



MASTER OF ARTS IN CHRISTIAN COUNSELING
—CLINICAL MENTAL HEALTH—

Clinical Fieldwork Manual

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GORDON  CONWELL
THEOLOGICAL SEMINARY

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SECTION I: INTRODUCTION

Gordon-Conwell – 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 that is 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.

Master of Arts in Christian Counseling – Clinical Mental Health (MACC-CMH) Objectives and Goals:

The MACC-CMH program goals are informed by our mission statement and anchored in the CACREP common core curriculum for counseling programs.

- A. **Professional Identity.** We expect that students will demonstrate a professional counselor identity with understanding of the roles and functions of professional counselors and an ongoing commitment to professional, interpersonal, and spiritual growth.
- B. **Knowledge and skills for competent counseling practice.** We expect that students will demonstrate knowledge, skills, and professional dispositions necessary for competent counseling practice. This includes:
 - Understanding of the nature and needs of persons at all developmental levels, including theories of wellness, human development, and spiritual formation over the lifespan. (Human Growth and Development)
 - Basic professional dispositions necessary for effective counseling. Students should be aware of self and others, teachable, ethical, multiculturally sensitive, and relationally adept. (Professional Dispositions)
 - Understanding of the primary theoretical orientations and evidence-based interventions shaping the counseling field today. (Theory and Interventions)
 - Skills necessary for clinical mental health counseling, including basic interviewing and observation skills, differential diagnosis and treatment planning, career assessment, forming and conducting groups, assessment of suicide risk, and the selection and administration of tests appropriate to counseling. (Diagnosis, Assessment, and Helping Skills)
 - Understanding of research and program evaluation methodology and skills and their application in counseling contexts. (Research and Program Evaluation)
- C. **Respect for human diversity within a multicultural perspective.** We expect that students will demonstrate humility, sensitivity, and respect for human diversity within a multicultural perspective, grounded in a Christian theological understanding that humanity created in the *Imago Dei* gives value and dignity to all people. This includes:
 - Understanding, sensitivity and respect of persons pertaining to culture, ethnicity, race, gender, sexuality, faith, values, beliefs and other contextual factors. (Social and Cultural Diversity)
 - Understanding how issues of discrimination, racism, oppression, sexism, ableism, power and privilege

impact the practice of professional counseling, including the counselor's role in promoting justice in a variety of human domains and reducing intentional and unintentional oppression and discrimination. (Advocacy)

- Awareness of self as a person of culture and how this impacts others. (Cultural self-awareness)

- D. **Adherence to ethical and legal standards of the profession.** We expect that students will demonstrate adherence to ethical and legal standards of the counseling profession.
- E. **Christian leadership and theological integration.** We expect that students will develop a personal, theologically integrated theoretical model that facilitates counseling diverse populations and demonstrates advocacy for Christian leadership in the professional counseling community.

Clinical Fieldwork

The purpose of Clinical fieldwork is to place students in a setting where they can become familiar with various roles, missions, operations, and activities associated with being a professional counselor within the clinical 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 their individual strengths and challenges and to explore future professional goals and employment. 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 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,' [...] '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 Clinical Fieldwork requirements with are accomplished through Practicum (CO867), Internship I (CO 868) and Internship II (CO 869), as well as the optional Internship III (CO870) within the Master of Arts Christian Counseling-Clinical Mental Health degree program at Gordon-Conwell Theological Seminary. As a CACREP accredited program the following policies and practices are designed in compliance with CACREP standard 4.Q – 4.X. Refer to <https://www.cacrep.org/section-4-professional-practice/> for the list of standards. Please, read this manual in its entirety, and if you have questions concerning practicum or internship requirements, please contact the Clinical Training Coordinator at interninfo@gordonconwell.edu.

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Information Regarding Licensure

As a CACREP accredited program, the MACC-CMH meets the educational requirements for licensure in many states. However, licensure and certification requirements vary by state. The school's responsibility is to provide an opportunity to earn a degree and to provide guidance to students regarding unique licensure requirements in a student's preferred state. However, the student is responsible to contact the appropriate licensure board following graduation and to fulfill the post-graduate requirements required for licensure as a mental health professional. The MACC-CMH program has developed a guide to assist students to understand licensure requirements in each state. Students should review the [Educational Requirements for Licensure by State](#) to be informed of how the MACC-CMH program meets or does not meet requirements in a particular state. During New Student Orientation, all students will be required to sign a Licensure Disclosure Acknowledgement indicating that they have been informed of state licensure requirements. Students may reach out to their advisor at any time for assistance with understanding licensure requirements.

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

P. O. Box 77819
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SOUTH CAROLINA BOARD OF EXAMINERS FOR LICENSURE OF PROFESSIONAL COUNSELORS

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Columbia, SC 29210
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Website: www.llr.sc.gov/cou/

NATIONAL BOARD FOR CERTIFIED COUNSELORS, INC. (NBCC)

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SECTION II: OVERVIEW AND PREREQUISITES

Prerequisites for Practicum (CO 867)

Prior to enrollment in Practicum, the student must complete:

- CO502: Introduction to Counseling and Systems Theory
- CO540: Helping Relationships
- CO710: Psychopathology
- CO790C: Professional Standards and Ethics for Counselors
- One additional Counseling Course
- Attendance at Clinical Rotation Information Meeting (held annually in Fall semester)

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

- Current GCTS *Clinical Fieldwork 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.
 - **Christian Association for Psychological Studies**-The ethical guidelines is found at: <https://caps.net/ethics-statement/>
- Licensure Information:
 - Review [Educational Requirements for Licensure by State](#) to review the licensing board website, state laws, and rules for your intended state(s) of licensure.
 - Refer to **National Board of Certified Counselors** - www.nbcc.org
- Submit *1.0 Clinical Rotation Information Meeting Registration* to interninfo@gordonconwell.edu

Prior to beginning the Practicum semester, the student must complete:

- Attendance at Group Supervision Orientation (held semesterly)

Clinical Fieldwork Overview

The MACC-CMH degree program at Gordon-Conwell Theological Seminary – Charlotte requires 700 clock hours of clinical fieldwork experience in a clinical mental health setting 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 placement at a training site. Also, the MACC-CMH program offers a supplemental Internship III (CO870) to assist with the fulfillment of the fieldwork requirements, including minimum hours, group facilitation, and other assignments completed through the co-requisite group supervision courses. While enrolled in Practicum (CO 867) students must enroll in a section of Clinical Counseling Practicum Supervision (CO874). Likewise, while enrolled in Internship (CO 868/869/870), students must enroll in a section of Clinical Counseling Internship Supervision (CO 875). These group supervision courses are led by Faculty. 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 Supervision course (CO 874/875) is 0 credit hours and must be repeated with each practicum and internship rotation. This course appears on the student's official academic transcript with a Pass (P) or Fail (F) designation.

Course Number	Practicum and Internship Classification	Total Hours Required	Direct Hours Required	Credit Hours Awarded
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CO867	Clinical Counseling Practicum	100	40	3
CO868	Clinical Counseling Internship I	300	120	3
CO869	Clinical Counseling Internship II	300	120	3
Totals		700	280	9
CO870	Clinical Counseling Internship III	As needed	As needed	Varies (1, 2, or 3)
CO874	Clinical Counseling Practicum Supervision	21 (per semester)	1.5 hours weekly	0
CO875	Clinical Counseling Internship Supervision	21 (per semester)	1.5 hours weekly	0

Clinical Fieldwork Start

The student must consult the [Course Progression](#) document to determine which semester to start Practicum which is based on the student's entry in the program. In general, students must start with Practicum only in the Fall or Spring semesters. There is one exception to this rule. Students who begin the MACC-CMH program in a Spring semester are expected to start Practicum in the Summer of the second year as outlined on the course progression document. All other exceptions to start in a summer semester must be approved by the student's Academic Advisor. Exceptions may be given for the following reasons:

- If a summer start will maintain a May graduation date for 3, 4, or 5 year progressions.
- If the training site requests a summer start.
- Other: personal or academic challenges may be considered - further explanation will be requested

Clinical Fieldwork Hours

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

Direct Hours

Direct hours are face to face interaction (in-person or technology based) with individuals, couples, families, and groups, with the intent purpose of fostering social, cognitive, behavioral, systemic and/or affective change. Direct hours activities include:

- Client Assessment or Intake
- Psychotherapy (in person or telehealth) with individuals, couples, and families

- Co-counseling with a clinical supervisor or a licensed clinician (student must actively contribute therapeutically in the session for this to count)
- Facilitating/co-facilitating a group (either in CO 867, CO 868 or CO 869)
- Psycho-educational activities with client or group
- Other: client consultation, crisis intervention, between session technology based client support

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

Internship I and II: A combined 240 of the total 600 hours must be direct hours.

Indirect Hours

Indirect hours encompass activities supporting client services administratively or as part of preparation for client services. Indirect hours activities include:

- Orientation and training required by the site or clinical supervisor
- Observation of clinical supervisor or another licensed counselor (non-contributing)
- Mandated site and/or supervisor obligations or requirements
- Clinical documentation
- Diagnosis and treatment planning
- Preparation for session or group work (research, reading journal articles or counseling related books), watching counseling related videos, etc.)
- Individual supervision and group supervision
- Referral information and community resource development
- Training Site staff meetings, in-service trainings, etc.
- Counseling seminars/workshops/conferences, research, psychoeducation presentation, etc.
- CO874/CO875 course work (e.g. writing assignments, reviewing audio/video tapes of sessions, preparation for case presentation, case conceptualization,)

Clinical Fieldwork Supervision

All students must receive one uninterrupted hour of individual or triadic supervision weekly throughout the duration of the clinical rotation from their clinical supervisor. Group supervision and case staffing at the training site are not a substitute for individual supervision. Supervision must be live face-to-face either in person or technology based.

Also, student must attend a weekly 1.5 hours group supervision with an assigned faculty and peers from GCTS cohort. Students will register for the co-requisite CO874 or CO875 course to complete this requirement. (REF. GROUP SUPERVISION IN SECTION IV)

NOTE: STUDENTS MUST BE KNOWLEDGEABLE ABOUT THEIR STATE LICENSURE SUPERVISION REQUIREMENTS. REFER TO YOUR STATE LICENSING BOARD RULES AND REGULATIONS, [Educational Requirements for Licensure by State](#). FOLLOW-UP WITH YOUR ACADEMIC ADVISOR OR CLINICAL TRAINING COORDINATOR WITH ADDITIONAL QUESTIONS.

Clinical Rotation Structure

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.

Anticipated Weekly Schedule: Students must prepare to be at the clinical site for the following average number of hours each week:

- **Practicum (CO867):** 8-10 hours per week, including 3-5 hours direct hours.
- **Internship (CO868/869):** 22-25 hours a week, including 9-12 direct hours.

NOTE: CONSIDER THAT HOURS ARE NOT GUARANTEED WEEKLY. CLINICAL HOURS CAN AND OFTEN VARY FOR A VARIETY OF REASONS, SUCH AS NO SHOWS, CANCELLATIONS, RESCHEDULES, HOLIDAYS, ILLNESS, ETC. THEREFORE, IT IS IMPORTANT TO ARRANGE SCHEDULES FOR THIS VARIABILITY.

Between Semester Activity

Students may continue at their training site between semesters provided they submit a *Between-Semester Supervision Form* that is signed by both the Clinical Supervisor and the student. The between semester period acts as an informal extension of the current semester. It begins the first day after the current semester end date and ends the day before the subsequent semester start date. Students may not use the *Between-Semester Supervision* option to begin their next rotation.

Supplemental Internship III

Students who have not fulfilled the requirements of Internship (according to GCTS or State licensure requirements) must complete a supplemental semester in CO870 - Clinical Internship III. Students will register for the course section (CO870A, CO870B, CO870C) according to the number of hours remaining to fulfill requirements. All CO870 students must enroll in the co-requisite CO875 and remain active for the duration of the semester, regardless of hours completion at the training site. Participation in a supplemental internship may affect course progression or graduation; therefore, to determine whether CO870 is necessary, it is advised to communicate with the Clinical Training Coordinator and your Academic Advisor.

Course Number	Practicum and Internship Classification	Total Hours Required	Direct Hours Required	Credit Hours Awarded
CO870A	Clinical Counseling III	1 - 100	Varies as needed	1
CO870B	Clinical Counseling Internship III	101 -200	Varies as needed	2
CO870C	Clinical Counseling Internship III	201 - 300	Varies as needed	3

CO875	Clinical Counseling Internship Supervision	21 (per semester)	1.5 hours weekly	0

Registration and Completion of Internship III

Students must follow all tasks for registration and complete assignments as outlined in SECTION III of this Manual. Students will continue to record hours into Time2Track and report hours as assigned by CO875.

EXCEPTION: STUDENTS IN CO870A ARE REQUIRED TO COMPLETE ONLY ONE CASE CONCEPTUALIZATION AND PRESENTATION. CO870B/870C STUDENTS WILL COMPLETE THE REQUIRED TWO CASE CONCEPTUALIZATIONS.

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 (incidental coverage/aggregate) must be purchased. Three weeks prior to 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 \$20 annually through (NBCC) National Board of Certified Counselors: <http://locktonmedicalliabilityinsurance.com/nbcc/>

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

NOTE: ELIGIBILITY FOR STUDENT MEMBERSHIP IS ONLY TWO YEARS. THEREFORE, DISRUPTION TO THE COMPLEMENTARY LIABILITY INSURANCE IS POSSIBLE IF THE STUDENT MEMBERSHIP WAS ACTIVATED PRIOR TO THE PRACTICUM SEMESTER.

