COUN 543 Group Theory & Practice are required.

- 2) Received approval from the practicum coordinator
- 3) Submit all required documentation to practicum coordinator including:
 - a. Completed State of Illinois and federal background checks
 - b. Completed pre-clinic training offered by the SIU Clinical Center.
 - c. Proof of professional liability insurance
 - d. Signed practicum agreement
 - e. Signed confidentiality agreement

Requirements:

- 1) Practicum requires 100 hours of total time, with 40 of those hours are direct services to client(s) both in individual and group settings.
- 2) Please see time log in Appendix C for a description of the various direct and indirect service hours.
- 3) All students are responsible for maintaining an accurate record of their practicum hours and retaining copies of any relevant paperwork for their own records.
- 4) Completion of the hours must be accompanied by an adequate score on Part 1 and Part 2 of the Counseling Competency Scale-Revised (Lambie, 2016; CCS-R).

2. Internship (CARE 591) Requirements

Prerequisites:

- 1) Receive the approval of the Internship Coordinator
- 2) Successful completion of the Comprehensive Examination
- 3) Grade of B or better in core courses (50 credits)
- 4) Submit all required documentation to Internship coordinator including:
 - a. Completed State of Illinois and federal background checks
 - b. Proof of professional liability insurance
 - c. Signed internship agreement
 - d. Signed confidentiality agreement

Requirements:

- 1) Internship requires a two to three semester commitment (3 credit hours, fall; 3 credit hours, spring or 2/2/2 including a summer).
- 2) Internship requires a 600 service hour commitment with 240 direct service hours and 360 indirect hours.
- 3) All students are responsible for maintaining an accurate record of their internship hours and retaining copies of any relevant paperwork for their own records.
- 4) Adequate demonstration of the skills and dispositions of a professional counselor as specified in the CCS-R.
- 5) Internship ratings are completed by the site supervisor and reviewed with the university internship supervisor around midterm and near finals week each semester.

NOTE: Previous work experience in the field of counseling will not be counted towards practicum or internship hours.

IV. Overview of Clinical Experiences Processes

PROCESSES FOR CLINICAL EXPERIENCES

A. Practicum

The purpose of CARE 548B Individual Practicum and 548C Advanced Group Work is for counselors-in-training (CITs) to develop and improve counseling and conceptualization skills. In practicum, CITs begin the process with supervision, feedback, and evaluation of counseling skills conducted by faculty supervisors. We observe digital counseling recordings &/or in vivo sessions. Practicum students also develop an ability to self-evaluate, reflecting on their experiences and trying new interventions. Growth is facilitated by individual or triadic supervision, and an open dialogue with peer CITs sharing insights and observation of the counseling process and dynamics during the group supervision component of the class. Professional note writing, including intakes, session notes, and treatment plans along with a case study further encourage support self-reflection and improvement as CIT. Other assignments might be required to support the student at various levels of development.

Locating a Practicum Site

Practicum often begins with an on-site experience with the Clinical Center and then transitions to an off-site setting, a different campus location, or a local private-not for profit agencies. Practicum and internship students are not allowed to practice at most private practice locations.

Your advisor should be contacted during your semester in CARE 500 and again by midterm in your COUN 548B semester for their assistance in selecting an appropriate top three to five location list for your professional goals. Remember that agencies have limited number of placements each semester, so early planning and attending to each agencies' intern application process is essential for your successful placement.

Successful Completion of Practicum

- 1) **Document 100 clock hours** of counseling experiences, including *a minimum of 40 clock hours* of individual counseling with a minimum of one on-going counseling case. All sessions must be taped, but only after clients provide their informed consent, by signing a "Consent to Tape" form.
- 2) All counselors-in-training (INTERNS) **will review all tapes of their sessions and fill out necessary session documentation for Clinical Center (CC) or a "Session Summary and Review" form for any session in another setting, and for each client tape.** These tapes and a copy of the completed form(s) are to be brought to your individual or triadic supervision sessions or will be accessed via computer in CC. Completion of these hours does not guarantee that one will obtain a rating of Satisfactory in this area. Evaluation for the satisfactory completion of hours will be determined by your faculty supervisor in consultation with your individual supervisor.
- 3) **Participate in weekly group supervision** (1.5 hours per week) **and triadic supervision** (1 hour per week). If you do not attend supervision meetings or do not come fully prepared to supervision sessions, you will stop seeing clients as it is unethical for you to see clients without supervision. Failure to attend and/or be prepared for supervision will

affect your final evaluation and may involve dismissal from the course and the counseling program.

- 4) **Earn ratings of at least “Expected/Satisfactory”** on all areas in group supervision and individual/triadic supervision. Evaluation form is available on D2L for review. Evaluations are completed at two points through the semester, mid-semester (after intakes and ten hours of individual counseling) and end of semester (or completion of Practicum hours).
- 5) **Review and write up at least three previously recorded intakes at the SIUC Clinical Center**, following required training and observations. Do an additional live shadowing of an intake and upon approval of these predatory efforts, conduct a solo intake interview. You must receive approval from the CC review to complete this skill element.
 - a. You may use these intakes for no more than 2 contact hours towards your *minimum* requirement of 40 clock hours of individual counseling. Each intake only “counts” for 1 face-o-face hour. **Note – You must complete any intakes that you have scheduled even if you have already obtained your maximum 2 intake hours. Do not cancel scheduled appointments.** Students are **required to complete intake training**, as established by the Clinical Center. Currently, students must observe 3 intakes prior to conducting intakes. Note that observation of intakes includes debriefing with your supervisor following the observed intake and write up of that observation.
 - b. **Develop a professional disclosure statement** that will provide future clients (and perhaps the parents of clients) with information regarding the counseling process, limitations of counseling services, and your current counseling style.

B. Internship

1. Getting Ready for Internship

The entire Internship process is comprised of the following steps: locating an appropriate site, submitting all required documentation, receiving approval, commencing seeing clients, registering in practicum class and completing required evaluations. It is important to remember that the selection of an Internship site should be considered carefully and intentionally. Your internship will be a powerful learning experience that can open many doors for your career.

We have a highly structured procedure for matching students with sites that reflect their interests and needs. The semester prior to your internship placement, you will attend a group meeting with other students who will be doing their internship in the same semester. There are two purposes of the meeting. The first is to ensure that you understand your rights and responsibilities as an internship student and the agency's rights and responsibilities. You will receive a manual explaining the entire internship experience. The second purpose is to determine your area of interest with respect to the internship placement. At this meeting, we provide students with a list of sites that have hosted students in the past. Students are welcome to suggest other sites as well.

The semester prior to their internship placement, students are required to attend an individual meeting with the Internship Coordinator (IC). The purpose of this meeting is to review

the internship policies and procedures and to assure you have completed a background check and have professional liability insurance in order to start internship. The IC will explore with each student, their areas of interest with respect to the internship placement. At this meeting, students will review the résumé worksheet (see Appendix A). Students should complete the worksheet and use it to develop a résumé that they can take on the internship interviews.

2. Locating an Internship Site

The student should not contact an agency about an internship without first obtaining permission from the internship coordinator. Ensure that any placement you consider has in place an affiliation agreement (memorandum of understanding) with SIU-C. Your internship coordinator can confirm this. Within 1-2 weeks after the first meeting, students should suggest 2-3 agencies where they would like to be placed with the IC to confirm their interests. After the IC is made aware of the agencies, the student is responsible for contacting the site to determine agency interest in having an internship student. If the agency is willing to consider sponsoring a student, the student will set up an initial interview.

