
GORDON-CONWELL THEOLOGICAL SEMINARY-Charlotte

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MACC
Clinical Mental Health

PRACTICUM/INTERNSHIP
Manual

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SECTION I: INTRODUCTION

Gordon Conwell Theological Seminary-Charlotte Counseling Department Mission Statement:

The aim of the Master of Arts in Christian Counseling Program at *Gordon-Conwell Theological Seminary—Charlotte* is to train students to become competent professional counselors who advance Christ's Kingdom in various clinical, educational, and ministry settings by equipping them to think theologically, live biblically, and engage globally.

- Students who think theologically will develop a professional counselor identity grounded in orthodox Christian theology and sound clinical practice.
- Students who live biblically will demonstrate congruence between their faith and their actions in their personal and professional lives by maintaining a commitment to the process of ongoing spiritual formation.
- Students who engage globally will fulfill their call to serve others by being sensitive and responsive to the needs of diverse cultural, ethnic, and socioeconomic populations.

The purpose of the counseling practicum and internship is to place students in a setting where they can become familiar with the roles, missions, operations, and activities associated with being a professional counselor within the mental health field. Students will have the opportunity to bridge the gap between the academic theories presented in the classroom and the actual practice of counseling in the field. It is also an opportunity for students to gain insight regarding individual strengths and challenges and to explore future professional goals and employment. We hope that, in doing so, students will grow both personally and professionally.

According to Brian Baird in his book, *The Internship, Practicum, and Field Placement Handbook: A Guide for the Helping Profession*, "Professionals and students in the helping professions consider internships, practicum, and field placements among the most influential [experiences] of their careers." To continue on this theme, Baird also provides comments from students concerning their experiences who say, "I've learned more in this experience than I have in any of my classes. Every student should have the opportunity to do a practicum," and "Every day there was something new that I realized I didn't know. If for no other reason than that I'm glad, I did an internship."

This manual is designed to provide information that will guide a student to fulfill the Practicum (CO867), Internship I (CO 868) and Internship II (CO 869) requirements within the Master of Arts Christian Counseling- Clinical Mental Health degree program at Gordon-Conwell Theological Seminary-Charlotte. Please read this Manual in its entirety, and if you have questions concerning practicum or internship requirements, please contact the Clinical Training Coordinator, Adélé Jordan at interninfo@gordonconwell.edu .

Faculty and Staff



Pamela S. Davis, Ph.D., LCMHC-S, RPT-S, ACS

Director of Graduate Programs in Counseling

Associate Professor of Counseling

B.S. (Liberty University); M.A. (Wheaton College); PhD (Regent University)

Dr. Davis is a Licensed Professional Counselor Supervisor (North Carolina) and a Registered Play Therapist Supervisor for the Association of Play Therapy. She received her M.A. in Counseling Ministries from Wheaton College (2002) and her Ph.D. in Counselor Education and Supervision from Regent University (2012). Previously serving twenty-two years as a missionary in Thailand, Dr. Davis provides clinical consultation to missionary organizations and offers online supervision to counselors working in remote, overseas locations where counseling resources are not available. She has a keen interest in cross-cultural populations and has a first-hand understanding of the unique contribution that counselors can make to families serving cross-culturally. Dr. Davis is passionate about research in the areas of missionary care, missionary resilience, and third culture kids. When not working, she enjoys kayaking on Lake Wylie, hiking, and experiencing almost anything new.



Christopher A. Cook, Ph.D., LCMHC-A

Assistant Professor of Counseling

B.T.S. (The King's College and Seminary); M.A.C.C. and M.Div. (GCTS-Charlotte); Ph.D. (USC)

Dr. Cook comes to Gordon-Conwell with a broad background of teaching, pastoral, and clinical experience, having worked in established pastoral church ministry, church planting, and a range of mental health settings. Prior to joining Gordon-Conwell, Dr. Cook was lead pastor of Cornerstone Church in Denver, NC and has over 15 years of experience in ministry. Dr. Cook is a Licensed Clinical Mental Health Counselor Associate (North Carolina). Dr. Cook specializes in the following clinical areas: anxiety, men's issues, trauma, couple's work, and spiritual issues. He brings a holistic approach to working with people that values individuals as physical, cognitive, emotional, spiritual, and social beings. Dr. Cook is currently working on research in posttraumatic growth. His other research interests include professional identity development, clinical counseling supervision, marital issues, the intersection of spirituality and mental health, and effectiveness in pedagogical technique and theory. Dr. Cook has been happily married to Heather since 1998 and they have two rambunctious and vibrant young boys and a thoroughly loved little girl.



E. Carolina Benitez, Ph.D., LCMHC-QS, NCC

Assistant Professor of Counseling

B.A. (UNC-Charlotte); M.A. (CIU); Ph.D. (UNC-Charlotte)

Dr. Benitez is a Licensed Clinical Mental Health Counselor and Qualified Supervisor (LCMHC-QS) in the state of North Carolina. She graduated with a Master of Arts in Clinical Counseling from Columbia International University (2014) and a Ph.D. in Counselor Education and Supervision from the University of North Carolina at Charlotte (2018). Dr. Benitez was born and raised in Honduras and is fluent in English and Spanish. She is passionate about advancing quality and access to mental health services for the local Latino and immigrant community. Her research interests focus primarily on multi- and cross-cultural counseling and supervision, and on Latino and immigrant mental health and advocacy. Dr. Benitez has been providing outpatient counseling to individuals, couples, and families since 2013. Dr. Benitez is married to Roberto and has four sons, ages 20, 19, 13, and 10. She loves family, food, and roadtrips.



Vickey L. Maclin, Psy.D.

Associate Professor of Counseling

B.S. (University of Missouri-Columbia); M.A. (Reformed Theological Seminary-Oviedo, FL), Psy.D. (Wheaton College)

Dr. Maclin teaches several different courses as core faculty and program administrator for the counseling program. She has spoken individually and as a co-presenter at many different conferences on a variety of topics. Presentation topics include: Sexual and Racial Identity/Orientation; Religiosity and Mental Health, Multicultural Considerations in Play Therapy, Considerations in Counseling African American Couples and many others. She has co-authored poster sessions at conferences with many students, she has taught. Additionally, she has authored and co-authored articles and chapters in two different books related to counseling techniques with individuals and couples, and Christian interventions with children. Dr. Maclin is a Licensed Psychological Associate (North Carolina) and has a thriving private practice. She specializes in children and adolescent counseling and works with clients who deal with depression and anxiety, as well as providing psychological assessments. She is a member of the American Counseling Association and North Carolina Counseling Association.



Adélé Jordan, MACC, LCMHC-A

Associate Director of Graduate Programs in Counseling, Clinical Training Coordinator

B.S. (University of the West Indies); M.A.C.C. (GCTS-Charlotte)

Adélé is a Licensed Clinical Mental Health Counselor Associate (North Carolina) in private practice. She graduated from the Master of Arts in Christian Counseling from Gordon-Conwell Theological Seminary – Charlotte (2016). Adélé was born and raised on the beautiful island of Barbados and misses having tropical weather all year round. She spent 15 years working in the biotechnology/pharmaceutical field prior to joining the staff of GCTS in 2014. Adele has been married to Jarrah since 2010. She enjoys reading, traveling and spending time with friends, but loves music most of all.

Information Regarding Licensure

The responsibility of the seminary is to provide an opportunity to earn a degree and to equip students to pursue licensure as a professional counselor; however, licensure or certification is not a guarantee of the degree program, as most states require two years of supervised practice following the acquisition of the degree in order to obtain independent licensure. Although the program degree requirements, including course work, practicum and internships, are based upon typical requirements for state licensure, national and state statutes and requirements for licensure and/or certification change periodically. While we do seek to remain current on licensure requirements in North Carolina and South Carolina, the program may not meet the licensure requirements in all states. **In accordance with federal law, the MACC program will provide the necessary information regarding licensure in any state where a student resides at the outset of their study—including requirements for coursework, clinical training, and supervision. However, it is the responsibility of the student to ensure that additional requirements (e.g additional courses or clinical training hours) in states other than NC or SC are met.**

NORTH CAROLINA BOARD OF LICENSED CLINICAL MENTAL HEALTH COUNSELORS (NCBLCMHC)

P. O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572
Fax: 336-217-9450
Email: lchmcinfo@ncblcmhc.org
Website: www.ncblpc.org

SOUTH CAROLINA BOARD OF EXAMINERS FOR LICENSURE OF PROFESSIONAL COUNSELORS

110 Centerview Drive
Columbia, SC 29210
Phone: 803-896-4658
Email: Contact.Counselor@llr.sc.gov
Website: www.llr.sc.gov/cou/

NATIONAL BOARD FOR CERTIFIED COUNSELORS, INC. (NBCC)

3 Terrace Way
Greensboro, NC 27403
Phone: 336-547-0607
Fax: 336-547-0017
Website: nbcc@nbcc.org
(Information concerning the National Certified Counselor credential)

SECTION II: OVERVIEW AND PREREQUISITES

Prerequisites for Practicum (CO 867)

The student must complete a minimum of four counseling courses, attend the Practicum Information Meeting, and be currently enrolled or completed CO790C: Professional Standards and Christian Ethics for Counselors (pre-requisite or co-requisite).

- ✓ CO502: *Introduction to Counseling and Systems Theory*
- ✓ CO540: *Helping Relationships*
- ✓ CO710: *Psychopathology*
- ✓ *One Other Counseling Course*
- ✓ CO790C: *Professional Standards and Christian Ethics for Counselors (pre or co-requisite)*
- ✓ CO875: *Co-requisite*
- ✓ *Attend the Practicum Information Meeting**

*In order to begin the practicum, the student must attend the Practicum Information Meeting (usually held each Fall).

Prior to attending the Practicum Information Meeting, please read the following:

- **Current GCTS Practicum and Internship Manual**
- **Code of Professional Ethics:**
 - ✓ American Counseling Association (ACA)-The ACA Code of Ethics and The ACA Standards of Practice are found at: www.counseling.org/resources/ethics.
 - ✓ American Association of Christian Counselors-The code of ethics is found at: www.aacc.net/about-us/code-of-ethics/
- **Licensure Information**

North or South Carolina* (choose that which applies)

 - ✓ North Carolina Board of Licensed Clinical Mental Health Counselors-www.ncblpc.org
 - ✓ South Carolina Board of Examiners for Licensure of Professional Counselors www.llr.sc.gov/cou/

National Links:

 - ✓ National Board of Certified Counselors-www.nbcc.org
 - ✓ American Counseling Association-www.counseling.org/resources/ethics

***If you plan to practice in another state, you are required to inform the program at the outset of your training so that we can assist you with that state's licensure requirements.**

Technology Requirements

Coursework for the MACC program is delivered in a digital-hybrid environment called *Digital Live*. Digital Live delivery allows students to choose to attend classes in person on the Charlotte campus or attend that same class virtually in live time using Zoom. A few classes may meet entirely over Zoom, without the campus option; these class meetings still require live time virtual attendance. Students who enroll in the MACC program must have a laptop or desktop computer with audio and video capability that has reliable, high speed internet access and is able to download files and stream multimedia presentations. Additionally, students must be able to access the internet from a secure and private location. Except for rare situations, it is not acceptable to attend classes virtually from a public space. The seminary utilizes Canvas (a digital Learning Management System) to communicate with students, provide course information and lessons, and upload and grade assignments. Minimal hardware and software requirements for the program include:

- Windows or Mac desktop or laptop (preferably less than 5 years old).
- Webcam, microphone, and speakers (if not already built in to your computer)
- Access to reliable, high-speed internet
- Web browser: Google Chrome or Firefox to access Canvas, our online classroom learning management system. Browsers should be updated to the most current version.
- Software: The Seminary provides the Microsoft suite to students at no charge (OneDrive, Teams, PowerPoint, Outlook, Word, and Excel. Contact tech@gordonconwell.edu to access this free benefit.) At a minimum, students must have Word, Apple Pages, or another word processor that can save documents to .docx or .pdf format. Microsoft PowerPoint, Apple KeyNote or other presentation software that can save in .pptx or .pdf format. Those using Apple Pages must export their documents to .docx format. Those using Apple KeyNote must export their documents to .pptx or .pdf format. Adobe Reader for reading PDF files.
- Online Collaborative Tools required: Microsoft OneDrive; free Zoom videoconferencing account (sign up instructions are in Canvas); Panopto video (provided within Canvas). Tutorials are provided on Canvas for these online resources.
- During clinical training practicum and internship courses, students utilize Time2Track, an online platform for logging and reporting clinical training hours.

Students must possess requisite computer skills as well as proficiency in online communication in order to successfully navigate the MACC program.

Practicum/Internship Overview

The MACC-CMH degree program at Gordon-Conwell Theological Seminary-Charlotte requires **700** clock hours of clinical counseling experience under a qualified clinical supervisor. The three Clinical Counseling courses, Practicum (CO 867), Internship I (CO 868), and Internship II (CO 869) are separate courses, completed in sequence through clinical placements. Simultaneously, while enrolled in Practicum (CO 867) or Internship I/ II (CO 868/ 869), students must also enroll in a section of GCTS Clinical Counseling Group Supervision (CO 875), which is led by a GCTS faculty member. Each of the practicum and internship courses are three credit hours, totaling nine credit hours that appear on the student's official academic transcript with a Pass (P) or Fail (F) designation. The Clinical Counseling Group Supervision course (CO 875) is 0 credit hours and must be repeated 3 times (once each during

Practicum, Internship I, and Internship II). This course appears on the student's official academic transcript with a Pass (P) or Fail (F) designation.

Course Number	Practicum and Internship Classification	Clock Hours Required	Direct Hours Required	Credit Hours Awarded
CO867	Clinical Counseling Practicum	100	40	3
CO868	Clinical Counseling Internship I	300	120	3
CO869	Clinical Counseling Internship II	300	120	3
		700 total clock hours	280 total direct hours	9 credit hours total
CO870	Clinical Counseling Internship III	Additional hours as needed	As needed for personal goals or remediation	0
CO875	Clinical Counseling Supervision Group	21 per semester	1.5 hours weekly	0

Direct and Indirect Hours

Counseling experience hours consist of two main categories: direct hours (client contact) and indirect hours (supervision and administration/ preparation).

Direct Hours

Direct Client Contact Service is defined as face to face interaction with individuals, couples, families and groups, with the intent purpose of fostering social, cognitive, behavioral, systemic and/or affective change.