Technology and Live Participation Requirements

*This section aligns with subsection "Technology Resources and Competence Needed to Complete the Program/ Live Participation" of the section "MACC Degree Course Requirements" in the *MACC-CMH Student Handbook*.

Coursework for the MACC-CMH 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, and substantial live participation is expected. Some electives may require in-person attendance only. Students who enroll in the MACC-CMH 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 into 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 will 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-**CMH** program. For students who need to develop proficiency in online research or accessing online resources, an elective introductory course is offered (CO 501: Introduction to Counseling Studies).

Time2Track

During clinical rotations, students utilize Time2Track, an online platform for documenting clinical experience, provided by GCTS. The MACC-CMH Program pays for a one year subscription for students as the required method for logging and reporting clinical hours, as well as engaging evaluations and other CO874/CO875 course tasks. The subscription is sufficient for consecutive completion of the three required clinical rotation semesters. If a student continues into Internship III (CO870) or experiences disruption in the consecutive semester progression through rotations, the student will be required to pay for the extension of the subscription through the end of clinical rotations. The expense may vary from approximately \$50-\$100 based on the amount of time remaining in rotations. The fee will be applied to the student's account.

NOTE: TIME2TRACK INSTRUCTIONS AND FAQs ARE LOCATED ON CANVAS: MACC PROGRAM SITE/FILES/PRACTICUM & INTERNSHIP.

SECTION III: TRAINING SITE, CLINICAL SUPERVISOR, AND SUPERVISION

Selecting a Training Site and Clinical Supervisor

The student bears the responsibility for finding and securing a training site and clinical supervisor; however, GCTS faculty and staff will support with networking and referrals as much as possible. It is important for the student to seek out potential training sites and clinical supervisors that reflect their interest and meet GCTS requirements. The process of procuring a training site and clinical supervisor is as much a learning experience as working at the clinical site itself. This experience is very much like finding professional employment in the mental health field after graduation.

The Graduate Programs in Counseling department has a list of approved clinical training sites with clinical supervisors located on Canvas under [MACC Program Site](#) course page in the Clinical Fieldwork files. Keep in mind that there are usually more students, including students from other programs, who are also seeking clinical placements from some of these approved sites.

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 websites, regional associations, etc. Refer to *Contracting with a Clinical Site and Clinical Supervisor* section of this manual for instruction on the new site/supervisor approval process.

Know the Qualifications and Requirements for Training Sites

Clinical Supervisor Qualifications

- A minimum of a master's degree in counseling or a related mental health field.
- Appropriate and active state board full licensure and credentials (such as a LCMHC, LPC, LMFT, LCSW, psychologist, psychiatrist or psychiatric nurse practitioner) in the geographical location where the student is placed.
- A minimum of two years post-master's professional experience in mental health counseling.
- Relevant training for both in-person and distance counseling supervision. Relevant documentation (e.g. official transcript, continuing education certificate or other documentation of supervision course or training, seminar, webinar or online training) must be provided in order for clinical supervisor to be approved.
- 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 provided by the Clinical Training Coordinator.

Clinical Supervisor Responsibilities

- The clinical supervisor and/or site 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 supervisor agrees to provide the student with one hour of uninterrupted weekly individual and/ or triadic supervision and provide feedback on the student's performance. The format of the supervision process must include raw data from video-recorded sessions, and/ or live direct observation.
- Supervision must be offered in face-to-face format. Supervisors who wish to incorporate online supervision must provide documentation of relevant training in online supervision and technology use, and must affirm that their digital platform meets all legal/ ethical requirements (including HIPAA).

- The clinical supervisor will enter into an agreement (4.0: Clinical Rotation Contract) with the student and Gordon-Conwell that outlines the responsibilities of the supervisor, the site (if applicable) and the student and will agree to abide by the stipulations of the contract.
- 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 during supervision time.
- The clinical supervisor will ensure that the student conforms to all legal and ethical guidelines (including HIPAA) appropriate to the use of online/ virtual services if the student provides online counseling services via a digital platform.
- The clinical supervisor agrees to consult with the student and guide the development of the student's "learning objectives," in a form that is consistent with the policy of Gordon-Conwell yet compatible with the expectations of the site and clinical supervisor and the learning objectives of the student. Actual development of the "learning objectives" remains the responsibility of the student.
- The clinical supervisor is responsible for collaborating with the student in the selection of best practice modalities/ interventions that the student will implement during the semester term.
- The clinical supervisor is responsible for assisting the student in gaining experience and growth in the modalities and techniques/ interventions that the student has stated in their Learning Covenant Objectives Assignment.
- The clinical supervisor is responsible for approving the student's clinical hours by utilizing Time2Track, which is provided by Gordon-Conwell.
- The clinical supervisor agrees to complete a midterm evaluation of the student's performance, progress, skills, competencies, attitudes and professionalism, midway in the semester of clinical rotation using Time2Track. The clinical supervisor will discuss the midterm evaluation with the student prior to the student submitting it to Gordon-Conwell.
- The clinical supervisor agrees to complete a final of the student's performance, progress, skills, competencies, attitudes and professionalism, at completion of the clinical rotation using Time2Track. The clinical supervisor will discuss the final evaluation with the student during the last supervision session and prior to the student submitting it to Gordon-Conwell.
- The clinical supervisor agrees to complete two additional progress evaluations (Practicum Progress Surveys) for Practicum students.
- The clinical supervisor will communicate with the student's assigned Gordon-Conwell group supervisor during the semester as necessary regarding the student's clinical progress, including midterm and final evaluations.
- The clinical supervisor agrees to contact the student's assigned Gordon-Conwell group supervisor whenever concerns arise about a student's performance, skills, preparation, and level of progress, ethical stance, behavior, or attitudes.

Considerations for Initial Potential Training Sites/Clinical Supervisors Search and Contact

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:

- Alignment of interests between the site and the student
- Reputation of the training opportunities
- Breadth of clinical populations available
- Quality of supervision

- 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

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. The training site has the option to require their practicum and internship students to remain at their site for all clinical rotations or commit one clinical rotation at a time

Understand yourself

Consider your strengths, growth areas, interests, philosophy, and vocational goals to 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. Diversity in the clinical training experience is ideal when considering a site; however, the student has the option to remain at the same site for all clinical rotations or select a new training site for each clinical rotation.

Understand your training goals

Communicate previously completed courses and clinical placements, learned theories/models, acquired skills and techniques, current clinical and professional development objectives. Share the MACC-CMH program training goals/requirements.

Contracting with Training Site and Clinical Supervisor

Required Forms and Documents

A copy of all forms and documents are located in APPENDIX A – FORMS, TEMPLATES, AND RUBRICS of this manual and under the [MACC Program Site](#) Canvas course page. It is the student's responsibility to provide copies of all documents to the training site clinical supervisor and keep copies for their own records.

1.5 Potential Site and Supervisor Approval Request

This form is used to request approval of a new potential training site/clinical supervisor who is not already on the *Approved List of Clinical Placements*. The student must submit a completed Potential Site/Supervisor Approval (Form 1.5) to the Clinical training Coordinator at interninfo@gordonconwell.edu prior to continuing with other site selection and contracting steps. The submission deadline for Form 1.5 is six weeks prior to the start of the semester for which the site is being approved. The approval deadline is 30 days prior to the start of the semester.

NOTE: FOR ALL NEW POTENTIAL TRAINING SITES, THE CLINICAL TRAINING COORDINATOR WILL CONTACT THE POTENTIAL SUPERVISOR AND DISCUSS THE GCTS SITE/SUPERVISOR GUIDELINES. PLEASE BE AWARE THAT APPROVING A NEW SITE AND/OR SUPERVISOR IS A PROCESS AND GENERALLY TAKES ABOUT 2-4 WEEKS.

2.0 Clinical Rotation Declaration

This form is used to acknowledge selection of a training site found on the *Approved List of Clinical Placements* database.

- Submit the document three weeks prior to the first day of the semester to the Clinical training Coordinator at interninfo@gordonconwell.edu.

4.0 GCTS Clinical Rotation Contract

After selection of the training site and prior to registering for Practicum/Internship, the student should review and sign the document with the clinical supervisor. The *4.0 GCTS Clinical Rotation Contract* covers the responsibilities of the seminary, the site, the clinical supervisor, and the student during the rotation. The clinical supervisor will also provide detailed licensing information in the contract. Submit this document three weeks prior to the start of the semester to the Clinical Training Coordinator at interninfo@gordonconwell.edu.

Starting at a Clinical Training Site

The Clinical Supervisor-Intern Relationship

Individual supervision of one hour of weekly face-to-face with the clinical supervisor (and potential one other supervisee. Discussions center on the student's counseling experience and utilize raw data such as live observation, co-counseling, and audio/video recordings student's session.

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.

*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.

Learning Covenant Objectives

The student in the first two weeks of the semester will identify personal professional goals for supervision, as well as determine which two modalities with corresponding interventions they intend to develop over the course of the semester. It is essential that the student and the clinical supervisor discuss the clinical supervisor's

goal recommendations and their knowledge, experience and expertise in specific modalities and interventions suited for the training site's client population.

SECTION IV: REGISTRATION AND COMPLETION OF A CLINICAL ROTATION

Students 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. A complete set of forms/assignments is required for each course (CO 867, 868, 869 & 870). All fillable forms are located on the [MACC Program Site](#) Canvas page files which are also linked as well as in the student's CO 874 or 875 Clinical Counseling Supervision Course page.

Clinical Rotation Approval and Registration

Prior to the semester start students must register in Sonis for a clinical rotation course (CO 867/868/869/870). Prior to registering for any Clinical Counseling courses (CO 867, 868, 869 & 870), completed forms 2.0, form 4.0 proof of liability insurance, and Group Supervision Selection must be submitted to the Clinical Training Coordinator for approval. Students will not register for their Clinical Counseling Group Supervision course (CO874/CO875). Registration for this course will be manually completed by the Clinical Training Coordinator only after a completed form 2.0, form 4.0 and proof of liability insurance, and Group Supervision Selection have been received.

Pre-semester Forms

1.5 Potential Site and Supervisor Approval Request

The student must submit this form to the Clinical Training Coordinator at interninfo@gordonconwell.edu prior to continuing with other training site selection and contracting steps. The submission deadline for Form 1.5 is six weeks prior to the start of the semester for which the training site is being approved.

NOTE: THERE IS NO NEED TO COMPLETE FORM 1.5 IF YOUR SITE AND CLINICAL SUPERVISOR ARE ALREADY LISTED IN THE APPROVED DATABASE

2.0 Clinical Rotation Declaration

The completed form for an approved training site and clinical supervisor is submitted to the Clinical Training Coordinator at interninfo@gordonconwell.edu. The submission deadline for this form is three weeks prior to the first day of the semester.

4.0 GCTS Clinical Rotation Contract

The signed 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.

Proof of Liability Insurance

Each semester, students must submit their liability insurance declarations page. This document should include the following: the insurance company's name, the student's name (policy holder), the student's address, the amount of coverage, and the start date and expiration date of the policy.

Group Supervision Selection

This form will be updated each semester to reflect the group supervision assigned faculty and day/time of the weekly session. Student will complete this form by selecting a 1st and 2nd preference. Students will be manually registered by the Clinical Training Coordinator for a CO874 or CO875 Clinical Supervision Course which is a co-requisite of CO867/868/869/870. Prior to each semester will submit this form to indicate their preferred group

assignment. The Clinical Training Coordinator will assign students to the group on a first come, first served basis. The 2.0, 4.0, and proof of liability insurance must all be submitted prior to assignment

Completion of a Clinical Rotation

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. The student must actively participate at the training site throughout the week as scheduled between the site, clinical supervisor, and the student. Along with clinical activities, the student must attend weekly GCTS clinical counseling supervision (CO874/875) meetings and complete required reports, assignments, and evaluations.

NOTE: DURING PRACTICUM, 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.

Clinical Counseling Group Supervision (CO874/CO875)

Purpose

The purpose of the GCTS Clinical Counseling Group Supervision (CO 874/875) 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. Clinical Counseling Group Supervision, in accordance with CACREP standards, will be divided into CO874 *Clinical Counseling Practicum Supervision* and CO875 *Clinical Counseling Internship Supervision*. Assignments and evaluations throughout the semester will be administered and submitted to the CANVAS course page of the student's assigned CO874/875 section.

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, including diagnosis and treatment planning
- 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 DigitalLive format, with all students attending online.
- 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*. (REF. 12.4 CASE CLIENT CONCEPTUALIZATION AND CONCEPTUALIZATION RUBRIC REV. 7.25 IN APPENDIX A –

FORMS, TEMPLATES, AND RUBRICS). To ensure privacy of data, the student will email the case conceptualization using the Canvas email feature 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.

Attendance Policy

The expectation is that the student will attend *all* scheduled sessions according to the delivery method identified by the faculty group supervisor (most often online).

There are justifiable emergency and non-emergency reasons that warrant an absence. However, *excused/unexcused* absences and the potential consequences will be handled at the faculty group supervisor's discretion. In the event of an absence:

- The student must contact their assigned GCTS group supervisor as soon as possible, preferably ahead of the meeting time.
- 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.
- Attend to any other extra work that the group supervisor may assign.
- 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.
- Students must remain present until the group supervision has ended.

