



Counseling and Rehabilitation Education Program

**Clinical Handbook**

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## **Welcome to Practicum and Internship!**

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

CARE prepares students for either Clinical Mental Health Counseling (CMHC) or Clinical Rehabilitation Counseling (CRC) specialties. This handbook should be considered your first resource when navigating the Practicum and Internship process as you work toward your master's degree in counseling. The contents of this document should guide you and address most questions you may have regarding the clinical experience process. Clinical practice and its corresponding courses are major requirements of your academic program. All the hours of study, discussion, and reflection in your academic core courses will finally be put into practice.

Various community agencies and practitioners provide on-site supervision to support you during your clinical experience. This is complemented by clinical supervision from SIU CARE faculty. Clinical experiences such as Practicum and Internship, are a form of experiential learning. Experiential education empowers students to learn by doing, allowing them to apply what they have learned in the classroom to real-world experiences. These experiences are “vital to students' educational and career outcomes” (SIU-C Career Development Center, 2020) in that they:

- Make learning relatable to students: Students build on what they already know and are provided with opportunities to make connections between new concepts and existing ones.
- Increase the effectiveness of learning: Students engage in critical thinking, acquire problem-solving skills and engage in decision-making.
- Link theory to practice: Students have the chance to engage in the experience and practice what they have learned, see the application of theoretical concepts in practice, process that application and generalize.
- Increase students' engagement by encouraging collaboration and scaffolding between learners.
- Lead to the development of skills for lifelong learning by assisting in the acquisition of

essential skills and encouraging students to reflect, conceptualize, and plan for the next steps.

You will be evaluated at various intervals during your experiential learning to ensure mastery of critical skills including:

### **1. Essential Communication Skills**

You will be asked to demonstrate all the counseling micro-skills, as well as continue to develop intentionality, an awareness of what you did, intentionality awareness of the choices available, and the impact of what you chose. Micro-skills for individual counseling include active listening, paraphrasing, reflection of feelings, empathy, summarization, open and question questions, encouragers, silence, etc.

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

The ability to accept constructive feedback from your supervisor and the CARE faculty is essential. You will be encouraged to recognize feedback as an opportunity to learn and improve rather than a personal attack. Accepting constructive feedback also means being open to feedback, actively seeking constructive criticism, and engaging in self-reflection.

### **2. Essential Case Conceptualization Skills**

The term "case conceptualization" refers to the ability to think critically and analyze complex cases. These skills require a comprehensive examination of the case's facts, contextual information, and relevant theories to develop an effective treatment or intervention plan. Mastering essential case conceptualization skills is crucial to becoming a competent and successful practitioner. You will be asked to demonstrate knowledge and comprehension of essential communication skills and individual counseling theory. Next, you will need to apply and analyze the various elements. Finally, you will be asked to understand individual

client/group member concerns and the client/group's overall developmental processes. You will demonstrate your ability to conceptualize during peer processing, through case and group process notes, individual and group case conceptualization papers, and during your supervision sessions.

### **3. Essential Organizational Skills**

As a practicing counselor, you will be faced with various challenges that require effective time management, ethical practices, confidentiality, and assessment activities. It is also important to use supervision effectively by submitting all documentation including tapes and videos in a timely manner. Throughout your participation in the CARE program, you will need to demonstrate adaptability and flexibility while establishing professional relationships with peers.

Real-life experience as a counselor involves meeting deadlines, completing paperwork, working with colleagues who may have different temperaments, understanding clients' readiness levels, engaging in supervision, and practicing self-care. It is crucial to understand the level of responsibility you have in providing services that can impact a client's life. Professional commitment starts with this understanding. Remember that the CARE faculty are committed to ensuring your success so utilize them as a valuable resource during your clinical experience.

## CARE MISSION, GOALS, AND LEARNING OUTCOMES

### Program Mission

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

### Program Goals

1. Staff professionalism: pledging to maintain rigorous standards for education, training, and clinical practice.
2. Respect for others: demonstrating an appreciation for the uniqueness and cultural differences of everyone.
3. Relevance in teaching: learning experiences will reflect evidence-based practices, they will be relevant, and purposeful. Innovation in learning: Students develop understanding through inquiry, use of modern technologies, creative problem solving and critical thinking skills.
4. Expanding student potential: Learning experiences will promote the emotional, relational, and academic potential of all students.

### Program Learning Outcomes

1. CARE graduates demonstrate the content knowledge and dispositions necessary to be effective, ethical counselors and social justice advocates in their specialty area.
2. CARE graduates appropriately respond to the unique combination of cultural variables, including ability, age, beliefs, ethnicity, gender, gender identity, race, level of acculturation, and socioeconomic status, that influence the counseling process.
3. CARE graduates understand that human development occurs in critical contexts that are influenced by a person's race, ethnicity, religion, and factors such as poverty, loss, developmental and physical trauma, and access to resources.
4. CARE graduates conceptualize the career decision-making process as developmentally influenced, and individually determined.
5. CARE graduates value the influence of a strong working alliance built upon honesty and trust, in achieving success in the therapeutic relationship.
6. CARE graduates differentiate between theories of group counseling and utilize effective interventions and leadership skills in facilitating diverse types of groups.
7. CARE graduates possess an understanding of developmentally and culturally appropriate

approaches to assessment and testing.

8. CARE graduates value the use of statistically supported, evidence-based psychoeducational and psychotherapeutic interventions in their practice.
9. CARE graduates who specialize in clinical mental health counseling promote the development of healthy coping capacities and support systems, for individuals who identify as a person with mental illnesses, to assist them in improving their quality of life.
10. CARE graduates who specialize in clinical rehabilitation counseling advocate for the removal of functional, environmental, and social barriers that impede self-sufficiency and reduce the quality of life, for persons who identify as an individual with a disability.



## STANDARDS FOR PROFESSIONAL PRACTICE

(adapted from CACREP 2016 Standards <https://www.cacrep.org>)

The Counseling and Rehabilitation Education (CARE) graduate counseling program at SIU-C is committed to providing its students with the best possible education and training in counseling. As such, we use the CACREP standards as a guide for setting program goals and objectives. This clinical handbook was developed based on the following standards, which are widely recognized as the gold standard for counseling education. Our curriculum is carefully designed to align with the CACREP standards, and we hold our students to the highest standards when it comes to their clinical experiences, following the guidelines laid out in the standards.

### ENTRY-LEVEL PROFESSIONAL PRACTICE

1. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
2. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
3. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
4. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.
5. In addition to the development of individual counseling skills, during *either* the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.

### PRACTICUM

1. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.
2. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
3. Practicum students have weekly interaction with supervisors that averages one hour per

week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.

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

### **INTERNSHIP**

1. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.
2. Internship students complete at least 240 clock hours of direct service.
3. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.
4. Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

### **SUPERVISOR QUALIFICATIONS**

1. Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience.
2. Students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level

counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty.

3. Site supervisors have (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.
4. Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors.
5. Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning

## DEFINITION OF TERMS

**Clinical Coordinator:** The Clinical Coordinator is a faculty member who acts as a bridge between the CARE program and its community partners. They respond to all practicum and internship inquiries from current and future students, as well as from community placement sites. The Clinical Coordinator provides student and supervisor training on clinical policy and procedures. They also conduct student referrals to clinical sites and provide site supervisor consultation on clinical supervision in the CARE program. Moreover, the CC performs instructional duties for both practicum and internship classes. They collect data for Key Performance Indicators, quarterly student evaluations, and participate in program-related decisions on policy, procedures, and curriculum development.

**Counselor in Training (CIT):** A counseling student participating in clinical coursework and experiences. This is equivalent to the term “student” or “supervisee” throughout the handbook.

**Direct service:** Supervised use of counseling, consultation, or related professional skills with actual clients (can be individuals, couples, or groups) for fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) administering intakes and assessments, (2) counseling (in person, and telehealth), (3) psycho-educational activities, (4) advocacy on behalf of the client, (5) case management, (6) team meetings (huddles) for treatment planning, (7) job development, (8) supportive employment, (8) employer meetings, and (6) treatment plan meetings.

**Faculty supervisor:** A designated clinical coordinator from the CARE program or another qualified faculty member.

**Group supervision:** a tutorial and mentoring relationship between a member of the counseling professional and more than two counseling students.

**Indirect Services:** Don't let the term fool you. Indirect services are equally as important as direct counseling services. Indirect services may include, (1) observing others providing counseling or related services, (2) record keeping, (3) clinical and/or administrative supervision, (4) research for

evidence-informed practices, (5) teacher and parent consultations, (6) consultation with other professionals, (7) referrals to public and private community services, (8) attending professional development programs, webinars, and conference attendance related to your specialty area.