Includes:

- Face to face counseling with individuals, couples and families
- Co-counseling with a clinical supervisor or a licensed clinician (student must be an active participant in the session for this to count)
- Co-facilitating/ facilitating a group (either in CO 867, CO 868 or CO 869)
- Client Assessment or Intake
- Psycho-educational activities with client or group

Practicum: At least 40 of the 100 total hours must be direct client contact service.

Internship I and II: A combined total of 600 hours is required during Internship I and II. Of the total, 240 hours must be direct client contact service.

Indirect Hours (Administration/ Preparation)

Includes:

- Orientation and training required by the site or clinical supervisor
- Observation of clinical supervisor
- Mandated site and/or supervisor obligations or requirements
- Clinical documentation
- Diagnosis and treatment planning
- Preparation for session or group work
- Individual supervision and GCTS group supervision
- Referral information and community resources
- Site group/ staffing supervision and required staff meetings
- Counseling seminars/ workshops, research, psychoeducation presentation, etc.
- Practicum/ Internship course work (e.g. writing assignments, reviewing audio/ video tapes of sessions, preparation for case presentation, case conceptualization, research, reading resources, journal articles, counseling related videos, etc.)

Supervision

- All students must receive one hour of individual or triadic supervision weekly throughout the duration of the practicum/internship (semester) from their **clinical supervisor**. **Please note that group supervision/ case staffing at the site is not a substitute for individual supervision.**
- **Students must be knowledgeable about their state licensure supervision requirements.**

Documentation of Hours

Students must keep a log of all clinical hours accumulated utilizing the Time2Track tool provided by the institution. At the end of every month, students will submit their log for approval to their clinical/ site supervisor. The student's clinical supervisor can either approve each log electronically, or sign and date a hard copy provided by the student. Monthly logs are uploaded to Canvas (Refer to the course syllabus for due date and submission information). At the end of the semester, students will submit a final Time2Track log approved by the clinical supervisor. The final log must include all pages and not just the Summary of Hours page. Students registered for *Between-Semester Supervision* will notify their semester Faculty Supervisor of the extension and submit their final log upon completion of their hours and before the start of the following semester. All hours completed during this period shall count toward the student's final calculation of previous semester hours. Students are not allowed to count *Between-Semester Supervision* hours toward the upcoming semester. See Time2Track instruction, FAQs and Instructions for generating logs on Canvas: MACC Program Site/ Files/ Practicum & Internship.

Time Span for Completing Practicum/Internship

- When arranging the clinical schedule, the student should keep in mind that the site does not *guarantee consistent hours week to week. Clinical hours can and often do vary for a variety of different reasons, such as no shows, cancellations, reschedules, holidays, illness, etc.* It is therefore important that the student arrange their schedule to accommodate for this.
- The student contracts to train at a site for at least one semester (14 weeks). The student, the clinical supervisor and the site will work out a consistent schedule (days and hours) in which the student agrees to be at the site for clinical training. The student should be prepared to begin the first day (week) of the semester and continue until the very last day of the semester. This is a contract, and the expectation is for the student to continue at the site until their last scheduled day of the semester.
- Students in the practicum (CO 867), should be prepared to be at the clinical site 8-10 hours per week in order to ensure attainment of hours required. Students in Internship I (CO 868) and Internship II (CO 869), should be prepared to be at the clinical site 22-25 hours a week to order to ensure attainment of hours required.

Definition of Terms

Practicum-The introductory experience to professional counseling, designed to provide a safe environment to help a student explore and develop professional skills and a professional orientation. The student will begin to learn about integrating theory and practice, problem solving skills, and local/ national issues confronting the counseling profession.

Internship-The continuation experience to professional counseling, designed to deepen students' professional experience and facilitate their development as professionals in the field. The student continues to develop the skills learned at the practicum level and adds to these, leadership skills, job search strategies, familiarity with legal and ethical issues, and the establishment of a professional counselor identity among other professionals in the field.

Professional Setting-According to the NCBLCMHC Board, "A professional setting is one in which actual counseling occurs, i.e., counseling services are offered to an identified clientele on a regular basis.

Professional settings shall include, but not be limited to, such public and private settings as: mental health centers, hospitals, elementary and secondary schools, university and community college counseling centers, and supervised independent practices” *(21 NCAC 53 .0207).

Clinical Site Supervisor-The person who provides one hour of weekly, individual or triadic clinical supervision at the clinical site. This individual must be a state board licensed mental health professional who has documented training in counseling supervision and at least two years experience in the field of professional counseling.

Off-Site Supervisor-The person providing clinical supervision at a location other than the clinical site. This is generally due to a clinical site not providing a clinical supervisor. This supervisor must be a state board licensed mental health professional who has documented training in counseling supervision and at least two years experience in the field of professional counseling. Additionally, the off-site supervisor should have knowledge and understanding of the site where the student is providing clinical services.

Individual or Triadic Clinical Supervision-Consists of one hour of weekly face-to-face contact between the student (supervisee) and the clinical supervisor. Areas discussed and critiqued during supervision include the counseling experience, raw data such as live observation, co-counseling, and video recordings of actual counseling sessions conducted by the student. Supervisee self-reports and process (case) notes may be used to supplement the more direct forms and records of the student’s counseling sessions but may not be used exclusively in lieu of them. **Raw data is required for each supervisory session.**

*Adapted from the Administrative Code of the North Carolina Board of Licensed Clinical Mental Health Counselors.

Liability Insurance

All students in the counseling program will be required to obtain appropriate **liability insurance** prior to beginning the practicum and continued (renewed annually) until the MACC-CMH program is completed. An annual liability insurance policy of \$1,000,000/\$3,000,000 (minimum of \$1,000,000 incidental coverage and \$3,000,000 aggregate) must be purchased. Three weeks prior beginning a rotation, the student will submit documentation evidence of liability insurance to the Clinical Training Coordinator at interninfo@gordonconwell.edu.

Liability insurance is available at a student rate of \$18 annually through (NBCC) National Board of Certified Counselors: <http://locktonmedicalliabilityinsurance.com/nbcc/>

It is complimentary through student membership in the (ACA) American Counseling Association: www.counseling.org/membership/membership-benefits

SECTION III: THE SITE, CLINICAL SUPERVISOR AND SUPERVISION

Selecting a Practicum/Internship Site and Supervisor:

The seminary places the responsibility of finding and securing a training site and clinical supervisor on the student, although GCTS works to facilitate this placement as much as possible. The process of procuring a site and clinical supervisor is as much a learning experience as working in the clinical site itself. The Counseling Department has a list of approved clinical placement sites/ clinical supervisors (located on Canvas under MACC Program Site/ Files/ Practicum & Internship), that students can contact. However, please keep in mind that there are usually more students, including students from other area programs, who are also seeking clinical placements from some of these approved sites. A useful option is for the student to seek out potential sites and clinical supervisors that reflect their interest, meet GCTS requirements and results in an approved clinical placement. This experience is very much like finding professional employment in the mental health field after graduation.

According to various student intern surveys, several factors influenced their decision when choosing a training site and clinical supervisor. The following is a list of those factors:

- The match of interests between the site and the student
- The reputation of the training opportunities
- The breadth of clinical populations available
- Quality of supervision
- The student's intuition about the site and supervision
- Time expectations or scheduling issues
- Treatment approaches offered to clientele
- The degree of safety of the site or with clients
- Ethical considerations
- Location of site

Requirements:

- The student is required to complete a total of 700 hours of clinical training for CO 867, CO 868 and CO 869.
- The student is required to attend CO 875, Clinical Counseling Group Supervision, weekly throughout the semester (1.5 hours weekly).
- The student is required to facilitate a group during *either* CO 867, CO868 *or* CO 869. If the student does not facilitate a group during CO 867, CO 868, or 869, they will be required to register for CO 870 (an extra internship) to complete this requirement.
- The student has the option to remain at the same site for all clinical placements.
- Diversity in the clinical training experience is ideal when considering a site.
- **The student is encouraged to pursue other sites not listed in the database. However, the site and clinical supervisor require approval** by the Clinical Training Coordinator. Utilize various resources when searching for a potential clinical site such as, speaking with peers, community mental health agencies, employment ads, online websites, regional associations, etc.
- **The site/clinical supervisor approval process:**
 - In order to approve a new potential site/ clinical supervisor who is not already on the approved site database list, the **student must submit a completed Potential Site/ Supervisor Approval Form 1.5** (located on Canvas under MACC Program Site/

Files/ Practicum & Internship / Forms). (Note: There is no need to complete Form 1.5 if your site/ clinical supervisor are already listed in the approved database). Please be aware that approving a new site/supervisor is a process and generally takes about 3-6 weeks. For all new sites, the Clinical Training Coordinator will contact the potential supervisor and discuss the ***GCTS Site/ Supervisor Requirements***. These extra steps means that timely submission of Form 1.5 is necessary. **Please note that the approval deadline is 30 days prior to the start of the semester.**

- Once the student has accepted a clinical placement at an approved site/ supervisor, the student must submit form 2.0, form 4.0 and evidence of liability insurance to the Clinical Training Coordinator at interninfo@gordonconwell.edu 3 weeks before the start of the semester. **Prior to registering for any Clinical Counseling courses (CO 867, 868, 869 & 870), a completed form 2.0, form 4.0 and evidence of liability insurance must be received.**

Considerations when Contacting Clinical Sites and/or Supervisors

- **Understand the organizational system:** Collect information about the site and be aware of their mission, the client population served by the facility, training requirements, how it operates, etc. This will demonstrate your interest in their organization and enable you to speak to them concerning specific details of the practicum/ internship.
- **Understand your training goals:** What clinical placements have you previously completed, what theories/ models have you learned, what skills and techniques have you acquired, and what are your goals in these areas for the clinical placement you are pursuing?
- **Understand yourself:** Consider your strengths, challenges, interests, philosophy and vocational goals and determine whether they match the needs, philosophy and practices of the organization that you are considering. Seek guidance if you need assistance in this matter.

Contracting with Clinical Site and Clinical Supervisor:

Required Forms, Documents

- A copy of all forms and documents are located in Section VII (Appendix) of this manual and under the MACC Program Site Canvas page.
- The student should review with the clinical site supervisor the following document immediately after securing a site and *prior to registering for Practicum/Internship*:
 - The ***GCTS Practicum/ Internship Contract (Form 4.0)*** covers the responsibilities of the seminary, the site the clinical supervisor and the student's responsibilities to the site and clinical supervisor. The site supervisor will also provide detailed licensing information in the contract. This document should be reviewed and signed by all parties indicated. Submit this document to the Clinical Training Coordinator at interninfo@gordonconwell.edu 3 weeks before the start of the semester.
- The student should review with the clinical site supervisor the following documents during the first two weeks of the semester and upload to Canvas:
 - ***Personal Student/ Clinical Supervisor Contract*** (provided by Site Clinical Supervisor). This is sometimes called a ***Supervision Disclosure Statement***.

- **Learning Covenant Objectives**
- **Learning Covenant Objectives Cover Sheet (Form 5.0)**
- **The Personal Student/ Supervisor Contract** (sometimes called **Supervision Disclosure Statement**) - provided by the Site Clinical Supervisor, is a separate agreement between the student and the clinical supervisor that provides information outlined in the *Guidelines for Supervisor/ Student Contract*. If your supervisor seems unfamiliar with personal student/ supervisor contract, please refer to the sample in the *Resources* section of this manual (Section VIII) for an example. Submit this document on Canvas by the due date. (Refer to course syllabus for due date and submission information).
- The **Learning Covenant Objectives and The Learning Covenant Objectives Coversheet (Form 5.0)** - includes the stated modalities and corresponding interventions that the student will utilize during the clinical rotation, their theological perspectives and resources. Before choosing and stating specific modalities and interventions, it is essential that the student and the clinical supervisor discuss the clinical supervisor's recommendations as it pertains to their knowledge, experience and expertise in specific modalities and interventions suited for the site's client population. The clinical supervisor will review the completed LCO and sign the completed LCO Coversheet. The student submits this document on Canvas by the due date. (Refer to course syllabus for due date and submission information).
- It is the student's responsibility to provide copies of all documents to the Site Clinical Supervisor and to the Site Director (if applicable) and keep copies for their own records.

Clinical Supervisor Qualifications *

- A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and license.
- Appropriate state board licensure and credentials (such as a LPC, LCMHC, LMFT, LCSW, or licensed psychologist). For the purpose of student supervision, an associate level license (LCMHCA, LPCA or LMFTA) is not adequate.
- A minimum of two years of pertinent professional experience in mental health counseling.
- Relevant documented experience and training in counseling supervision. This must be provided to the Clinical Training Coordinator.
- Knowledge of and compliance with the Gordon-Conwell Theological Seminary Counseling Program's expectations, requirements and evaluation procedures for students in a clinical placement as stated in the GCTS Site/ Supervisor Requirement.

Responsibilities of the Clinical Site Supervisor

- The clinical site supervisor agrees to provide the student with orientation to the work site, including applicable policies and procedures, and to provide clarification of the student's relevant roles, functions, and relationships.
- The clinical site supervisor agrees to provide the student with individual, weekly (one 50-min hour) supervision and provide feedback on the student's performance on a regular, predictable schedule. **The format of the supervision process must include raw data from live direct observation or videotaped sessions.**
- The clinical site supervisor will enter into a supervision agreement (contract) with the student and Gordon-Conwell that outlines the responsibilities of the supervisor, the site and the student and will agree to abide by the stipulations of the contract.

- The clinical site supervisor will provide the student with their personal supervision agreement (contract) that includes their personal disclosure statement. This agreement (contract) is between student and supervisor. (Refer to the *Guidelines for Student/Supervisor Contract*).
- The clinical site supervisor will conform to all ethical and performance standards appropriate to the discipline of their licensure. This will include addressing ethical, legal and professional standards, technical skills/ competencies and student's utilization of supervision and ability to function independently and/ or with reduced supervision.
- The clinical site supervisor agrees to consult with the student and guide the development of the student's "learning covenant" in a form that is consistent with the policy of Gordon-Conwell yet compatible with the expectations of the site facility and the objectives of the student. Actual development of the "learning covenant" always remains the responsibility of the student.
- The clinical site supervisor is responsible for working with the student in the modalities and techniques/interventions that the student has stated in their Learning Covenant Objectives.
- The clinical site supervisor is responsible for documenting the student's clinical hours by signing and dating their monthly counseling hours' log.
- The clinical site supervisor will complete a midterm evaluation and a written summary of the student's performance, progress, skills, competencies, attitudes and professionalism, midway in the semester of the practicum/ internship. The clinical supervisor will discuss the midterm evaluation with the student prior to the student submitting it to Gordon-Conwell.
- The clinical site supervisor will complete a final evaluation and a written summary of the student's performance, progress, skills, competencies, attitudes and professionalism, at completion of the practicum/ internship. The clinical supervisor will discuss the final evaluation with the student during the last supervision session prior to the student submitting it to Gordon-Conwell.
- The clinical site supervisor agrees to complete two progress surveys of the practicum student during the semester.
- The clinical site supervisor and the student's assigned Gordon-Conwell group supervisor will communicate throughout the semester regarding the student's performance, skills, preparation, and level of progress, ethical stance, behavior, or attitude.
- The clinical site supervisor agrees to contact the student's assigned Gordon-Conwell group supervisor whenever concerns arise.