NOTE: CO870 STUDENTS MAY HAVE ADAPTED REQUIREMENTS (REF. SUPPLEMENTAL INTERNSHIP III IN SECTION III FOR DETAILS).

Semester Start Assignments: (within first 2 weeks)

4.0 GCTS Clinical Rotation Contract

Student will submit the contract previously provided to the Clinical Training Coordinator to the Canvas course page on the first day of the semester.

Student Intern Professional Disclosure Statement

The student is required to prepare a Professional Disclosure Statement that they will utilize with clients during the Practicum or Internship. The disclosure statement should be reviewed by the clinical supervisor in order to ensure that all requirements of the training site are included. A sample *Professional Disclosure Statement* is provided in APPENDIX C – CLINICAL RESOURCES of this manual. The student shall submit the disclosure statement in the Canvas course page. Refer to course syllabus for exact due date.

Learning Covenant Objectives (LCO)

The LCO defines the student's personal professional goals in supervision for the current clinical rotation semester. Students will also state their two identified modalities with corresponding interventions and theological perspectives. The student will consult their clinical supervisor when completing this assignment. The assignment must be signed by both the clinical supervisor and the student. The student shall submit the LCO in the Canvas course page. Refer to course syllabus for exact due date.

Telehealth Training (Practicum Only)

In accordance with CACREP standards students receive training in telehealth practices. The MACC-CMH program has selected a training via www.telehealth.org to meet this standard. The specific training required is linked in the Canvas Course page. The student shall submit a copy of the CE certificate in the Canvas Course page. Refer to course syllabus for exact due date.

NOTE: THE TELEHEALTH TRAINING REQUIRED IN CO790 - *Professional Standards and Christian Ethics for Counselors* DOES NOT FULFILL THE REQUIREMENTS ASSOCIATED WITH THIS ASSIGNMENT IN PRACTICUM.

Practicum/Internship Manual (Practicum Only)

It is the expectation of the MACC-CMH program that students will read entirely the Practicum and Internship Manual. Students will attest to having read entirely the Practicum and Internship Manual via a one question graded survey on the Canvas course page. Refer to course syllabus for exact due date.

MIDTERM Assignments (beginning of eighth week)

Midterm Reflection

The midterm reflection is an opportunity for the student to discuss how their clinical experience with utilization of their stated theoretical approaches and pursuit of supervision goals thus far, is shaping their professional growth. The completed reflection will be submitted to the Canvas course page. Refer to course syllabus for exact due date.

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, professional development, and personal development from the beginning of the semester to midterm. The student and the Clinical Supervisor must meet to review the evaluation prior to submission.

The 7.0 form will be distributed directly to the Clinical Supervisor through the Time2Track software. After the Clinical Supervisor completes the evaluation, students will have the opportunity to also sign via Time2Track, confirming review with Clinical Supervisor. It is the student's responsibility to save as a PDF and submit the form in the Canvas course page for final grading by the group supervisor. Refer to the Course Syllabus for exact due date.

FINAL Semester Assignments (last day of the semester)

Final Reflection

The final reflection is an opportunity for the student to discuss their overall clinical experience with utilization of their stated theoretical approaches and pursuit of supervision goals. The student will utilize case examples to explain their application and facilitation of the theoretical interventions, theological integration. The paper also includes the student's comments and reflective summaries on their experience in individual and group supervision as well as their areas of strengths, challenges, and growth. The completed document will be submitted to the canvas course page. Refer to course syllabus for exact date.

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 training site and clinical supervisor. This evaluation also provides the Counseling Department with vital information regarding the training site and clinical supervisor that can facilitate change if necessary. The 6.1 will be submitted to the Canvas course page. Refer to course syllabus for exact due date.

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 and the Clinical Supervisor must meet to review the evaluation prior to submission.

The 8.0 form will be distributed directly to the Clinical Supervisor through the Time2Track software. After the Clinical Supervisor completes the evaluation, students will have the opportunity to also sign via Time2Track, confirming review with Clinical Supervisor. It is the student's responsibility to save as a PDF and submit the form in the Canvas course page for final grading by the group supervisor. Refer to the Course Syllabus for exact date.

9.0 Evaluation of Student by GCTS Group Supervisor

This Likert scale survey and written comments, completed by the student's faculty group supervisor, evaluates the student's overall counseling skills, professional development, and personal development throughout the semester. The student will meet with their faculty group supervisor at a pre-scheduled within the last week of the semester to review and discuss the evaluation.

The 9.0 form will be distributed directly to the faculty group supervisor through the Time2Track software. After the group supervisor completes the evaluation, students will have the opportunity to also sign via Time2Track, confirming review with group supervisor. It is the student's responsibility to save as a PDF and submit the form in the Canvas course page for final grading by the group supervisor. Refer to the Course Syllabus for exact date.

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 10.0 form will be distributed directly to the student through the Time2Track software. After the completes the evaluation, it is the student's responsibility to save as a PDF and submit the form in the Canvas course page for final grading by the group supervisor. Refer to the Course Syllabus for exact date.

Monthly/As Assigned Activities

Activity Summary Report

Each student documents their clinical experiences from the outset of their Practicum enrollment through their last Internship. Clinical 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 clinical 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 Activity Summary Report is due on the last day of the semester. Refer to course syllabus for exact date.

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 training 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-CMH Student Handbook* for policies on student remediation).

12.4 Case Conceptualization

Twice in a semester, the student presents a case conceptualization on a chosen client. They will complete the case conceptualization document with information pertinent to the client's clinical/personal history, concerns/symptoms, treatment plan, and supervision considerations. Along with the document the student will identify a 10 minute segment of a session recording for review by the group supervisor and peers.

- Students will sign up for a specific day at the scheduled group supervision time the Canvas course page.
- Students will submit the completed document to the Canvas course page assignment two days prior to the presentation
- Students will email the document to all peers and group supervisor, using the Canvas Inbox feature. Student will present additional case information, present the recorded session segment, and receive feedback during the scheduled supervision time.

NOTE: IT IS ADVISED TO ALIGN RECORDING QUALITY WITH EXIT EVALUATION VIDEO STANDARDS. REFER TO ADDENDUM FOR EE STANDARDS.

13.0 Group Facilitation by Student

Students must facilitate at least one group of three or more clients for four consecutive sessions (weekly/bi-weekly) either during Practicum (CO 867), Internship I (CO 868) or Internship II (CO 869). Upon completion of facilitation, student must complete the 13.0 form indicating type of group, dates, and number of sessions. Included in the document is a written reflection on their group leadership experience. Students must obtain the clinical supervisor's signature. The completed document will be submitted to the Canvas course page. Refer to course syllabus for exact due date.

Between Semester Supervision

Students must complete this form prior to continuing any clinical hours after the semester end date. The form contains information regarding the identified between semester dates, the clinical rotation being extended, and identification of the on-call faculty supervisor for the period. Also included is a statement acknowledging this information and commitment by the clinical supervisor to continue offering weekly supervision. The form must be signed by both the student and the clinical supervisor. It will be submitted to the Clinical Training Coordinator at interninfo@gordonconwell.edu by the last day of the semester.

SECTION V: EVALUATIONS and CONCURRENT DEGREE REQUIREMENTS

Clinical Rotation 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 training 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 (REF. SECTION IV FOR DETAILS ABOUT EVALUATION FORMS).

- Student evaluation of site/clinical supervisor (Form 6.1)
- Midterm evaluation of student by clinical supervisor (Form 7.0)
- Final evaluation of student by clinical supervisor (Form 8.0)
- Evaluation of student by GCTS group supervisor (Form 9.0)
- Evaluation of GCTS group supervisor by student (Form 10.0)
- Exit Evaluation (concurrent with CO 869, Internship II.)

Exit Evaluation

*This section aligns with the "Exit Evaluation" subsection of the "MACC Degree Requirements" section found in the *MACC-CMH Student Handbook*.

Successful completion of the MACC-CMH 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 851). The Exit Evaluation is a skills and knowledge evaluation that takes place in the student's final year of the MACC-CMH program.

The purpose of the Exit Evaluation (CO 851) 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. Students should register for CO 851 (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 Review Rubric* (found in the Appendix of this manual 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 either during the previous spring semester or the following fall semester. No Exit Evaluations are completed in the summer. Students who complete CO 869 in the summer and intend to complete the Exit Evaluation in the fall 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 will 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 851.

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 851*, by the specified due date prior to the scheduled Exit Evaluation:

- A. *Personal self-evaluation*, covering the following areas: professionalism and counselor identity, legal and ethical responsibility, clinical competence, respect for diversity, self-awareness and self-care, theological integration, and Christian leadership. 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).
 - a. Case conceptualization (use form uploaded in the Canvas course CO 851).
 - b. One full video recording of a counseling session submitted to the Canvas course CO 851.
 - c. Complete, verbatim transcription of the above video recording.
- C. *Copies of all clinical supervisor's Mid-term and Final evaluations* with summaries from
 - a. 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 link).
- E. *Proof of attendance at a professional conference during the program* (See details under Professional Conference Attendance in the *MACC-CMH Student handbook*.)

Choosing an Exit Evaluation Video

As you complete your internship, you will want to keep in mind the need to submit a video of a full session as part of your *Exit Evaluation*. We are not looking for perfection on the video. We are, however, looking for a video that you believe to be an example of your best counseling work. Students often ask, "What are you looking for on the video?"

- Utilize your *best* work.
- Record a *complete* session – both the start and the end.
- Ensure adequate audio quality. Both you and your client should be able to be heard. We know that there may be moments where there are words softly spoken or words obscured by emotion that are inaudible. This is acceptable as it is a natural part of counseling. However, for the most part, your video should be clearly audible.
- Ensure that you, as the counselor, are in the video frame most of the time. (We are aware that child counseling often has the counselor move around the room and that the counselor may not always be visible in these cases. This is acceptable.) A video that also shows the client is optimal, although we know that this is not always possible.
- In rare cases, an audio recording (without video) may be approved. If this applies to you, please check with your advisor for approval.
- We would like to see a video that includes examples of you utilizing basic counseling competencies such as being attuned to your client, reflecting feelings, and deepening affect (if appropriate for your theoretical orientation).
- We would like to see clear examples of you utilizing skills and techniques from your stated theoretical orientation. Your theoretical orientation should be noted on your case conceptualization, along with clear identification of the techniques from that theoretical orientation that are evident in the video you submit.

If you do not have a session that includes all of these areas, stop and ask yourself if there is another session that might be better. For deficient areas, focus on explaining and clarifying in the third column of the transcription how you might have done things differently or addressed areas differently.

Outcomes of the Exit Evaluation

The Exit Evaluation is graded as either Pass or Fail on the transcript. Possible outcomes include:

1) *Pass:*

- a. In the estimation of the faculty, the student has substantially demonstrated the necessary skills. The grade is recorded as “Pass” on the student transcript.

2) *Pass with follow-up:*

- a. In the estimation of the faculty, the student has substantially demonstrated the necessary skills, with minor deficiencies that may be demonstrated in follow-up assignments or activities.
- b. The grade is recorded as a “Pass” on the transcript once the follow-up activities are completed.
- c. If the follow-up activities are not completed and an appeal is not filed (see “Appeals” below), the grade is recorded as “Fail” on the transcript and the student will be required to re-take the Exit Evaluation in a subsequent semester.

3) *Remediation:*

- a. In the estimation of the faculty, remediation of skills is needed. Procedures outlined in the policy on Remediation and Retention of Students in the *MACC-CMH Student handbook* are followed.
- b. The grade is recorded as “Extension” on the transcript while remediation activities occur.
- c. When remediation is successfully completed, the grade will be changed to “Pass” on the transcript. A student’s graduation may be delayed if the requirements of the remediation plan are not met within the given time frame.

4) *Voluntary withdrawal or dismissal from the program:*

- a. In the estimation of the faculty, substantial skills deficiencies are noted. This outcome is rare and reserved for severe deficiencies such as ethical violations or violations of the Community Life Statement. In this case, the student’s advisor works with the student to assist them to leave the program and explore other career options.

Exit Evaluation Appeals

The student is notified of the outcome of the Exit Evaluation via a secure OneDrive link sent to the student’s GCTS email account. If a student believes that the decision made during the EE is not just or fair, the student may submit a letter of appeal stating objections and providing any supporting material within five (5) working days of receiving the decision. The appeal letter should be submitted to the Director of Graduate Programs in Counseling (Dr. Davis) *or* to the student’s advisor. An Appeals Council of three faculty members with professional counseling background who were not part of the original faculty panel conducting the student’s EE will be convened. The Appeals Council will review the student’s appeal, including all supporting documentation, and render a decision within 10 days, following the typical Exit Evaluation Outcomes listed above. Should a student disagree with the decision of the Appeals Council, further appeal may be made following the Grade Appeals policy in the [Gordon-Conwell Academic Catalog](#).

Counselor Preparation Comprehensive Exam (CPCE)

*This section aligns with the “Counselor Preparation Comprehensive Exam” subsection of the “MACC Degree Requirements” section found in the *MACC-CMH Student Handbook*.