**Individual supervision:** a tutorial and mentoring relationship between a member of the counseling professional and one counseling student.

**Internship:** a distinctly defined, post-practicum, supervised clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates and authenticates professional knowledge and skills related to program objective.

**Practicum:** a distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. The practicum is completed before fieldwork.

**Site Supervisor:** A designated site supervisor who is responsible for providing orientation, supervision, and opportunities for reflection for the student.

**Supervision:** Supervision is a formal arrangement for counselors to discuss their work with someone who is experienced in counseling and supervision. The goal is to work together to ensure and develop the efficacy of the counselor-client relationship.

## INFORMATION ABOUT TEVERA AND FIELD EXPERIENCES

<https://tevera.com/elevate-field-experience/>

In our effort to provide the highest quality educational experience for students and to ensure that our program documentation was easily accessible in compliance with counseling accreditation standards, in 2023 the Counseling and Rehabilitation Education (CARE) program adopted the use of Tevera, a HIPAA-approved online platform. This online platform allows us to centralize our program evaluation, field placement, and student evaluation data in one cohesive system. This system is common among our peer Universities, and it has been developed to address standards and competencies identified by the counseling accrediting body CACREP.

Tevera's is a user-friendly tool that facilitates the management of student field experience by faculty, and program administrators. Tevera provides a centralized platform for administering student placement, maintaining a connection with sites, tracking student progress, and generating reports to enhance program outcomes. There is no cost to students or to practicum/internship sites for the use of Tevera.

The CARE faculty have found that Tevera is a vital clinical tool that excels in various areas.

### **Student Field Site Placement.**

- Monitor the completion of tasks
- Review all pre-placement paperwork
- Connect students with pre-approved sites and/or supervisors
- Approve field placement documentation
- Track the placement of all students

### **Student Performance Evaluation:**

- Standardize field assignments and tasks across the Tevera program
- Foster student development through collaborative evaluation processes
- Manage all field-related paperwork in one, intuitive location
- Facilitate easy communication between site supervisors and students

### **Student Activity & Time Tracking:**

- Monitor the progress of all CARE students in the field, both individually and as a cohort
- Quantify the impact made by CARE students in their respective communities
- Ensure that students meet all program requirements for CARE clinical experiences by standards

Web links for registration and identification of forms will be provided by the Clinical Coordinator. If you have questions about this program you may also contact any CARE faculty member or the CARE program Director.

Thank you for your cooperation.

## STUDENT POLICY

### Student Policy

In the community, you are a representative of this University. All students who participate in Practicum and Internship activities must abide by the student policies and procedures related to appropriate conduct and professionalism. To help you in your journey, SIU-C offers resources to assure that you are supported in your scholarly activities.

Please review the information available at the Student Affairs website (<https://studentaffairs.siu.edu/student-conduct-and-legal.php>) and the SIU-C Policies webpage (<https://policies.siu.edu/other-policies/chapter3/>).

Please reference the above noted websites for listings of student policies and procedures, so that you are aware of your responsibilities. Information is available but not limited to the following topics:

- Student Rights and Responsibilities
- Student Conduct Code
- Policy on Sexual Harassment
- Policy on Nondiscrimination and Non Harassment

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

- Disability Support Services <https://disabilityservices.siu.edu/>
- Saluki Solution Finder <https://solutionfinder.siu.edu/>
- Financial Aid and Scholarships <https://fao.siu.edu/>

### Mandatory Student Liability Insurance

The CARE program requires all students to carry liability insurance to participate in clinical experiences. Professional organizations offer liability insurance at low rates for counselors in training. For example, the American Counseling Association (ACA) is a professional affiliation for all counselors, irrespective of their specialty, and they offer low cost student liability policies.

If you plan to start your supervised clinical experience sequence, you must have professional liability insurance with a coverage level of \$1 million per claim / \$3 million annual



aggregate for a full calendar year. There are multiple sources available for students to access professional liability insurance. You can consult your faculty advisor for assistance in identifying a source.

### **Mandatory Background check**

All students are required to complete a state and federal background check before participation in clinical experiences.

### **Physical and Blood Tests**

Some sites may require proof of a recent physical examination, vaccinations, and/or vaccine records. Students must comply with these reasonable requests from the clinical site.

### **Practicum and Internship Hours- A Time Commitment**

Practicum and Internship are essential for students to gain practical experience and develop professional skills. However, managing time effectively is crucial to make the most of this opportunity. Practicum requires 100 hours, while Internship requires 600 hours, and an average of 1.5 hours of group university supervision every week.

Balancing these requirements with work or family responsibilities can be challenging, but developing a realistic plan can help you succeed. It can be highly beneficial to seek assistance and support from your instructors to achieve success. The CARE faculty is always available to help in problem solving.

### **Life Can Be Complicated**

If you have a complication that may interfere with your ability to show progress, not only in clinical work but at any point in the program, please speak with any faculty member, and most certainly your faculty advisor, on how to adjust your schedule to achieve success. Other support services for students are available at:

1. Saluki Cares <https://salukicare.siu.edu>
2. SIUC Counseling and Psychological Services <https://shc.siu.edu/counseling>
3. Disability Support Services <https://disabilityservices.siu.edu/>

## LOCATING A PRACTICUM OR INTERNSHIP SITE

The CARE program maintains a record of all approved clinical experience sites on Tevera. While we welcome new clinical partners, please note that formalizing an Educational Affiliation Agreement (Memorandum of Understanding) with a new agency can take 3-6 weeks or longer. Therefore, it is advisable to consider this when planning your clinical experience.

It is important to keep in mind that students should not contact an agency regarding Practicum or Internship placements without first obtaining permission from the Clinical Coordinator. Before finalizing any placement, ensure that the site has an educational affiliation agreement (memorandum of understanding) in place with SIU-C. Your clinical coordinator can confirm this for you.

All students must complete CARE 550 pre-Practicum before starting clinical experiences (among other prerequisites described in the Handbook). Within 1-2 weeks after the first-class meeting in CARE 550 Pre-Practicum, students should suggest 2-3 agencies where they would like to be placed for Practicum and potentially future Internship placements. You can later confirm your interests with the Clinical Coordinator.

With approval from their advisor and the Clinical Coordinator, the student is free to explore the availability of potential site placements. If an agency is willing to consider sponsoring a student, the student will set up an initial interview. Students are to treat this interview as if it were for a professional job. This includes researching the services that the site offers, preparing questions, updating your résumé, and your individualized Learning Goals and Objectives plan, as prepared in the CARE 550 Pre-Practicum class.

### **Dress Code**

Students are expected to dress appropriately. (i.e., no T-shirts, jeans, or athletic shoes.). Students who are interviewed for a position in a correctional setting should wear long pants, a long-sleeved shirt, and closed-toe shoes. If you are unsure of what constitutes interview attire feel free to contact the Clinical Coordinator.

Students who need assistance in acquiring professional attire should make their needs known to the clinical coordinator. There are services on campus and in our community that can help. Do not feel uncomfortable about asking for such assistance. Many students need this type of help.

During the interview, students should ask about any required background checks, drug testing, or other required documentation required by the agency. Some agencies may have additional requirements including drug testing, specific vaccinations, a recent physical, etc. It is the student's responsibility to complete these requirements prior to the start of the practicum/ Internship.

After the interview, the student will report the outcome to the Clinical Coordinator who is responsible for making a follow-up contact. The agency supervisor will be requested to provide licensing, certification, and experiential requirements. Following this, the Clinical Coordinator will send a detailed outline of the responsibilities of both the supervisor and the student to both parties. If both parties agree, the Clinical Coordinator will arrange a meeting between the agency supervisor and the student to obtain signed practicum/Internship agreements.

The Clinical Coordinator will review the handbook's documentation requirements with the student and supervisor. The Clinical Coordinator is also responsible for ensuring that both the student and the supervisor have access to the electronic documentation and storage services available on Tevera.