The Clinical Supervisor-(Student) Intern Relationship*

1. **Understand that mutual needs exist.**
 - ***What a clinical supervisor needs from (student) interns:*** Honesty and integrity, ethical conduct, openness to suggestion, respect for the supervisor's conscientious work, reflection and willingness to listen even if there is disagreement.
 - ***What (student) interns need from clinical supervisors:*** Support, patience, knowledge of the field, guidance, accessibility, modeling, direct teaching of information, involvement, some autonomy, trust, openness, and a willingness to listen.

2. **Understand the importance of clarifying expectations.**

It is vital to clarify from the outset the expectations of both interns and clinical supervisors to prevent confusion and help achieve the most beneficial learning experience. Among the expectations delineated, as clearly as possible, are the following:

- The frequency and timing of supervision sessions.
- The content of supervisory sessions (how case reviews will be conducted, utilization of raw data, other modalities of supervision such as didactic instruction in topic areas, informal personal exchanges, etc.).
- The theoretical models/ techniques that the intern is expected to learn and how specifically this learning will be demonstrated and assessed.
- The extent to which personal issues of the (student) intern or clinical supervisor are addressed, as part of supervision.

**Adapted from: The Internship, Practicum, and Field Placement Handbook by Brian N. Baird.*

GCTS Clinical Counseling Group Supervision (CO 875)

Purpose

The purpose of the GCTS Clinical Counseling Group Supervision (CO 875) is to provide opportunities for the student to discuss their clinical experiences with the designated GCTS Group Supervisor and peers; and for the GCTS Group Supervisor to assess and evaluate the counseling abilities/ skills, and professional and personal development of the student.

Group supervision discussion topics, are related to the counseling field and may include the following:

- Developing professional identity
- Applying theory-to-practice
- Resolving ethical dilemmas
- Case conceptualization
- Critiquing intervention practices
- Familiarization and sensitivity to multicultural issues
- Orienting to problem solving skills
- Reflecting on out-of-classroom learning experiences

Format

- The student is assigned to a group with a designated GCTS faculty supervisor.
- During the semester, the student will attend weekly 1.5 hour group supervision sessions.
- Group Supervision is offered in both an in-person and online (ZOOM) format. Students should be aware of the specific modality of the group they choose when registering.
- The student will present to the group, two (2) case presentations of their clinical work during the semester. This includes a segment of a videotaped counseling session and a written case conceptualization. The group supervisor evaluates each case presentation, using the *Case Presentation Rubric*. (*Case Client Conceptualization* form and *Presentation Rubric* are in Section VI-

Appendix of this manual and on Canvas). The student will email the case conceptualization to the group and supervisor two (2) days prior to the scheduled presentation.

- The student will schedule their two (2) case presentations with their assigned GCTS group supervisor during the first scheduled supervision meeting.

GCTS Group Supervision Attendance Policy

The expectation is that the student will attend, in person or via Zoom, all scheduled group supervisions. We realize that justifiable emergencies do occur (illness, child emergencies, etc.) therefore, an *excused* absence will be handled at the supervisor's discretion.

- In the event of a justifiable absence:
 - The student must contact their assigned GCTS group supervisor as soon as possible.
 - Attend to any extra work that the supervisor deems necessary.
 - Check in with GCTS group supervisor within one week of the excused absence to discuss issues, concerns, etc. and submit a written summary of the above discussion, within three days.
- The student will be prompt and come to group supervision on time and prepared.
- **Arriving more than thirty minutes after the start of GCTS group supervision is marked as an unexcused absence.**
- Any student attending group supervision via *ZOOM* should sign in at least ten minutes prior to the start of group supervision and not sign off until group supervision has ended.

Didactic Counseling:

For a student entering into the helping field, it is important to gain experiential knowledge of being a counselee as well as to address personal matters that may interfere with providing clinical services to their clients. As such, the Counseling Department understands the value and benefit for our students-in-training to begin their own individual didactic counseling during their enrollment in the MACC program. We believe that this didactic counseling experience enhances professional development and competency for students learning to be professional counselors. The requirement is 12 consecutive counseling sessions with an approved licensed clinician. It is imperative that at least eight counseling sessions take place during a clinical rotation placement (i.e. Practicum or Internship). In keeping with the ethics of confidentiality, the content of the didactic counseling sessions is not made known to the Counseling Department.

At the completion of the didactic counseling experience, students are required to turn in to the program administrator a Didactic Counseling Completion Statement form, signed by the didactic counselor, indicating that the student completed 12 sessions. Students should send the completed form to maccinfo@gordonconwell.edu. No other reporting is required. The MACC department keeps a list of licensed counselors, many of whom have agreed to see our students at a reduced rate. This counselor referral list is available to students on Canvas under the Didactic Counseling tab on the MACC PROGRAM Site.

Instructions for Didactic Counseling (All forms located on Canvas—MACC PROGRAM tab)

- Didactic counseling may be started the semester before beginning the clinical training placement, however, it is **imperative that at least eight** counseling sessions take place during a clinical training placement.
- Contact an approved counselor from our Approved Didactic Counselor List.
- Complete the *Approval for Didactic Counseling with Approved Counselor* form and submit to the MACC Program Administrator at maccinfo@gordonconwell.edu
- **Complete 12 sessions** of didactic counseling. Sessions must occur weekly, with the exception of vacations, illness, or other extenuating circumstances and within a six-month timeframe.
- After completion of 12 sessions, complete *Didactic Counseling Completion Statement* and submit to the MACC Program Administrator at maccinfo@gordonconwell.edu

If a student lives out of state or in an area in NC not represented on the approved didactic counselor list, please do the following:

- Identify a licensed counselor for didactic counseling
- Provide the counselor's name and email to the Program Administrator at maccinfo@gordonconwell.edu.
- An email will be sent to the student advising of the approval decision.

SECTION IV: BEGINNING AND COMPLETING the PRACTICUM AND INTERSHIP

The student must follow all instructions, complete and submit all forms and assignments pertaining to beginning and completing the practicum and internship process as outlined in this Manual and the clinical counseling course syllabi. All useable forms are located on the MACC PROGRAM SITE Canvas page and under the Files tab of the student's CO 875 Clinical Counseling Supervision Course.

The practicum (CO 867) and internships (CO 868, 869 & 870) will start on the first day of the semester and end on the last day of the semester. **Note: Only training and/or orientation may be completed prior to the start date of the semester. Students will not conduct or engage in any clinical services with clients prior to the official start of the semester. Exception:** For students remaining at the same clinical placement from Practicum to Internship I or from Internship I to Internship II, students may continue at their site between semesters provided they submit a *Between-Semester Supervision Form* that is signed by both the Site Clinical Supervisor and the student. Students may not use the *Between-Semester Supervision* option to begin their rotation before the official start of the semester. This form may be found on the MACC PROGRAM SITE Canvas page, under the Files tab, in the Practicum & Internship folder. Note: A complete set of forms/ assignments is required for each course (CO 867, 868, 869 & 870).

BEFORE Beginning Forms:

2.0 Approved Site/ Clinical Supervisor Information

- The completed form for an approved site/ clinical supervisor is submitted to the Clinical Training Coordinator at interninfo@gordonconwell.edu at least three weeks prior to the first day of the semester.

4.0 GCTS Practicum/ Internship Contract

- The completed form for a contract between the clinical supervisor and the student is submitted to the Clinical Training Coordinator at interninfo@gordonconwell.edu at least three weeks prior to the first day of the semester. *Students are not permitted to register for Practicum/ Internship until Form 4.0 is submitted to the Clinical Training Coordinator.*
- This form verifies that the student and clinical supervisor(s) understand the terms of the contract. This form also collects licensing information from the site clinical supervisor. Before the student can register for CO 867, 868, 869, or 870, this contract must have the signatures of the student's Clinical Site Supervisor and the student. This form is due three weeks prior to the beginning of the semester.
- Once the completed forms 2.0, 4.0 and evidence of liability insurance document is received by the Clinical Training Coordinator, the student may register for the practicum/internship course (CO 867, 868, 869, or 870).

GETTING STARTED Forms/ Assignments: (First two weeks of placement)

Personal Clinical Supervisor/ Student Contract (Sometimes called Supervision Disclosure Statement)

- The student is to meet with the clinical supervisor to discuss the clinical supervisor's personal contract with the student that includes their supervision disclosure statement and other pertinent information. (Refer to the example provided in Section VIII of this manual).
- The student shall submit this contract on Canvas within the first two weeks of the semester. (Refer to course syllabus for due date and submission information).

Studen Intern Professional Disclosure Statement/ Counselor-in-Training Disclosure Statement

- The student is required to prepare a *Disclosure Statement* that he/ she will utilize with clients during the Practicum or Internship. The *Disclosure Statement* should be reviewed by the site supervisor in order to ensure that all requirements of the site are included. A sample Disclosure Statement is provided in the Resources (Section VIII) of this manual. The student shall submit the *Disclosure Statement* to Canvas. (Refer to course syllabus for due date and submission information).

5.0 LCO Coversheet Form 5.0

- This form verifies that the student and clinical supervisor have discussed and reviewed the student's required hours and Learning Covenant Objectives (LCO). Before the student can see clients, this form must have the signature of the student's clinical supervisor and the onsite supervisor (if different from clinical supervisor) and the student.
- The student shall submit this form along with the LCO Assignment within the first two weeks of the semester and *prior to seeing any clients.* (Refer to course syllabus for due date and submission information). It remains the responsibility of the student to give the form to the

clinical supervisor in a timely manner, in order to complete, discuss and return to the student for submission on the due date.

Assignment 1-Learning Covenant Objectives (LCO)

- The LCO delineates the student's objectives for the semester during their practicum/ internship. This paper states the student's supervision goals, theoretical approaches and corresponding interventions, theological perspectives pertaining to the stated modalities and clinical resources.
- The student is required to write his/ her *Learning Covenant Objectives* for CO 867, 868, 869 & 870, in conjunction with his/ her site supervisor. The student shall submit the LCO along with the signed LCO coversheet to Canvas. (Refer to course syllabus for due date and submission information). It remains the responsibility of the student to have the clinical supervisor review the LCO in a timely manner, in order for the student to submit on the due date.

MIDTERM Forms/Assignments:

Assignment 2-Midterm Paper

- The midterm paper is an opportunity for the student to discuss how their clinical experience (utilization of their stated theoretical models/components) thus far, is shaping their growing understanding of the specific theoretical approaches.
- The student shall submit the midterm paper to Canvas on the due date. (Refer to course syllabus for due date and submission information).

7.0 Midterm Evaluation of Student by Clinical Supervisor

- This Likert scale survey and written summary, completed by the student's clinical supervisor, evaluates the student's overall counseling skills and professional and personal development from the beginning of the semester to midterm.
- The student shall submit this form to Canvas on the due date. (Refer to course syllabus for due date and submission information). It remains the responsibility of the student to give the form to the clinical supervisor in a timely manner, in order to complete, discuss and return to the student for submission on the due date.

FINAL Forms/Assignments:

Assignment 3-Final Paper

- The final paper is an opportunity for the student to discuss, reflectively, their overall clinical experience. In this paper, using client examples, the student discusses their application and facilitation of stated modalities and interventions, theological integration, group leadership experience and utilization of one resource. The paper also includes the student's comments and reflective summaries on their experience in individual and group supervision and their areas of strengths, challenges and growth.
- The student shall submit the Final Assignment paper to Canvas on the due date. (Refer to course syllabus for due date and submission information).

6.1 Evaluation of Site and Clinical Supervisor by Student

- This Likert scale survey enables the student to evaluate and comment on their experience of the clinical site and clinical supervisor. This evaluation also provides the Counseling Department

with vital information regarding the clinical site/ supervisor that can facilitate change if necessary.

- The student shall submit this form to Canvas on the due date. (Refer to course syllabus for due date and submission information).

8.0 Final Evaluation of Student by Clinical Supervisor

- This Likert scale survey and written summary, completed by the student's clinical supervisor, evaluates the student's overall counseling skills and professional and personal development from the midterm to the end of the semester. In order to denote the student's progress, this survey is the same as the midterm.
- The student shall submit this form to Canvas on the due date. (Refer to course syllabus for due date and submission information). It remains the responsibility of the student to give the form to the clinical supervisor in a timely manner, in order to complete, discuss and return to the student for submission on the due date.

9.0 Evaluation of Student by GCTS Group Supervisor

- This Likert scale survey and written comments, completed by the student's GCTS group supervisor, evaluates the student's overall counseling skills and professional and personal development throughout the semester. The student's two video case presentations are methods that assess skills and development.
- The student will meet with their GCTS Group Supervisor on the last day of supervision during a scheduled time (or other designated date) to review and discuss the evaluation.
- The student shall submit this form to Canvas on the due date. (Refer to course syllabus for due date and submission information).

10.0 Evaluation of GCTS Group Supervisor by Student

- This Likert scale survey enables the student to evaluate and comment on their experience of their GCTS group supervisor and group supervision. This evaluation also provides the Counseling Department with vital information regarding the GCTS group supervisor and group supervision in general that can facilitate change if necessary.
- The student will discuss this evaluation with their GCTS group supervisor during the student's scheduled last supervision meeting.
- The student shall submit this form to Canvas on the due date. (Refer to course syllabus for due date and submission information).