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 primarily taken at a Pearson Vue testing center (via Computer Based Testing). However, if you feel you have a genuine reason (disability, medical, etc.) to take the CPCE online (via OnVue) with a CPCE assigned online proctor, reach out to the Program Administrator for a possible exception. Students receive their unofficial score immediately upon completing the exam at Pearson Vue. Official scores are available the middle of the following month. 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 *one point 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 equal to or higher than 71 ($87 - 17 + 1$). 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 Student Performance Remediation Plan (See SPRP). 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 exams are quite similar. While some study resources are listed on CANVAS, students may find other resources are better suited to their learning style.

Personal Counseling

*This section aligns with the "Personal Counseling" subsection of the "MACC Degree Requirements" section found in the *MACC-CMH Student Handbook*.

Overview

For a student entering 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 Personal Counseling (CO 852) during their enrollment in the MACC-CMH program. We believe that this personal counseling experience enhances professional development and competency for students learning to be professional counselors. The requirement is 12 consecutive counseling sessions, either weekly or every other week, with an approved licensed counselor. 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 personal counseling sessions is not made known to the Counseling Department.

Registration and Completion of Personal Counseling

Prior to beginning the Personal Counseling (CO 852) experience, students should complete the Personal Counseling Approval form found on the MACC Program Site on Canvas and submit it to the program administrator at maccinfo@gordonconwell.edu. Students should ensure that the counselor has the appropriate credentials and is currently licensed by their state. Acceptable credentials include LCMHC, LPC, LMFT, PSYCHOLOGIST, PMHNP. Associate licenses for these credentials are permitted.

At the completion of the Personal Counseling (CO 852) experience, students are required to submit a Personal Counseling Completion Statement form, signed by the personal counselor, indicating that the student completed 12 sessions. Students should send the completed form to maccinfo@gordonconwell.edu.

Please register for CO 852: MACC Personal Counseling in SONIS during the semester that you begin personal counseling. Please use the "Course Add Request" form in the [SONIS Student Portal Links to an external site.](#) after the Course Add period or when unable to process in SONIS (instructions available [here](#)); if you cannot use the form tool in SONIS, email registration@gordonconwell.edu for assistance

No other reporting is required. The Graduate Programs in Counseling 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 Personal Counseling file on the [MACC Program Site](#). Additionally, students may find counselors on their own, or on the CAPS website: <https://www.caps.net/online-directory/>

APPENDIX A – Glossary

Definition of Terms

Between Semesters Activity – The period acts as an informal extension of the current semester. The duration extends from the day after the current semester end date through the day before the upcoming semester start date. For reasons of CACREP compliance and GCTS insurance, students must obtain approval to complete clinical fieldwork hours during this period.

Clinical Coordinator – A person at the training site who collaborates with the Clinical Supervisor to ensure caseload scheduling and professional development. The individual is not required to hold state licensure but may be a state board licensed individual. A clinical coordinator must be identified when the Clinical Supervisor is offsite, and is optional when the Clinical Supervisor is onsite.

Clinical Fieldwork – Term used to describe the phase of the degree program dedicated to practical clinical mental health training in the workforce while enrolled the educational institution. It is inclusive of the three required clinical rotations as well as any optional clinical rotations and the co-requisite clinical counseling supervision

- **CO 867:** Clinical Counseling Practicum
- **CO 868:** Clinical Counseling Internship I
- **CO 869:** Clinical Counseling Internship II
- **CO 870:** Clinical Counseling Internship III
- **CO 874:** Clinical Counseling Practicum Supervision
- **CO 875:** Clinical Counseling Internship Supervision

Clinical Rotation – Term used to broadly describe enrollment in either practicum or internship I, Internship II, and Internship III in a given semester.

Clinical Supervisor – The person who ensures caseload scheduling and professional development. They provide one hour of weekly, individual, or triadic clinical supervision for the clinical training site. This individual must be a state board, fully licensed, mental health professional who has documented training and experience in counseling supervision, at least two years of experience in the field of professional counseling, and training in distance supervision if conducting supervision via online platforms (REF. SECTION III FOR DETAILS). The individual may function from an offsite or onsite position.

Direct Counseling Services (Direct Hours) - Supervised use of counseling, consultation, or related professional skills with actual clients (individuals, couples, families, or groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) assessment, (2) counseling, (3) psycho-educational activities, and (4) consultation. The following would not be considered direct service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties, (4) clinical and/or administrative supervision, and (5) role plays.

Evaluations (formative and summative) - Formative evaluation examines the development of professional competencies with a focus on identifying strengths and deficiencies and corresponding learning interventions.

Summative evaluation focuses on outcomes and is used to assess whether desired learning goals are achieved consistently with a professional standard.

Indirect Counseling Services (Indirect Hours) - Indirect hours encompass activities supporting client services administratively or as part of preparation for client services

Internship – a distinctly defined entry-level, post-practicum, supervised fieldwork experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates professional knowledge and skills. The continuation of clinical fieldwork experience, designed to deepen students' clinical mental health experience and facilitate their professional development in the field. The student will gain more autonomy and increase a personal caseload while likely reducing observation and co-counseling (except where necessary for theoretical modality or new learning experiences). Developmental focus will add to practicum skills and foster 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.

Practicum – a distinctly defined entry-level, supervised fieldwork experience in which the student develops basic counseling skills and integrates professional knowledge. The practicum is completed prior to internship. The introductory clinical fieldwork experience, designed to provide a safe environment to help a student explore and develop clinical mental health skills and a professional orientation. The student will likely engage in observation, co-counseling and start a personal caseload. Developmental focus will begin learning about integration of theory and practice, problem solving skills, and local/national issues confronting the counseling profession.

Supervision, Group – tutorial and mentoring relationship between a member of the Counseling profession and more than two counseling students. It is defined as the clinical supervisor and three or more supervisees. Discussions center on clinical experience, professional ethics, theoretical application, and personal/professional growth. Discussions also include utilization of raw data such as live observation feedback, and audio/video recordings of student's session.

Supervision, Individual – A tutorial and mentoring relationship between a member of the Counseling profession and one counseling student. It is defined as the clinical supervisor and one supervisee. It consists of one hour of weekly face-to-face with the clinical supervisor. Discussions center on the student's counseling experience and utilize raw data such as live observation, co-counseling, and audio/video recordings student's session.

Supervision, Triadic -- A tutorial and mentoring relationship between a member of the Counseling profession and two counseling students. defined as the clinical supervisor and two supervisees is accepted as individual supervision.

Training Site – A professional setting such as mental health centers, hospitals, elementary and secondary schools, university and community college counseling centers, and supervised independent practices where direct counseling services occur with an identified clientele on a regular basis.

APPENDIX B -- 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 from the MACC-CMH Program Site on Canvas or from the CO874/CO875 course page files.

1.0 Clinical Rotation Information Meeting Registration

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Form 1.0 Clinical Fieldwork Information Meeting Registration

Rev. 8.26

Student Name: _____

MACC Matriculation: Select _____ Year Select _____

Anticipated Clinical Fieldwork Start: Select _____ Year Select _____

☐ I will attend the live Clinical Fieldwork Information Meeting held on: _____

☐ I viewed the recorded event with pre-approval from the Clinical Training Coordinator on: _____

The following required courses are completed or will be completed by the anticipated start of Practicum:

CO 502: Introduction to Counseling/Systems Theory

Select _____ Year Select _____

CO 710: Psychopathology, Diagnosis & Treatment

Select _____ Year Select _____

CO 540: Helping Relationships

Select _____ Year Select _____

CO790: Professional Standards and Ethics

Select _____ Year Select _____

Any additional counseling course:

Select _____ Year Select _____

☐ I will/have read my state and national licensure information prior to the meeting.

☐ I will/have read and I agree to abide by the Code of Ethics of the following organizations:

☐ ACA ☐ CAPS (check appropriate box(s)).

☐ I will read pages 1 – 29 of the Practicum & Internship Manual prior to the meeting:

(CANVAS/MACC PROGRAM SITE/FILES/CLINICAL FIELDWORK/CLINICAL FIELDWORK MANUAL)

Please sign and return this form one week prior to the Clinical Fieldwork Information Meeting

I understand and agree with the above requirements. I understand and fully accept my responsibility for completing any academic coursework and licensure requirements for my intended vocational objectives. I also understand that if I intend to seek licensure, I am responsible to obtain and understand the requirements of the state in which I am seeking licensure.

Student Signature

Date

Clinical Training Coordinator Signature

Date

1.5 Potential Site/Supervisor Approval Request

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1.5 Clinical Training Site and Supervisor Approval Request

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NOTE: USE THIS FORM ONLY IF YOUR SITE IS NOT ON THE APPROVED SITE LIST. OTHERWISE USE FORM 2.0

Student Information

Name:

GCTS Email: Phone:

Course: Select Semester: Select Year: Select

Clinical Training Site Information

Site Name: Website:

Address:

City: ST: Zip:

Phone:

Site Type: ☐ Hospital ☐ Inpatient ☐ Outpatient ☐ Agency ☐ Private Practice
☐ Church ☐ Other (Explain)

Client Population:

Other Pertinent Information:

Clinical Supervisor Information

Supervisor Name: On Site: ☐ Yes ☐ No

License Type: License #: State:

Email: Phone:

Completed by Counseling Department

Status: ☐ Approved ☐ Declined

Proof of: ☐ Active Licensure

☐ Two years clinical experience

☐ Supervision Training

☐ GCTS Site/Supervisor Requirements

Clinical Training Coordinator Initials:

2.0 Clinical Rotation Declaration

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2.0 Clinical Rotation Declaration

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NOTE: COMPLETE 1.5 FIRST IF SITE AND/OR SUPERVISOR HAS NOT BEEN PREVIOUSLY APPROVED

Student Information

Name:

GCTS Email: Phone:

Course: Select Semester: Select Year: Select

Clinical Training Site Information

Site Name: ☐ Primary ☐ Secondary

Address:

City: ST: Zip:

Phone:

Clinical Supervisor Information

Supervisor Name: On Site: ☐ Yes ☐ No

License Type: State: License #

Email: Phone:

Completed by Counseling Department

Status: ☐ Approved ☐ Declined

Additional Pre-semester Documents:

☐ Form 4.0

☐ Liability Insurance

☐ Group Selection Form

Clinical Training Coordinator Initials:

Group Selection Form

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CO874/CO875 Group Selection Form

Rev. 6.26

NOTE: THE CTC WILL MANUALLY REGISTER STUDENTS FOR CO874/CO875. INCLUSION IN PREFERRED SECTION WILL OCCUR AFTER 2.0, 4.0, AND PROOF OF LIABILITY HAVE BEEN SUBMITTED.

Student Information

Name:

GCTS Email:

Phone:

Course: ☐ 867 ☐ 868 ☐ 869 ☐ 870 Semester: ☐ FA ☐ SP ☐ SU Year:

Group Information

CO874 Groups (Co-requisite CO867)

<u>First Choice</u>	<u>Second Choice</u>
☐ CC1 – Faculty (D, Time)	☐ CC1 – Faculty (D, Time)
☐ CC2 – Faculty (D, Time)	☐ CC2 – Faculty (D, Time)
☐ CC3 – Faculty (D, Time))	☐ CC3 – Faculty (D, Time)
☐ CC4 – Faculty (D, Time)	☐ CC4 – Faculty (D, Time)
☐ CC5 – Faculty (D, Time)	☐ CC5 – Faculty (D, Time)

CO875 Groups (Co-requisite CO868/869/870)

<u>First Choice</u>	<u>Second Choice</u>
☐ CC1 – Faculty (D, Time)	☐ CC1 – Faculty (D, Time)
☐ CC2 – Faculty (D, Time)	☐ CC2 – Faculty (D, Time)
☐ CC3 – Faculty (D, Time)	☐ CC3 – Faculty (D, Time)
☐ CC4 – Faculty (D, Time)	☐ CC4 – Faculty (D, Time)

Student Signature

4.0 GCTS Practicum and Internship Contract

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4.0 GCTS Clinical Rotation Contract

Rev. 06.26

Student Information

Name: [Redacted]

GCTS Email: [Redacted] Phone: [Redacted]

Course: [Select] Semester: [Select] Year: [Select]

Site Information

Training Site: [Redacted]

Clinical Supervisor Information

☐ Onsite ☐ Offsite

Name: [Redacted]

Title: [Redacted]

Licensure Type: [Redacted]

State [Redacted] #: [Redacted]

Issued: [Redacted] Expiration: [Redacted]

Phone: [Redacted]

Email: [Redacted]

Site Coordinator (required with offsite supervisor)

Name: [Redacted]

Title: [Redacted]

Licensure Type: [Redacted]

State [Redacted] #: [Redacted]

Issued: [Redacted] Expiration: [Redacted]

Phone: [Redacted]

Email: [Redacted]

Clinical Supervisor Signature

Date

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, **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 training 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.

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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, practices, and emergency procedures of the clinical site when the student is in the clinical site.