Students are to treat this interview as if it were for a professional job. This includes taking their résumé and individualized objectives form. Additionally, students are expected to dress appropriately. (i.e., No T-shirts, jeans, flip flops or athletic shoes.). If you are unsure of what constitutes interview attire feel free to contact the IC. Students who are interviewing in a correctional setting should wear long pants and closed toe shoes.

During this interview, students should ask about any required background checks, drug testing, or other required documentation to be allowed to complete an internship at the agency. Be advised that some agencies may have additional requirements. For example, some will require a background check, a urinalysis, a tuberculosis shot, full coverage car insurance, etc. It is the student's responsibility to find out this information and to complete these requirements prior to the start of the internship. The SIU internship does not provide any assistance with these components. The student must make arrangements with the site to complete all paperwork, blood work (e.g., tuberculosis testing), background checks, drug testing, etc. Failure to complete all or pass any of the above listed components may result in delayed enrollment in the internship, which may delay the semester in which the internship is completed.

After the interview, the student is to contact and meet with the Internship Coordinator to report the outcome of the meeting. If the student and the agency agree to the placement, the Internship Coordinator will send a letter to the agency confirming the arrangement. The internship begins the first day of the semester. The student is responsible for printing out this paperwork and having the supervisor sign all paperwork as described in this handbook, in a timely manner

Please note:

Travel: The faculty provide supervision of all the internships our students complete. For that reason, all internship must be completed at agencies within about a 40 mile radius of the Carbondale campus. Prior to starting internship, it is your responsibility to make arrangements for travel to and from the site. We have limited sites available and we cannot guarantee that a site

will be available within commuting distance from your hometown. However, we will do our best to work with you to find a good location.

There are a large number of qualified students from SIU-C and other programs also seeking placements. Since securing an internship is a competitive process, there is no guarantee that you will get your first choice. However, the guidelines below will help maximize your success.

The first step in locating an appropriate internship site is to consider the following questions:

- What do you want to learn? Are you interested in a specific type of training or mentorship?
- In what areas would you like to strengthen your counselling skills?
- What client populations might you be interested in serving?
- What type of issues would you like to help people navigate or resolve?
- Is there a particular professional you want supervision from or with whom you'd like to work?
- What are your career ambitions?
- Do you have constraints due to time and location?

The following tips are provided to help you locate potential sites:

- Take time to explore the various service providers in your geographic area and see which best fits your area of counselling interest. Consider where the population you would like to work with seeks counselling services.
- Use the resources available to you by talking to faculty, fellow students, friends, and co-workers to get helpful tips and ideas of where to go. You will often be surprised by what is available in the community. Be persistent and continue asking!
- Begin the process of networking with professionals in the community. Ask about their services and what they provide. Ask about their needs and how you might be of service. Request an informational meeting with a supervisor or staff member.
- Contact agencies well in advance (**6 months minimum**) of your anticipated internship start date and request information about the services they provide, as well as their application deadlines for prospective interns. Some sites may require prior contact with the internship coordinator.
- Ensure that any placement you consider has in place an affiliation agreement (**memorandum of understanding**) with SIU-C. Your internship coordinator can confirm this.
- Make use of the list of previous sites/location provided to you by your Internship Coordinator.
- The agency or facility should be well-established and recognized as providing professional services to clients with behavioral health and other disabilities. This may be measured by reputation in the community, accreditations, state licenses, or certifications.

3. Permanent Schedule

When students first enter their internship placements, they are required to establish a permanent schedule. *See Attachment ii.* This form is to be turned into the Internship Coordinator

no later than the second week of the semester. If the student's permanent schedule is changed, the student is responsible for contacting the Internship Coordinator to adjust the student's records.

It is the student's responsibility to ensure that he or she is completing all of the necessary hours and to bring it to his or her supervisor's (AND the internship coordinator's) attention if any problems arise related to completing these hours.

4. Weekly Documentation

Students will be responsible for maintaining weekly time sheets identifying the hours worked that week at their internship. This form will also be used to report any activities that they are currently involved in, as well as any accomplishments for the week (See Appendix E and D). You should also add any additional comments on a separate sheet of paper or email your IC, giving feedback on your experience. If this information is lacking, it makes it impossible for the internship coordinator to be aware of any issues students are having at the site.

****ALL INFORMATION WILL BE KEPT CONFIDENTIAL****

5. Illness and Emergencies

In the event of illness or some other legitimate reason for missing work, students are responsible for notifying the agency and the Internship Coordinator of their absence, as well as arranging to make up missed hours. Additionally, if any student is injured while on their internship site the student should notify their supervisor and the Internship Coordinator immediately. Any hours that the student is unable to work during the week must be made up to meet the hourly requirement for the semester.

6. Transportation

Students using their personal vehicle to travel to their prospective agencies are liable in the event they are involved in a traffic accident. Neither the CARE program nor the agency will in any way be responsible for any damages that occur to the student's vehicles. Students are advised to contact their insurance carrier for further instructions. Students are not permitted to transport clients using their personal vehicles while working at their internship site.

7. Supervision

Group Supervision: Students will participate actively in weekly group supervision held by the faculty supervisor. Group Supervision includes in-class case discussion, offering feedback to peers, and involvement in counselor development activities. Regular attendance demonstrates commitment, professionalism and maturity. For this course, attendance and participation is mandatory to receive a passing grade. If you stay in contact with the Internship Supervisor when you are experiencing difficulties in meeting internship and supervision requirements, options can be made to help you overcome those obstacles.

Individual Supervision: Each intern will meet with the faculty supervisor throughout their internship as needed to facilitate their learning experience. Meetings with the faculty supervisor and the intern will occur at midterm and at the completion of the internship. The intern will be asked to recollect and discuss therapy sessions, reflecting in detail their own experiences with their clients.

Individual supervision offers three general functions for the internship experience: (1) assessing the learning needs of the intern (2) changing, shaping, validating or supporting the

intern's counseling behaviors; (3) and evaluating the intern's performance. The feedback provided during supervision should be non-judgmental and non-incriminatory. If at any time you believe that safe space for supervision is lacking, notify faculty or the program director immediately.

8. Internship Evaluation

Internship evaluations will be based on several factors including formative and summative assessments of your counseling skills.

1) Counseling Skills Assessment

A counseling skills assessment including but not limited to formal skills assessments (see Appendix I), your supervisor's feedback, your progress in class (COUN 591), and your interactions with other students, faculty, and others during your clinical experiences. A formal assessment takes place at mid-term and at the end of the semester. However, it is important to seek out feedback from your faculty advisor, the internship coordinator, and your internship supervisor throughout the entire internship experience. Life can be complicated. If you have a complication that may interfere with your ability to show progress, not only in clinical work but at any point in the program, please speak with any faculty member, and most certainly your faculty advisor, on how to adjust your schedule to achieve success.

2) Clear Documentation of Hours

Internship requires a 600 service hour commitment with 240 direct service hours and 360 indirect hours.

Your internship hours should be submitted to the internship coordinator throughout the semester. As part of the internship course, COUN 591, the instructor will make available to you a D2L "Locker". This locker can be used to store all of your records including time logs, agreements, evaluations, other papers. Only you and the internship supervisor will have access to the locker.