Practicum/ Internship Clinical Hours and Activity Log

- Each student documents their clinical experiences from the outset of their Practicum enrollment through their last Internship. The Program provides students with a subscription to Time2Track (online electronic log) as the required method for documenting clinical experiences. Site supervisors are required to approve clinical hours and complete evaluation forms in Time2Track. It is the student's responsibility to communicate program deadlines for review of these requirements. Students are provided information on accessing the Time2Track system before the beginning of their first clinical placement during the required Group Supervision Meeting (a required meeting held before the start of the Fall Semester).
- Students should update their weekly activities in Time2Track daily and by midnight before the bi-weekly group supervision meeting. For the last class meeting of each month and at the end of the semester, students should submit a summary report of their activities that includes their

site supervisor's signature on the form affirming that she/ he agrees with your reported hours. Students will upload this report to Canvas by the 10th day of the following month. The final log of hours is due the last day of the semester.

- Students who do not have approved hours or evaluations completed by the due dates of each semester will be required to cease all work at the clinical site until the documents are submitted. If all documentation is not submitted by the last day of the semester, students will not be permitted to register for the following semester. A pattern of submitting incomplete or late documentation is a professional development issue that may be referred for remediation. (See *MACC Student Handbook* for policies on student remediation).

12.1 Case Conceptualization

- This form pertains to essential client information, which the student completes for each client. The student submits the completed form on the client that the student is presenting to Canvas and to their GCTS Group Supervisor and peers prior their scheduled case presentation in supervision. (Refer to course syllabus for due date and submission information).

13.0 Group Facilitation by Student

- This form verifies that the student has facilitated at least one group either during Practicum (CO 867), Internship I (CO 868) or Internship II (CO 869).
- The student completes the following information: type of group, dates of group, number of weeks and hours completed.
- Upon completion of the group facilitation experience, the student will upload the completed Form 13.0 to their Group Supervision course Canvas page.

Confidentiality/ Guidelines for Using Technology Responsibly

It is our professional ethical and legal duty as a counselor to ensure client welfare and confidentiality and to protect personal client information. This is the primary focus of our professional ethics codes, federal and state laws, HIPPA and HITECH. Given the frequent daily use of technological devices in our world, along with the rapid advancement of technology and subsequent security attacks and breaches associated with technology, security has become a very important consideration in our field. With that in mind, the following is a guide to enhance security while utilizing technological devices so that client information and confidentiality is not compromised or breached.

Device Security and Storage

To ensure the protection and confidentiality of client information, device storage and transmission must be secure. Although most PC's/ laptops and mobile devices, such as smartphones or tablets, have various security capabilities, a secure method to store and transport client information, including video recordings is essential.

- Accessible information must be stored on a secure, strong password encrypted (preferably two-factor or three-factor authentication) device.
- An app found on most laptops, smartphones and tablets, that lets you track your device and disable it remotely, in case your device is lost or stolen, is highly recommended if you do not currently have this feature on your device.
- **Utilize an encrypted flash drive for storing and transporting video recordings for individual and GCTS group supervision.** Encrypted flash drives range in price (\$15- over

\$100). An example is the Verbatim - Store 'n' Go Secure Pro 16GB USB 3.0 Flash Drive that retails for \$27.99.

Device Encryption

Any device used to store client data or counseling session video recordings (internal and external hard drives, USB drives, SD cards, smartphones, tablets, etc.) must be encrypted. The easiest way to encrypt a drive (whether internal or external) is to purchase a self-encrypting drive. Many new computers come with self-encrypting drives already installed. Storage devices can also be encrypted through Windows or Mac OS operating system when they are set up. A detailed description of encryption is available at <http://goo.gl/AapNv8>.

Recording Devices:

Please be aware that many new technological devices have built-in social features with a default privacy setting of “public” that encourages open data sharing. For example, a video recorded counseling session on a smartphone could be uploaded automatically to a publicly viewable account on the cloud. If the video is labeled with the client's name, it could appear whenever the client's name is entered in a Google search.

Video Camera

The video camera is the simplest method for recording. Economical digital video cameras suitable for recording counseling sessions can be purchased for \$100-\$200. For added security, it is recommended that the video camera be used exclusively for videotaping counseling sessions, and stored in a locked, secure room or lock box.

Webcam

A preinstalled computer webcam or separate webcam connected to a desktop or laptop computer may be used to video record counseling sessions. Software is available for recording video from webcams directly onto the computer's hard drive, such as iMovie, Wirecast or Quicktime. **Software settings should be checked often to ensure that videos are not automatically uploaded to the Internet cloud (e.g., YouTube) or shared on social media.**

Note: Videos can be transferred to a computer hard drive from video cameras or saved directly there from webcams. **If videos are stored on a computer, you should use a strong password for the computer and set the computer to auto-encrypt when not in use. If you cannot auto encrypt when not in use, then transfer to an encrypted flash drive, which is the preferred recommended method.**

Mobile Device

Mobile devices (e.g., smartphones, tablets) may be used for video recording; however, mobile devices are more vulnerable to breaching security and confidentiality than other recording methods. **Many mobile devices include preinstalled software that runs in the background and will automatically backup content on the device to the Internet cloud. Periodic mobile device software updates can reset the device back to the default setting, which in turn will automatically upload all content to the cloud.**

When video recording, be sure to disable all internet connectivity on the recording device. **Mobile devices are targets for theft, so using a smartphone or tablet that is also used for personal use, is not**

recommended. If using your personal mobile device, every security precaution discussed, should be utilized.

Backing Up Devices:

When backing up devices, HIPAA specifically requires that any confidential information be encrypted either before or during the backup process.

Deleting Video Recording:

Files, including video recording files, must be completely erased from your device. Moving the file to the trash or pressing delete, removes only the file reference from the file system table, not the entire file. The file remains until another file replaces the deleted file; however, it is still possible to recover the deleted data. Ensuring that your device completely erases client information and video recordings is essential. To ensure proper complete deletion of video recordings and client information please follow these directions.

- For PC/laptops Windows please download “Eraser” for Windows. This is a free hard drive data erasure application with easy to use instructions.
- For Mac OS X follow these directions:
 - Move files and/or folders to the Trash. Do this by dragging files or folders to the Trash bin icon on the dock.
 - Open the Trash to view deleted files. ...
 - Click the Finder icon on the dock, and then open the Finder menu.
 - Select “Secure Empty Trash.”
 - Format your hard drive.
 - For Apple iPhone and iPad follow directions on the apple support link www.support.apple.com/en-us/HT205856
 - For other smartphones and tablets, check with manufacturer or search online for secure apps that permanently remove videos recordings and other sensitive data.

Disposing of Old Computers:

Before throwing out, selling or recycling an old computer or mobile device be sure to that all data is permanently deleted. Deleting files or hard drive reformatting does not permanently erase data. An inoperable device can present problems, as the hard drive may still function. If the hard drive is encrypted, then this is not a problem. The best option for inoperable devices is to physically destroy the hard drive (e.g., with a hammer).

Resource:

American Telemedicine Association (2013) Practice Guidelines for Video-Based Online Mental Health Services and Using Technology to Enhance Clinical Supervision (2016):

- When the patient and/ or provider use a mobile device, special attention should be placed on the relative privacy of information being communicated over such technology.
- Providers should ensure access to any patient contact information stored on mobile devices is adequately restricted.

- Mobile devices shall require a passphrase or equivalent security feature before the device can be accessed. If multifactor authentication is available, it should be used.
- Mobile devices should be configured to utilize an inactivity timeout function that requires a passphrase or re-authentication to access the device after the timeout threshold has been exceeded. This timeout should not exceed 15 min.
- Mobile devices should be kept in the possession of the provider when traveling or in an uncontrolled environment. Unauthorized persons shall not be allowed access to sensitive information stored on the device or use the device to access sensitive applications or network resources.
- Providers should have the capability to remotely disable or wipe their mobile device in the event it is lost or stolen
- Professionals and patients shall discuss any intention to record services and how this information is to be stored and how privacy will be protected. Recordings should be encrypted for maximum security.
- Access to the recordings shall only be granted to authorized users and should be streamed to protect from accidental or unauthorized file haring and/ or transfer.
- If services are recorded, the recordings shall be stored in a secured location. Access to the recordings shall only be granted to authorized users.

References:

Rousmaniere, T., Renfro-Michel, E. (Eds.). (2016) *Using Technology to Enhance Clinical Supervision*. Alexandria, VA: American Counseling Association

SECTION V: ASSIGNMENTS

Assignment 1- Learning Covenant Objectives

(Example answers provided)

Supervision Goals

- State two specific goals* you would like to address in clinical supervision during this practicum/internship.
- Explain why you chose these goals and what your expectations are.

*When stating goals, understand that learning to apply stated modalities and implement stated techniques/interventions is a given expectation between the student and the clinical supervisor and is therefore not an applicable goal.

Examples of goals for supervision: (not limited to just these)

- *Termination between client and counselor.*
- *Time management skills related to beginning and ending sessions on time.*
- *Ability to identify client concerns and develop a treatment plan.*
- *Handling a variety of emotions from clients and within oneself effectively.*
- *Addressing and navigating transference and countertransference issues.*
- *Understanding one's personal dynamics as they relate to counseling/supervision.*
- *Ability to discern predominant client themes during sessions.*
- *Ability to separate one's own reactions from the client's reactions.*
- *Knowing when it is appropriate to disclose.*
- *Boundaries.*
- *Counselor self-care*

Learning Objectives

- Identify two counseling theories/models and two techniques/interventions that you will be utilizing during this practicum/internship.
 - Prior to choosing the two theories/models, it is imperative that the student discuss with the clinical supervisor the theories/models that are appropriate for the client population served and within the clinical supervisor's expertise.
 - For students beginning CO 867 (Clinical Counseling Practicum), Client Centered is a required theory/model.
- Discuss your theological perspectives and how it relates to your theological integration of this model, (keep in mind your theological worldview, understanding, values, etc.). Be sure to give references (scripture, bible story, etc. to back up your statements). **This question is worth 50 % of the overall 10 points.**

Example Answer

Theory/Model: Solution Focused Therapy-On the surface, Solution Focused therapy's assumption in the effectiveness of the individual to bring about change for them self does not exactly mesh with a biblical worldview. The bible presents a human situation where people need the Holy Spirit in order to make healthy changes. However, if one is willing to dive a little deeper, people do have some agency in their wellbeing. The bible assumes a level of personal responsibility when it offers commandments, ethical

teachings, and information which shines light on the character of God. Even though the level of personal responsibility is debated, it is clear that we do have a role to play in our own lives. Also, consider the way Jesus treated people. Jesus had many interactions with people that resulted in the empowerment of the individual. For example, the healing of the woman who had been subject to bleeding for twelve years. In doing this, Jesus restored her social status and her ability to manage her life. She was no longer a slave to her disease and her status. Solution Focused Therapy's emphasis on the power of the individual to make healthy changes can fit with a biblical worldview.

Resources

- List five resource* you will utilize that will increase your knowledge during this practicum/internship.
 - Resources listed related to specific aspects of the theory/model you will be using, the client population, supervisor recommendation or licensure.
 - **Make sure to include at least one resource per theory/model.** Books, manuals, professional journal publications or other written material* (**course textbooks may not be included**).
 - Videotapes of case studies/sessions pertaining to model/theory.
 - Seminars, webinars, conferences, or workshops, etc.
 - Professional organizations.

**Use APA format when appropriate, be sure to include appropriate information (name, date attended, etc.) for audio/video tape, seminar, conference, workshop etc.*

Assignment 2-Mid Term Paper ***(Example answers provided)***

Clinical rotations are critical developmental experiences for counselors in training. Your theoretical approach, is shaped by your growing understanding of the chosen theoretical models/theories and their components (underlying assumptions, principles, techniques, and interventions) and by your clinical experience of applying and facilitating the modalities and interventions.

Example Answer

Discuss how this process has emerged in your clinical work this semester with the use of specific examples, and how it has influenced your clinical work and your understanding of your theoretical approach.

Theory/Model-Solution-Focused Brief Therapy-As I work with SFT, it has become clear to me that application of this theory rests in language and in the spirit of the counselor. To practice future-oriented counseling based on positive change and client's strengths, a counselor must embody those values too. I did not realize how unnatural this would feel at first, to overemphasize strengths and progress. It made me reflect on how I address these areas in my own life, and realize I needed to work to cultivate a solution-focused perspective outside of sessions in order to create this for clients too. Additionally, the language used to discuss client's goals and concerns are not random. Words are a powerful tool in SFT. One must be careful to reorient sessions towards change, what is working, and modeling for the client a new dialect. Over time, clients may internalize the same spirit and language modeled by the counselor. The counselor is committed to the model, but willing to correct if solutions are not working, always coming back to what works. I found that although SFBT is a brief modality, many times it took a few sessions for clients to understand how it can be beneficial.

Assignment 3-Final Paper **(Example answers provided)**

In order to complete the practicum/internship, the student must complete all required hours and submit the *Final Paper* to Canvas no later than the last day of the semester (Refer to course syllabus for due date and submission information).

Example Answer

Application of Theories/Models and Implementation of Techniques/Interventions.

- Discuss how you applied the theories/models chosen for this rotation.
- Conceptualize using one client example for each theory/model.
- Discuss theological integration of the theories/models and give implicit and (if appropriate) explicit examples.

Theory/Model #1: Solution Focused Brief Therapy-I applied SFBT with clients who seemed to warm to the SFBT approach in our initial session. I used SFBT, if clients responded to the miracle question or exception questions in the first session. My application of the approach centered on using SFBT language. I referred to two resources often for sample questions, knowing that the phrasing and asking of questions are the foundation for creating an orientation toward positive future outcomes. My goal in applying the theory in this rotation was to identify exceptions to problems, and then create future context in which those solutions could occur. Hannah, age 16, initiated counseling after going through a period of transition this fall. The youngest of four, she found herself feeling lonely after the third sibling left for college. She also found herself distanced from a popular friend group at the start of the school year, and her parents caught her drinking several times. Her self-esteem seemed at risk, and she was beginning to develop depressive symptoms. However, within this story, Hannah seemed to be coping relatively well, and almost moving towards the other side of the transition period by the time we met. She was aware of her strengths and had already begun to realign herself with the friends she had known her whole life, instead of worrying about losing the popular crowd. She was still experiencing many good days, so we talked about what was different about those days, and what it would take for her to have more days like that. We focused on the development of positive relationships, rather than loss, and new traditions within the home, rather than emptiness. Hannah did not need weekly counseling and found herself feeling more confident as she reflected on her ability to grow and learn from the transition period.

Although SFBT is founded on theories of social constructivism, that does not preclude the integration of theology into an SFBT approach. For one, clients who are Christians may find solutions and strengths within the context of their faith. In addition, the theory sets up counselors to empower clients and honor strength, which aligns with biblical values to promote human dignity and welfare. The main theological problem with SFBT is a lack for confronting patterns of deeply rooted sin and dysfunction. However, as much as SFBT attempts to be value free, it does acknowledge some scenarios in which a more directive intervention is applicable, primarily when the safety of the client or others are at risk.