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- 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 protected health information (PHI) pertaining to particular clients and comply with all HIPAA, federal laws, and state laws.
6. The faculty supervisor representing the Seminary will provide group supervision to the student on an average of 1.5 hours per week, providing feedback on raw data material (audio recordings or video recordings) presented by the student.
7. The faculty supervisor representing the Seminary will be the primary point of contact between the clinical supervisor and the Seminary, and will be the first point of contact should issues (both emergency and non-emergency) arise.
8. During Practicum, the faculty supervisor will engage in regular consultation with the clinical supervisor, including completing progress surveys via Survey Monkey at week 4 and week 10, 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 clinical supervisor via email at the beginning of the program and remain available for consultation to the clinical 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 Clinical Training Site:

1. The practicum/ internship clinical site agrees to provide orientation pertaining to the clinical site, including applicable policies, procedures (including emergency procedures), and technological resources, as well as provide clarification of the student's relevant roles, functions and professional relationships.
2. The clinical site agrees to provide the student with direct client service hours, consistent with Gordon-Conwell Counseling Program requirements. For students in Practicum (CO 867) this is 40 direct hours. For students in Internship I (CO 868) and Internship II (CO 869) 240 direct hours total. 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

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service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties and (4) clinical and/ or administrative supervision.

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, such as implementation of modalities, HIPAA and PHI compliance in your state, emergency procedures, engagement with Electronic Health Records and other relevant technology platforms.
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, or in any emergency situations that involve the student.

Responsibilities of Clinical Site Supervisor:

1. The clinical supervisor has provided GCTS, with documentation that he/she is a fully licensed mental health professional with two years of post-master's experience in counseling, and has training in supervision, including technology-based supervision if applicable.
2. The clinical supervisor will not supervise a student with whom such supervision would constitute a dual relationship.
3. The clinical supervisor agrees to provide the student with at least one hour of *uninterrupted* weekly supervision to observe and provide feedback on the student's performance. The actual method of observation during weekly supervision must consist of either live observation, audio recordings or video recordings, which is consistent with NC licensure boards and CACREP requirements. Video is preferred.

a. Please indicate below the format that applies to your supervision.

☐ In person only ☐ technology-based only ☐ In person & technology-based

NOTE: TECHNOLOGY-BASED SUPERVISION MUST BE CONDUCTED IN SYNCHRONOUS, FACE-TO-FACE LIVE TIME. SUPERVISORS WHO UTILIZE TECHNOLOGY-BASED SUPERVISION MUST HAVE DOCUMENTED TRAINING IN TECHNOLOGY-BASED SUPERVISION AND THEIR CHOSEN DELIVERY PLATFORM.

b. Please indicate the technology platform(s) you will use if providing technology-based supervision (e.g. Zoom, Doxy, Simple Practice, etc.):

☐ N/A

i. Please verify that you have engaged with training specific to use of the technology platform(s) indicated above ☐ Yes ☐ No ☐ N/A

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- ii. Please verify that the online platform(s) used for supervision is end-to-end encrypted, meeting all legal and ethical requirements

☐ Yes ☐ No ☐ N/A

NOTE: SOME PLATFORMS OFFER A FREE VERSION WHICH IS NOT ENCRYPTED AND A PAID VERSION WHICH IS ENCRYPTED ACCORDING TO HIPAA, FERPA, ETC.

- c. Please indicate all methods that apply to your form of observation:

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

- d. Please indicate fees associated with this supervision.

for each 50-minute individual supervision session
 for each 50-minute triadic supervision session
 for each 50-minute group supervision session

NOTE: ENTER "N/A" OR "0" IF YOUR TRAINING SITE DOES NOT CHARGE A FEE FOR CLINICAL SUPERVISION.

4. 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.
5. The clinical supervisor will provide training in appropriate therapeutic modalities as stated in the Learning Covenant Objectives. The clinical supervisor will comply with all ethical and performance standards appropriate to the discipline of their licensure. This includes addressing ethical, legal and professional standards, and security of PHI in your state; HIPAA compliance; technical skills/competencies and the student's utilization of supervision and ability to function independently and/ or with reduced supervision.
6. The clinical supervisor agrees to a schedule of regular consultation regarding the student's progress with the faculty supervisor which is accomplished by completion of a Mid-term evaluation and Final evaluation of the student via Time2Track each semester, which is reviewed with the student prior to the student's submission to the faculty supervisor. Additionally, during the Practicum semester only, the clinical supervisor completes two progress surveys at weeks 4 and 10 via Time2Track. Lastly, clinical supervisors will approve the student's monthly Activity Summary Reports via Time2Track. 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.
7. 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, or in any emergency situations.

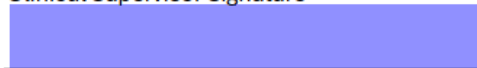
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Responsibilities of Practicum/Internship Student:

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 prepare and present raw data material compatible with Gordon-Conwell standards as well as the expectations of the counseling facility, such as a live observation form, audio recording or video recordings in scheduled supervision meetings, which is consistent with NC/SC licensure boards and CACREP requirements. Video is preferred. (Ref. section "Responsibilities of the Clinical Site Supervisor, 3.d)
6. The student will attend all meetings mandated by the clinical site and/or clinical supervisor.
7. The student will inform both the site supervisor *and* the faculty supervisor of any emergencies that arise. The student will follow all emergency procedures outlined by the site.
8. The student will maintain records to document practicum/ internship experiences, including hours spent in direct/ indirect client contact, supervision, administrative and preparation responsibilities.
9. The student will review and have a working knowledge of the ACA ethical code CAPS ethical guidelines and HIPAA laws and practice under these guidelines ensuring client care and security of Protected Health Information (PHI).

	
Clinical Supervisor Signature	Date
	
Student Signature	Date

5.0 Learning Covenant Objectives



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5.0 Learning Covenant Objectives

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Clinical Information

Student Name:

Training Site:

Clinical Supervisor:

Course:

Semester:

Year:

Supervision Goals

State two personal professional goals you would like to address in supervision during this clinical rotation
(these goals are not related to theories/models or techniques/interventions).

Goal #1:

Goal #2:

Learning Objectives

State two theories/models with two corresponding techniques/interventions each that you will use during this clinical rotation.

NOTE: CO867 STUDENTS MUST USE PERSON CENTERED THERAPY AS ONE MODEL. ALSO, ONE THEORY/MODALITY MAY BE REPEATED ONCE IN A SUBSEQUENT SEMESTER DURING ROTATIONS (EXCLUDING PCT)

Theory/Modality:

Technique/Intervention:

Technique/Intervention:

Theological Perspective

Discuss how this approach related to your theological integration (worldview, understanding, values, etc.)

Theory/Modality:

Technique/Intervention:

Technique/Intervention:

Theological Perspective

Discuss how this approach related to your theological integration (worldview, understanding, values, etc.)

Resources

List five resources for increasing knowledge during this clinical rotation. Resources may be related to theory/modality, populations, supervisor's recommendations, licensure, etc. One resource must be related to a chosen theory/modality. Resource types: books, manuals, professional journals, recorded case studies/sessions, professional seminars, webinars, conferences, workshops, or professional organizations

NOTE: USE APA FORMAT IN LIST

	RESOURCES	CATAGORY
1		☐ SITE ☐ SUPERVISOR ☐ MODEL
2		☐ SITE ☐ SUPERVISOR ☐ MODEL
3		☐ SITE ☐ SUPERVISOR ☐ MODEL
4		☐ SITE ☐ SUPERVISOR ☐ MODEL
5		☐ SITE ☐ SUPERVISOR ☐ MODEL

Student Signature	Date
Supervisor Signature	Date

6.1 Student Evaluation of Site and Supervisor

6.1 Evaluation of Site and Clinical Supervisor by Student

School:	School Name	Course:	Course Name
Trainee:	Trainee Name	Term:	Term Name
Supervisor:	Supervisor Name	Batch:	Batch Name
Faculty:	Faculty Member Name	Requested:	Requested Date
Training Site:	Training Site Name	Flow:	Document Flow

Instructions

Using the scale below please indicate the statement that best describes your experience.

1=Unsatisfactory 2=Satisfactory 3=Very satisfactory

Site Evaluation

My Supervisor...

Provided adequate training/orientation

Provided a safe, professional environment

Provided structure and assistance

Provided professionals and staff that were respectful and cooperative

Provided exposure to other professionals

Provided useful information/training in such areas as documentation,
billing, insurance, etc.

Provided information on various community resources

Provided assistance in obtaining hours

Additional Comments

Clinical Supervisor Evaluation

My Clinical Supervisor...

Explained their style/process of supervision

Provides a set day and time for supervision that does not vary

Gives adequate notice and an appropriate reason when there is a change in scheduled supervision

Is on time for our supervision session

Is genuine, honest, empathetic and caring

Motivates, encourages and challenges me

Is an appropriate, professional role model

Discusses and emphasizes ethical/legal considerations, appropriate boundaries and safety concerns

Shows an interest in my personal and professional growth

Is respectful and considerate when giving constructive feedback

Acknowledges when I do well

Recognizes and encourages further development of my strengths and capabilities

Encourages me to develop my own effective counseling style by providing ideas/suggestions

Assists me in understanding the implications and dynamics of the specific modalities and techniques that I am working on

Assists me in achieving my practicum/internship objectives

Assists me in achieving my specific personal goals for supervision

Encourages discussion and resolution of any concerns/issues that I encounter in my practicum/internship

Additional Comments

I agree to allow this evaluation to be placed in a file for other students to review when choosing clinical sites. (Please note this form is not accessible)

Student Signature

7.0 Evaluation of Student by Clinical Supervisor

7.0 Mid-term Evaluation of Student by Clinical Supervisor

School:	School Name	Course:	Course Name
Trainee:	Trainee Name	Term:	Term Name
Supervisor:	Supervisor Name	Batch:	Batch Name
Faculty:	Faculty Member Name	Requested:	Requested Date
Training Site:	Training Site Name	Flow:	Document Flow

Instructions

Based on the appropriate developmental stage of the Practicum/ Internship student, please rate each category below using the following scale:

NA (Unassessed); 1 (Pre-application); 2 (Emerging); 3 (Intermediate); 4 (Consistent)

(NA) Unassessed – The opportunity to assess has not yet occurred. The supervisor will assess this skill as soon as the student has the opportunity to illustrate it.

(1) Pre-application – Student has a pre-application awareness of skill and does not have a working knowledge of the fundamentals of this skill. Foundational theoretical knowledge and learning are needed to understand the skill and its appropriate use. A student who is in the process of learning about a skill or theoretical approach, who has not yet practiced this skill in session, but who is in the process of learning about a specific skill, would be a good illustration of this level of understanding.

(2) Emerging – Student is beginning to apply or display skill with supervisory support. They have a understanding of the skill, but it is unpolished in practice and they may not have awareness of when to apply the skill. This level is the target for practicum students.

(3) Intermediate – Student applies or displays skill more consistently with supervisory support but still has occasion where they misapply or are ineffective with the skill. This level is on target for internship I students.

(4) Consistent - Student consistently applies or displays skill with supervisory support. With support, they can clearly and appropriately apply the skill in sessions with clients. This level is on target for internship II students and parallels an associate-level counselor. Our training goal is to have our student counselors reach this level for each measure by graduation.

Structural

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

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

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

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

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

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

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

Written Summary

Please 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

Student Acknowledgment

I have read the written evaluation and reviewed these responses with my clinical supervisor during our individual session. Acknowledgement doesn't indicate agreement with evaluation content.

Student Signature

8.0 Final Evaluation of Student by Clinical Supervisor

8.0 Final Evaluation of Student by Clinical Supervisor

School:	School Name	Course:	Course Name
Trainee:	Trainee Name	Term:	Term Name
Supervisor:	Supervisor Name	Batch:	Batch Name
Faculty:	Faculty Member Name	Requested:	Requested Date
Training Site:	Training Site Name	Flow:	Document Flow

Instructions

Based on the appropriate developmental stage of the Practicum/ Internship student, please rate each category below using the following scale:

Rating Scale

NA (Unassessed); 1 (Pre-application); 2 (Emerging); 3 (Intermediate); 4 (Consistent)

...

(NA) Unassessed – The opportunity to assess has not yet occurred. The supervisor will assess this skill as soon as the student has the opportunity to illustrate it.

...

(1) Pre-application – Student has a pre-application awareness of skill and does not have a working knowledge of the fundamentals of this skill. Foundational theoretical knowledge and learning are needed to understand the skill and its appropriate use. A student who is in the process of learning about a skill or theoretical approach, who has not yet practiced this skill in session, but who is in the process of learning about a specific skill, would be a good illustration of this level of understanding

...

(2) Emerging – Student is beginning to apply or display skill with supervisory support. They have a understanding of the skill, but it is unpolished in practice and they may not have awareness of when to apply the skill. This level is the target for practicum students.

...

(3) Intermediate – Student applies or displays skill more consistently with supervisory support but still has occasion where they misapply or are ineffective with the skill. This level is on target for internship I students.

...

(4) Consistent - Student consistently applies or displays skill with supervisory support. With support, they can clearly and appropriately apply the skill in sessions with clients. This level is on target for internship II students and parallels an associate-level counselor. Our training goal is to have our student counselors reach this level for each measure by graduation.

Structural

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

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

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

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

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

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

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

Written Summary

Please 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.

Summary Commentary

Clinical Supervisor Signature

Student Acknowledgment

I have read the written evaluation and reviewed these responses with my clinical supervisor during our individual session. Acknowledgement doesn't indicate agreement with evaluation content.