Here are some important tips about documentation

- a. All logs should be filled out electronically, signed by you and your supervisor, and dated.
- b. If you have questions about where activity might be recorded on the logs, speak with your site supervisor OR the internship coordinator.
- c. Turn in your logs regularly. Set up a schedule with your site supervisor for reviewing and signing paperwork. Doing this all at the end of the semester is not a good plan.
- d. Maintaining these records is your responsibility. Be sure to keep copies for your use in the future (documentation for licensing and certification).

3) Grades

A "Satisfactory" grade is all areas of group supervision, individual supervision and triadic supervision.

A satisfactory grade for your participation in weekly course activities (e.g. attendance, discussions, case studies) in COUN 591. See the syllabus for this course for details or speak with the instructor.

C. Conflict Resolution

Any student experiencing a difficulty within the internship placement is required to attempt to resolve the situation as soon as it presents itself. If a student has attempted to resolve the situation and the results of those efforts are unsatisfactory to the student, he/she should then make an appointment to meet with the SIUC Internship Coordinator as soon as possible for further assistance towards a solution.

If a student determines that the site is not a good match for him/her, the student may be allowed to find a new site and carry over their completed hours from the previous site if they meet the following criteria:

1. It is not after the University's official add/drop deadline for that semester.
2. The student has contacted and met with the agency supervisor and internship coordinator and attempted to resolve the conflict with the assistance of the internship coordinator. If a student terminates placement of the internship prior to getting approval from the internship coordinator the student will receive a grade of WF (failure for students who do not officially withdraw from the class, ceased attending and failed to complete the requirements for the course) and have to wait until the following semester to complete the internship.
3. The agency has evaluated the student's performance as satisfactory up to that point. If the student was evaluated as unsatisfactory at any time during the internship by the agency the student will need to wait until the following semester to complete the internship.
4. The student has already been selected and approved to relocate to a new site. The student would also need to begin accruing hours at the new site by the University's official drop/add deadline for the semester.

Termination of Field Placement Termination by SIUC Internship Coordinator

Academic dishonesty will not be tolerated. Reporting inaccurate hours worked will lead to the termination of the internship experience.

Termination by the Agency

The agency has the right to terminate a student from his/her internship placement at any time. Examples of situations that might result in termination include a) failure to comply with agency policies, rules, or regulations, b) concerns for consumer or staff safety or health, and/or c) work which is not in full accord with the agency's standards of performance. If the agency does terminate the student at any point during the semester the student will have to wait until the next semester to be placed at a new site and complete the internship. The hours completed at the site that terminated the student will not be carried over

V. Due Process for Less Satisfactory Student Performance

DUE PROCESS FOR CLINICAL EXPERIENCES:

PROCEDURES FOR LESS THAN SATISFACTORY STUDENT PERFORMANCE

A. Definition of Inadequate or Impaired Performance

For the purposes of the procedural policy, inadequate or impaired student performance is defined broadly as interference in professional functioning, which is reflected in one or more of the following ways: (a) an inability and unwillingness to acquire and integrate professional behaviors and ethical standards, (b) a failure to achieve the level of professional skills necessary to reach an acceptable level of competency, and (c) an inability to manage personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning. Criteria that link this definition to impairment to professional behaviors and attitudes are incorporated into the practicum evaluation procedures.

Problems typically identified as impairments are those that include one or more of the following characteristics:

1. The student does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit of counseling skills, knowledge, and competencies, which can be rectified by further academic or didactic training.
3. The quality of the student's service delivery in clinical experiences is negatively affected and may be considered to be destructive to clients.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by university faculty and on-campus supervisors is required, compared to other students in the practicum course; and/or
6. The student's behavior does not change as a function of feedback, remediation efforts, and/or time.

Ultimately, it becomes a matter of professional judgment as to when a student's behavior has reached a point of impairment, rather than being merely inadequate or deficient.

B. General Guidelines for Due Process

Due process ensures that the CARE program's judgments or decisions about a student are not arbitrary or personally biased. The CARE program has adopted specific evaluation procedures that are applied to all students. The appeals procedures presented below are available to the student so that he/she may challenge the program's actions.

General due process guidelines include:

1. Presenting to students, in writing, the program's expectations in regard to professional functioning at the outset of training.

2. Stipulating the procedures for evaluation, including when, how, and by whom evaluations will be conducted.
3. Articulate the various procedures and actions involved in making decisions regarding impairment.
4. Communicating, as deemed appropriate, with the student's practicum site about any difficulties with students.
5. Instituting a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing the student with a written statement of procedural policy describing how the student may appeal actions or decisions, which is included in the practicum manual.
7. Ensuring that students have a reasonable amount of time to respond to any action(s) taken by the program; and
8. Documenting, in writing and to all relevant parties (e.g., the student's academic advisor, faculty/on-campus supervisor, on-site supervisor), the Action (s) taken by the program, and the rationale.

C. Procedures

The following procedures are followed in cases of inadequate or impaired student performance:

1. A Problem is Recognized. A problem affecting student performance may be identified either through formal evaluation procedures or through the interactions of on-site and on-campus supervisors and other university faculty working with a student. Such problems can usually be categorized as issues of (a) competence/skill deficit, (b) professional/ethical behavior, and (c) psychological maladjustment.
2. The Problem is Brought to the Attention of the Faculty. If faculty do not already know the student's problematic behavior because of participation in regular faculty meetings in which student issues are evaluated, the student advisor(s)/supervisor identifying the problem will bring it to the full faculty's attention. At this time, the student will be notified that a problem has been identified, which will be reviewed by faculty, who may elect to consult with the on-site supervisor, the CARE program director, and other staff as appropriate. The students' academic advisor will meet with the student to receive any information or statements from the student related to the identified concern.
3. The Problem is Defined and Reviewed by the Program Faculty. The students' academic advisor will present the faculty with a summary of the issues as concretely and behaviorally as possible. If the student is active in practicum or internship, and the problem impacts their performance, the practicum and internship supervisor will be consulted. A summary of the students' progress, including all assessment data, reports, and narratives, will be considered. The faculty will discuss the problem, decide on the severity, and assess the potential for remediation. Based upon this discussion, the faculty will either recommend termination of the student, place

the student on probationary status with a remediation plan in mind, generate a remediation plan without probation, or determine that the problem is not severe enough to warrant remediation, in which case no further action is taken.

4. Reviewed by the CARE Program Director. In the case of remediation, probation, or termination, the recommendations will be reviewed by the CARE program director. Following the review, the program director will notify the student in writing of the final recommendations.

D. Recommended Actions

Possible recommended courses of Action from the practicum coordinator are as follows:

1. Termination from CARE Program Recommended. Termination at this point would be recommended only in extreme circumstances. Examples of such circumstances are acts of physical aggression against a student, a faculty member, supervisor, or a client, or serious ethical misconduct (e.g., falsifying information, plagiarism, harassment, serious confidentiality breaches, and so on). After the student is notified in writing of the faculty recommendations, he/she may choose to appeal the decision.

2. Probation with a Remediation Plan. Probationary status is defined as a situation where the student is actively and systematically monitored by supervisors and the practicum coordinator for a specific length of time regarding the necessary and expected changes in the problematic behavior. The student is given a written statement notifying him/her of the probationary status and specifying:

- the behaviors which need to be changed,
- the recommendations for remediating the problem,
- the time period of the probation during which the problem is expected to be ameliorated, and
- the procedures designed to ascertain whether or not the problem has been appropriately rectified.

Following the student's notification of his/her probationary status, the practicum coordinator will then meet with the student to review the probationary conditions. The student may then choose to accept the conditions of the probation or to challenge the Action. (The procedures for appealing the Action are presented in a subsequent section.) If the Action is not challenged by the student, the remediation plan (see below) is put into Action.