Give one client example for each technique/intervention stated in your LCO that illustrates your ability to implement.

- Use one client example per theory/model and explain why you chose to use the specific technique/intervention with your client.
- Using the same client example, explain how you were able to implement the specific technique/intervention chosen.
- Discuss the client's response and the outcome.
- Use descriptive language (for example-dialogue between you and client).

Example answer:

Theory/Model: Solution Focused Therapy-Intervention/Technique: Miracle Question-This is a classic technique of Solution Focused Therapy. The counselor asks the client, "If a miracle happened over night and you awoke the next morning to find your problem gone, how could you tell that the problem was gone?" The purpose of this question is to generate possibilities and positive behaviors overlooked by the client's focus on the problem in their lives. Eliciting the details of how life would be if the problem were gone easily leads to formulating goals and solutions.

In my case I often modified the standard question and spoke about imagining that the whiteboard on my wall was a movie screen, and we were watching a day in their life, sometime in the near future, where the problem no longer existed. The client, an adolescent brought in by his parents, had increasingly been exhibiting isolating behaviors, had lost interest in past activities, and only wanted to watch TV and play a computer games. I asked the client, "If that board were a movie screen, and all of a sudden we were watching a day in your life and you were miraculously feeling much happier, how would we know? What would we see going on in your life that would let us know you must be happier?" The client specifically mentioned that he would be playing outside more, especially that he might be playing soccer again with his friends. The client also stated, "I would have lost a little weight." These remarks became good points of discussion as we set goals, and he chose to collaborate with his parents regarding some of them.

Supervision Questions (Think about the following when answering the following questions)

Comment on the experience of individual and GCTS group supervision both positive and challenging aspects.

- Discuss aspects that were helpful and aspects that were challenging or not helpful.
- Discuss your thoughts about individual and GCTS group supervision prior to starting the semester as compared to completing the semester.
- Discuss the utilization of feedback received in individual and GCTS Group supervision that was beneficial to you and your client.
- Discuss how you and your clinical supervisor and/or GCTS group supervisor resolved any concerns or issues that you brought to his/her attention.

Discuss how the supervisory process (from the beginning to the end of this practicum/internship) facilitated your development as a counselor in training (be specific).

- Discuss what you learned about yourself in individual and GCTS group supervision during this semester.
- Discuss specific skills that you were able to learn or sharpen due to supervision.
- Discuss if your level of confidence improved.

Discuss your experience in attaining stated goals.

- Discuss how you were able to attain your goals satisfactorily.
- Discuss, if applicable, what hindered your progress.
- Discuss what you learned in the process of working on the specific goals.

Resources (Think about the following when answering the following questions)

Discuss one resource stated in your LCO and give a concrete example of how you utilized this resource during this semester.

- Evaluate and discuss what you learned from this resource.

- Evaluate and discuss how you were able to implement what you learned from this resource during this semester.
- Evaluate, if applicable, what was not helpful about this resource.

Summary Reflection (Think about the following when answering the following questions)

Discuss what you learned about yourself as a prospective counselor during your practicum/internship experience.

- Think about how this semester affected your confidence level as a counselor in training.
- Think about what surprised you about your “self” during this semester.
- Think about how you as a counselor in training handled different aspects of the semester such as emotions, yours and your clients, frustrations, yours and your clients, transference, countertransference, no shows, hearing things from your client(s) that were shocking or that did not agree with your ideology or theology, etc.

Identify your strengths and growing edges during this practicum/internship

- Discuss strengths you were aware of that assisted you as a counselor in training during this semester.
- Discuss strengths that you were not aware of that were noted by supervisor(s) or peers that assisted you as a counselor in training during this semester.
- Identify and discuss difficult or challenging areas that stretched you and caused growth.
- Discuss how you were able to work through or overcome challenges

Reflect on your overall experience (not previously discussed) for this practicum/internship

- Think about expectations for this semester. Were you able to meet your expectations? If so, explain how. If not, explain why not.
- Think about what you liked most/liked least about this placement this semester.
- Think about what you learned from your clients.
- Think about how this semester prepared you for your future as a counselor.

Group Facilitation Form (Form 13.0)

Once the requirement is met, the student will complete Form 13.0 upload it to their Clinical Counseling Group Supervision course Canvas page.

Please describe your experience leading a group, noting in particular the characteristics and functions of a group leader that you were most comfortable with, and those that were challenging for you.

- Please ensure that you note specific characteristics and functions of a group leader, utilizing the Corey text from your *Group Dynamics* course. Avoid vagueness.

SECTION VI: EVALUATIONS

CO 867, 868, 869 & 870

In order to evaluate the student’s counseling skills as well as their professional and personal progress and growth during the clinical aspect of the program, evaluative measures are essential. In order to measure effectiveness and make any necessary changes, the student evaluates their clinical placement site, individual clinical supervisor and GCTS group supervisor. The following are the evaluation assessments that take place during the Practicum, Internship I and Internship II. All Evaluation forms are

located on Canvas under the student's clinical counseling course. (Refer to pages 20-23 for additional information about each Evaluation form).

Exit Evaluation

Successful completion of the MACC degree program is based on the demonstration of both knowledge and skills in academic, professional, and personal areas related to professional counseling. Faculty members in the counseling program have a responsibility to evaluate the academic and professional development of students in the program. Evaluation occurs throughout the program, with the final evaluation being the Exit Evaluation (CO 650). The Exit Evaluation is a skills and knowledge evaluation that takes place in the student's final year of the MACC program.

The purpose of the Exit Evaluation (CO 650) is to:

1. Provide the student with information related to their overall progress that will enable them to take advantage of their strengths and to address weaknesses in their academic, professional, interpersonal and spiritual development.
2. Provide counseling program faculty with information regarding the student's readiness to be a professional counselor, ensuring that all decisions made are in the best interest of student, their intended profession and the public.

The Exit Evaluation occurs during the semester that the student is registered for CO 869 (Internship II). Students should register for CO 650 (Exit Evaluation) for the semester that they intend to complete this requirement. Students prepare and submit a list of materials (see below) and then meet with two faculty members for a review of their materials. The Exit Evaluation meeting with faculty lasts approximately 45 minutes. Faculty utilize the *Exit Evaluation Rubric* (found in the Appendix of this handbook and also on Canvas, under Files for Exit Evaluation) to evaluate students during the Skills Evaluation. Students usually complete the Exit Evaluation while enrolled in CO 869 (Internship II).

(EXCEPTION: If the student completes CO 869 during the summer semester, the Exit Evaluation will occur during the following Fall semester. No Exit Evaluations are completed in the summer. Students who complete CO 869 in the summer should retain a video recording of a CO 869 client session to submit during the fall semester Exit Evaluation). Other exceptions to the timing of the Exit Evaluation may be made at the discretion of the student's advisor in consultation with the Program Director and the Program Administrator. The department will publish the dates and times that the Exit Evaluation may be scheduled. It is the student's responsibility to schedule the Exit Evaluation based on the available times. Students will sign up for a time slot for their Exit Evaluation on the Canvas course site for CO 650.

Documents Required:

All of the following documents are required to be submitted to the specified assignment page in the Canvas course site for *Exit Evaluation, CO 650*, by the specified due date prior to the scheduled Exit Evaluation:

- a. Personal self-evaluation, covering all areas mentioned in consent form (professional responsibility, competence, maturity, integrity, spiritual formation; including attention to growth/changes during time in the program, strategies for personal and professional self-evaluation, and implications for practice). This document, written in narrative form, should be approximately five (5) pages in length and double-spaced.
- b. Clinical skills evaluation (based on one client, chosen by student).
 - Case conceptualization (use form required for case presentations in CO 867, 868, 869)

- One full video recording of a counseling session submitted via Panopto video to the Canvas course CO 650. (**NOTE: Students who complete CO 869 in the summer should retain a video recording of a CO 869 client session to submit during the fall semester Exit Evaluation).**
 - Complete transcription of the above video recording.
- c. Copies of all clinical site supervisor's Mid-term and Final evaluations with summaries from clinical field placement(s). Copies of all faculty supervisor's Final Evaluations.
 - d. Pastoral reference (see Canvas MACC Program Site "Files" for form or for Survey Monkey link).

Outcomes of the Skills portion of the Exit Evaluation:

1. Pass
2. Pass with follow-up
3. Remediation
4. Voluntary withdrawal or dismissal from the program

Note: Outcome 4 (voluntary withdrawal/dismissal) is rare and reserved for severe violations such as ethical violations or violations of the Community Life Statement. If Outcome 3 (remediation) is determined, procedures outlined in the policy on *Remediation and Retention of Students* (in this handbook) are followed.

Input from other GCTs – Charlotte faculty and staff are solicited and may be incorporated into the Exit Evaluation. The student is notified of the outcome of the Exit Evaluation, along with any concerns or follow-up assignments that may be required. If a student believes that the decision made during the Exit Evaluation is not just or fair, the student may submit a letter of appeal stating objections and providing any supporting materials within five (5) working days of receiving the decision. The appeal should be made to the Director of Graduate Programs in Counseling or to the student's advisor. The appeal will be reviewed by an Appeals Council of three faculty members with professional counseling background, at least two of whom were not part of the original faculty dyad who conducted the Exit Evaluation. Should a student disagree with the decision of the Appeals Council, further appeal may be made following the Appeals policy located in the *MACC Student Handbook*.

Counselor Preparation Comprehensive Exam (CPCE)

Students enrolled in the MACC-CMH program complete a knowledge exam, the *Counselor Preparation Comprehensive Exam* (CPCE) during their last semester in the program. (EXCEPTION: If students intend to complete the program during the summer semester, they must take the CPCE in the spring semester *prior to* the summer they finish the program). The CPCE is not administered during the summer. Exceptions to the timing of this exam may be made at the discretion of the student's advisor, in consultation with the Program Director and/or Program Administrator. The program determines and communicates the CPCE test date each fall and spring to all eligible students. It is the student's responsibility to register for the CPCE and to be present on the pre-arranged testing date. The exam is taken either online (via OnVue) with a CPCE assigned online proctor, or at a PearsonVue approved facility. Student receive their unofficial score immediately. Official scores may take up to six weeks. The exam fee (currently \$150) is already included in student fees and is not an extra expense to students. Students must receive a pre-paid voucher (in the amount of \$150) from the Program Administrator prior to registering for the CPCE exam. Students will receive information regarding registering and paying for the exam via the pre-paid voucher during the semester that they take the exam.

The CPCE is a standardized 160-question comprehensive knowledge exam that assesses the student's objective knowledge in eight core areas: (1) Human Growth & Development, (2) Social & Cultural Foundations, (3) Helping Relationships, (4) Group Work, (5) Career & Lifestyle Development, (6) Assessment, (7) Research & Program Evaluation, and (8) Professional Orientation & Ethics.

A passing score on the CPCE is considered to be any total score *higher than the score that is 1 standard deviation below the mean* of all test takers. For example, if the mean score of all test takers is 87 with a standard deviation of 17, then the passing score will be any score higher than 70 ($87 - 17$). Students who do not pass the CPCE may be required to re-take the exam or may be required to complete additional activities as part of a Remediation and Growth Plan (See RGP). Remediation of a failing score on the CPCE is decided upon by the student's advisor, with input from the Counseling faculty.

Study materials for the CPCE are similar to study materials for the National Counselors Exam (NCE), as the two exams are quite similar. While some study resources are listed on CANVAS, students may find other resources are better suited to their particular learning style.

SECTION VII: APPENDIX (Forms, Templates and Rubrics)

The following pages contain various forms, assignments, and documents for CO 867, CO 868, CO 869 and CO 870 (practicum/internship) for you to review. **Please do not use these documents for submission to Canvas.** Download all the required forms, assignments and documents needed for submission to Canvas under your clinical counseling course on Canvas, as the Canvas forms are always the most current. You can also download them from the MACC Program Site Canvas page.

NOTE: Use this form ONLY if your site is not on the approved site list. Otherwise use Form 2.0.

Part I: Student Information

Name: _____

ID#: _____

Phone: _____

GCTS Email: _____

Course CO: 867 868 869 870

Part II: Site Information

Site Name: _____

Phone: _____

Address: _____

City: _____

ST: _____

Zip: _____

Website: _____

Client Population: _____

Type of Site: Agency Secular Private Practice Christian Private Practice

Church Hospital Inpatient Outpatient Other (Explain)

Other Pertinent Information: _____

Part III: Clinical Supervisor Information

Supervisor Name: _____

Phone: _____

Email: _____

Type of Licensure: _____

Lic. #: _____

State: _____

On Site: Yes No

Completed by Counseling Department: _____

Approval: Yes No

Date License Issued: _____

Clinical Supervisor Counseling Experience: Months: _____

Years: _____

Supervision Training Documentation: Reviewed GCTS Requirements Document:

Clinical Training Coordinator/

Date

Practicum/Internship Information (Form 2.0)

Revised 8/20

Part I: Student Information

Course CO: 867 868 869 870

Semester: Fall Sp Sum Year: _____

Name: _____

ID#: _____ Phone: _____

GCTS Email: _____

Part II: Practicum/Internship Site Information

Practicum/Internship Site:

Address:

City:

ST:

Zip:

Phone:

Type of Site:

Agency Secular Private Practice Christian Private Practice

Church Hospital Inpatient Outpatient Other (Explain)

Client Population:

Semester: Start Date:

Completion Date:

Part II: Counseling Dept. Approval (Completed by Clinical Training Coordinator):

Clinical Supervisor Counseling Experience: Months: _____ Years: _____

Supervision Training Documentation:

Student Liability Insurance Documentation

Clinical Training Coordinator/

Date

CHARLOTTE CAMPUS
GORDON CONWELL
THEOLOGICAL SEMINARY

GCTS Practicum/Internship Contract

Form 4.0

Revised 9'22

Course CO: 867 868 869 870 Sem: Fall Sp Sum Year: _____

Student Name: _____

ID#: _____

Practicum/Internship Site: _____

Clinical Supervisor Name: _____

On Site Supervisor Name: _____
(if different from Clinical

Supervisor)

Purpose:

The purpose of this contract is to guide and direct the parties respecting their affiliation and working relationship, inclusive of anticipated future arrangements and agreements in furtherance thereof, to provide high quality clinical learning experiences for students in the Gordon-Conwell Theological Seminary-Charlotte, **Master's Programs in Clinical Mental Health (CMH)**, while at the same time enhancing the resources available to the site for providing health care to its patients/ clients.