Student Signature

9.0 Evaluation of Student by Group Supervisor

9.0 Evaluation of Student by GCTS Group Supervisor

School:	School Name	Course:	Course Name
Trainee:	Trainee Name	Term:	Term Name
Supervisor:	Supervisor Name	Batch:	Batch Name
Faculty:	Faculty Member Name	Requested:	Requested Date
Training Site:	Training Site Name	Flow:	Document Flow

Instructions

Based on the appropriate developmental stage of the Practicum/ Internship student, please rate each category below using the following scale:

Rating Scale

NA (Unassessed); 1 (Pre-application); 2 (Emerging); 3 (Intermediate); 4 (Consistent)

...

(NA) Unassessed – The opportunity to assess has not yet occurred. The supervisor will assess this skill as soon as the student has the opportunity to illustrate it.

...

(1) Pre-application – Student has a pre-application awareness of skill and does not have a working knowledge of the fundamentals of this skill. Foundational theoretical knowledge and learning are needed to understand the skill and its appropriate use. A student who is in the process of learning about a skill or theoretical approach, who has not yet practiced this skill in session, but who is in the process of learning about a specific skill, would be a good illustration of this level of understanding

...

(2) Emerging – Student is beginning to apply or display skill with supervisory support. They have a understanding of the skill, but it is unpolished in practice and they may not have awareness of when to apply the skill. This level is the target for practicum students.

...

(3) Intermediate – Student applies or displays skill more consistently with supervisory support but still has occasion where they misapply or are ineffective with the skill. This level is on target for internship I students.

...

(4) Consistent - Student consistently applies or displays skill with supervisory support. With support, they can clearly and appropriately apply the skill in sessions with clients. This level is on target for internship II students and parallels an associate-level counselor. Our training goal is to have our student counselors reach this level for each measure by graduation.

Professional Development

Submits course assignments/forms on time

Comes to group supervision on time and prepared

Portrays professionalism

Engages with supervisor and peers in a respectful and supportive manner

Receives feedback in an attentive, respectful manner

Understands ethical considerations

Counseling Skills

Demonstrates warmth and empathy

Demonstrates non-verbal attending skills-eye contact, open posture, head nod, etc.

Demonstrates active and reflective listening skills

Offers summary/paraphrase of content

Displays appropriate mirroring

Tracks with affect appropriately

Deepens affect

Counseling Skills Continued

Allows for and is comfortable with silence

Offers interpretations/reframes

Focuses on process not content

Is aware of transference/countertransference

Interacts in the here and now

Advocates for clients and families when appropriate

Demonstrates multicultural sensitivity

Demonstrates adequate assessment skills

Understands differential diagnosis and accurately diagnosis clients

Conceptualizes clients from chosen theoretical approach

Effectively utilizes techniques and interventions for prevention and treatment of a broad range of mental health issues

Summary Comments

Summary Commentary

Faculty Supervisor Signature

Student Acknowledgment

I have read the written evaluation and reviewed these responses with my GCTS Group Supervisor during our individual semester end session. Acknowledgement doesn't indicate agreement with evaluation content.

Student Signature

10.0 Evaluation of Group Supervisor by Student

10.0 Evaluation of GCTS Group Supervisor by Student

School:	School Name	Course:	Course Name
Trainee:	Trainee Name	Term:	Term Name
Supervisor:	Supervisor Name	Batch:	Batch Name
Faculty:	Faculty Member Name	Requested:	Requested Date
Training Site:	Training Site Name	Flow:	Document Flow

INSTRUCTIONS

Using the scale below, please evaluate your GCTS Group Supervisor by expressing the level of agreement with each experience described.

1 - Strongly Disagree 2 - Disagree 3 - Agree 4 - Strongly Agree

My GCTS Supervisor

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

Comments

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 Signaute

Faculty Advisor Acknowledgement

I have read the written evaluation and reviewed these responses with the student during our individual semester evaluation session. Acknowledgement doesn't indicate agreement with evaluation content.

Faculty Signature

12.4 Case Conceptualization

12.4 Client Conceptualization

Rev. 03/26

Case 1 ☐ Case 2 ☐

Course: CO: ☐ 867 ☐ 868 ☐ 869 ☐ 870

Student Name:

GCTS Group Supervisor:

Client Info (*pseudonym, sex, age, ethnicity, marital status, birth order/siblings if applicable, etc. Please do not use client initials for a pseudonym*):

Presenting problem:

History of symptoms and attempted solutions: (*Brief HX of symptoms, and how the client has attempted to solve these problems before coming to counseling*).

Family of Origin: (*Brief history of family of origin and significant relationship and psychosocial circumstances*)

Relevant spiritual/religious issues: (*themes, relationship to God, meaning/philosophy of life, values, etc.*)

Cultural Considerations: (*Include any implicit or explicit cultural considerations and culturally appropriate modifications to counseling systems, modalities and interventions. Consider a robust model such as the RESPECTUFL or ADDRESSING model to assist you in considering all aspects of culture. Refer to Huey, Tilley, Jones, & Smith 2014 article if applicable.*).

Systemic and Environmental Considerations: (*Broader systems involved, support system, interactional patterns, coalitions, triangles, and other contextual factors, etc.*).

Transference and countertransference: (*Identify transference and countertransference issues that are present in your work with this client*)

Diagnoses: (*Using the DSM-5-TR and the ICD-11, provide your diagnostic impressions, differential diagnoses, and a brief rationale*).

- Treatment Goals, Interventions, and Measurable Outcomes:** (*Identify your treatment goals, therapeutic interventions, and measurable outcomes utilizing the chart below. Note that your therapeutic interventions should be related to the theoretical approach that you are using with this client. Be sure to consider and include culturally sustaining and developmentally relevant outcome measures for this client as you create your treatment plan.*)

DSM-5-TR Diagnosis Code/ ICD-11 Code		
Theoretical Orientation(s):		
Goal(s) for change	Therapeutic Intervention(s)	Outcome Measure(s) of Change
(Add rows as needed)		

--	--	--

Optimal Wellness Strategies and Referrals: *(Identify two strategies and/or referrals to promote independence, optimal wellness, empowerment, and engagement with community resources. Define the relationship to therapeutic goals and how the strategy/referral will be implemented.)*

Focus of this session: *(Explain the focus of this particular counseling session in the context of your work with this client, including the theoretical orientation being used, specific interventions used, and goals worked toward)*

Context of video clip: *(Explain pertinent information needed to understand what is happening in this clip)*

Theoretical orientation and interventions demonstrated in this video clip: *(Clearly identify the theoretical orientation and the interventions related to your theoretical orientation that are present in this clip. Be specific. For example: "At time stamp 3:42, I utilized CBT reframing." Or "At 12:50 I reflected feelings.")*

Strengths and growth areas: *(Identify at least one strength about yourself in this video clip and one area for growth).*

Supervision Needs: *(State specific areas of feedback that you need. When stating feedback needs, think about the following: use of theory, goals stated in your LCO, use of basic communication skills, diagnostic needs, relationship building issues, specific interventions, multicultural considerations and sensitivity, etc. Questions based on the information in the case conceptualization and raw data will work best. Provide at least one area of feedback for each person in your group.)*

12.4 Client Conceptualization

Rev. 03/26

Case 1 ☐ Case 2 ☐

Course: CO: ☐867 ☐868 ☐869 ☐870

Student Name:

GCTS Group Supervisor:

Client Info (*pseudonym, sex, age, ethnicity, marital status, birth order/siblings if applicable, etc. Please do not use client initials for a pseudonym*):

Presenting problem:

History of symptoms and attempted solutions: (*Brief HX of symptoms, and how the client has attempted to solve these problems before coming to counseling*).

Family of Origin: (*Brief history of family of origin and significant relationship and psychosocial circumstances*)

Relevant spiritual/religious issues: (*themes, relationship to God, meaning/philosophy of life, values, etc.*)

Cultural Considerations: (*Include any implicit or explicit cultural considerations and culturally appropriate modifications to counseling systems, modalities and interventions. Consider a robust model such as the RESPECTFUL or ADDRESSING model to assist you in considering all aspects of culture. Refer to Huey, Tilley, Jones, & Smith 2014 article if applicable.*)

Systemic and Environmental Considerations: (*Broader systems involved, support system, interactional patterns, coalitions, triangles, and other contextual factors, etc.*)

Transference and countertransference: (*Identify transference and countertransference issues that are present in your work with this client*)

Diagnoses: (*Using the DSM-5 and the ICD-11, provide your diagnostic impressions, differential diagnoses, and a brief rationale*).

- Treatment Goals, Interventions, and Measurable Outcomes:** (*Identify your treatment goals, therapeutic interventions, and measurable outcomes utilizing the chart below. Note that your therapeutic interventions should be related to the theoretical approach that you are using with this client. Be sure to consider and include culturally sustaining and developmentally relevant outcome measures for this client as you create your treatment plan.*)

DSM-5 Diagnosis Code/ ICD-10 Code		
Theoretical Orientation(s):		
Goal(s) for change	Therapeutic Intervention(s)	Outcome Measure(s) of Change
(Add rows as needed)		

--	--	--

Optimal Wellness Strategies and Referrals: *(Identify two strategies and/or referrals to promote independence, optimal wellness, empowerment, and engagement with community resources. Define the relationship to therapeutic goals and how the strategy/referral will be implemented.)*

Focus of this session: *(Explain the focus of this particular counseling session in the context of your work with this client, including the theoretical orientation being used, specific interventions used, and goals worked toward)*

Context of video clip: *(Explain pertinent information needed to understand what is happening in this clip)*

Theoretical orientation and interventions demonstrated in this video clip: *(Clearly identify the theoretical orientation and the interventions related to your theoretical orientation that are present in this clip. Be specific. For example: "At time stamp 3:42, I utilized CBT reframing." Or "At 12:50 I reflected feelings.")*

Strengths and growth areas: *(Identify at least one strength about yourself in this video clip and one area for growth).*

Supervision Needs: *(State specific areas of feedback that you need. When stating feedback needs, think about the following: use of theory, goals stated in your LCO, use of basic communication skills, diagnostic needs, relationship building issues, specific interventions, multicultural considerations and sensitivity, etc. Questions based on the information in the case conceptualization and raw data will work best. Provide at least one area of feedback for each person in your group.)*

Case Conceptualization Rubric

Case Conceptualization Rubric = 20 Points

Case 1 or 2

Student Name:

Total Points:

Case Conceptualization	0 Points	4 Points	Earned Points	Comments
Use of developmentally appropriate counseling skills (CACREP/CMHC Sect. 5.C.5)	Demonstrates significantly underdeveloped counseling skills given <u>expected</u> level of professional development; misuse or lack of use of micro-skills; no apparent concern for theory of choice present.	Demonstrates developmentally appropriate skills in counseling; use of micro-skills present; clear use of theory of choice and techniques/interventions related to theory.		
Choice of video segment and appropriate supervision feedback questions	Video is inaudible or of poor quality; questions for supervision feedback are not present or are inappropriate for group supervision.	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.		
Includes important cultural considerations; systemic and environmental factors (CACREP Sect. 3.B.2 ; 3.C.11)	Cultural, systemic, and environmental factors are not addressed in the written case conceptualization	Written case conceptualization includes thoughtful material about multicultural identities and how systemic and environmental factors are impacting the client.		
Includes accurate diagnosis and any differential diagnosis; develops treatment plan with measurable outcomes (CACREP Sect. 3.E.13 , 14 , 15)	No diagnosis is <u>attempted</u> and/ or no differential diagnosis is present; outcomes are not measurable or do not seem relevant.	Potential diagnoses and differential diagnoses in the written case conceptualization are plausible and substantiated. Treatment plan includes measurable outcomes		

		relevant to the noted diagnoses.		
Includes strategies and/or referrals to promote independence, optimal wellness, empowerment, and engagement with community resources (CACREP Sect. 3.E.17)	Strategies or referrals to promote independence, wellness, empowerment and engagement with community are not explored.	Written case includes appropriate strategies/ referrals to aid promoting independence, wellness, empowerment, and engagement with community resources.		
Total Points (20)				

CACREP (CMHC) Sect. 5.C.5 - Techniques and interventions for prevention and treatment of a broad range of mental health issue
CACREP Sect. 3.B.2 - The influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on individuals' worldviews
CACREP Sect. 3.C.11 - Systemic, cultural, and environmental factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
CACREP Sect. 3.E.13 - Developmentally relevant and culturally sustaining counseling treatment or intervention plans
CACREP Sect. 3.E.14 - Development of measurable outcomes for clients
CACREP Sect. 3.E.15 - Evidence-based counseling strategies and techniques for prevention and intervention
CACREP Sect. 3.E.17 – Strategies and/or referrals to promote independence, optimal wellness, empowerment, and engagement with community resources

13.0 Group Facilitation Verification and Reflection

13.0 Group Facilitation Verification and Reflection

School:	School Name	Course:	Course Name
Trainee:	Trainee Name	Term:	Term Name
Supervisor:	Supervisor Name	Batch:	Batch Name
Faculty:	Faculty Member Name	Requested:	Requested Date
Training Site:	Training Site Name	Flow:	Document Flow

Verification

Group Type:

Group Duration (Enter start date and end date):

Participant Count:

Session Count:

Clinical Hours Completed:

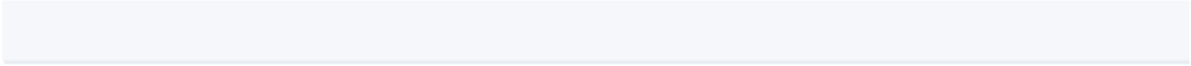
Clinical Supervisor Signature

Section 2

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. See Corey text for specific characteristics and functions.