3. Remediation Plan without Probation. If student termination or probation is not deemed appropriate, the practicum coordinator will generate an appropriate plan of remediation. Several possible, and perhaps concurrent, courses of action designed to remediate deficiencies or impairments may include (but are not limited to):

- a) increasing supervision or changing primary supervisor.
- b) changing the format, emphasis, and/or focus of supervision.
- c) if the student is in practicum or internship recommending a change in practicum sites.

- d) recommending or requiring personal therapy and clarifying to all parties involved whether the therapy contacts will be used in the student evaluation process, and if so, how they will be used.
- e) reducing or limiting the type of direct client contact or other training responsibilities, which may require an extension of practicum into a second semester.
- f) requiring specific academic coursework and/or
- g) recommending, when appropriate, a leave of absence.

E. Implementation of Recommended Actions

1. Remediation Plan is put into Action. The academic advisor works with the student to facilitate and monitor change. Those monitoring the student's clinical experiences (on-site supervisors, on-site staff, and practicum instructor) should frequently communicate with the practicum coordinator throughout the probationary period.

- a) Sufficient Positive Change. Both the monitors, the practicum instructor, and the practicum coordinator are satisfied that sufficient positive change has taken place.
- b) End of Probation. The student is formally notified, in writing, that satisfactory change has been accomplished and the probationary period is ended.

2. Insufficient Positive Change. At the end of the probationary period, the monitors, instructor, and the practicum coordinator determine that insufficient positive change has taken place. The practicum coordinator then reviews the situation and may recommend one of the following:

- a) Termination from the CARE Program Is Recommended. When the monitors, the practicum instructor, and the practicum coordinator conclude that the behavior is both serious and resistant to change; on this basis, termination is recommended. The student is notified in writing of the decision. Again, at this point, the student may choose to challenge the decision according to the appeal procedures outlined below.

3. New Plan Generated. When the monitors, the practicum instructor, and the practicum coordinator do not feel that a recommendation of termination is appropriate at that time, a new remediation plan is generated in another effort to promote change. This plan may include referral to student support services, pre-screening of on-site clients before referral, closer and more intense supervision, and suspension of certain activities, depending on the student's need and situation.

- a) Student Remains on Probation. The student remains on probation with a new time period specified. The student may challenge this recommendation or may accept the new remediation plan.
- b) New Remediation Plan is Put into Action. The student's academic advisor is responsible for coordinating and monitoring the remediation plan. Communication by those monitoring the student to the faculty and program director will be frequent and regularly throughout the probationary period specified.

- c) Sufficient Positive Change. The academic advisor and faculty are satisfied that sufficient positive change has taken place. For students in clinical activities, the clinical supervisor and clinical program supervisors must also be satisfied that substantial change occurs.
- d) End of Probation. In writing, the student is formally notified that satisfactory change has been accomplished, and the probationary period is ended.

5. Insufficient Positive Change. At the end of the probationary period, the program monitors determine that insufficient positive change has taken place. The situation is presented to the CARE faculty as a whole for review. Faculty recommendations may recommend one of the following:

- a) Communicating to the student that satisfactory progress has **not** been completed and recommending a leave of absence.
- b) Assigning the student an **unsatisfactory** grade for the course
- c) Recommending and helping to implement a change in **career goal or academic focus** for the student and/or
- d) terminating the student from the CARE program.

All of the above actions need to be appropriately documented and implemented according to due process procedures. The student is notified of the final decision and, again, at this point, may appeal the decision. If the student chooses to appeal, these individuals will be notified of the final decision after the appeal process.

F. Procedures for Appeal

Students may appeal the decisions of the faculty by contacting the CARE program director. The student may submit to the program director written statements he/she believes to be appropriate, request a personal interview, and/or request that the director interview other individuals who might have relevant information. Other parties involved will also be afforded the same privilege.

The CARE program director may choose to sustain any previous actions taken or implement a new course of Action. Students wishing to appeal to the program director's decision must appeal by contacting the School of Health Sciences (SHeS) Director.

Students are referred to the Academic Grievance Policy/Procedure in the Graduate Catalog if they are not satisfied with meeting with the SHeS Director.

G. Definition of Inadequate or Impaired Performance

For the purposes of the procedural policy, inadequate or impaired student performance is defined broadly as interference in professional functioning, which is reflected in one or more of the following ways: (a) an inability and unwillingness to acquire and integrate professional behaviors and ethical standards, (b) a failure to achieve the level of professional skills necessary to reach an acceptable level of competency, and (c) an inability to manage personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning. Criteria that link this definition to impairment to particular professional behaviors and attitudes are incorporated into the practicum evaluation procedures.

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2. The problem is not merely a reflection of a skill deficit of counseling skills, knowledge, and competencies, which can be rectified by further academic or didactic training.
3. The quality of the student's service delivery in clinical experiences is negatively affected and may be considered to be destructive to clients.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by university faculty/on-campus supervisors are required, compared to other students in the practicum course; and/or
6. The student's behavior does not change as a function of feedback, remediation efforts, and/or time.¹⁹

Ultimately, it becomes a matter of professional judgment as to when a student's behavior has reached a point of impairment rather than being merely inadequate or deficient.

H. General Guidelines for Due Process

Due process ensures that the CARE program's judgments or decisions about a student are not arbitrary or personally biased. The CARE program has adopted specific evaluation procedures that are applied to all students. The appeals procedures presented below are available to the student so that he/she may challenge the program's actions.

General due process guidelines include:

1. presenting to students, in writing, the program's expectations in regard to professional functioning at the outset of training.
2. stipulating the procedures for evaluation, including when, how, and by whom evaluations will be conducted.
3. articulate the various procedures and actions involved in making decisions regarding impairment.
4. communicating, as deemed appropriate, with the student's practicum site about any difficulties with students.
5. instituting a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. providing the student with a written statement of procedural policy describing how the student may appeal actions or decisions, which is included in the practicum manual.
7. ensuring that students have a reasonable amount of time to respond to any action(s) taken by the program; and

8. documenting, in writing and to all relevant parties (e.g., the student's academic advisor, faculty/on-campus supervisor, on-site supervisor), the Action (s) taken by the program, and the rationale.

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2. The Problem is Brought to the Attention of the Faculty. If faculty do not already know the student's problematic behavior as a result of participation in regular faculty meetings in which student issues are evaluated, the student advisor(s)/supervisor identifying the problem will bring it to the full faculty's attention. At this time, the student will be notified that a problem has been identified, which will be reviewed by faculty, who may elect to consult with the on-site supervisor, the CARE program director, and other staff as appropriate. The students' academic advisor will meet with the student to receive any information or statements from the student related to the identified concern.
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- the time period of the probation during which the problem is expected to be ameliorated, and
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- b) increasing supervision or changing primary supervisor.
- c) changing the format, emphasis, and/or focus of supervision.
- d) if the student is in practicum or internship recommending a change in practicum sites.
- e) recommending or requiring personal therapy and clarifying to all parties involved whether the therapy contacts will be used in the student evaluation process, and if so, how they will be used.
- f) reducing or limiting the type of direct client contact or other training responsibilities, which may require an extension of practicum into a second semester.
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K. Implementation of Recommended Actions

1. Remediation Plan is put into Action. The academic advisor works with the student to facilitate and monitor change. Those monitoring the student's clinical experiences (on-site supervisors, on-site staff, and practicum instructor) should frequently communicate with the practicum coordinator throughout the probationary period.