### **Internship and Employment**

Some students may already be working in a clinical setting and request to complete their Practicum or Internship at their place of employment. This arrangement is not recommended for two reasons. First, completing a clinical practicum and/or internship at another site will provide students with a greater range of experience and increase their marketability. Second, it may be difficult for the agency to separate the work being done for pay and the work being done as part of the clinical experience. If this is an option that you are considering, please discuss this with your advisor and the clinical coordinator who will help you in making the right decision

## PRACTICUM AND INTERNSHIP REQUIREMENTS

### 1. Practicum (CARE 548B) Requirements

#### Prerequisites:

- a. Grade of B or better in the following courses: CARE 550 Pre-Practicum, CARE 500 Interviewing and Counseling Skills, CARE 541 Theories of Counseling, and concurrent enrollment in CARE 543 Group Theory & Practice are required.
- b. Received approval from the Clinical Coordinator
- c. Student and site supervisor are registered on Tevera.
- d. Submit all required documentation to the clinical coordinator via upload to Tevera including:
  - i. Completed State of Illinois and federal background checks
  - ii. Proof of professional liability insurance
  - iii. Signed Practicum and supervision agreements.
  - iv. Signed permanent work hours.
  - v. Signed confidentiality agreement.
  - vi. Signed Learning Objectives and Goals plan.

#### Requirements:

- a. Practicum requires 100 hours of total time, with 40 of those hours are direct services to client(s) both in individual and group settings. Please see Definitions for specifics on direct and indirect services.
- b. Students are required to maintain an accurate record of their Practicum hours using Tevera as a clinical tool. Any relevant paperwork related to clinical experiences should be uploaded to your student record on Tevera.
- c. Students must complete a midterm and final self-assessment, and a final supervisor assessment.
- d. Any relevant paperwork related to Practicum should be uploaded to your student record on Tevera weekly. Failure to do so may result in a pause or termination of your clinical experience.
- e. Internship ratings are completed by the site supervisor and reviewed with the university

Internship supervisor around midterm and near finals week each semester.

- f. Completion of the Practicum requires an adequate score on Part 1 and Part 2 of the Counseling Competency Scale-Revised (Lambie, 2016; CCS-R).

## **2. Internship (CARE 591) Requirements**

Prerequisites:

- a. Receive the approval of the Clinical Coordinator
- b. Successful completion of the Comprehensive Examination
- c. Grade of “S” in CARE 548B Practicum
- d. Student and supervisors are registered with Tevera.
- e. Student will submit all required documentation to the Clinical Coordinator via upload in Tevera including:
  - i. Completed State of Illinois and federal background checks
  - ii. Proof of professional liability insurance
  - iii. Signed Internship and supervision agreements.
  - iv. Signed permanent work hours.
  - v. Signed confidentiality agreement.
  - vi. Signed Learning Objectives and Goals plan.

Requirements:

- a. Internship requires a two to three-semester commitment (3 credit hours, fall; 3 credit hours, spring or 2/2/2 including a summer).
- b. Internship requires a 600-service hour commitment with 240 direct service hours and 360 indirect hours.
- c. Students are required to maintain an accurate record of their internship hours using Tevera as a clinical tool.

## STUDENT PARTICIPATION IN SUPERVISION

**Group Supervision:** Students will participate actively in weekly group supervision held by the Clinical Coordinator in CARE 548B and CARE 591. Group Supervision includes case discussion, offering feedback to peers, and involvement in counselor development activities. Regular attendance demonstrates commitment, professionalism, and maturity. These supervision hours must be documented on your clinical experiences time sheets.

**Individual Supervision:** CIT's have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum and internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

Individual and or Triadic supervision offers three general functions for the Internship experience:

1. Assessing the learning needs of the intern
2. Changing, shaping, validating, or supporting the intern's counseling behaviors.
3. And evaluating the intern's performance.

These supervision hours must be documented on your clinical experiences time sheets.

### Accepting Feedback

The feedback provided during supervision should be non-judgmental and non-incriminatory. If at any time you believe that a safe space for supervision is lacking, notify the faculty or the program director immediately. Likewise, counselors in training must be willing to accept constructive criticism. There is a difference between a discussion of ideas and an argument. Here are some useful suggestions for how to deal with feedback (Adapted from Flannagan, J. S. (2020). Giving and Receiving Feedback, located at <https://johnsommersflanagan.com/>

- Sometimes feedback can be perceived as harsh and this perception may be correct. If this occurs, try to take a step back and reframe what was said and sort out the constructive pieces of feedback.
- If you are unsure about what was said, get a second opinion and run it by a trusted colleague or friend.

- Change negative self-talk. Consider what you have learned from the feedback provided and how you might apply this to your work in the future. Remind yourself this is an opportunity for growth and change.
- If you are experiencing a physical response, focus on your breathing to help calm your body and mind.
- For those in the moment feedback sessions, thank the person who is giving you the feedback. If you don't know what to say, let them know you will respond at a later time.
- If you need to respond immediately, focus on the positive takeaway messages of the interaction.
- After receiving the feedback, do something nice for yourself. As you are going through your program, constant evaluation is common. Take a moment to treat yourself for the work you have put in thus far.
- Take a moment to savor the positive moments and feedback. This is a helpful strategy for challenging the negativity bias.
- Rather than waiting for feedback, seek it out. It can be easier to receive the feedback when it has been invited.

## STUDENT RESPONSIBILITIES FOR CLINICAL EXPERIENCES

### Responsibilities of the Student

Students have a key role in the Internship process and are expected to be always active participants. They must:

1. Complete Pre-Practicum before starting clinical work.
2. Obtain liability insurance.
3. Complete a background check and provide that documentation to the clinical supervisor.
4. Before starting clinical experiences, CARE faculty and the clinical supervisor(s) will review your resume and transcript to confirm your readiness to begin.
5. Request and receive an invitation and ID for use of Tevera from the clinical coordinator or your academic advisor. All documentation for clinical work is available on Tevera and should be completed on Tevera.
6. Complete the Tevera onboarding videos to understand how to utilize the Tevera system. Account setup, assignments, webinars, and timesheet instructions are located at this link - The Knowledge. Hub: <https://help.tevera.com/categories/students-SkO2OfY5>
7. Choose a clinical site and notify your SIU-C advisor and the clinical supervisor of your preferred site. Approved sites are listed on Tevera.
8. Meet with intern Internship site supervisor and faculty clinical coordinator to review Practicum/Internship requirements and develop a learning plan including goals and objectives for the clinical experience.
9. Complete the Clinical Supervision Agreement, document Liability Insurance, and complete an agreement for your permanent hours at the site. This form can be revised each semester. All documentation is available on Tevera.
10. Complete all documentation relating to the Practicum and Internship process promptly.
11. Please make sure that you attend your clinical experience classes regularly and maintain professionalism by being punctual. Stick to your agreed-upon work schedule and communicate any changes to your team promptly.
12. It is important to immediately notify the clinical supervisor for guidance on how to resolve any conflicts that arise within the Internship setting.



13. Regularly (weekly) submit the required hours for Practicum and Internship with attention paid to accuracy.
14. Strive to always behave ethically and with integrity.
15. Cultivate a curious and open-minded approach to learning, and do not be afraid to take risks and learn from failures.
16. Celebrate your accomplishments, no matter how big or small they may be.

### **Illness and Emergencies**

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

### **Permanent Schedules**

All clinical experiences begin on the first day of the semester. When students first enter their clinical placements, they are required to establish a permanent schedule. This form is to be uploaded to Tevera no later than the second week of the semester. If the student's permanent schedule is changed, the student is responsible for contacting the Clinical Coordinator to adjust the student's records. It is the student's responsibility to ensure that he or she is completing all the necessary hours and to bring it to the site supervisor and the clinical coordinator's attention if any problems arise related to completing these hours.

### **Travel**

Before starting your clinical experience, it is your responsibility to plan for travel to and from the site. We have limited sites available, and we cannot guarantee that a site will be available within commuting distance from your hometown. However, we will do our best to collaborate with you to find a suitable location.

Students using their personal vehicles to travel to their prospective agencies are liable in the event they participate in a traffic accident. Neither the CARE program nor the agency will in

any way be responsible for any damages that occur to the student's vehicles. Students are advised to contact their insurance carrier for further instructions. Transporting clients is not allowed and should not be a requirement for any clinical experience.

## EVALUATION

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

### 1) **Counseling Skills Assessment**

A counseling skills assessment includes but not limited to formal skills assessments, your supervisor's feedback, your progress in courses, and your interactions with other students, faculty, and others during your clinical experiences. A formal assessment takes place at mid-term and at the end of the semester using the CCSR. However, it is important to seek out feedback from your faculty advisor, the Clinical Coordinator, and your Site Supervisor throughout the entire clinical experience.