KPI 6: REFER TO RUBRIC IN CANVAS ASSIGNMENT

Student Signature



Live Observation Form



|

Live Observation Form
CO 867/ 868/ 869

To the Clinical Site Supervisor:

Thank you for being willing to supervise our clinical mental health counseling intern. This form is provided as an alternative to our program requirement that student interns provide audio or video recordings of their actual work with clients. We recognize that in some instances it is impossible to record. In lieu of a recording, we require the clinical site supervisor to conduct a live observation of the student during a client session and complete this form as verification.

Student Name/ ID Number: _____

Site Supervisor Name: _____

Site Name: _____

Date/ Time of Live Observation: _____

1. Please comment on the student's competence in utilizing basic counseling skills during this session (e.g. active listening, being attuned to the client, reflecting feelings, asking open questions, etc.)

2. Please comment on the student's ability to utilize techniques from an identified theoretical orientation while working with the client/ couple/ family during this session.

3. What were the student intern's salient strengths that emerged during this session?

4. What are noted areas for development/ growth that emerged from this session?

The signature below verifies that you conducted a live observation of the student during a clinical counseling session.

Site Supervisor Signature

Date

Between Semester Supervision Form



Master of Arts in Christian Counseling

BETWEEN SEMESTER SUPERVISION NOTIFICATION FORM

(Submit form to your current faculty supervisor, the on-call faculty supervisor and interninfo@gordonconwell.edu)

Student Name:

Student Cell Phone Number:

Practicum/ Internship Site:

Clinical Supervisor Name:

Clinical Supervisor Phone Number:

Clinical Supervisor Email:

This is to verify that I will continue in my ☐ **Practicum**/☐ **Internship** (Check one) clinical placement during the semester break, from the dates of Month, day, year to Month, day, year (inclusive). By signing this form, I verify that this arrangement is agreed upon by my Clinical Supervisor, and that I will continue to receive individual supervision from my Clinical Supervisor for a minimum of one hour per week. Additionally, my signature indicates that I have notified the On-Call Faculty Supervisor of my ongoing clinical training, and I agree to contact the On-Call Supervisor either by phone or email for supervision on an as needed basis. I understand that between semester supervision is provided primarily by my Clinical Supervisor, however, the On-Call Faculty Supervisor is available to me as needed. I understand that I must continue to log my hours and keep copies of all supporting documentation. I agree to keep the On-Call Faculty Supervisor apprised of any ethical, legal, or crisis situations during the break. *The designated **On-Call Faculty Supervisor for m/dd/yr – m/dd/yr is Faculty Name (###-###-####).***

STUDENT SIGNATURE

DATE

CLINICAL SUPERVISOR SIGNATURE

DATE

APPENDIX C -- ASSIGNMENTS SAMPLES

Learning Covenant Objectives

SAMPLE (with answers)

Supervision Goals

State two personal professional goals you would like to address in supervision during this clinical rotation (*these goals are not related to theories/models or techniques/interventions*).

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

State two theories/models with two corresponding techniques/interventions each that you will use during this clinical rotation.

NOTE: CO867 STUDENTS MUST USE PERSON CENTERED THERAPY A ONE MODEL. ALSO, ONE THEORY/MODALITY MAY BE REPEATED ONCE IN A SUBSEQUENT SEMESTER DURING ROTATIONS (EXCLUDING PCT)

Theory/Modality: Solution Focused Brief Therapy

Technique/Intervention: Miracle Question

Technique/Intervention: Exception Question

Theological Perspective

Discuss how this approach related to your theological integration (worldview, understanding, values, etc.)

Solution Focused Brief 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.

Resources

List five resources for increasing knowledge during this clinical rotation. Resources may be related to theory/modality, populations, supervisor's recommendations, licensure, etc. One resource must be related to a

chosen theory/modality. Resource types: books, manuals, professional journals, recorded case studies/sessions, professional seminars, webinars, conferences, workshops, or professional organizations

NOTE: USE APA FORMAT IN LIST

Midterm Reflection

SAMPLE (with answers)

Have you used raw data in every session with your clinical supervisor? If not, explain Why raw data is not being used and how you are going to ensure that this requirement is fulfilled?

Briefly discuss how your understanding of the two theoretical models you have chosen for this rotation has changed and developed as a result of your clinical experience this semester. Specifically, how has application furthered your understanding of each theory, and how has your understanding of each theory changed or been modified as a result of practical application?

Example Answer:

As I work with SFBT, 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.

Briefly discuss one area of growth that you plan to work on in each of your chosen theories for the remainder of this semester.

Briefly describe what your clinical supervisor is doing well and ways that your clinical supervisor could be more helpful to you for the duration of the semester.

Final Reflection

SAMPLE(with answers)

Discuss how you applied each of the two theories/models chosen for this rotation. Conceptualize using one client example for each theory/mode and explain the implementation of the two associated techniques/interventions identified in the LCO. With each theory/model, discuss your theological integration of each chosen theory/model. Give implicit and explicit (as appropriate) examples.

Theory/Model #1: Solution-Focused Brief Therapy (SFBT) is a future-oriented approach centered on identifying client strengths and exceptions to problems. In this rotation, SFBT was applied to clients who responded well to its techniques in initial sessions. Relying on specialized resources for precise phrasing, the therapeutic goal was to use **miracle and exception questions** to foster a positive future orientation.

This approach was applied to **Hannah, a 16-year-old** experiencing a difficult autumn transition. As the youngest child, she faced loneliness after her sibling left for college, grew distant from a popular peer group, and was caught drinking by her parents. Her self-esteem was at risk, and she showed emerging depressive symptoms. However, Hannah demonstrated natural resilience and self-awareness. Instead of fixating on her losses, therapy capitalized on her "good days" to determine how to replicate them. Conversations shifted from emptiness to **new home traditions**, and from peer rejection to **realigning with lifelong friends**. Consequently, Hannah gained confidence, recognized her growth, and did not require weekly counseling.

Theologically, SFBT's focus on **empowerment and honoring strength** directly aligns with biblical values of human dignity and welfare. Christian clients can seamlessly find solutions and coping mechanisms within their faith framework. The primary theological limitation of SFBT is its **inability to confront deeply rooted sin** and chronic dysfunction. Additionally, while the model attempts to remain value-free, it allows for directive intervention when safety is compromised.

Ultimately, this rotation demonstrated that SFBT effectively leverages client strengths for rapid improvement while remaining adaptable to a Christian worldview.

Would you like me to adjust the **tone** of this summary, or should we focus on a specific section for further analysis?

Theory/Model #2:

Supervision:

Comment on the experience of Individual and GCTS Group Supervision, both positive and challenging aspects.

- *Discuss how the supervisory process (from the beginning to the end of this placement) facilitated your development as a counselor in training (be specific)? 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.

Discuss your experience in attaining stated goals.

Resources:

*Discuss one resource **stated in your LCO** and give a **concrete example** of how you utilized this resource during this placement. Be sure to include the name of resource (APA style)*

- 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:

Discuss what you learned about yourself as a counselor in training during this placement.

Identify your strengths and growing edges during this placement.

Reflect on your overall experience (not previously discussed) for this placement..

- 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 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 CO874/CO875 Canvas course 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.

APPENDIX D -- CLINICAL 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 training sites may have and require you to use their own forms or documents, which is understandable, but many training sites/clinical supervisors ask the student to provide their own. In this case, the clinical supervisor and/or site coordinator (if applicable) will need to review the documents.

Sample - Emergency Contact and Procedures

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.

Clinical Supervisor:

Name:

Work Location:

Primary Work Phone:

Primary Home Phone:

Secondary Home Phone:

Training Site POC:

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. Ingo Tophoven, PhD, LCMHC (757-403-3319)
Assistant Professor in Counseling

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

Sample - Student Counselor in Training Disclosure and Informed Consent

Student Counseling 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 1.5 hours weekly 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, HIPAA 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

The fee for each session is _____. *[Or alternately, there is no charge for the counseling session.]* Fees are collected *[at the beginning/ at the end]* of each session and are payable by *[cash/ check/ credit card]*. If you must cancel a session, please do so at least 24 hours prior to the scheduled session time. Sessions that are cancelled within a 24-hour period are charged a fee of _____.

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. If you think that you have been treated unfairly or unethically by me, contact my clinical supervisor:

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

Clinical Supervisor Name:	Address:	Phone
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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
-----------------------	------

Sample – Professional Disclosure Statement

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

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 Clinical Mental Health Counselors

P. O. Box 77819

Greensboro, NC 27417

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

Email: lcmhinfo@ncblpc.org Website: www.ncblcmhc.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: _____

Sample – Informed Consent to Audio/Video Recording

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

Sample – Client Intake Form

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:

APPENDIX E – STANDARDS FOR GRADUATE TRAINEE RETENTION

*This section aligns with the “Policy for Retention and Remediation of Students” found in the *MACC-CMH Student Handbook*.

The purpose of this policy is to clarify the areas of competence and professional behavior expected of each counseling student and the procedures for identifying and addressing problematic behaviors, incompetence, and/ or ethical violations that occur during their graduate training. Students are expected to demonstrate professional and interpersonal competence, social consciousness, and disciplined reflection in their work. This includes high standards of professional and ethical behavior in interactions with clients, peers, supervisors, and faculty, including confidentiality, honesty, and academic integrity.

This policy describes the procedures used to identify deficiencies and to assist the student in remediation where possible, or to dismiss the student from the program when remediation is not possible.

Remediation

Identification and Verification of Problems

Professional ethics demand that student problems be addressed as soon as possible. Incompetence, ethical violations, or problematic behaviors are typically identified in one of four ways. First, formal evaluation of each student’s progress takes place during the Mid-Program Evaluation and the Exit Evaluation. This evaluation involves a review of the student’s academic performance, professional development, interpersonal development, and intrapersonal development. Second, a faculty member or supervisor may raise an issue of concern at any time. Third, students might have a concern about a fellow student. Students who have concerns should first discuss the issue with their own advisor, who will then raise the issue with the other Counseling faculty. Fourth, students may identify a concern about themselves that they discuss with a faculty member or advisor. Advisors and faculty members will protect the privacy and confidentiality of the student reporting the potential problem but may request that the student meet to provide additional information.

Code of Conduct or ACA Ethical Violations

In the case of a violation of the Community Life Statement (found in [GCTS Student Handbook](#), or violations of the [ACA ethical code](#), the faculty member who is made aware of the violation will notify the Director of Graduate Programs in Counseling and the Dean of Students for the Charlotte campus. Resolution of the issue will follow guidelines outlined in the [GCTS Student Handbook](#), (pp. 35-37).

Students at Risk

In the event that a faculty member is made aware of student impairment, the student will be assessed for risk of harm to self or others by the faculty member and/ or the Dean of Students. The faculty member who is made aware of the impairment will document the concern and contact the Dean of Students and the Director of Graduate Programs in Counseling.

Academic and Performance Deficiencies

Many academic and performance deficiencies may be successfully addressed by a student and faculty member in the context of a course or other experience (e.g. clinical rotations) without recourse to the more formal procedures. For example, if a student receives a letter of *Unsatisfactory* standing in the program following the Mid-Program Evaluation, a meeting between the advisor and the student occurs, during which a Remediation and Growth Plan is discussed. If the plan is successfully implemented, the deficiency is considered addressed. In addition, a Remediation and Growth Plan may be implemented

if the student receives an MPE of *Satisfactory with Comment/ Concern*, depending upon the area of concern and what the faculty deem necessary to address the concern.

Stage 1: Early Remediation

When student deficiencies cannot be addressed within the context of a course or other experience, either because they are too serious or too broad, (i.e. they extend beyond a single course or experience), they must be brought to the attention of the Director of Graduate Counseling Programs. The program director will work with the reporting faculty member or advisor to develop a Remediation and Growth Plan, which becomes part of the student's permanent file.

Remediation and Growth Plan (RGP)

During Stage 1: Early Remediation, a Remediation and Growth Plan (RGP) is developed to aid the student in overcoming performance deficiencies and growing in needed areas. The plan is developed by the Counseling Department faculty and specifies required activities and deadlines that must be achieved by the student, as well as consequences or failure to complete the plan. Failure to successfully complete directives prescribed in the RGP will result in sanctions up to and including temporary or permanent dismissal from the program.

A remediation and growth plan will include-

- 1) a detailed description of the performance/ behavioral deficiencies
- 2) a detailed explanation of the level of progress or performance that is required to remediate each deficiency—with reference to supporting documentation from written standards in the program (e.g., syllabi, practicum/ internship evaluation criteria)
- 3) the required actions to be taken and the documentation necessary to substantiate successful completion of the action steps
- 4) the specific timeframe for completion of the plan
- 5) the consequences for failure to complete the plan

The plan will be signed and dated by the student and the advisor, with a copy given to the student and another placed in the student's file. The advisor and student will discuss and establish mechanisms that will aid the student in completing the remediation and growth plan in the allotted time, and the advisor will monitor the student's plan and progress and report this progress to the Counseling Department faculty.