- e) Sufficient Positive Change. Both the monitors, the practicum instructor, and the practicum coordinator are satisfied that sufficient positive change has taken place.
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- c) Sufficient Positive Change. The academic advisor and faculty are satisfied that sufficient positive change has taken place. For students in clinical activities, the clinical supervisor and clinical program supervisors must also be satisfied that substantial change occurs.
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The CARE program director may choose to sustain any previous actions taken or implement a new course of Action. Students wishing to appeal to the program director's decision must appeal by contacting the School of Health Sciences (SHeS) Director.

Students are referred to the Academic Grievance Policy/Procedure in the Graduate Catalog if they are not satisfied with meeting with the SHeS Director.

Appendix A: Sample Resume

NAME
City, ST Zip
(555) 123-4567
abc.xyz@siu.edu

CAREER PROFILE

Over five years' diverse, professional business experience with international corporations. Completing MBA with financial emphasis, combined with significant internship at reputable investment banking firm. Fluent in Spanish.

EDUCATION

SOUTHERN ILLINOIS UNIVERSITY, Carbondale, IL May 2013

MBA, Finance (GPA 3.9/4.0)

- Graduate Finance Club-President

UNIVERSITY OF ILLINOIS, Champaign-Urbana, IL May 1998

Bachelor of Arts in Sociology and Anthropology

EXPERIENCE

COMPANY NAME, Chicago, IL 2004-2011

General Manager

- Managed research-oriented polymer start-up through product design and development; oversaw sales/marketing
- Created and supervised team of 25 including 11 professional engineers and researchers; team has produced 14 different projects to date, accounting for \$13 million in revenue
- Established joint venture in Dominican Republic to integrate C-Tech into customer's production line
- Increased sales 500% in two years

ADDITIONAL INFORMATION

Volunteer experience: Trustee, Milwaukee Heritage Association – Downtown Milwaukee community planning and development organization.

Interests: camping in national parks without amenities, skiing in Western Europe, reading Ayn Rand novels.

Technology skills: Microsoft Office; Word, Excel, Access, PowerPoint

Appendix B: Student Internship Permanent Schedule

Please use the following form to outline the permanent schedule that you have arranged with your internship site. Please include this form along with your first set of activity sheets to the Internship Coordinator. If for some reason there is a permanent change to this weekly schedule, please contact the Internship Coordinator regarding these changes.

Name:

Site:

Supervisor:

Phone:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-9 am					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5 pm					

Comments:

Appendix C: Internship Agreement

**Counselor and Rehabilitation Education Program
Practicum/Internship Agreement
[SEMESTER/YEAR]
Southern Illinois University-Carbondale**

Intern Name:

Internship Site:

Dawg Tag #

Address:

Contact information:

Site Supervisor:

Contact information:

Estimated schedule (days/hours per week):

As a CACREP-accredited program, the Counselor Education program at Southern Illinois University-Carbondale requires master's students to complete a 600-hour supervised internship in clinical mental health and/or clinical rehabilitation counseling. This internship must reflect the comprehensive work experience of a professional counselor.

Internship Requirements: Under the terms of the agreement, the Site agrees to support the student in meeting the internship requirements as established by CACREP, including:

- A total of 600 clock hours of internship experience
- A minimum of 240 hours of direct service (including group facilitation, if appropriate to site)
- Audio or videotape counseling sessions for use in supervision with the on-site and/or university supervisor.
- Providing weekly supervision averaging 1 hour/week throughout the internship, provided by the site supervisor.
- Regular formal and informal evaluation of the students counseling performance and professional behaviors.
- Providing opportunities for the student to be engaged in the full range of activities associated with the site's services, including individual and group counseling, case management, evaluation and assessment, documentation and record keeping.

Schedule:

The internship student agrees upon hours and days for internship and the site supervisor, in accordance with the Internship Requirements detailed below.

Responsibilities of On-Site Supervisor: The Internship site supervisor agrees to provide weekly, one-hour on-site supervision. By agreeing to provide the intern with on-site supervision, the supervisor is affirming that she or he has:

- A minimum of a master's degree in counseling or a closely related field and appropriate certifications and/or licenses.
- A minimum of two years of pertinent professional experience.
- Knowledge of the Counselor Education program's expectations, requirements, and evaluation procedures for students.
- Will develop and discuss a thorough on-site emergency response protocol with the student.
- Training in supervision is required by accreditation standards. The site supervisor should complete the Site Supervisor Demographics at <https://www.surveymonkey.com/r/FieldSupReg>

The site supervisor agrees to evaluate the student's progress at the mid-point and at the end of the internship and communicate any concerns to the faculty supervisor in a timely manner. The SIUC Counseling Program will provide written evaluation instruments. The site supervisor may elect to use additional evaluation materials as appropriate.

Student Responsibilities: Interns are expected to exhibit cooperative, ethical and professional behavior at all times. This includes:

- Carrying current liability insurance, proof of which must be on file with the CARE Program and the Site.
- Maintaining standards of confidentiality and best practices regarding clients, their families and case records.
- Abiding by the policies and procedures of the internship site facility, school or agency.

The University faculty supervisor, _____, will provide regular group supervision with the student, and make periodic contacts with the site supervisor at the internship site to assess the student's progress. If problems or questions arise, the student or site-supervisor should contact the internship coordinator immediately.

The undersigned understand and agree to the conditions of this agreement and will abide by the requirements and responsibilities outlined within.

_____/_____
Intern/ Date

_____/_____
On-site Supervisor/ Date

_____/_____
Faculty Supervisor/Date
CARE
Southern Illinois University-
Carbondale

This is a continuing agreement from the previous semester:

_____/_____
Intern/ Date

_____/_____
On-site Supervisor/ Date

_____/_____
Faculty Supervisor/Date
CARE
Southern Illinois University-
Carbondale

Appendix D: Confidentiality Agreement

Confidentiality is the preservation of privileged information. By necessity, personal and private information is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is confidential in terms of the law, and disclosure could make you legally liable. Disclosure could also damage your relationship with the client and make it difficult to help the person. With regard to confidentiality policies, please review the following carefully, and sign to indicate that you have read and agree to abide by this confidentiality agreement as part of your practicum/internship:

As a practicum student/intern with _____ I understand that I may have access to confidential patient/client information and confidential information about the business and financial interests of my internship site. I understand that confidential information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications. I agree to comply with all existing and future policies and procedures to protect the confidentiality of the clients seen during my internship.

Unless it is permitted by the practicum/internship site for educational purposes, I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information. I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else's authentication code or device, password, key card, or identification badge. I agree not to allow any other person to have access to my authentication code or device, password, key card, or identification badge.

I agree that my obligations under this Agreement continue after my employment or my time as a practicum/intern end. I agree that, in the event I breach any provision of this Agreement, the internship site has the right to reprimand me or to suspend or terminate my internship status with or without notice. I may also be subject to penalties or liabilities under state or federal laws. It is my intention to conduct myself as a professional and to uphold confidentiality policies as described. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my internship with _____

Certification

I have read the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my site supervisor and my internship supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred.