### 2) **Clear Documentation of Hours**

Your Practicum and Internship hours should be submitted to the Clinical Coordinator via upload to Tevera weekly. If you have questions about where activity might be recorded on the logs, speak with your site supervisor OR the Clinical Coordinator. Maintaining these records is your responsibility.

### **Documenting Hours & Academic Dishonesty**

Students must complete the required number of weekly work hours and provide documentation of such hours. Any student who fabricates exaggerates or falsifies documentation of hours worked will not only fail their clinical course, but they will also face repercussions under the SIUC Academic Dishonesty Code of Conduct. These policies cover 7 such acts as plagiarism, preparing work for another student, cheating by any method/means, falsifying, or manufacturing data, furnishing false information to a university official relative to academic matters, and soliciting, aiding, concealing, or attempting conduct in violation of this code. The student is also responsible for making him or herself aware of the associated sanctions.

### **Grades**

A “Satisfactory” grade is all areas of group supervision, individual supervision, and triadic supervision. A satisfactory grade for your participation in weekly course activities (e.g., attendance, discussions, case studies) in COUN 591. See the syllabus for this course for details or speak with the instructor.

## SUPERVISOR COMPETENCIES, REQUIREMENTS AND RESPONSIBILITIES

### Competency

Supervisors must possess the following competencies:

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

### Requirements and Responsibilities

Clinical supervision requires time and commitment. Both the supervisor and CIT should share clear expectations about the process, method, and content of clinical supervision to advance the development and maintenance of a trusting and safe relationship. The primary purpose, goals and objectives of clinical supervision include:

monitor and ensure client welfare, facilitate professional development and to evaluate CIT's clinical skill and performance.

### Responsibilities

1. Provide individual supervision ONE HOUR PER WEEK, participate in triadic supervision at midterm and prior to the end of the semester, or as needed, including the Clinical Coordinator and the CIT
2. Provide students with an orientation to the site.
3. Arrange for the CIT to receive training in site documentation systems and expectations for documentation.
4. Review all psychosocial histories, progress notes, treatment plans, and discharge plans.
5. Question the CIT to justify approach and techniques used.
6. Present and model appropriate clinical interventions.
7. Provide students with education on how crises are managed at the facility.

8. Intervene directly if client welfare is at risk.
9. Ensure that ethical guidelines and legal statutes are upheld.
10. Monitor proficiencies in collaborating with community resources and networking with community agencies.
11. Sign the CIT's weekly log sheets verifying direct and indirect hours gained at the site.
12. Complete students' CCS-R evaluations at midterm and the end for each semester.
13. Ensure students can accumulate the required number of clients contact hours and indirect hours.
14. Ensure students are treated with the same respect as employed counselors at the site.
15. As the clinical supervisor you reserve the right to terminate the clinical agreement at any time. Examples of situations that might result in termination include a) failure to comply with agency policies, rules, or regulations, b) concerns for consumer or staff safety or health, and/or c) work that is not in full accord with the agency's standards of performance.
16. Contact the Clinical Coordinator with any questions and concerns, we are ready and willing to help.

### **Recordkeeping and Documentation**

As a supervisor, we ask for you to verify the CIT's documentation and supervision hours. There is no need for copying, scanning, and emailing paperwork, since we are utilizing Tevera, a secure and HIPAA-compliant tool, to make the clinical recordkeeping and documentation process more efficient and less time-consuming for you. The agency does not incur any costs for using this service. The clinical coordinator will provide an orientation to this program, and the Tevera site has a brief online training specifically designed for supervisors. The Knowledge Hub's main page is [help.tevera.com](http://help.tevera.com). There is a [specially marked section for Site Supervisors](#)

### **Thank You**

As a community partner with CARE, we appreciate your dedication and commitment to our students. To ensure that each student is making progress and receiving the necessary support during their clinical experiences. Your willingness to participate is greatly appreciated. Thank you for your valuable contribution to the program!

## UNIVERSITY AND PROGRAM RESPONSIBILITIES

### University and Program Responsibilities

1. The University, the CARE Program, and the SIUC Practicum and Clinical Coordinator have a responsibility to ensure a high-quality Internship experience for students.
2. To achieve this goal, the program faculty carefully choose and partner with suitable agencies to negotiate a formal Educational Affiliation Agreement, also known as a Memorandum of Understanding (MOU) between the agency, CARE, and the University.
3. The MOU outlines the requirements of the Internship program as well as the expectations and responsibilities of both the school and the agency.
4. The language included in the MOUs is specifically tailored to CARE's Practicum and Internship needs, ensuring that the Practicum or Internship experience is educationally beneficial and professionally focused.
5. The CARE clinical supervisor and faculty assess whether the agency is willing to cooperate with the University and CARE Program guidelines and requirements for clinical experiences.
6. Clinical sites must have an existing MOU to be considered official and used for clinical
7. purposes. However, if given enough time (usually 2-5 months), the CARE program can evaluate the possibility of adding a new site.
8. The Clinical Coordinator assists students in developing appropriate goals and objectives for their Practicums and Internships.
9. CARE provides individual and group supervision to students on a scheduled basis or through crisis intervention and maintains supervision notes on Tevera.
10. CARE faculty provides outreach workshops and lectures to the campus community, involving interested students.
11. At minimum, weekly individual supervision sessions, group supervision sessions, and monthly triadic supervision sessions are conducted and documented to Tevera by the Clinical Coordinator.
12. Written evaluations of the students' performance during the clinical experience placement are shared with the student at midterm, the end of the semester, or on an as-needed basis, given each student's individual needs.

13. Faculty advisors provide ongoing advisement to students and in coordination with the clinical coordinator, faculty provides any needed consultation to agencies in which students are placed.
14. During the clinical experience, faculty advisors and clinical coordinators work together to resolve any issues that arise regarding student or supervisor performance.
15. The clinical coordinator is available for consultation with agency directors, supervisors, and students regularly and as needed.
16. The clinical coordinator assumes responsibility for the termination process of any student from the Practicum or Internship placement with cause.
17. The clinical coordinator assigns each student a grade (S/U) for the clinical experiences they have completed.

### **Student Performance and Procedural Issues**

- The clinical coordinator will arrange a meeting with all parties, and the goals and objectives included in the students learning plan will be discussed and amended if necessary.
- The quality of the supervisory relationship will be discussed, and conflicts resolved.
- If conflicts cannot be resolved, the Practicum/Internship arrangement will be terminated.
- In the event of an emergency, the supervisee (CIT) contacts the supervisor. If unavailable, contact (alternate's name, title, and other relevant backup information).
- Crises or emergency consultations will be documented.
- Due process procedures (as explained in the agency's policy and procedure handbook) have been reviewed and will be discussed as needed.

### **Conflict Resolution**

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

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

- It is not after the University's official add/drop deadline for that semester.
- The student has contacted and met with the agency supervisor and Clinical Coordinator and attempted to resolve the conflict with the assistance of the Clinical Coordinator.

If a student terminates their clinical placement without approval from the Clinical Coordinator, they will receive an incomplete grade (INC) until a faculty review of the situation is completed. It is important to note that the CARE faculty will defer to the opinion of the Clinical Coordinator on how to proceed (terminate, transfer, etc.), unless there is substantial evidence to suggest otherwise.

### **Immediate Termination of the Clinical Assignment**

Academic dishonesty is completely unacceptable. If you falsify clinical hours, it will result in the termination of your clinical assignment and expulsion from the program. We value the success of all our students, and we urge you to discuss any difficulties you might be facing with a faculty member before taking any actions that could lead to profound consequences.

### **Termination by the Agency**

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



## PROCEDURES FOR LESS THAN SATISFACTORY STUDENT PERFORMANCE

### A. Definition of Inadequate or Impaired Performance

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

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

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

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

### B. General Guidelines for Due Process

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

student so that he/she may challenge the program's actions.

General due process guidelines include:

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

### **C. Procedures**

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

1. A Problem is Recognized. A problem affecting student performance may be identified either through formal evaluation procedures or through the interactions of on-site and on-campus supervisors and other university faculty working with a student. Such problems can usually be categorized as issues of (a) competence/skill deficit, (b) professional/ethical behavior, and (c) psychosocial difficulties.
2. The Problem is Brought to the Attention of the Faculty. If faculty do not already know the student's problematic behavior because of participation in regular faculty meetings in which student issues are evaluated, the student advisor(s)/supervisor identifying the problem will bring it to the full faculty's attention. At this time, the student will be notified that a problem

has been identified, which will be reviewed by faculty, who may elect to consult with the on-site supervisor, the CARE program director, and other staff as appropriate. The students' academic advisor will meet with the student to receive any information or statements from the student related to the identified concern.