Based on a review of the student's progress, the Counseling Department faculty will determine whether the student has met the terms of the remediation. If the student demonstrates compliance with the terms of the RGP, the student will be considered in good standing. If the student fails to complete the Remediation and Growth Plan in accordance with its terms, the student may proceed to *Stage 2: Secondary Remediation* (see below). In rare cases, the student may be subject to temporary or permanent dismissal from the program following *Stage 1 Remediation*. (See *Dismissal from the Program*). The Counseling Department faculty will communicate its determinations in writing to the student, with a copy placed in the student's file.

Remediation and growth interventions may consist of, but are not limited to, the following:

- Personal counseling
- Increased faculty contact
- Increased supervision
- Repeat academic/ clinical courses

- Additional assignments (journaling, research papers, tutoring)
- Require additional courses
- Leave of absence
- Workshops/ seminars

When a Remediation and Growth Plan has been developed, the reporting faculty member will meet with the student to review the plan and discuss next steps for implementation. The timeframe for review and completion will be determined collaboratively with the student. If agreement can be reached, the student will move forward with the plan.

Stage 2: Secondary Review Remediation

If no agreement is reached in *Early Remediation* or if the plan is unsuccessful in remediating the deficiency, the process moves to *Secondary Review Remediation*. In this stage of remediation, the Counseling Department faculty develop a new, or revised, RGP for the student. The student will be asked to meet with the Director of Graduate Counseling Programs for a discussion of the issues and to review the RGP. If the student agrees to the remediation plan, the plan is implemented. If the student does not agree with the plan, or the terms of the plan, the student may appeal to the Dean of Students or to the Academic Dean of the Charlotte Campus. Resolution of the issue will follow guidelines for Procedures for Appeal outlined in the [GCTS Student Handbook](#), (pp. 35-37).

Stage 3: Final Remediation

If early and secondary remediation efforts are unsuccessful, the Counseling Department faculty will meet to determine whether a student's deficiencies are of such a nature and severity that neither the student nor the program will benefit from additional efforts with the RGP. In those cases, a student may be dismissed temporarily or permanently from the program. Dismissal procedures are described below.

Dismissal from the Program

It is the policy of the Counseling Department that any student participating in the Master of Arts in Christian Counseling program, must adhere to the following: the policies articulated in the GCTS Community Life Statement, found in the [GCTS Student Handbook](#) (page 10), the *MACC-CMH Student Handbook*, course syllabi and the [American Counseling Association \(ACA\) Code of Ethics](#). Students are responsible for reading and complying with the expectations contained in the documents referenced above and remaining informed of seminary, departmental, and program policy changes.

Students who fail to comply with the terms of their RGP may be temporarily or permanently dismissed from the program. Additionally, the program reserves the right to dismiss a student from the program if it is determined that the student's performance deficiencies are of such a nature and severity that neither the student nor the program will benefit from an RGP. Final decisions regarding dismissal due to ethical violations, performance or behavioral deficiencies will be made by the Counseling Department faculty. Dismissal from the program may follow a period of remediation (RGP), probation, and/ or suspension, but such a period is not required to precede dismissal.

A student being considered for dismissal will be advised in writing of the performance/ behavioral deficiencies under review by the Counseling Department faculty. A Guidance Committee will be convened, following the procedures outlined in the [GCTS Student Handbook](#) under *Policy and Procedure for Misconduct Review*. The Guidance Committee for a MACC-CMH student will consist of a minimum of four people: at least two MACC-CMH faculty members, at least one MACO (Hamilton) faculty member, and the Dean of Students or another appointed pastoral faculty. The student may be requested to appear before the Guidance Committee, provide the committee with a written statement, or both.

Any oral or written statement by the student is expected to respond to the performance or behavioral deficiencies under review. A copy of the student's written statement will be placed in the student's departmental file. While attempting to be consistent in its performance evaluations and dismissal decisions, the program attempts to be sensitive to the facts and circumstances surrounding individual cases. These two values may, at times, conflict, but both will be weighed in the effort to achieve as fair of a process/ decision as possible.

Following review of the case, the Guidance Committee will determine whether a recommendation to dismiss from the program is warranted and whether the dismissal should be temporary or permanent. The student will be advised in writing regarding the dismissal decision, with a copy placed in the student's file. The following are examples of circumstances that may result in dismissal from the program:

- Failure to meet and maintain minimum academic, program, and professional performance standards.
- Unsatisfactory performance in practicum and/ or internships.
- Unethical or unprofessional conduct.
- Circumstances that interfere with training or threaten client welfare.

Additionally, a student may be dismissed from the MACC-CMH program under the following circumstances:

- If a student fails to demonstrate academic improvement after a period of academic probation. Academic dismissal is processed by the Registrar's office, in accordance with GCTS policy.
- If a student has breached community guidelines of academic integrity as described in the [GCTS Student Handbook](#)
- If a student has breached behavioral code of conduct expectations as described in the [GCTS Student Handbook](#)
- If a student has been denied candidacy following the Exit Evaluation for reasons above or relative to matters of Christian character described in the [GCTS Student Handbook](#) and the Exit Evaluation process.

Appeals

If a student believes that the decision made during the Mid-Program Evaluation, the Exit Evaluation, or any part of the remediation process 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. In the case of an outcome determined by a counseling professor or professors, the appropriate appeal is to the Director of Graduate Programs in Counseling. In the case of an outcome determined by the faculty of the Counseling Department, the appropriate appeal is to the Dean of Students, who will follow the Grade Appeals policy outlined in the Procedures for Appeal in the [GCTS Student Handbook](#), (pp. 35-37). Students may, at any time, enlist the services of the Interim Dean of Students by contacting Dr. Kimberly Kiefer, kkiefer1@gordonconwell.org.

Extension of a Clinical Practice Rotation

A clinical rotation course may be extended to ensure the student's achievement of professional and interpersonal competence, social consciousness, and disciplined reflection in their practicum and internship. There are two categories to consider for determining an extension of CO867/868/869/870 and the co-requisite CO874/875 courses.

Extension Due to Remediation

When a violation or deficiency in a clinical practice rotation is determined to require remediation, the Program Director, current faculty supervisor, and Clinical Training Coordinator will consult on the course of action to be outlined in the RGP regarding participation in a clinical rotation and co-requisite group supervision course. If it is determined that the student stop clinical practice during the identified RGP timeline, an extension may be granted for the practicum or internship course as well as the co-requisite clinical counseling group supervision course. The extension will be processed according the GCTS procedures for official extension located in the [Gordon-Conwell Academic Catalog](#). With approval, an official record of “EX” will be entered in the relevant courses by the Registration office. The student will collaborate with Clinical Training Coordinator in the future semester to establish steps for restarting the clinical rotation.

Extension Due to Insufficient Hours

This policy primarily relates to the CO867 Clinical Counseling Practicum course because of the course’s distinction from and prerequisite for internship . When a student is unable to achieve the minimum hours required in the practicum semester (40 direct hours with 100 total hours), the student may request a formal extension. The current faculty group supervisor and Clinical Training Coordinator will consult to verify the number of remaining hours to be completed in the following semester. Once the student has consulted with the faculty group supervisor and Clinical Training Coordinator, they will proceed to the official extension request outlined in the [Gordon-Conwell Academic Catalog](#).

Exceptions may be granted when the student demonstrates a plan to complete the remaining hours within two weeks of the semester end. The student will communicate with their current faculty group supervisor and the Clinical Training Coordinator regarding the plan of completion.

NOTE: FORMAL EXTENSIONS MAY DELAY COMPLETION OF CLINICAL PRACTICE AND GRADUATION.

APPENDIX E – ETHICAL AND LEGAL GUIDELINES FOR PROTECTION OF PRIVACY

It is our professional ethical and legal duty as a counselor to ensure client welfare and confidentiality as well as secure client Protected Health Information (PHI). This is the primary focus of HIPAA, HITECH Act, ACA Code of ethics, federal laws, and state laws

HIPAA Compliance Summary

Core Regulatory Obligations

- A. HIPAA Privacy Rule: Governs the permissible use and disclosure of Protected Health Information (PHI).
- B. Minimum Necessary Standard: Trainees must access only the information required to perform their specific clinical duties.
- C. Patient Rights: Students must facilitate rights to record access, amendments, and [Notice of Privacy Practices](#).
- D. HIPAA Security Rule: Sets administrative, physical, and technical safeguards for electronic PHI (ePHI).
 - 1. Includes mandatory encryption for all devices and the use of secure communication platforms.
- E. Breach Notification Rule: Mandates immediate reporting of any suspected data compromise to the site supervisor and the institutional Privacy Officer.

Field Placement & Internship Requirements

- A. Workforce Status: Counseling students are considered members of the "workforce" and must receive site-specific training before accessing any client data.
- B. Access Boundaries: Students are strictly prohibited from "curiosity viewing"—accessing charts of clients not assigned to them.
- C. Takeaway Prohibitions: PHI (including case notes or intake forms) must never be removed from the clinical site or stored on personal, unencrypted devices.
- D. De-identification for Supervision: Any clinical data used for university supervision, case presentations, or papers must be fully de-identified to remove all 18 HIPAA identifiers.

Special Mental Health Considerations

- A. Psychotherapy Notes: These must be maintained separately from the client's general medical record and receive higher protection under HIPAA; sharing usually requires a specific authorization.
- B. Telehealth Standards: Verification of client identity and physical location is required at every session when using HIPAA-compliant video platforms.
- C. Third-Party Vendors: Students must ensure any digital tools (e.g., recording software) have a signed Business Associate Agreement (BAA) before use with client data.

Ethical & Legal Intersectionality

- A. Students must navigate the interplay between HIPAA and stricter state laws or the ACA Code of Ethics, following whichever standard provides the most protection to the client.

Use of Technology – Ethical and Legal Guidelines

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. Ethical and legal guidelines for MACC-CMH student counselors are outlined in accordance with the *APA Guidelines for the Practice of Telepsychology* (August 2024) and *NIST Guidelines for Media Sanitization* (September 2025).

- Student Counselors will make every effort to incorporate best practices to guarantee equitable standards of care in telehealth with or in-person services including considerations for testing and assessments.
- Student Counselors must maintain legal and ethical standards for clinical records in accordance with technology practices established by their clinical training site and Gordon-Conwell Theological Seminary when providing telehealth services and transmitting clinical data or recordings.
- Student Counselors must ensure the safety of individuals through emergency planning in the client's location.
- Student Counselors must ensure knowledge for use of clinical software and technology platforms and audio/video recording products used at clinical training sites (e.g. Zoom, Doxy, Simple Practice, etc.) which includes understanding of product features and user compliance for maintenance of data security, as well as methods for troubleshooting on the platforms.
- Student Counselors will make every effort to obtain and document informed consent for telehealth services and audio/video recordings.
- Student counselors will establish security measures for media storage to protect clients privacy, preventing unintended disclosure of PHI and other clinical information obtained through session recordings.
 - Measures may include end-to-end encryption, local device storage only, encrypted storage software or devices, dual password protected storage.
- Student Counselors must ensure proper disposal of PHI, clinical and other personally identifying information, recordings, and devices from personal computers.
 - Proper media disposal may be accomplished through 1 of the 2 the following methods:
 - Logical Sanitization: Use of software tools to automatically delete data, overwrite it, or block access to it. Typically, this method maintains hard drives and memory stability beyond the target data.
 - Physical Sanitization: Use of physical techniques to eliminate or destroy data. (Crushing, melting, or shredding. Typically, this method renders hard drives and memory unstable/inaccessible beyond the target data.

Recording Devices/Software

Devices and software have built-in social features with a default privacy setting. Be sure to regularly monitor privacy setting to ensure protection of PHI and prevent unintended data sharing in digital public environments.

Video Camera

The video camera is the simplest method for recording and maintains local device storage. Recordings on video cameras should be stored in securely locked storage. If a video with digital storage is used, be sure to review the devices instruction manual for proper encryption of the SD card.

Webcam

Internal and external webcams may be used to audio/video record counseling sessions. Webcams come with software for direct storage access to the computer's hard drive but may be saved directly to USB drives or external hard drives. Software settings should be checked often to ensure that media files are

encrypted and are not automatically uploaded to cloud environments. Dual password protection is recommended for all media files (Dual is obtained through operating system password and a second file password).

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 due to portability and software running in the background that leaves media content vulnerable to sharing; therefore, it is not recommended for audio/video recording. It is advisable to disable Wi-Fi and data service while recording on mobile devices. Regularly monitor privacy settings on mobile device and associated software.

Device/Software Backup

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

Data Protection Encryption

All media files of counseling session audio/video recordings must be saved with two-factor authentication (double password protection). This can be accomplished simply through use of a password which locks the devices and a second password for the media file. It is also strongly advised that any device or software used to store client data or counseling session audio/video recordings (internal and external hard drives, USB drives, SD cards, smartphones, tablets, etc.) encrypted. The easiest way to encrypt a drive is to purchase a self-encrypting drive (some computers come with self-encrypting drives already installed). External storage devices can also be encrypted through the operating system when they are set up.

Data Sanitization

Files, including audio/video recording files, must be 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. Before throwing out, selling or recycling an old computer or mobile device be sure that all data is permanently deleted. Therefore, use one of the two following methods for proper sanitization.

- **Logical Sanitization:** Use of software tools to automatically delete data, overwrite it, or block access to it. Typically, this method maintains hard drives and memory stability beyond the target data.

Physical Sanitization: Use of physical techniques to eliminate or destroy data. (Crushing, melting, or shredding. Typically, this method renders hard drives and memory unstable/inaccessible beyond the target data.