Signature _____ Date _____

Faculty Supervisor Signature _____ Date _____

Appendix E: Practicum Time Log Practicum Time Log

COUN 548C Individual Counseling Time Log _____

Log # _____ Semester _____
 Name: _____
 Start Date: _____ End Date: _____
 University Supervisor: _____ On-Site Supervisor: _____

On this log: **Cumulative hours this term:**
 Direct service hours: _____ Direct service hours: _____
 TOTAL HOURS TOTAL HOURS
 (Direct & Indirect) _____ (Direct & Indirect) _____

RECORD

	This Report Hours	Total # Hours Cumulative
Direct Hours		
Career Counseling.....	_____	_____
Consultation.....	_____	_____
Couples Counseling.....	_____	_____
Family Counseling.....	_____	_____
Group Counseling.....	_____	_____
Individual (Child and Adolescent) Counseling.....	_____	_____
Individual Counseling.....	_____	_____
Initial Evaluation.....	_____	_____
Psychoeducation.....	_____	_____
Assessments and Testing.....	_____	_____
Treatment Planning.....	_____	_____
Vocational Counseling.....	_____	_____
 Indirect Hours		
Giving Presentations/conducting workshops.....	_____	_____
Case Conferences (providing consultation).....	_____	_____
Supervision (on-site).....	_____	_____
Supervision (university).....	_____	_____
Team or Faculty Conference/Staffing.....	_____	_____
Program Development and Evaluation.....	_____	_____
Case Conferences (receiving consultation).....	_____	_____
Observations.....	_____	_____
Research and Preparation.....	_____	_____
Record Keeping and/or Administrative Tasks.....	_____	_____
Telephone Conversations.....	_____	_____
Professional Workshops/Seminars/Presentations attended.....	_____	_____
Staff Meetings.....	_____	_____
Other (specify) ...	_____	_____
Direct Service Activities		
Additional Comments: -		

University Supervisor Initials: _____ Intern Signature: _____ Date _____
 Site Supervisor Signature _____ Date _____

Appendix F: Internship Time Log

Log Start/End Dates _____

Intern Name: _____ Intern Dawg Tag#: _____

Site Name/Location: _____

On-Site Supervisor: _____ Phone/Email: _____

TIME LOG

	<i>This Report Hours</i>	<i>Cumulative Hours</i>
Direct Hours (minimum 240)		
Career Counseling.....	_____	_____
Case Consultation.....	_____	_____
Couples Counseling.....	_____	_____
Family Counseling.....	_____	_____
Group Counseling.....	_____	_____
Individual (Child and Adolescent) Counseling.....	_____	_____
Individual Counseling.....	_____	_____
Initial Evaluation.....	_____	_____
Psychoeducation.....	_____	_____
Assessments and Testing.....	_____	_____
Treatment Planning.....	_____	_____
Vocational Counseling.....	_____	_____
Indirect Hours (minimum 360)		
Giving Presentations/conducting workshops.....	_____	_____
Team Meetings (providing consultation).....	_____	_____
Supervision (on-site).....	_____	_____
Supervision (university).....	_____	_____
Team or Faculty Conference/Staffing.....	_____	_____
Program Development and Evaluation.....	_____	_____
Case Conferences (receiving consultation).....	_____	_____
Observations.....	_____	_____
Research and Preparation.....	_____	_____
Record Keeping and/or Administrative Tasks.....	_____	_____
Telephone Conversations.....	_____	_____
Professional Workshops/Seminars/Presentations attended.....	_____	_____
Staff Meetings.....	_____	_____
Other (specify) ...	_____	_____
Additional Comments: -		

Intern Signature: _____ Date _____

Site Supervisor Signature _____ Date _____

University Supervisor Initials: _____

Appendix G: CIT Requirements

At the conclusion of the clinical experiences, CARE Clinical Counseling students should be able to:

CACREP Standard	Course Objective	Learning Activity
FOUNDATIONS, B. Skills and Practices, 1.	Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.	Group supervision; case studies, reflective journals, student presentations of taped sessions
FOUNDATIONS, B. Skills and Practices, 2.	Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.	Group supervision; case studies, reflective journals, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, C. Knowledge, 5.	Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.	Group supervision; case studies, reflective journals, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, C. Knowledge, 7.	Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.	Group supervision; case studies, reflective journals, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, D. Skills and Practices, 1.	Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.	Group supervision; case studies reflective journals, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, D. Skills and Practices, 2.	Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	Group supervision; case studies, reflective journals, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, D. Skills and Practices, 3.	Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	Group supervision; case studies, reflective journals, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, D. Skills and Practices, 4.	Applies effective strategies to promote client understanding of and access to a variety of community resources.	Group supervision; case studies, reflective journals, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, D. Skills and Practices, 5.	Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating	Group supervision; case studies, reflective journals, student presentations of taped sessions

	counseling.	
COUNSELING, PREVENTION, AND INTERVENTION, D. Skills and Practices, 7.	Applies current record-keeping standards related to clinical mental health counseling.	Group supervision; case studies, reflective journals, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, D. Skills and Practices, 8.	Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	Group supervision; case studies, student presentations of taped sessions
COUNSELING, PREVENTION, AND INTERVENTION, D. Skills and Practices, 9.	Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.	Triadic supervision; Group supervision; case studies, reflective journals, student presentations of taped sessions
DIVERSITY AND ADVOCACY, F. Skills and Practices, 2.	Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.	Group discussion, professional practice in internship, case studies, reflective journals, service work
DIVERSITY AND ADVOCACY, F. Skills and Practices, 3.	Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	Triadic supervision; Group supervision; case studies, reflective journals, student presentations of taped sessions

Appendix H: Site Supervisors Requirements

Supervisors must meet the following program and CACREP standards:

- a. Have a minimum of a master's degree, preferably in counseling, or a related profession
- b. Have relevant certifications and/or licenses
- c. Have a minimum of two years of pertinent professional experience in behavioral health and/or rehabilitation counseling
- d. Have relevant training in counseling supervision. Relevant training in counseling supervision (e.g., workshop offered by the institution, graduate supervision course, possession of supervisory credential, etc.) must be provided to the CARE program.

To provide internship supervision requires time and commitment. We value your willingness to work with our students. We suggest that potential supervisors review and confirm their ability to meet the following responsibilities for Practicum and Internship:

- a. Negotiate with students regarding starting and ending dates, hours, responsibilities, etc.
- b. Provide students with an orientation to the site and suitable work environment.
- c. Meet students for individual supervision with a minimum of one hour each week students earn hours at the site.
- d. Assure that counselor in training (CIT) knows appropriate telehealth platform, uses HIPAA compliant platform, and uses appropriate telehealth session checklists.
- e. Make sure that the CIT knows documentation systems utilized at the agency and expectations for documentation (e.g., session note due within 24 hours of session).
- f. Sign and date students' weekly log sheet verifying direct and indirect hours gained at the site.
- g. Complete students' CCS-R evaluations at midterm and the end for each semester.
- h. Consult with the CARE Internship Supervisor on a regular schedule to discuss students clinical work and development
- i. Ensure students have the opportunity to accumulate the required number of client contact hours and indirect hours.
- j. Ensure students can digitally record, audio record, or videotape or university supervisors can observe at least one counseling session per semester.
- k. Provide students with education on how crises are managed at the facility.
- l. Ensure students are treated with the same respect as employed counselors at the site.
- m. Contact the Practicum or Internship coordinator with any questions and concerns, we are ready and willing to help.