3. The Problem is Defined and Reviewed by the Program Faculty. The students' academic advisor will present the faculty with a summary of the issues as concretely and behaviorally as possible. If the student is active in Practicum or Internship, and the problem impacts their performance, the Practicum and Internship supervisor will be consulted. A summary of the students' progress, including all assessment data, reports, and narratives, will be considered. The faculty will discuss the problem, decide on the severity, and assess the potential for remediation. Based upon this discussion, the faculty will either recommend termination of the student, place the student on probationary status with a remediation plan in mind, generate a remediation plan without probation, or determine that the problem is not severe enough to warrant remediation, in which case no further action is taken.
4. Reviewed by the CARE Program Director. In the case of remediation, probation, or termination, the CARE program director will review the recommendations. Following the review, the program director will notify the student in writing of the final recommendations.

#### **D. Recommended Actions**

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

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

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

and specifying:

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

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

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

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

## **E. Implementation of Recommended Actions**

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

coordinator throughout the probationary period.

- a. Sufficient Positive Change. Both the monitors, the Practicum instructor, and the Practicum coordinator are satisfied that sufficient positive change has taken place.
  - b. End of Probation. The student is formally notified, in writing, that a satisfactory change has been accomplished and the probationary period is ended.
  - c. Insufficient Positive Change. At the end of the probationary period, the monitors, instructor, and the Practicum coordinator determined that insufficient positive change has taken place. The Practicum coordinator then reviews the situation and may recommend one of the following:
    - a) Termination of the CARE Program Is Recommended. When the monitors, the Practicum instructor, and the Practicum coordinator conclude that the behavior is both serious and resistant to change; on this basis, termination is recommended. The student is notified in writing of the decision. Again, at this point, the student may choose to challenge the decision according to the appeal procedures outlined below.
3. New Plan Generated. When the monitors, the Practicum instructor, and the Practicum coordinator do not feel that a recommendation of termination is appropriate at that time, a new remediation plan is generated in another effort to promote change. This plan may include referral to student support services, pre-screening of on-site clients before referral, closer and more intense supervision, and suspension of certain activities, depending on the student's need and situation.
- a. Student Remains on Probation. The student remains on probation with a new time period specified. The student may challenge this recommendation or may accept the new remediation plan.
  - b. New Remediation Plan is Put into Action. The student's academic advisor is responsible for coordinating and monitoring the remediation plan. Communication by those monitoring the student to the faculty and program director will be frequent and regularly throughout the probationary period specified.
  - c. Sufficient Positive Change. The academic advisor and faculty are satisfied that sufficient positive change has taken place. For students in clinical activities, the clinical supervisor and clinical program supervisors must also be satisfied that substantial change occurs.

- d. End of Probation. In writing, the student is formally notified that satisfactory change has been accomplished, and the probationary period is ended.

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

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

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

## **F. Procedures for Appeal**

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

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

## Appendix 1

### Sample Resume

NAME

City, ST Zip

(555) 123-4567

abc.xyz@siu.edu

#### **CAREER PROFILE**

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

#### **EDUCATION**

SOUTHERN ILLINOIS UNIVERSITY, Carbondale, IL May

2013

MBA, Finance (GPA 3.9/4.0)

- Graduate Finance Club-President

UNIVERSITY OF ILLINOIS, Champaign-Urbana, IL May

1998

Bachelor of Arts in Sociology and Anthropology

#### **EXPERIENCE**

COMPANY NAME, Chicago, IL 2004-2011

General Manager

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

- Increased sales 500% in two years

### **ADDITIONAL INFORMATION**

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

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

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



Appendix 2

**Student Internship Permanent Schedule**

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

**Name:**

**Site:**

**Supervisor:**

**Phone:**

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8-9 am</b>					
<b>9-10</b>					
<b>10-11</b>					
<b>11-12</b>					
<b>12-1</b>					
<b>1-2</b>					
<b>2-3</b>					
<b>3-4</b>					

<b>4-5 pm</b>					
<b>After 5 pm</b>					

### Confidentiality Agreement

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

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

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

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

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#### Certification

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

CIT Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Appendix 4

**PRACTICUM AGREEMENT  
COUNSELING AND REHABILITATION EDUCATION PROGRAM  
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE**

\_\_\_\_\_ is accepted for practicum at \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_ Semester, 20\_\_\_\_.

The duration of the practicum is for a period of \_ hours a day, \_ days a week for a period of \_ weeks. Under the terms of the agreement, the above-named student is required to complete a total of \_ clock hours of practicum experience which should include at least 50% time in direct client counseling. Other activities may include but are not limited to: case management, evaluation and assessment, note writing and other paperwork as well as experience in the full range of agency services. Students in practicum are expected to present themselves in a cooperative, ethical and professional manner. Maintenance of standards of confidentiality of case records, clients, their families and significant others is to be followed at all times. During the practicum, students are expected to abide by the policies and procedures of the host facility or agency.

\_\_\_\_\_ will serve as the on-site supervisor, and will have the responsibility for on-site supervision. The on-site supervisor is expected to complete an evaluation of the student's progress at mid term and the end of the practicum. The practicum site may elect to use additional evaluation materials as appropriate.

\_\_\_\_\_ will serve as the Clinical Coordinator of the student and will make periodic contacts with the site supervisor at the practicum site to assess the student's progress.

If, at any time during the practicum, problems or questions arise, the student or site supervisor should contact the Clinical Coordinator immediately. The undersigned understand and agree to the conditions of this agreement and will abide by the requirements and responsibilities outlined within.

---

CARE Practicum Student Signature

---

CARE Clinical Coordinator for Practicum Signature

---

Practicum Site Supervisor Signature

---

Date

**INTERNSHIP AGREEMENT  
COUNSELING AND REHABILITATION EDUCATION PROGRAM  
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE**

\_\_\_\_\_ is accepted for internship at \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_ Semester, 20\_\_\_\_.

The duration of the internship is for a period of \_ hours a day, \_ days a week for a period of \_ weeks. Under the terms of the agreement, the above-named student is required to complete a total of \_ clock hours of internship experience which should include at least 50% time in direct client counseling. Other activities may include but are not limited to: case management, evaluation and assessment, note writing and other paperwork as well as experience in the full range of agency services. Students in internship are expected to present themselves in a cooperative, ethical and professional manner. Maintenance of standards of confidentiality of case records, clients, their families and significant others is to be followed at all times. During the internship, students are expected to abide by the policies and procedures of the host facility or agency.

\_\_\_\_\_ will serve as the on-site supervisor, and will have the responsibility for on-site supervision. The on-site supervisor is expected to complete an evaluation of the student's progress at mid term and the end of the internship. The internship site may elect to use additional evaluation materials as appropriate.

\_\_\_\_\_ will serve as the Clinical Coordinator of the student and will make periodic contacts with the site supervisor at the internship site to assess the student's progress.

If, at any time during the internship, problems or questions arise, the student or site supervisor should contact the Clinical Coordinator immediately. The undersigned

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

---

CARE Internship Student Signature

---

CARE Clinical Coordinator for Internship Signature

---

Internship Site Supervisor Signature

---

Date

**CARE Student Practicum Learning Goals and Objectives**

<b>Practicum Objectives &amp; Goals</b>	<b>Plan to Achieve Goals</b>	<b>Assessment</b>
<p><i>What are the learning objectives and goals of this Practicum? What knowledge, skills, and abilities can the intern expect to gain? Reference <a href="#">Bloom's Taxonomy</a> for help writing learning objectives.</i></p>	<p><i>How will you achieve these goals? What knowledge, skills, and abilities are required to achieve these goals successfully?</i></p>	<p><i>How will you measure success or evaluate progress toward completion?</i></p>
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

**Counselor in Training:**

**Site Supervisor:**

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Date*



**CARE Internship Learning Goals and Objectives**

<b>Internship Objectives &amp; Goals</b>	<b>Plan to Achieve Goals</b>	<b>Assessment</b>
<p><i>What are the learning objectives and goals of this internship? What knowledge, skills, and abilities can the intern expect to gain? Reference <a href="#">Bloom's Taxonomy</a> for help writing learning objectives.</i></p>	<p><i>How will you achieve these goals? What knowledge, skills, and abilities are required to achieve these goals successfully?</i></p>	<p><i>How will you measure success or evaluate progress toward completion?</i></p>
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

**Intern:**

**Supervisor:**

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Date*

## CARE SUPERVISION AGREEMENT

### Introduction

The following text discusses the underlying principles and guidelines for clinical supervision for the Counseling and Rehabilitation Education program at SIU-C. Your participation plays a powerful role in ensuring continuous improvement in service delivery in our program. We have developed this worksheet to provide suggested guidelines, orientation, and instruction for existing and new supervisors as required by our accrediting body, CACREP.