General Understanding:

1. The clinical education program to be provided will be of such content and cover such periods as may from time to time be mutually agreed upon by the Seminary and the Clinical Site. The starting and ending date for each program will be agreed upon at least one month before the program commences.
2. The number of students designated for participation in a clinical education program will be mutually determined by agreement of the parties, and may at any time be altered by mutual agreement. All student participants must be mutually acceptable to both parties and either party may withdraw any student from a program based upon perceived lack of competency on the part of the student, the student's failure to comply with the rules and policies of the Clinical Site or the Seminary, or for any other reason where either party reasonably believes that it is not in the best interest of the program for the student to continue.
3. There will be no discrimination on the basis of race, national origin, sex, age or disability in either selection of students for participation in the program, or as to any aspect of the clinical training; provided, however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself preclude the student's effective participation in the program.

Responsibilities of the Seminary/ Faculty Supervisor:

1. The Seminary will use its best efforts to see that students selected for participation in the clinical training program are prepared for effective participation in the clinical training phase of their overall education. The Seminary will retain ultimate responsibility for the education of its students.
2. The Seminary will use its best efforts to see that the clinical training programs at the clinical site are conducted in such a manner as to enhance client care. Only those students who have satisfactorily

completed the prerequisite didactic portion of their curriculum will be selected for participation in a program.

3. The Seminary will require all participating students and faculty members to show proof of professional liability insurance in an amount satisfactory to the Seminary and the clinical site. Upon request, evidence of such insurance will be provided.
4. The Seminary will provide the clinical site with current information about its curriculum and clinical education goals.
5. The Seminary will encourage student compliance with the clinical site's rules, regulations and procedures, and use its best efforts to keep students informed as to the same and any changes therein. Specifically, the Seminary will keep each participating student apprised of his or her responsibility:
 - a. To follow the administrative policies, standards and practices of the clinical site when the student is in the clinical site.
 - b. To report to the clinical site on time and to follow all established regulations during the regularly scheduled operating hours of the Facility.
 - c. To conform to the standards and practices established by the Seminary while training at the clinical site.
 - d. To keep in confidence all medical and health information pertaining to particular clients.
6. The faculty supervisor representing the Seminary will provide group supervision to the student on an average of 1.5 hours per week.
7. The faculty supervisor representing the Seminary will be the primary point of contact between the site supervisor and the Seminary, and will be the first point of contact should issues arise.
8. During Practicum, the faculty supervisor will engage in regular consultation with the site supervisor, including sending progress surveys via email at week 4 and week 12, and closely monitoring the mid-term and final evaluation reports at weeks 7 and 14 of the semester.
9. During Internship, the faculty supervisor will establish contact with the site supervisor via email at the beginning of the program and remain available for consultation to the site supervisor. Faculty supervisors will closely monitor the mid-term and final evaluation reports at weeks 7 and 14 of the semester and follow-up with consultation as needed.

Responsibilities of Practicum/Internship Clinical Site:

1. The practicum/internship clinical site agrees to provide orientation pertaining to the clinical site, including applicable policies and procedures and to provide clarification of the student's relevant roles, functions and relationships.
2. The clinical site agrees to provide the student with direct client service hours, consistent with Gordon-Conwell Counseling Program Clinical Site/Supervisor requirements. Direct client service is defined as-face to face interaction with individuals, couples, families and groups, with the intent purpose of fostering social, cognitive, behavioral, systemic and/or affective change. These activities may include: (1) assessment, (2) counseling, (3) group facilitation, (4) psycho-educational activities, and (5) consultation. The following is not direct client service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties and (4) clinical and/or administrative supervision. For students in the Practicum (CO 867), Internship I (CO 868) and Internship II (CO 869) this represents 40% of the student's total hours attained within the semester timeframe.

3. The clinical site agrees to provide the student with any relevant and specialized information and training that is necessary for competent delivery of services to clients typically seen at the site and for appropriate execution of administrative responsibilities at the site.
4. The clinical site agrees to contact the student's assigned GCTS Group Supervisor, whenever concerns arise about the student's performance, preparation, progress, skills, ethical stance, behavior or attitudes.

Clinical Supervisor Information	Site Supervisor (if applicable)
Name:	Name:
Title:	Title:
Type of Licensure:	Type of Licensure:
License #:	License #:
Licensure State:	Licensure State:
Date Issued:	Date Issued:
Years Licensed:	Years Licensed:
Phone:	Phone:
Email:	Email:

Clinical Supervisor/Site Supervisor/Person Responsible Signature	Date
---	-------------

Responsibilities of Clinical Supervisor:

1. The clinical supervisor has provided GCTS, with documentation that he/she is a fully licensed mental health professional with two years of experience and has training in supervision.
2. The clinical supervisor will not supervise a student with whom such supervision would constitute a dual relationship.
3. The clinical supervisor and student will have a separate written contract that will include the clinical supervisor's personal disclosure statement and other pertinent information (See *Guidelines for Supervisor/Student Contract*).
4. The clinical supervisor agrees to provide the student with at least one hour of *uninterrupted* weekly supervision and provide feedback on the student's performance. **The actual format of the supervision process must consist of some form of observation (live, audio/video) during each session**, which is consistent with NC licensure boards requirements. Video is preferred.

Please indicate all formats that apply:

Audiotape sessions **Videotape sessions** **Live observation**

5. The clinical supervisor agrees to consult with the student and guide the development of the student's "Learning Covenant Objectives" in a manner that is consistent with Gordon-Conwell policy yet compatible with the expectations of the counseling site and the objectives of the student.
6. The clinical supervisor will provide training in appropriate therapeutic modalities as stated in the Learning Covenant Objectives. The clinical supervisor will conform to all ethical and performance standards appropriate to the discipline of their licensure. This includes addressing ethical, legal and professional standards, technical skills/competencies and the student's utilization of supervision and ability to function independently and/or with reduced supervision.

7. The clinical supervisor agrees to a schedule of regular consultation regarding the student's progress with the faculty supervisor. During the Practicum semester, the clinical supervisor agrees to complete two progress surveys via email at weeks 4 and 12, when requested by the GCTS faculty supervisor, and to complete a Midterm and Final evaluation of the student, which is reviewed with the student and submitted to the faculty supervisor, and sign the student's Hours Log in a timely manner. During Internship, the clinical supervisor agrees to complete the Midterm and Final Evaluation survey of the student, which is reviewed with the student and submitted to the faculty supervisor, and sign the student's Hours Log in a timely manner. Progress surveys and evaluations involve rating the student based on observation of the student's demonstrated skills, competencies and attitudes through the course of the practicum/ internship.
8. The clinical supervisor agrees to contact the student's assigned GCTS Group Supervisor whenever concerns arise about the student's performance, preparation, progress, skills, ethical stance, behavior, or attitudes.

Responsibilities of Practicum/Internship Student:

1. The student will consult with the clinical supervisor in the development of their "Learning Covenant Objectives" in a manner that is consistent with Gordon-Conwell policy yet compatible with the expectations of the counseling facility and the objectives of the student. Actual development of the "Learning Covenant Objectives" always remains the responsibility of the student.
2. The student will provide all necessary forms, documents and information to the clinical site and the clinical supervisor in a timely manner.
3. The student will present for practicum/internship in clothing and appearance that is consistent with professional standards.
4. The student will attend all scheduled supervision meetings with the clinical supervisor and provide all the necessary materials requested by the clinical supervisor for case management.
5. The student will attend all meetings mandated by the clinical site and/or clinical supervisor.
6. The student will maintain records to document practicum/internship experiences, including hours spent in direct/indirect client contact, supervision, administrative and preparation responsibilities.
7. The student will review and have a working knowledge of the ACA ethical code and practice under these guidelines.

Clinical Supervisor Signature

Date

Student Signature

Date

LCO Cover Sheet (Form 5.0)

Revised 8/19

Submit Learning Covenant Objectives (LCO) with the signed and dated LCO Coversheet

Course CO: <input type="checkbox"/> 867 <input type="checkbox"/> 868 <input type="checkbox"/> 869 <input type="checkbox"/> 870	
Student Name: _____	ID #: _____
Practicum/Internship Site: _____	
Clinical Supervisor Name: _____	

I, _____ (student), and I _____ (clinical supervisor) understand and agree to the following:

- CO 867 (Practicum) requires a minimum of **150** total hours acquired within the semester timeframe, with a minimum of **60** direct client contact hours.
- CO 868* (Internship I) requires *approximately 300* hours acquired within the semester timeframe, with *approximately 120* direct client contact hours.
- CO 869* (Internship II) requires *approximately 300* hours acquired within the semester timeframe, with *approximately 120* direct client contact hours.
- CO 870: (Internship III) is a specialized internship experience tailored to meet an individual student’s needs. The student and site are contracting to complete a minimum of _____ total hours, with a minimum of _____ direct client contact hours.

**Note: There is flexibility in number of hours acquired between Internship I (CO 868) and Internship II (CO 869), as long as the combined Internship experience includes a minimum of 600 total hours and 240 direct client contact hours.*

Start date: _____	Completion date: _____
<input type="checkbox"/> Direct Individual Supervision: The clinical supervisor agrees to provide 1 continuous hour of weekly individual or triadic supervision (one 50-min hour).	
<input type="checkbox"/> GCTS Practicum/Internship Contract: The student and supervisor have reviewed/ signed	
<input type="checkbox"/> Supervisor/Student Contract: The student and supervisor have reviewed and signed	
Student’s Learning Covenant Objectives (LCO):	
<input type="checkbox"/> Prior to writing the LCO, the student consulted with the supervisor	
<input type="checkbox"/> The supervisor reviewed the student’s LCO	
Student’s Monthly Clinical Hours Log:	
<input type="checkbox"/> The student shall keep a daily log of their direct/indirect hours and the supervisor will review, via Time2Track each month	
_____ Student Signature	_____ Date
_____ Supervisor Signature	_____ Date

Evaluation of Site & Clinical Supervisor by Student (Form 6.1)

Revised 8/19

Course: CO: <input type="checkbox"/> 867 <input type="checkbox"/> 868 <input type="checkbox"/> 869 <input type="checkbox"/> 870	
Student's Name: _____	ID # _____
Practicum/Internship Site: _____	
Clinical Supervisor Name: _____	

Using the scale below place an X next to the statement that best describes your experience.

1=Unsatisfactory

2=Satisfactory

3=Very satisfactory

Site Evaluation

My site...

Provided adequate training/orientation	1	2	3
Provided a safe, professional environment	1	2	3
Provided structure and assistance	1	2	3
Provided professionals and staff that were respectful and cooperative	1	2	3
Provided exposure to other professionals	1	2	3
Provided useful information/training in such areas as documentation, billing, insurance, etc.	1	2	3
Provided information on various community resources	1	2	3
Provided assistance in obtaining hours	1	2	3

Please Comment:

Clinical Supervisor Evaluation

My Clinical Supervisor....

Explained their style/process of supervision	1	2	3
Provides a set day and time for supervision that does not vary	1	2	3
Gives adequate notice and an appropriate reason when there is a change in scheduled supervision	1	2	3
Is on time for our supervision session	1	2	3
Is genuine, honest, empathetic and caring	1	2	3
Motivates, encourages and challenges me	1	2	3
Is an appropriate, professional role model	1	2	3
Discusses and emphasizes ethical/legal considerations, appropriate boundaries and safety concerns	1	2	3
Shows an interest in my personal and professional growth	1	2	3
Is respectful and considerate when giving constructive feedback	1	2	3
Acknowledges when I do well	1	2	3
Recognizes and encourages further development of my strengths and capabilities	1	2	3
Encourages me to develop my own effective counseling style by providing ideas/suggestions	1	2	3
Assists me in understanding the implications and dynamics of the specific modalities and techniques that I am working on	1	2	3
Assists me in achieving my practicum/internship objectives	1	2	3
Assists me in achieving my specific personal goals for supervision	1	2	3
Encourages discussion and resolution of any concerns/issues that I encounter in my practicum/internship	1	2	3

Please Comment:

I agree to allow this evaluation to be placed in a file for other students to review when choosing clinical sites.

YES NO (Must select one option)

Student Signature

Date

Midterm Evaluation of Student by Clinical Supervisor (Form 7.0)

Revised 8/19

Course: CO: 867 868 869 870

Student's Name: _____

ID # _____

Practicum/Internship Site: _____

Clinical Supervisor Name: _____

Instructions: Based on the appropriate developmental stage of the practicum/internship student please rate each category below using the following scale:

1 (Poor) 2 (Weak)

3 (Average)

4 (Strong)

5 (Excellent)

For the purpose of program review:

1-2 = "Fails to meet expectations," 3 = "Meets expectations,"

4-5 = "Exceeds expectations."

Structural						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Makes a brief introduction regarding purpose of interview						
Uses short, specific, clear communication						
Asks open ended questions						
Shifts approach when one way of gathering information is ineffective						
Lays down ground rules for therapeutic process						
Clarifies own and clients' expectations of counseling						

Relational						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Demonstrates warmth						
Empathizes with client						
Speaks at a comfortable pace						
Tone of voice conveys sensitivity to client's feelings						
Affirms client's experience of events						
Engenders hope						
Uses self-disclosure appropriately						
Maintains objective stance						
Creates appropriate boundaries						

Assessment/Evaluation						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Conducts thorough intake assessments						
Effectively screens for addiction						
Effectively screens for co-morbidity						

Effectively screens for aggression						
Effectively screens for danger to self /others						
Is knowledgeable about diagnostic categories						
Understands differential diagnosis						
Skillfully applies differential diagnostic process to client conceptualizations						
Accurately diagnoses client						
Applies diagnostic information to treatment planning						
Uses appropriate record-keeping strategies						

Experiential/Process						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Responds to personal discomfort						
Is comfortable with silence						
Observes carefully and then intervenes						
Focuses on process not content						
Interacts in the here and now						
Asks client for current feelings						
Uses own affect to elicit client affect						
Encourages clients to find their own solutions						

Theoretical Development						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Conceptualizes clients from chosen theoretical approach						
Understands underlying assumptions of chosen theoretical approach						
Understands method of help from chosen theoretical approach						
Effectively utilizes techniques/interventions from chosen theoretical approach						

Multicultural Competence						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Understands, respects and accommodates, for gender, age, ethnic, racial, and other cultural differences						
Avoids cultural stereotypes during diagnostic and counseling processes						
Initiates therapy in a culturally appropriate manner						
Provides culturally appropriate treatment and preventative care						
Terminates services in a culturally appropriate manner						
Advocates for clients and families when appropriate						

Empowers clients and families to self-advocate						
Understands self as a cultural being and the influence of own culture in counseling						
Is developing information and access to community resources						
Helps clients gain awareness to and access of appropriate community resources						

Professional Development						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Is prompt and responsible						
Behaves in a manner that is ethical and professional						
Is professional in his/her approach to practicum/internship						
Is supportive to one's peers in clinical setting						
Appreciates the value of supervision						
Uses feedback from supervision in future sessions						
Knows when to seek consultation for professional issues						
Appreciates the power of counseling						
Appreciates the limits of counseling						

Please write and include in this document a summary of the student's clinical work from the beginning of the semester to the midterm. Include student's application of chosen theoretical models and implementation of interventions, responsiveness to supervision, quality of work, strengths and areas needing improvement, etc. Please sign and date.