Appendix I: Counselor Competencies Scale - Revised (CCS-R)

Counselor Competencies Scale—Revised (CCS-R) ©

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

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

Scales Evaluation Guidelines

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

- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

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

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

CACREP (2016) Common Core Standards:

- Strategies for personal and professional self-evaluation and implications for practice (Section II, *Standard 1.k.*).
- Self-care strategies appropriate to the counselor role (Section II, *Standard 1.l.*).
- Multicultural counseling competencies (Section II, *Standard 2.c.*)
- A general framework for understanding differing abilities and strategies for differentiated interventions (CACREP, 2016, Section II, *Standard 3.h.*).
- Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships (Section II, *Standard 5.d.*).
- Counselor characteristics and behaviors that influence the counseling processes (Section II, *Standard 5.f.*).
- Essential interviewing, counseling, and case conceptualization skills (Section II, *Standard 5.g.*).
- Developmentally relevant counseling treatment or intervention plans (Section II, *Standard 5.h.*).
- Processes for aiding students in developing a personal model of counseling (Section II, *Standard 5.n.*).
- The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal. (Section 4, *Standard H.*).
- Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community (Section III, *Professional Practice*).
- Entry-Level Professional Practice and Practicum (Section III, *Professional Practice*, p. 13).
 - A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
 - B. Supervision of practicum students includes program-appropriate audio/video recordings and/or live supervision of students’ interactions with clients.

C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum.

F. Students must complete supervised counseling practicum experiences that total a **minimum of 100 clock hours** over a full academic term that is a minimum of 10 weeks.

G. Practicum students must **complete at least 40 clock hours of direct service** with actual clients that contributes to the development of counseling skills.

H. Practicum students have weekly interaction with supervisors that averages **one hour per week of individual and/or triadic supervision** throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement

I. Practicum students participate in an average of **1½ hours per week of group supervision** on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Part I: Counseling Skills & Therapeutic Conditions

#	Score	Primary Counseling Skill(s)	Specific Counseling Skills and Therapeutic Conditions Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
1.A		Nonverbal Skills	Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc. <i>(attuned to the emotional state and cultural norms of the clients)</i>	Demonstrates effective nonverbal communication skills, conveying connectedness & empathy (85%).	Demonstrates effective nonverbal communication skills for the majority of counseling sessions (70%)	Demonstrates inconsistency in his or her nonverbal communication skills.	Demonstrates limited nonverbal communication skills.	Demonstrates poor nonverbal communication skills, such as ignores client &/or gives judgmental looks.
1.B		Encouragers	Includes Minimal Encouragers & Door Openers such	Demonstrates appropriate use of encouragers, which supports development	Demonstrates appropriate use of encouragers for the majority of counseling sessions, which supports	Demonstrates inconsistency in his or her use of appropriate encouragers.	Demonstrates limited ability to use appropriate encouragers.	Demonstrates poor ability to use appropriate encouragers, such

			as “Tell me more about...”, “Hmm”	of a therapeutic relationship (85%).	development of a therapeutic relationship (70%)			as using skills in a judgmental manner.
1.C		Questions	Use of Appropriate Open & Closed Questioning (<i>e.g., avoidance of double questions</i>)	Demonstrates appropriate use of open & close-ended questions, with an emphasis on open-ended question (85%).	Demonstrates appropriate use of open & close-ended questions for the majority of counseling sessions (70%).	Demonstrates inconsistency in using open-ended questions & may use closed questions for prolonged periods.	Demonstrates limited ability to use open-ended questions with restricted effectiveness.	Demonstrates poor ability to use open-ended questions, such as questions tend to confuse clients or restrict the counseling process.
1.D		Reflecting^a Paraphrasing	Basic Reflection of Content – Paraphrasing (<i>With couples and families, paraphrasing the different clients’ multiple perspectives</i>)	Demonstrates appropriate use of paraphrasing as a primary therapeutic approach (85%).	Demonstrates appropriate use of paraphrasing (majority of counseling sessions; 70%).	Demonstrates paraphrasing inconsistently & inaccurately or mechanical or parroted responses.	Demonstrates limited proficiency in paraphrasing or is often inaccurate.	Demonstrates poor ability to paraphrase, such as being judgmental &/or dismissive.
1.E		Reflecting^b Reflection of Feelings	Reflection of Feelings (<i>With couples and families, reflection of each clients’ feelings</i>)	Demonstrates appropriate use of reflection of feelings as a primary approach (85%).	Demonstrates appropriate use of reflection of feelings (majority of counseling sessions; 70%).	Demonstrates reflection of feelings inconsistently & is <i>not</i> matching the client.	Demonstrates limited proficiency in reflecting feelings &/or is often inaccurate.	Demonstrates poor ability to reflective feelings, such as being judgmental &/or dismissive.
1.F		Reflecting^c Summarizing	Summarizing content, feelings, behaviors, & future plans (<i>With couples and families, summarizing relational patterns of interaction</i>)	Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans (85%).	Demonstrates ability to appropriately use summarization to include content, feelings, behaviors, and future plans (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use summarization.	Demonstrates limited ability to use summarization (e.g., summary suggests counselor did <i>not</i> understand clients or is overly focused on content rather than process).	Demonstrates poor ability to summarize, such as being judgmental &/or dismissive.
#	Score	Primary Counseling Skill(s)	Specific Counseling Skills and Therapeutic Conditions Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
1.G		Advanced Reflection (Meaning)	Advanced Reflection of Meaning, including	Demonstrates consistent use of advanced reflection & promotes discussions	Demonstrates ability to appropriately use advanced reflection, supporting increased	Demonstrates inconsistent & inaccurate ability to use advanced reflection.	Demonstrates limited ability to use advanced reflection	Demonstrates poor ability to use advance reflection, such as being

			Values and Core Beliefs (<i>taking counseling to a deeper level</i>)	of greater depth during counseling sessions (85%).	exploration in session (majority of counseling sessions; 70%).	Counseling sessions appear superficial.	&/or switches topics in counseling often.	judgmental &/or dismissive.
1.H		Confrontation	Counselor challenges clients to recognize & evaluate inconsistencies.	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion (can confront, but hesitant) or was <i>not</i> needed; therefore, appropriately <i>not</i> used (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to challenge clients through verbalizing inconsistencies & discrepancies in clients' words &/or actions in a supportive fashion. Used minimally/missed opportunity.	Demonstrates limited ability to challenge clients through verbalizing discrepancies in the client's words &/or actions in a supportive & caring fashion, &/or skill is lacking.	Demonstrates poor ability to use confrontation, such as degrading client, harsh, judgmental, &/or aggressive.
1.I		Goal Setting	Counselor collaborates with clients to establish realistic, appropriate, & attainable therapeutic goals (<i>With couples and families, goal setting supports clients in establishing common therapeutic goals</i>)	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with clients (85%).	Demonstrates ability to establish collaborative & appropriate therapeutic goals with client (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to establish collaborative & appropriate therapeutic goals with clients.	Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with clients.	Demonstrates poor ability to develop collaborative therapeutic goals, such as identifying unattainable goals, and agreeing with goals that may be harmful to the clients.
1.J		Focus of Counseling	Counselor focuses (or refocuses) clients on their therapeutic goals (<i>i.e., purposeful counseling</i>)	Demonstrates consistent ability to focus &/or refocus counseling on clients' goal attainment (85%).	Demonstrates ability to focus &/or refocus counseling on clients' goal attainment (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates limited ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates poor ability to maintain focus in counseling, such as counseling moves focus away from clients' goals
1.K		Facilitate Therapeutic Environment_{al}: Empathy & Caring	Expresses accurate empathy & care. Counselor is "present" and open to clients. (<i>includes immediacy and concreteness</i>)	Demonstrates consistent ability to be empathic & uses appropriate responses (85%).	Demonstrates ability to be empathic & uses appropriate responses (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be empathic &/or use appropriate responses.	Demonstrates limited ability to be empathic &/or uses appropriate responses.	Demonstrates poor ability to be empathic & caring, such as creating an unsafe space for clients.

1.L		Facilitate Therapeutic Environment: Respect & Compassion	Counselor expresses appropriate respect & compassion for clients	Demonstrates consistent ability to be respectful, accepting, & compassionate with clients (85%).	Demonstrates ability to be respectful, accepting, & compassionate with clients (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be respectful, accepting, & compassionate with clients.	Demonstrates limited ability to be respectful, accepting, &/or compassionate with clients.	Demonstrates poor ability to be respectful & compassionate with clients, such as having conditional respect.
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_____ : Total Score (out of 36 for SIUC Entry Level Students); (out of a possible 60 points)

Part 2: Counseling Dispositions & Behaviors

#	Score	Primary Counseling Dispositions & Behaviors	Specific Counseling Disposition & Behavior Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
2. A		Professional Ethics	Adheres to the ethical guidelines of the ACA, ASCA, IAMFC, APA, & NBCC; including practices within competencies.	Demonstrates consistent & advanced (<i>i.e., exploration & deliberation</i>) ethical behavior & judgments.	Demonstrates consistent ethical behavior & judgments.	Demonstrates ethical behavior & judgments, but on a concrete level with a basic ethical decision-making process.	Demonstrates limited ethical behavior & judgment, and a limited ethical decision-making process.	Demonstrates poor ethical behavior &/or judgment, such as violating the ethical codes &/or makes poor decisions
2. B		Professional Behavior	Behaves in a professional manner towards supervisors, peers, & clients (e.g., emotional regulation). Is respectful and appreciative to the culture of colleagues and is able to effectively collaborate with others.	Demonstrates consistent & advanced respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates consistent respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates inconsistent respectfulness and thoughtfulness, & appropriate within professional interactions.	Demonstrates limited respectfulness and thoughtfulness & acts inappropriate within some professional interactions.	Demonstrates poor professional behavior, such as repeatedly being disrespectful of others &/or impedes the professional atmosphere of the counseling setting / course.

2. C		Professional & Personal Boundaries	Maintains appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent & strong appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent appropriate boundaries with supervisors, peers, & clients.	Demonstrates appropriate boundaries inconsistently with supervisors, peers, & clients.	Demonstrates inappropriate boundaries with supervisors, peers, & clients.	Demonstrates poor boundaries with supervisors, peers, & clients; such as engaging in dual relationships.
2. D		Knowledge & Adherence to Site and Course Policies	Demonstrates an understanding & appreciation for <i>all</i> counseling site and course policies & procedures.	Demonstrates consistent adherence to <i>all</i> counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates adherence to most counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates inconsistent adherence to counseling site and course policies & procedures, including attendance and engagement.	Demonstrates limited adherence to counseling site and course policies & procedures, including attendance and engagement.	Demonstrates poor adherence to counseling site and course policies, such as failing to adhere to policies after discussing with supervisor / instructor.
2. E		Record Keeping & Task Completion	Completes <i>all</i> weekly record keeping & tasks correctly & promptly (e.g., case notes, psychosocial reports, treatment plans, supervisory report).	Completes <i>all</i> required record keeping, documentation, and assigned tasks in a thorough, timely, & comprehensive fashion.	Completes <i>all</i> required record keeping, documentation, and tasks in a competent & timely fashion.	Completes <i>all</i> required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation, and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by specified deadline.
#	Score	Primary Counseling Dispositions & Behaviors	Specific Counseling Disposition & Behavior Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Insufficient / Unacceptable (2)	Harmful (1)
2. F		Multicultural Competence in Counseling Relationship	Demonstrates respect for culture (e.g., race, ethnicity, gender, spirituality, religion, sexual orientation, disability, social class, etc.) and awareness of and responsiveness to ways in which culture interacts with the counseling relationship.	Demonstrates consistent & advanced multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates inconsistent multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates limited multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates poor multicultural competencies, such as being disrespectful, dismissive, and defensive regarding the significance of culture in the counseling relationship.

2. G	Emotional Stability & Self-control	Demonstrates self-awareness and emotional stability (i.e., congruence between mood & affect) & self-control (i.e., impulse control) in relationships with clients.	Demonstrates consistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates inconsistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates limited emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates poor emotional stability & appropriateness in interpersonal interactions with client, such as having high levels of emotional reactants with clients.
2. H	Motivated to Learn & Grow / Initiative	Demonstrates engagement in learning & development of his or her counseling competencies.	Demonstrates consistent and strong engagement in promoting his or her professional and personal growth & development.	Demonstrates consistent engagement in promoting his or her professional and personal growth & development.	Demonstrates inconsistent engagement in promoting his or her professional and personal growth & development.	Demonstrates limited engagement in promoting his or her professional and personal growth & development.	Demonstrates poor engagement in promoting his or her professional and personal growth & development, such as expressing lack of appreciation for profession &/or apathy to learning.
2. I	Openness to Feedback	Responds non-defensively & alters behavior in accordance with supervisory &/or instructor feedback.	Demonstrates consistent and strong openness to supervisory &/or instructor feedback & implements suggested changes.	Demonstrates consistent openness to supervisory &/or instructor feedback & implements suggested changes.	Demonstrates openness to supervisory &/or instructor feedback; however, does <i>not</i> implement suggested changes.	Demonstrates a lack of openness to supervisory &/or instructor feedback & does <i>not</i> implement suggested changes.	Demonstrates <i>no</i> openness to supervisory &/or instructor feedback & is defensive &/or dismissive when given feedback.
2. J	Flexibility & Adaptability	Demonstrates ability to adapt to changing circumstance, unexpected events, & new situations.	Demonstrates consistent and strong ability to adapt & “reads-&-flexes” appropriately.	Demonstrates consistent ability to adapt & “reads-&-flexes” appropriately.	Demonstrated an inconsistent ability to adapt & flex to his or her clients’ diverse changing needs.	Demonstrates a limited ability to adapt & flex to his or her clients’ diverse changing needs.	Demonstrates a poor ability to adapt to his or her clients’ diverse changing needs, such as being rigid in work with clients.
2. K	Congruence & Genuineness	Demonstrates ability to be present and “be true to oneself”	Demonstrates consistent and strong ability to be genuine & accepting of self & others.	Demonstrates consistent ability to be genuine & accepting of self & others.	Demonstrates inconsistent ability to be genuine & accepting of self & others.	Demonstrates a limited ability to be genuine & accepting of self & others (incongruent).	Demonstrates a poor ability to be genuine & accepting of self & others, such as being disingenuous.

_____ : **Total Score (out of 33 for SIUC Entry Level Students COUN 500); (*out of a possible 55 points*)**

CCSR Narrative Feedback from Supervising Instructor / Clinical Supervisor

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

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

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

CCSR SIGNATURE PAGE

Date CCS-R reviewed with Counselor or Trainee _____

Counselor's or Trainee's Name (print)

Date

Counselor's or Trainee's Signature

Date

Supervisor's Name (print)

Date

Supervisor's Signature

Date

Note. If the supervising instructor / clinical supervisor is concerned about the counselor's or trainee's progress in

demonstrating the appropriate counseling competencies, he or she should have another appropriately trained supervisor observe the counselor's or trainee's work with clients to provide additional feedback to the counselor or trainee.