### Underlying Principles

Clinical supervision comprises four distinct functions: administrative, evaluative, supportive, and clinical. It is based on fundamental structures such as a positive working relationship, a client-centered approach, commitment to professional development, and accountability. The principles of high-quality clinical supervision include:

- A safe and trusting working relationship between a counselor and a supervisee is crucial to promote a learning alliance.
- A counselor-centered program should have a culturally and contextually responsive focus.
- It is essential to actively promote the professional growth and development of the supervisee while ensuring shared clinical responsibility that addresses the client's treatment goals.
- A rigorous process should be in place to ensure ethical and legal responsibility.
- The approach taken should be individualized and based on the learning needs and style of the supervisee.
- The approach should be congruent with the values and philosophy of the agency.

### Qualifications

Site supervisors have (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision. Documentation of these qualifications must be provided to the Clinical Coordinator prior to the start of any clinical experience.

### Guidelines for Clinical Supervision

Clinical supervision requires time and commitment. Both the supervisor and CIT should share clear expectations about the process, method, and content of clinical supervision to advance the

development and maintenance of a trusting and safe relationship. The primary purpose, goals and objectives of clinical supervision include: monitor and ensure client welfare, facilitate professional development and evaluating CIT's clinical skill and performance.

Both the supervisor and supervisee should share clear expectations about the process, method, and content of clinical supervision to advance the development and maintenance of a trusting and safe relationship.

### *Clear Contract of Expectations*

The following information should be discussed early in the working relationship:

- Models of supervision and treatment
- Supervision methods and content
- Frequency and length of supervisory meetings
- Ethical, legal, and regulatory guidelines
- Access to supervision in emergencies
- Alternative sources of supervision when the primary supervisor is unavailable

### **Responsibilities**

1. Provide individual supervision ONE HOUR PER WEEK, participate in triadic supervision at midterm and prior to the end of the semester, or as needed, including the Clinical Coordinator and the CIT
2. Provide students with an orientation to the site.
3. Arrange for the CIT to receive training in site documentation systems and expectations for documentation.
4. Review all psychosocial histories, progress notes, treatment plans, and discharge plans.
5. Question the CIT to justify approach and techniques used.
6. Present and model appropriate clinical interventions.
7. Provide students with education on how crises are managed at the facility.
8. Intervene directly if client welfare is at risk.
9. Ensure that ethical guidelines and legal statutes are upheld.
10. Monitor proficiencies in collaborating with community resources and networking with community agencies.
11. Sign the CIT's weekly log sheets verifying direct and indirect hours gained at the site.

12. Complete students' CCS-R evaluations at midterm and the end for each semester.
13. Ensure students can accumulate the required number of clients contact hours and indirect hours.
14. Ensure students are treated with the same respect as employed counselors at the site.
15. As the clinical supervisor you reserve the right to terminate the clinical agreement at any time. Examples of situations that might result in termination include a) failure to comply with agency policies, rules, or regulations, b) concerns for consumer or staff safety or health, and/or c) work that is not in full accord with the agency's standards of performance.
16. Contact the Clinical Coordinator with any questions and concerns, we are ready and willing to help.

### **Required number of Hours**

The Site Supervisors must meet with students for individual and or triadic supervision for at least one (1) hour each week.

The University Clinical Coordinator must meet one hour and thirty minutes 1.5. hrs. per week.

**Practicum** - requires 100 hours of total time, with 40 of those hours are direct services to client(s) both in individual and group settings.

- Completion of the hours must be accompanied by an adequate score on Part 1 and Part 2 of the Counseling Competency Scale-Revised (Lambie, 2016; CCS-R).
- Internship ratings are completed by the site supervisor and reviewed with the clinical coordinator and the CIT during triadic supervision at mid-term and end of term. All reviews will be documented in writing, signed by all parties, and uploaded to the CIT's file in Tevera.
- Adequate demonstration of the skills and dispositions of a professional counselor as specified in the CCS-R AND based upon the supervisor and faculty clinical coordinators' review of CIT's performance at midterm and end of term. All assessments will be documented in writing, signed by all parties, and uploaded to the CIT's file in Tevera.

**Internship** - requires a 600-service hour commitment with 240 direct service hours and 360 indirect hours. To achieve these hours internship is divided between two semesters.

- Adequate demonstration of the skills and dispositions of a professional counselor as specified in the CCS-R, based upon the supervisor and faculty clinical coordinators' review of performance at midterm and end of term. All assessments will be documented in writing, signed by all parties, and uploaded to the student's file in Tevera.

- Internship ratings are completed by the site supervisor and reviewed with the clinical coordinator and the CIT during triadic supervision at mid-term and end of term. All ratings will be documented in writing signed and uploaded to the student's file in Tevera.

### **Recordkeeping and Documentation**

Supervisory sessions are recorded as **notes** that indicate the focus of the session, the issues discussed, solutions suggested, and agreed-upon actions. SIU does not have a specific form for this as each facility may have their own method of taking such notes. CACREP requires that supervisors document their supervisory time clearly for review by the SIU Clinical Coordinator. Therefore Supervisors maintain records for each supervisee containing the clinical supervision summaries, and any other pertinent materials. These documents may be completed on Tevera and saved there .

### **Conclusion**

We truly appreciate your partnership with SIU-C and the Counseling and Rehabilitation Education program. The guidelines mentioned above have been provided to ensure that clinical supervision is of high quality and promotes continuous improvement in service delivery across clinical supervision venues. We thank you for taking the time to review this document with us.

Please indicate your review and agreement by signing below.

\_\_\_\_\_  
Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Coordinator

\_\_\_\_\_  
Date

**STUDENT EVALUATION OF INTERNSHIP**

**CONFIDENTIALITY AGREEMENT**

The Counseling and Rehabilitation Education Program at SIU-C will not allow access, viewing, or alteration (change) to the following confidential information unless we have received authorization from the student to do so

Student \_\_\_\_\_

Site of Internship \_\_\_\_\_

Dates of Internship \_\_\_\_\_

Number of Hours Completed at Site \_\_\_\_\_

Practicum or Internship Position Title \_\_\_\_\_

Name of Supervisor at Site \_\_\_\_\_

Name of Clinical Supervisor at SIUC \_\_\_\_\_

**Percentage of counseling time spent serving individuals with any of the following diagnoses or combinations of diagnoses:**

\_\_\_\_\_ Developmental Disabilities

\_\_\_\_\_ Learning Disabilities

\_\_\_\_\_ Mental Health Disorders

\_\_\_\_\_ Neurological Disorders

\_\_\_\_\_ Substance Use Disorders

\_\_\_\_\_ Physical Disabilities

\_\_\_\_\_ Other

**Percentage of counseling time spent serving**

\_\_\_\_\_ Children 12 years old and under

- \_\_\_\_\_ Adolescents 13 to 18 years old
- \_\_\_\_\_ Young Adults 19-29 years old
- \_\_\_\_\_ Adults 30-65 years old
- \_\_\_\_\_ Older Adults 65 and up
- \_\_\_\_\_ Families

**Percentage of total Practicum or Internship time spent**

- \_\_\_\_\_ Report writing and documentation
- \_\_\_\_\_ Attending site sponsored trainings
- \_\_\_\_\_ Attending team meetings
- \_\_\_\_\_ Collaborating with peers
- \_\_\_\_\_ Developing new community partnerships

**Degree of frequency during internship that you performed the following functions:**

(Key: D=Daily W= Weekly M = Monthly N = Not performed in this position)

	D	W	M	N
Intake Interviews	—	—	—	—
Observing individual counseling sessions	—	—	—	—
Observing group sessions	—	—	—	—
Service Planning/Coordination	—	—	—	—
Individual supervision ( formal and informal)	—	—	—	—
Conducting individual counseling sessions	—	—	—	—
Leading group sessions	—	—	—	—
Transition Planning (between services, from corrections to community, homeless to housing,	—	—	—	—

unemployed to employed, between levels of care,  
high school to college, etc.)

Please describe positive aspects of your internship experience:

Please describe any negative or unsatisfactory aspects of your internship experience:

What, if anything, would have helped to make your internship experience more valuable?

Your initials here \_\_\_\_\_ Date \_\_\_\_\_



## Appendix 10

### Supervisor Evaluation

*This evaluation form provides feedback to the supervisor while giving the counselor-in-training a sense of responsibility and involvement in the design and development of supervision. The counselor-in-training name will not be included when submitted to the supervisor.*

Rating: Use a 7-point scale where: 1 = strongly disagree 4 = neither agree nor disagree 7 = strongly agree

1. Provides helpful feedback regarding the counselor-in-training behavior
2. Promotes an easy, relaxed feeling in supervision
3. Makes supervision a constructive learning process
4. Provides specific help in areas needing work
5. Addresses issues relevant to current clinical conditions
6. Focuses on alternative counseling strategies to be used with clients
7. Focuses on counseling behavior
8. Encourages the use of alternative counseling skills
9. Structures supervision appropriately
10. Emphasizes the development of strengths and capabilities
11. Brainstorms solutions, responses, and techniques that would be helpful in future counseling situations

12. Involve the counselor-in -training in the supervision process
13. Helps the supervisee feel accepted and respected as a person
14. Appropriately deals with affect and behavior
15. Motivates the counselor-in -training to assess counseling behavior
16. Conveys a sense of competence
17. Helps to use tests constructively in counseling
18. Appropriately addresses interpersonal dynamics between self and counselor-in -training
19. Can accept feedback from a counselor-in -training
20. Helps reduce defensiveness in supervision
21. Encourages expression of opinions, questions, and concerns about counseling
22. Prepares the counselor-in -training adequately for the next counseling session
23. Helps clarify counseling objectives
24. Provides an opportunity to discuss adequately the major difficulties the counselor-in -training is facing with clients
25. Encourages client conceptualization in new ways
26. Motivates and encourages the counselor-in -training

27. Challenges the counselor-in -training to perceive accurately the thoughts, feelings, and goals of the client
28. Gives the counselor-in -training a chance to discuss personal issues as they relate to counseling
29. Is flexible enough to encourage spontaneity and creativity
30. Focuses on the implications and consequences of specific counseling behaviors
31. Provides suggestions for developing counseling skills
32. Encourages the use of new and different techniques
33. Helps define and achieve specific, concrete goals
34. Gives useful feedback
35. Helps organize relevant case data in planning goals and strategies with clients
36. Helps develop skills in critiquing and gaining insight from counseling tapes
37. Allows and encourages self-evaluation
38. Explains the criteria for evaluation clearly and in behavioral terms
39. Applies criteria somewhat in evaluating counseling performance
40. Addresses cultural issues of supervisee in a helpful manner
41. Discusses cultural and contextual issues of the client, family, and wider systems that open added resources and avenues for support



## Appendix 12

**Counselor Competencies Scale - Revised (CCS-R)****(Lambie, Mullen, Swank, & Blount, 2015)**

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

**Scales Evaluation Guidelines**

- **Exceeds Expectations / Demonstrates Competencies (5)** = the counselor or trainee demonstrates **strong** (i.e., *exceeding* the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Meets Expectations / Demonstrates Competencies (4)** = the counselor or trainee demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s). A beginning professional counselor should be at the “Demonstrates Competencies” level at the conclusion of his or her practicum and/or internship.
- **Near Expectations / Developing towards Competencies (3)** = the counselor or trainee demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Below Expectations / Insufficient / Unacceptable (2)** = the counselor or trainee demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

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

**Part I: Counseling Skills & Therapeutic Conditions**

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

			<b>Encouragers &amp; Door Openers such as “Tell me more about...”, “Hmm”</b>	of encouragers, which supports development of a therapeutic relationship (85%).	of encouragers for the majority of counseling sessions, which supports development of a therapeutic relationship (70%)	his or her use of appropriate encouragers.	use appropriate encouragers.	appropriate encouragers, such as using skills in a judgmental manner.
1.C		<b>Questions</b>	<b>Use of Appropriate Open &amp; Closed Questioning</b> <i>(e.g., avoidance of double questions)</i>	Demonstrates appropriate use of open & close-ended questions, with an emphasis on open-ended question (85%).	Demonstrates appropriate use of open & close-ended questions for the majority of counseling sessions (70%).	Demonstrates inconsistency in using open-ended questions & may use closed questions for prolonged periods.	Demonstrates limited ability to use open-ended questions with restricted effectiveness.	Demonstrates poor ability to use open-ended questions, such as questions tend to confuse clients or restrict the counseling process.
1.D		<b>Reflecting<sup>a</sup> Paraphrasing</b>	<b>Basic Reflection of Content – Paraphrasing</b> <i>(With couples and families, paraphrasing the different clients’ multiple perspectives)</i>	Demonstrates appropriate use of paraphrasing as a primary therapeutic approach (85%).	Demonstrates appropriate use of paraphrasing (majority of counseling sessions; 70%).	Demonstrates paraphrasing inconsistently & inaccurately or mechanical or parroted responses.	Demonstrates limited proficiency in paraphrasing or is often inaccurate.	Demonstrates poor ability to paraphrase, such as being judgmental &/or dismissive.

1.E		<b>Reflecting<sup>b</sup></b> <i>Reflection of Feelings</i>	<b>Reflection of Feelings</b> <i>(With couples and families, reflection of each clients' feelings)</i>	Demonstrates appropriate use of reflection of feelings as a primary approach (85%).	Demonstrates appropriate use of reflection of feelings (majority of counseling sessions; 70%).	Demonstrates reflection of feelings inconsistently & is <i>not</i> matching the client.	Demonstrates limited proficiency in reflecting feelings &/or is often inaccurate.	Demonstrates poor ability to reflective feelings, such as being judgmental &/or dismissive.
1.F		<b>Reflecting<sup>c</sup></b> <i>Summarizing</i>	<b>Summarizing content, feelings, behaviors, &amp; future plans</b> <i>(With couples and families, summarizing relational patterns of interaction)</i>	Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans (85%).	Demonstrates ability to appropriately use summarization to include content, feelings, behaviors, and future plans (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use summarization.	Demonstrates limited ability to use summarization (e.g., summary suggests counselor did <i>not</i> understand clients or is overly focused on content rather than process).	Demonstrates poor ability to summarize, such as being judgmental &/or dismissive.
#	Score	<b>Primary Counseling Skill(s)</b>	<b>Specific Counseling Skills and Therapeutic</b>	<b>Exceeds Expectations / Demonstrates Competencies</b>	<b>Meets Expectations / Demonstrates Competencies</b>	<b>Near Expectations / Developing</b>	<b>Below Expectations / Unacceptable</b> <b>(2)</b>	<b>Harmful</b> <b>(1)</b>



			<b>Conditions Descriptors</b>	<b>(5)</b>	<b>(4)</b>	<b>towards Competencies (3)</b>		
1.G		<b>Advanced Reflection (Meaning)</b>	<b>Advanced Reflection of Meaning, including Values and Core Beliefs</b> <i>(taking counseling to a deeper level)</i>	Demonstrates consistent use of advanced reflection & promotes discussions of greater depth during counseling sessions (85%).	Demonstrates ability to appropriately use advanced reflection, supporting increased exploration in session (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use advanced reflection. Counseling sessions appear superficial.	Demonstrates limited ability to use advanced reflection &/or switches topics in counseling often.	Demonstrates poor ability to use advance reflection, such as being judgmental &/or dismissive.
1.H		<b>Confrontation</b>	<b>Counselor challenges clients to recognize &amp; evaluate inconsistencies.</b>	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion (can confront, but hesitant) or was <i>not</i> needed; therefore,	Demonstrates inconsistent ability to challenge clients through verbalizing inconsistencies & discrepancies in clients' words &/or actions in a supportive fashion. Used minimally/missed opportunity.	Demonstrates limited ability to challenge clients through verbalizing discrepancies in the client's words &/or actions in a supportive & caring fashion, &/or skill is lacking.	Demonstrates poor ability to use confrontation, such as degrading client, harsh, judgmental, &/or aggressive.

					appropriately <i>not</i> used (majority of counseling sessions; 70%).			
1.I		<b>Goal Setting</b>	<p><b>Counselor collaborates with clients to establish realistic, appropriate, &amp; attainable therapeutic goals</b></p> <p><i>(With couples and families, goal setting supports clients in establishing common therapeutic goals)</i></p>	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with clients (85%).	Demonstrates ability to establish collaborative & appropriate therapeutic goals with client (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to establish collaborative & appropriate therapeutic goals with clients.	Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with clients.	Demonstrates poor ability to develop collaborative therapeutic goals, such as identifying unattainable goals, and agreeing with goals that may be harmful to the clients.
1.J		<b>Focus of Counseling</b>	<p><b>Counselor focuses (or refocuses) clients on their therapeutic goals</b> (i.e., <i>purposeful counseling</i>)</p>	Demonstrates consistent ability to focus &/or refocus counseling on clients' goal attainment (85%).	Demonstrates ability to focus &/or refocus counseling on clients' goal attainment (majority of	Demonstrates inconsistent ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates limited ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates poor ability to maintain focus in counseling, such as counseling moves focus away from clients' goals

					counseling sessions; 70%).			
1.K		<b>Facilitate Therapeutic Environment:</b> <i>Empathy &amp; Caring</i>	<b>Expresses accurate empathy &amp; care. Counselor is “present” and open to clients.</b> <i>(includes immediacy and concreteness)</i>	Demonstrates consistent ability to be empathic & uses appropriate responses (85%).	Demonstrates ability to be empathic & uses appropriate responses (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be empathic &/or use appropriate responses.	Demonstrates limited ability to be empathic &/or uses appropriate responses.	Demonstrates poor ability to be empathic & caring, such as creating an unsafe space for clients.
1.L		<b>Facilitate Therapeutic Environment:</b> <i>Respect &amp; Compassion</i>	<b>Counselor expresses appropriate respect &amp; compassion for clients</b>	Demonstrates consistent ability to be respectful, accepting, & compassionate with clients (85%).	Demonstrates ability to be respectful, accepting, & compassionate with clients (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be respectful, accepting, & compassionate with clients.	Demonstrates limited ability to be respectful, accepting, &/or compassionate with clients.	Demonstrates poor ability to be respectful & compassionate with clients, such as having conditional respect.

\_\_\_\_\_ : Total Score (out of 36 for SIUC Entry Level Students); (*out of a possible 60 points*)

**Part 2: Counseling Dispositions & Behaviors**

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

			<b>appreciative to the culture of colleagues and is able to effectively collaborate with others.</b>	<i>all</i> professional interactions.	professional interactions.	within professional interactions.	inappropriate within some professional interactions.	being disrespectful of others &/or impedes the professional atmosphere of the counseling setting / course.
2C		<b>Professional &amp; Personal Boundaries</b>	<b>Maintains appropriate boundaries with supervisors, peers, &amp; clients.</b>	Demonstrates consistent & strong appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent appropriate boundaries with supervisors, peers, & clients.	Demonstrates appropriate boundaries inconsistently with supervisors, peers, & clients.	Demonstrates inappropriate boundaries with supervisors, peers, & clients.	Demonstrates poor boundaries with supervisors, peers, & clients; such as engaging in dual relationships.
2.D		<b>Knowledge &amp; Adherence to Site and Course Policies</b>	<b>Demonstrates an understanding &amp; appreciation for <i>all</i> counseling site and course policies &amp; procedures.</b>	Demonstrates consistent adherence to <i>all</i> counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates adherence to most counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates inconsistent adherence to counseling site and course policies & procedures, including	Demonstrates limited adherence to counseling site and course policies & procedures, including	Demonstrates poor adherence to counseling site and course policies, such as failing to adhere to

						attendance and engagement.	attendance and engagement.	policies after discussing with supervisor / instructor.
2.E		<b>Record Keeping &amp; Task Completion</b>	<b>Completes <i>all</i> weekly record keeping &amp; tasks correctly &amp; promptly (e.g., case notes, psychosocial reports, treatment plans, supervisory report).</b>	Completes <i>all</i> required record keeping, documentation, and assigned tasks in a through, timely, & comprehensive fashion.	Completes <i>all</i> required record keeping, documentation, and tasks in a competent & timely fashion.	Completes <i>all</i> required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation, and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by specified deadline.
#	Score	<b>Primary Counseling Dispositions &amp; Behaviors</b>	<b>Specific Counseling Disposition &amp; Behavior Descriptors</b>	<b>Exceeds Expectations / Demonstrates Competencies (5)</b>	<b>Meets Expectations / Demonstrates Competencies (4)</b>	<b>Near Expectations / Developing towards Competencies (3)</b>	<b>Below Expectations / Insufficient / Unacceptable (2)</b>	<b>Harmful (1)</b>
2.F		<b>Multicultural Competence in Counseling Relationship</b>	<b>Demonstrates respect for culture (e.g., race, ethnicity, gender, spirituality, religion, sexual orientation, disability, social class,</b>	Demonstrates consistent & advanced multicultural competencies (knowledge, self-	Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, &	Demonstrates inconsistent multicultural competencies (knowledge, self-awareness,	Demonstrates limited multicultural competencies (knowledge, self-	Demonstrates poor multicultural competencies , such as being

			<b>etc.) and awareness of and responsiveness to ways in which culture interacts with the counseling relationship.</b>	awareness, appreciation, & skills) in interactions with clients.	skills) in interactions with clients.	appreciation, & skills) in interactions with clients.	awareness, appreciation, & skills) in interactions with clients.	disrespectful, dismissive, and defensive regarding the significance of culture in the counseling relationship.
2.G		<b>Emotional Stability &amp; Self-control</b>	<b>Demonstrates self-awareness and emotional stability (i.e., congruence between mood &amp; affect) &amp; self-control (i.e., impulse control) in relationships with clients.</b>	Demonstrates consistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates inconsistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates limited emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates poor emotional stability & appropriateness in interpersonal interactions with client, such as having high levels of emotional reactants with clients.
2.H		<b>Motivated to Learn &amp; Grow / Initiative</b>	<b>Demonstrates engagement in learning &amp; development of his or her counseling competencies.</b>	Demonstrates consistent and strong engagement in promoting his or her professional and	Demonstrates consistent engagement in promoting his or her professional and	Demonstrates inconsistent engagement in promoting his or her professional and personal	Demonstrates limited engagement in promoting his or her professional	Demonstrates poor engagement in promoting his or her professional

				personal growth & development.	personal growth & development.	growth & development.	and personal growth & development.	and personal growth & development, such as expressing lack of appreciation for profession &/or apathy to learning.
2.I		<b>Openness to Feedback</b>	<b>Responds non-defensively &amp; alters behavior in accordance with supervisory &amp;/or instructor feedback.</b>	Demonstrates consistent and strong openness to supervisory &/or instructor feedback & implements suggested changes.	Demonstrates consistent openness to supervisory &/or instructor feedback & implements suggested changes.	Demonstrates openness to supervisory &/or instructor feedback; however, does <i>not</i> implement suggested changes.	Demonstrates a lack of openness to supervisory &/or instructor feedback & does <i>not</i> implement suggested changes.	Demonstrates <i>no</i> openness to supervisory &/or instructor feedback & is defensive &/or dismissive when given feedback.
2.J		<b>Flexibility &amp; Adaptability</b>	<b>Demonstrates ability to adapt to changing circumstance, unexpected events, &amp; new situations.</b>	Demonstrates consistent and strong ability to adapt & “reads-&-flexes” appropriately.	Demonstrates consistent ability to adapt & “reads-&-flexes” appropriately.	Demonstrated an inconsistent ability to adapt & flex to his or her clients’ diverse changing needs.	Demonstrates a limited ability to adapt & flex to his or her clients’ diverse	Demonstrates a poor ability to adapt to his or her clients’ diverse changing



							changing needs.	needs, such as being rigid in work with clients.
2.K		<b>Congruence &amp; Genuineness</b>	<b>Demonstrates ability to be present and “be true to oneself”</b>	Demonstrates consistent and strong ability to be genuine & accepting of self & others.	Demonstrates consistent ability to be genuine & accepting of self & others.	Demonstrates inconsistent ability to be genuine & accepting of self & others.	Demonstrates a limited ability to be genuine & accepting of self & others (incongruent)	Demonstrates a poor ability to be genuine & accepting of self & others, such as being disingenuous.

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

**CCSR Narrative Feedback from Supervising Instructor / Clinical Supervisor**

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

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

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

**CCSR Signature Page**

Date CCS-R reviewed with Counselor or Trainee \_\_\_\_\_

\_\_\_\_\_  
*Counselor's or Trainee's Name (print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Counselor's or Trainee's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Name (print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

***Note.* If the supervising instructor / clinical supervisor is concerned about the counselor's or trainee's progress in demonstrating the appropriate counseling competencies, he or she should have another appropriately trained supervisor observe the counselor's or trainee's work with clients to provide additional feedback to the counselor or trainee.**