Clinical Supervisor Signature

Date

Final Evaluation of Student by Clinical Supervisor (Form 8.0)

Revised 8/19

Course: CO: 867 868 869 870

Student's Name: _____

ID # _____

Practicum/Internship Site: _____

Clinical Supervisor Name: _____

Instructions: Based on the appropriate developmental stage of the practicum/internship student please rate each category below using the following scale:

1 (Poor) 2 (Weak) 3 (Average) 4 (Strong) 5 (Excellent)

For the purpose of program review:

1-2 = "Fails to meet expectations," 3 = "Meets expectations,"

4-5 = "Exceeds expectations."

Structural						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Makes a brief introduction regarding purpose of interview						
Uses short, specific, clear communication						
Asks open ended questions						
Shifts approach when one way of gathering information is ineffective						
Lays down ground rules for therapeutic process						
Clarifies own and clients' expectations of counseling						

Relational						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Demonstrates warmth						
Empathizes with client						
Speaks at a comfortable pace						
Tone of voice conveys sensitivity to client feelings						
Affirms client's experience of events						
Engenders hope						
Uses self-disclosure appropriately						
Maintains objective stance						
Creates appropriate boundaries						

Assessment/Evaluation						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Conducts thorough intake assessments						
Effectively screens for addiction						
Effectively screens for co-morbidity						

Effectively screens for aggression						
Effectively screens for danger to self /others						
Is knowledgeable about diagnostic categories						
Understands differential diagnosis						
Skillfully applies differential diagnostic process to client conceptualizations						
Accurately diagnoses client						
Applies diagnostic information to treatment planning						
Uses appropriate record-keeping strategies						

Experiential/Process						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Responds to personal discomfort						
Is comfortable with silence						
Observes carefully and then intervenes						
Focuses on process not content						
Interacts in the here and now						
Asks client for current feelings						
Uses own affect to elicit client affect						
Encourages clients to find their own solutions						

Theoretical Development						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Conceptualizes clients from chosen theoretical approach						
Understands underlying assumptions of chosen theoretical approach						
Understands method of help from chosen theoretical approach						
Effectively utilizes techniques/interventions from chosen theoretical approach						

Multicultural Competence						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Understands, respects and accommodates, for gender, age, ethnic, racial, and other cultural differences						
Avoids cultural stereotypes during diagnostic and counseling processes						
Initiates therapy in a culturally appropriate manner						
Provides culturally appropriate treatment and preventative care						
Terminates services in a culturally appropriate manner						
Advocates for clients and families when appropriate						

Empowers clients and families to self-advocate						
Understands self as a cultural being and the influence of own culture in counseling						
Is developing information and access to community resources						
Helps clients gain awareness to and access of appropriate community resources						

Professional Development						
Student	Poor	Weak	Average	Strong	Excellent	N/A-Unable to Rate
Is prompt and responsible						
Behaves in a manner that is ethical and professional						
Is professional in his/her approach to practicum/internship						
Is supportive to one's peers in clinical setting						
Appreciates the value of supervision						
Uses feedback from supervision in future sessions						
Knows when to seek consultation for professional issues						
Appreciates the power of counseling						
Appreciates the limits of counseling						

Please write and include in this document a summary of the student's clinical work from midterm to completion of the semester. Include student's application of chosen theoretical models and implementation of interventions, responsiveness to supervision, quality of work, strengths and areas needing improvement, etc. Please sign and date.

Clinical Supervisor Signature

Evaluation of Student by GCTS Group Supervisor (Form 9.0)

Revised 8'19

Course: CO: <input type="checkbox"/> 867 <input type="checkbox"/> 868 <input type="checkbox"/> 869 <input type="checkbox"/> 870	ID # _____
Student's Name: _____	
Group Supervisor Name: _____	

Instructions: Rate the student counselor in GCTS group supervision for each category below using the following criteria:

0= Does not meet criteria 1=Meets criteria minimally
 2= Meets criteria functionally 3=Meets criteria conceptually

Professional Development

Course assignments/forms submitted on time	0	1	2	3
Comes to group supervision on time and prepared	0	1	2	3
Portrays professionalism	0	1	2	3
Engages with supervisor and peers in a respectful and supportive manner	0	1	2	3
Provides input and appropriate observations/challenges to peers	0	1	2	3
Receives feedback in an attentive, respectful manner	0	1	2	3
Understands ethical considerations	0	1	2	3

Counseling Skills

Demonstrates warmth and empathy	0	1	2	3
Demonstrates non-verbal attending skills-eye contact, open posture, head nod, etc.	0	1	2	3
Demonstrates active and reflective listening skills	0	1	2	3
Offers summary/paraphrase of content	0	1	2	3
Displays appropriate mirroring	0	1	2	3
Tracks with affect appropriately	0	1	2	3
Deepens affect	0	1	2	3

Counseling Skills Continued

Allows for and is comfortable with silence	0	1	2	3
Offers interpretations/reframes	0	1	2	3
Focuses on process not content	0	1	2	3
Aware of transference/countertransference	0	1	2	3
Interacts in the here and now	0	1	2	3
Demonstrates multicultural sensitivity	0	1	2	3
Understands the influence of own culture in counseling	0	1	2	3
Demonstrates adequate assessment skills	0	1	2	3
Understands differential diagnosis and accurately diagnosis clients	0	1	2	3
Conceptualizes clients from chosen theoretical approach	0	1	2	3
Effectively utilizes techniques and interventions from chosen theoretical approach	0	1	2	3

Comments:

Signature of GCTS Group Supervisor**Date**

GCTS Evaluation of GCTS Group Supervisor by Student (Form 10.0)

Revised 8'19

Course CO: <input type="checkbox"/> 867 <input type="checkbox"/> 868 <input type="checkbox"/> 869 <input type="checkbox"/> 870	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____
Student's Name: _____	ID #: _____
GCTS Group Supervisor: _____	
Practicum/Internship Site: _____	
Clinical Supervisor Name: _____	

Using the scale below, please evaluate your GCTS Group Supervisor by placing an X under the category that best describes your experience:

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

My GCTS Group Supervisor	SA	A	D	SD
Explained the structure, expectations and requirements of Group Supervision				
Was dependable and on time regarding meeting with me and my peers				
Was genuinely interested in my growth as a student counselor in training.				
Was professional in his/her dealings with me				
Offered me constructive criticism in a considerate, respectful manner that assisted in improving my counseling skills				
Made suggestions regarding my case presentations that were beneficial				
Was supportive and acknowledged my strengths and capabilities				
Encouraged discussion of multicultural considerations				
Encouraged ethical, legal and safety considerations in each session				
Was available to discuss any concerns/issues that I encountered in my practicum/internship				
Is an appropriate, professional role model				

Please comment on the following:

What do you feel you gained as a result of GCTS Group Supervision?

What did you like about GCTS Group Supervision?

What could have been done differently to make your experience more rewarding?

Additional Comments:

Student Signature

Date

Group Facilitation Verification Information (Form 13.0)

Revised 8'19

Student Information

Name:

ID#:

Course CO: CO: 867 868 869 870

Semester:

Name of Internship Site:

Clinical Site Supervisor:

Type of Group (1):

Group Start Date:

Group End Date:

Number of Weeks Group Met:

Group Hours Completed:

Type of Group (2):

Group Start Date:

Group End Date:

Number of Weeks Group Met:

Total Group Hours Completed:

Type of Group (3):

Group Start Date:

Group End Date:

Number of Weeks Group Met:

Total Group Hours Completed:

Clinical Supervisor Signature

Date

Continue to the next page....

Please answer the following question regarding your Group Leadership experience:

*Describe your experience leading a group, noting in particular the **characteristics and functions of a group leader** that you were most comfortable with, and those that were challenging for you. (Note: If you need a refresher on characteristics and functions of group leaders, refer to your Corey text. **You will specifically be graded on your ability to identify and reflect upon these items.**)*

Grading Rubric

	Below Expectations	Meets Expectations	Exceeds Expectations
KPI 6: Characteristics and functions of a group leader	Identified fewer than 3 characteristics and 3 functions of a group leader; <i>or</i> did not reflect upon personal experience; group met fewer than 4 times.	Identified at least 3 functions and 3 characteristics of a group leader; provided minimal personal reflection on these 6 items; group met at least 4 times.	Identified more than 3 functions and 3 characteristics of a group leader; provided robust personal reflection on these items. Group met more than 4 times.

Case (1 or 2) Presentation Rubric = 20 Points

Student Name:

Total Points:

Case Conceptualization	0 Points	4 Points	Earned Points	Comments
<p>Use of developmentally appropriate counseling skills (CACREP/CMHC Sect.5.C.1.c); Sect. 5.C.3.b)</p>	<p>Demonstrates significantly underdeveloped counseling skills given expected level of professional development; misuse or lack of use of micro-skills; no apparent concern for theory of choice present.</p>	<p>Demonstrates developmentally appropriate skill in counseling; use of micro-skills present; clear use of theory of choice.</p>		
<p>Choice of video segment and appropriate feedback questions</p>	<p>Video is inaudible or of poor quality; questions for supervision feedback are not present or are inappropriate for group supervision.</p>	<p>Choice of video clip appropriate given feedback questions; clip chosen thoughtfully; clip presents areas that supervisee needs to develop; feedback questions are well thought out; related to video clip and overall goals for the semester; are appropriate for review in-group supervision.</p>		
<p>Includes important cultural considerations; systemic and environmental factors (CACREP Sect.2.F.3.f)</p>	<p>Cultural, systemic, and environmental factors are not addressed in the written case conceptualization</p>	<p>Written case conceptualization includes thoughtful material about multicultural identities and how systemic and environmental factors are impacting the client.</p>		
<p>Includes accurate diagnosis and any differential diagnosis; develops measurable outcomes (CACREP Sect.2.F.5.i)</p>	<p>No diagnosis is attempted and/ or no differential diagnosis is present; outcomes are not measurable or do not seem relevant.</p>	<p>Potential diagnoses and differential diagnoses in the written case conceptualization are plausible and substantiated. Outcomes are measurable and relevant to the noted diagnoses.</p>		

Includes appropriate strategies for client understanding/access to community-based resources and referrals (CACREP Sect.2.F.5.k)	Community resources are not listed <i>or</i> strategies to aid in client understanding and access to these resources are not explored.	Written case includes both appropriate resources		
Total Points (20)				

SECTION VIII: RESOURCES

The following are various resources that you may utilize for the practicum and internship. Examples are included as a template to follow when working on your own documents. Some sites may have and require you to use their own forms or documents, which is understandable, but many sites/supervisors ask the student to provide their own. In this case, the clinical supervisor and site supervisor (if applicable) will want to review the documents.

Emergency Contact and Procedures:

Due to the nature of the helping professions, you may encounter people who are at risk of being a danger to themselves or others. In the event that you have concerns about a client while you are involved in a counseling situation, having emergency contacts and understanding program procedures will prove to be beneficial.

Supervisor from Rotation Site:

Name:

Work Location:

Primary Work Phone:

Primary Home Phone:

Secondary Home Phone:

Site Supervisor or Contact Person Rotation Site:

Name:

Work Location:

Primary Work Phone:

Primary Home Phone:

Secondary Home Phone:

Other Information

Nearest Hospital: _____

Crisis Line: 911 or _____

GCTS Graduate Programs in Counseling Faculty Contact Information:

Dr. Pam Davis, PhD, LCMHC-S, RPT-S (704-940-5845)
Associate Professor and Director of Graduate Programs in Counseling

Dr. Carolina Benitez, PhD, LCMHC-QS, NCC (704-940-5801)
Assistant Professor in Counseling

Dr. Christopher Cook, MACC, M.Div., LCMHC-A (704-940-5835)
Assistant Professor in Counseling

Dr. Vickey L. Maclin, Psy.D. (704-295-2358)
Associate Professor in Counseling

Example

Student Counselor in Training Disclosure and Informed Consent

This form provides information relative to the practicum (CO 867) or Internship I & II (CO 868/CO869) student enrolled in our graduate program for Clinical Mental Health. This document provides the client with written information regarding the student's (counselor in training) preparation, information about the counseling relationship, client rights and responsibilities, and the limits of confidentiality. This document must be signed by the client or by the client's parent/legal guardian before counseling may begin.

Student Training

Prior to beginning their clinical experience at the practicum or internship site, the student has completed core counseling courses such as introduction to counseling and systems theory, helping relationships, psychopathology, group dynamics and ethics. The practicum and internship courses are a developmental sequence in which students apply their knowledge under intensive supervision.

Counseling Relationship and Client Responsibility

Counseling is based on a relationship characterized by trust and respect. The counselor and the client work together to identify goals for counseling and approaches to meet those goals. Counseling sessions may include exploring feelings, emotions and thoughts, beliefs and attitudes about self and others, personal history, including family of origin, communication style and other personal needs. The success of the counseling relationship depends on your willingness to be open, honest and involved in the process. The counseling experience can evoke changes in attitudes, beliefs, coping skills and personal views. This can sometimes affect those close to you as they adjust to the new perspectives and positive behavioral changes that occur during counseling.

During the practicum and internship, the counselor-in-training receives an hour of supervision once a week from the clinical sites' designated supervisor and three hours every other week from an assigned GCTS counseling department, faculty member. Supervisors are qualified licensed mental health clinicians trained in the area of counseling and supervision.

Confidentiality

As a way to further the training needs and professional development of the counselor-in-training and to insure that the client is receiving best practice, ethical services, under supervisory review, your counselor-in-training may ask to record some or all of your counseling sessions. After further discussion regarding recording, the client has the right to allow or to refuse this process. If you agree, the counselor-in-training will provide you with a written consent form for you to sign. Every effort is taken to protect confidentiality and the safekeeping of all recordings. All recordings are destroyed at the end of the semester in which services are provided.

As a client, it is your right to receive counseling in which your dignity, worth, and uniqueness are respected. Your counselor-in-training will provide you with quality informed services under close supervision. Clients have the right to receive services that are confidential, HIPPA compliant and follow the ethical and legal codes of the state licensure board and the American Counseling Association.

Limits of Confidentiality

All counselors-in-training, their supervisors, and group supervision members will not disclose information except under the following conditions:

- The client or guardian gives written consent to release information to a designated individual or agency
- The client makes specific violent threats to harm him-or herself or to harm an identifiable person
- The counselor-in-training and/or their supervisors are named as defendants in a civil, criminal, or disciplinary action arising from the counseling session
- The counselor-in-training receives an authentic subpoena backed by judicial authority that requires the disclosure of information
- The counselor-in-training has reasonable cause to believe that a child or an adult with a disability has suffered abuse or neglect
- The counselor-in-training will discuss the content of counseling sessions in individual and group supervision under the direction of a qualified supervisor who is held to the same professional standards of confidentiality and its limits

This counselor-in-training will provide services under the supervision of

Clinical Supervisor Name: _____ Address: _____ Phone _____

By signing below, the client or parent/legal guardian 1) acknowledges that he or she has read the information above and has had any questions regarding its contents explained and 2) agrees to allow counseling services to be provided.

Signature of Client _____ Date _____

Signature of Parent/Guardian If client is minor/dependent _____

Counselor-in-training _____ Date _____

Example

(This sample is provided for your reference as you prepare a Professional Disclosure Statement for the NCBLMHC Board following graduation.)

Sample Professional Disclosure Statement
Jane A. Jones, M.A.C.C., LCMHCA
Personal Disclosure Statement
(Information and consent for Treatment)

The decision to enter into a counseling relationship is a serious commitment that can be a life changing experience. Research has shown that individuals who understand the counseling process are more likely to achieve favorable results. This document is designed to inform you of the counseling process, the various therapeutic modalities that I utilize the benefits and risks involved in counseling, confidentiality, our professional relationship and my background. It will also document your understanding of and consent to treatment.

Background and Training

I completed a Master's degree in Christian Counseling from Gordon-Conwell Theological Seminary in Charlotte, NC. I received a Bachelor's degree in _____ from _____. I am a North Carolina Licensed Professional Counselor Associate (LCMHC-A). As a LCMHC-A, I am under supervision until I attain the total number of hours required by my state's licensure board. My supervisor is: Dr. John Smith and his contact information is: 100 Main St, Charlotte, NC 282xx, 704-555-5555.

Counseling Services Offered

With respect to my theoretical orientation for counseling, I believe that we are whole persons, with physical, psychological, social and spiritual aspects, so therefore I am committed to an integrated approach of compatible theoretical perspectives. These perspectives include: _____, _____, _____ and _____. They are well established and researched methods of counseling that are widely respected as being effective. I respect your religious/spiritual orientation and therefore whether we include discussion of the spiritual dimension of life in our time together will be entirely up to you. I have experience working with _____, _____, and _____. Clients that I work with, seek counseling for difficulties due to _____, _____, _____ and _____. I do not work with people whom, in my professional opinion, I cannot help using the resources and skills I have available, and will in such cases offer referral to another counselor who may be better equipped to help.

Counselor's Responsibilities

Counseling centers on developing a trusting relationship between the counselor and the client. I take our professional relationship very seriously and enter into it with hope and expectation for positive change. Together, we will address your specific situation, discuss and agree upon a treatment plan that includes goals and the methods to attain them, identify the risks and benefits of treatment and clarify the approximate time commitment involved and the monetary costs. Periodically, we will jointly evaluate your progress and if necessary, reformulate goals, and/or methods and revise our treatment plan. Throughout the whole counseling process, I will encourage you, support you, and help you devise appropriate steps that will help you move closer to your goals.

As a professional, I will uphold and abide by the ethical standards of the American Counseling Association and the North Carolina LCMHC Board code of ethics and legal statutes. Our relationship is a professional one rather than a social one. Our contact will be limited to the sessions you arrange with me. You will be best served, while I am

seeing you for counseling, if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You may learn more about me as we work together, but it is important for you to remember that you are experiencing me as a professional counselor.

Client's Responsibility

The beginning sessions involve understanding your situation so that together we can develop specific, realistic goals, methods to accomplish them and the approximate length of time needed. It is important for you to be as open and honest with me as possible and work toward the goals we have identified. The majority of the counseling session will consist of you talking about the issues you present and employing methods that can help make a positive difference in your life. This requires effort and active involvement on your part to understand and change your thoughts, feelings and behaviors. It will include work in and out of the counseling sessions and may include homework assignments, self-observation and practicing new behaviors. It is important for you to attend all of your scheduled appointments on time.

Benefits and Risks

Counseling is as much an art as it is a science. While many people have been shown to benefit from it, the results cannot be guaranteed. On average, most clients show improvement during counseling. It is important that you understand that along with the benefits of counseling there are also possible risks. It may stir up uncomfortable or painful feelings and thoughts. You may experience temporary feelings of sadness, guilt, anxiety, anger, frustration, or relationship difficulties. Sometimes, relationships with others can take a direction that is unfamiliar, and feel quite awkward and uncomfortable. That initial awkwardness can occur no matter how you evaluate the balance between the long-term costs and benefits compared to the old ways of relating. There may also be times when you feel discouraged because you are not making noticeable progress. Progress in counseling is typically not steady; however, the overall gains should outweigh these potential risks.

Confidentiality

I regard the information you share with me with great respect. All information that you share with me including notes and records as well as assessment results is confidential and will not be released to any outside person or agency without your written authorization.

There are circumstances in which I cannot guarantee confidentiality, either legally or ethically:

- If child or elder abuse or dependent-impaired adult neglect is suspected, the law requires the counselor to report it to the appropriate authorities.
- If the counselor believes that the client is in clear and imminent danger to self or others, in order to prevent harm, other people will be contacted.
- If a client is being evaluated or is in treatment by order of a court of law, the results of the evaluation and/or treatment must be revealed to the court.

In order to improve my clinical skills and obtain additional training I may audio/video record counseling sessions with written consent from the client. These sessions may be discussed with and reviewed by a licensed clinical LCMHC supervisor. Confidentiality concerning such tapes is considered the same as the counseling sessions themselves. Following feedback, the tapes will be destroyed.

Sessions and Fees

I assure you that my services will be provided in a professional manner and will be consistent with accepted ethical standards. After we decide on the frequency of appointments (generally once a week) and the appointment time, I will reserve this time for you. Sessions are 50 minutes long. The length of treatment varies

depending on the counselor, the client (s) and the nature of the problems. Typically, treatment will last 8-12 sessions for relatively specific problems but may be significantly longer for more severe problems.

My fee is \$ _____ per session, is due in full at the end of the session and is payable by cash, check or credit card. I also have a sliding scale, based on income. I do not contract with insurance companies directly, but you may file for reimbursement. Your insurance company may require information regarding diagnosis, symptoms, treatment goals and methods. Any diagnosis provided to your insurance company becomes a part of your permanent medical record. Please understand that you, the client, are fully responsible for payment of fees for services provided regardless of any insurance coverage you may have. Cancellation of appointments must be made **24 hours prior to your appointment**. If the appointment is not canceled within this time period, you will be charged the fee of a regular session.

Complaint Procedure

If you are dissatisfied with any aspect of our work, the most effective and productive way to deal with the situation and hopefully resolve it is to discuss it in our sessions together. Please feel free to ask any questions or clarify any confusion you may have about our work. For clarification of client rights as I have explained them or to lodge a complaint if you think that you have been treated unfairly or unethically by me, contact the:

North Carolina Board of Licensed Professional Counselors

P. O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 Fax: 336-217-9450

Email: LPCInfo@ncblpc.org Website: www.ncblpc.org

I do hereby give my permission and consent to _____ (counselor)
to provide counseling to _____ client).

I understand that the agreed upon fee is \$ _____ and that I am fully responsible for payment for any services which I have received at the end of each session. I understand that I will be charged for any appointment not canceled within 24 hours. I am aware that I may terminate my treatment at any time without consequence.

I certify, with my signature below, that I have read, had explained to me when necessary, fully understand, and agree with the contents of this **Consent for Treatment**.

Signature of Client: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

I have received a copy of this document: _____ (initial)

Signature of Counselor: _____ Date: _____

Example

Supervision Disclosure Statement
(sometimes called **Personal Student/ Supervisor Contract**)

<Supervisor Name, Credentials>
Office: <Supervisor Number with Area code>
Fax: <Supervisor Number with Area code>
E-mail: <Supervisor Email Address if you want supervisees to have one>

Qualifications <In paragraph form, describe the relevant elements below.>

- The supervisor’s highest relevant degree, year degree received, discipline of degree, and name of institution granting the degree.
- Names and numbers of all relevant credentials (licenses, certificates or registrations).
- Number of years of counseling and supervision experience.
- A statement documenting training in supervision and experience in providing supervision.
- A license applicant should include a statement indicating that he/she is pursuing licensure as a Licensed Clinical Mental Health Counselor Supervisor in North Carolina. (Prior to receiving LCMHC-S).

Nature of Supervision <Modify to fit your background to describe the nature of supervision>

- A general statement addressing the model of or approach to supervision, including role of the supervisor, objectives and goals of supervision, and modalities (e.g., tape review, live observation).
- A description of the evaluation procedures used in the supervisory relationship.
- According to NC Administrative Code, each supervision must include “raw data from clinical work which is made available to the supervisor through such means as direct (live) observation, co-therapy, audio and video recordings, and live supervision” (21 NCAC 53 .0208).

Counseling Background <In paragraph form, describe the relevant elements below.>

- List general areas of competence in mental health practice for which the license applicant can provide supervision (e.g. addictions counseling, school counseling, career counseling).
- Description of clientele (populations) served.
- Description of services offered (include a brief description of theoretical orientation and types of techniques used).
- Description of areas of competence (such as theoretical orientation and techniques – e.g., play therapy, EMDR, DBT, etc.).

Confidentiality <The supervisor’s policy on confidentiality>

The issues you discuss in supervision will be confidential with the following exceptions:

- 1) Your performance and conduct in this clinical experience will be described in general terms when I submit quarterly reports and verification of supervision forms to the NC Board of Licensed Professional Counselors and other credentialing boards or when consultation with another professional is necessary.

- 2) If I am asked to provide information about your clinical experience in the form of a recommendation for a job, licensure, or certification.
- 3) Disclosures made in triadic or group supervision cannot be absolutely guaranteed as confidential. Although I will take every measure to encourage confidentiality and act appropriately if confidentiality is not upheld.

Session Fees and Length of Service <In paragraph form, describe the elements below.>

- Length of sessions
- Specific fee charged for each type of session (individual, triadic, and group). If a sliding scale is used, it must be included in full with a blank for the agreed upon fee. If no fee is charged, this must be stated.
- Methods of payment accepted (cash, check, credit card, etc) and information about billing or insurance reimbursement.

Supervisee's Responsibilities in Supervision <This is an optional section. Complete the section below to fit your preferences.>

- 1) Prepare for and attend sessions.
- 2) Complete homework or assignments.
- 3) Watch videotapes of counseling sessions and complete a tape critique.
- 4) Keep supervisor informed regarding all client issues and progress.
- 5) Maintain liability insurance at all times (minimum \$1M single incident/ \$3M aggregate)
- 6) Complete supervision record at each supervision session.

Supervisor's Responsibilities in Supervision < This is an optional section. Complete the section below to fit your preferences.>

- 1) Prepare for and attend all sessions.
- 2) Provide feedback each session and a formal evaluation at each quarter and at the end of the supervision contract.
- 3) Review client case notes and other materials for quality control purposes.
- 4) Complete supervision record at each supervision session.
- 5) Maintain licensure as a clinical supervisor in NC and status as a NBCC approved clinical supervisor.

Emergency Contact <Complete section below to fit your preferences.>

In case of emergency, you can reach me by phone (____) _____.

Complaints <This section should remain the same>

I abide by the NBCC, ACA, and NCBLCMHC Code of Ethics as well as the CCE's Standards for the Ethical Practice of Clinical Supervision. Although supervisees are encouraged to discuss any concerns with me first, you may file a complaint against me with any of these organizations should you feel I am in violation of any of these codes of ethics.

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblpc.org

Supervision Arrangements <Complete the section below to fit your preferences.>

We will meet on the following day and time: _____

Acceptance of Terms <This section should remain the same>

We agree to these terms and will abide by these guidelines.

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____

Example

Informed Consent to Audio/ Video Record

As a counselor- in-training, I audio/video record all counseling sessions (unless otherwise specified) for training purposes and in order to improve my clinical counseling skills. Confidentiality concerning such recordings is considered the same as the counseling sessions themselves. I take the utmost care to insure the safekeeping of all recordings. Recordings are properly destroyed after consultation and feedback from my clinical supervisor and my Gordon Conwell group supervisor/advisor.

I, _____ give my consent for my counseling sessions to be

Client Name

Audio Video recorded by _____ for clinical

Counselor-in-Training Name

clinical training purposes and supervision review. I understand that I may rescind this consent at any time.

Client Signature

Date

Counselor- in-Training Signature

Date

Example

Client Intake Form

Name: _____ Date: _____

Introduction (start with some basic business tasks):

Confidentiality, videotaping, fees, cancellation policy, review informed consent, supervision

Evaluation:

Chief Complaint:

Symptoms:

What led you to seek help at this time?

Previous treatment?

Other concerns?

Family of Origin:

Dating/current marriage/other significant relationships:

Family/Children:

School/Work History:

Faith/Spiritual Life:

Dynamics:

Mental Status Exam Results:

Appearance

Behavior

Speech

Mood and Affect

Orientation

Alertness

Thought Process/Content

Cognition

Insight/Judgement

Physical/Emotion Sensations:

Have you ever felt claustrophobic?

Have you ever felt like you were having a heart attack?

Have you ever experienced a blackout in time? (Dissociative issues)

Have you ever heard something that others have not heard?

Have you ever seen something that others have not seen?

Alcohol and/or Drug Assessment:

Trauma:

Suicidal/Homicidal:

Food/Weight Issues:

State one thing that might be helpful for me to know about you: