



College of Social and  
Behavioral Sciences

Master of Arts in  
Clinical Mental Health  
Counseling

Clinical Manual  
2026-2027

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# Contents

## Professional Practice

### Section I: Clinical Training and Program Progression

Entry-Level Professional Practice

Practicum

Internship

### Section II: Professional Practice Requirements

Liability Insurance

Criminal History Background Check

Notice of Subpoena

Non-Discrimination

### Section III: Evaluation Processes

### Section IV: Site Selection Process

Professional Practice Orientation

Clinical Orientation and Professional Training for Practice Site Supervisors

Professional Practice Agreement

### Section V: Ethical and Legal Requirements

CACREP

American Counseling Association (ACA) Code of Ethics

Federal and State Legal Requirements

Students are required to abide by all their state and federal laws, in addition to the ACA code of Ethics

### Section VI: Crisis Reporting Protocols

### Academic Policies and Procedures

Student Retention and Remediation

### Appendices: Clinical Forms

Appendix A: Northwest University Consent to Record Form

Appendix B: Northwest University Recording Consent Attestation Form

Appendix C: Counseling Interview Rating Form

Appendix D: Micro skills Classification Form

Appendix E: Case Presentation

Appendix F: Counselor Competencies Scale – Revised

Appendix G: Review of Progress, Self-Assessment

Appendix H: Supervisee Perception of Supervision Form

Appendix I: Student Evaluation of Professional Practice Partner Site

Appendix J: Specialized Supervision Plan

Appendix K Professional Practice Agreement Form

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# Professional Practice

## Section I: Clinical Training and Program Progression

The CMHC program emphasizes three major components: counseling theory and knowledge, counseling skills, and professional dispositions. In practicum and internship, students apply theory, knowledge, and skills in clinical settings under the direct supervision of qualified licensed mental health professionals.

### Entry-Level Professional Practice

Section 4 of the 2024 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards describes practicum and internship experiences as *Entry-Level Professional Practice* (see Table 1) combining the “application of theory and counseling skill under supervision. Fieldwork experiences will provide opportunities for students to counsel diverse clients”. (CACREP, 2023, p. 17).

Table 1. Entry-Level Professional Practice

Section	Description of Standard
A.	The counselor education program provides ongoing support to help students find fieldwork sites that are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as professional counselors within their CACREP specialized practice areas.
B.	Students are covered by <u>individual</u> professional counseling liability insurance while enrolled in practicum and internship.
C.	Supervision of practicum and internship students includes secure audio or video recordings and/or live supervision of students’ interactions with clients that are in compliance with applicable institutional, state, federal, and international privacy requirements for all program delivery types.
D.	Students have the opportunity to become familiar with a variety of professional activities and resources, including technology, as part of their practicum and internship.
E.	In addition to the development of individual counseling skills during <i>either</i> the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.

F.	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.
G.	Programs provide a fieldwork handbook to all students and fieldwork site supervisors, for all program delivery types, detailing requirements, expectations, policies, and procedures, including: <ol style="list-style-type: none"> <li>1. CACREP standards and definitions related to supervised practicum and internship;</li> <li>2. supervision agreement;</li> <li>3. evaluation procedures and requirements; and</li> <li>4. policy for student retention, remediation, and dismissal from the program</li> </ol>
H.	Written supervision agreements: <ol style="list-style-type: none"> <li>1. Define the roles and responsibilities of the faculty supervisor, field experience site supervisor, and student during practicum and internship;</li> <li>2. Include emergency procedures; and</li> <li>3. Detail the format and frequency of consultation between the counselor education program and the site to monitor student learning.</li> </ol>
I.	The counselor education program provides orientation to fieldwork site supervisors regarding program requirements and expectations.
J.	During entry-level professional practice experiences, the counselor education program engages in consultation with the fieldwork site supervisor to monitor student learning and performance in accordance with the supervision agreement.
K.	The counselor education program provides professional development opportunities to fieldwork site supervisors for all program delivery types.
L.	Students have opportunities to evaluate their experience with the practicum and internship placement process.
M.	Students have regular, systematic opportunities to evaluate practicum and internship fieldwork sites and site supervisors.

*Note.* CACREP 2024Standards.

CMHC professional practice opportunities are a privilege. Students must find balance in professional practice partner sites recognizing they are at once, guests and clinical team members. As such, students should familiarize themselves with and follow agency policies. Students should comply with guidelines similar to those of agency staff, with some

variations related to practicum and internship roles. Remember, students who are not respectful of the site's clientele, staff, facilities, or policies can be asked to leave at any time. Northwest University CMHC program faculty do not have the legal authority to require partnering sites to maintain student placements, especially when difficulties arise.

Likewise, students facing any form of harassment or abuse at any professional practice partner site are not required to continue. Additionally, if, at any time during professional practice courses, agency policies conflict with those of Northwest University's CMHC program, state licensing agency laws, or national organization (e.g. American Counseling Association) ethics, students should alert their clinical director immediately. These types of situations are rare, but students should inform their clinical director if any of these concerns arise.

The primary responsibility of each professional practice partner site is to the welfare of the clients. This is the assumption underlying all professional practice placements. CMHC program faculty and program group supervisors assume all professional practice partner agencies teach and facilitate student activities with the primary welfare of the clients in mind. If this is not the case, students are responsible for informing program personnel.

The clinical directors serve as liaisons between the program and the partnering agencies. Client welfare and student learning can be symbiotic, and program faculty aim to work with sites in consultative roles when concerns arise. Program group supervisors will serve as the first point of contact and resource for students assigned to their professional practice course.

## **Practicum**

After successfully completing pre-requisites, including COUN 5943 Counseling Skills, COUN 6603 Human Growth and Development, COUN 5503 Multicultural Issues in Counseling, COUN 5403 Theories and Systems of Counseling, COUN 5773 Theology and Counseling, COUN 5173 Crisis Counseling and Abuse, and COUN 5453 Psychopathology and Diagnosis, students will enroll in COUN 5963 Practicum. Students must take COUN 5553 Professional Orientation and Law and Ethics and COUN 5153 Research Methods and Program Evaluations prior to or concurrent with a practicum course. Students on probation or a remediation plan for any reason may not enroll in a practicum course without written approval from the clinical director.

## **CACREP Practicum Standards**

Practicum provides students with their first experience directly counseling clients. Students are expected to practice and demonstrate basic counseling skills including: attending, listening, reflecting, mirroring, re-focusing, structuring the session, development of clinical relationship, awareness of affective responses, and recognition of biases.

Professional conduct and ethical practice are expected in practicum experiences. Practicum placements allow students the opportunity to directly observe administrative and clinical policies and procedures in clinical settings and to engage with a variety of professionals in the field, including those with alternate license types (psychiatrist, psychologist, clinical social worker, etc.). Table 2 outlines the 2024 CACREP requirements for practicum.

**Table 2. C A C R E P Practicum Standards**

<b>Section</b>	<b>Description of Standard</b>
Q.	Students complete supervised counseling practicum experiences that total a minimum of 100 hours over a full academic term that is a minimum of eight weeks consistent with the institution’s academic calendar
R.	Practicum students complete at least 40 hours of direct service with actual clients that contributes to the development of counseling skills
S.	Throughout the duration of the practicum, each student receives individual and/or triadic supervision on a regular schedule that averages one hour a week and is provided by at least one of the following: <ol style="list-style-type: none"> <li>1. a counselor education program core or affiliate faculty member, or</li> <li>2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member, or</li> <li>3. a fieldwork site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.</li> </ol>
T.	Throughout the duration of the practicum, each student receives group supervision on a regular schedule that averages 1½ hours per week and is provided by at least one of the following: <ol style="list-style-type: none"> <li>1. a counselor education program faculty member or</li> <li>2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member.</li> </ol>

*Note.* CACREP 2024 Standards.

**COUN 5963: Practicum**

Course Description: In this course, students will gain practical supervised

experience in a counseling setting. Attention is given to develop interviewing, basic counseling, and remedial case conceptualization skills. Students will practice case consultation and conceptualization with a supervising faculty instructor and other CMHC practicum students. Faculty to student ratio never exceeds a 12:1 ratio.

To begin practicum students must have completed the following:

- Attend clinical orientation (typically offered in the fall)
- Fill out a clinical training application and submit a resume' in the Experiential Learning Cloud (ELC)
- Complete the WA state telehealth training course and upload the certificate in the ELC
- Complete a criminal background check (sign acknowledgement form in the ELC)
- Obtain professional practice malpractice insurance (submitted the first week of practicum class)
- Accepted an offer for clinical placement at an approved site and complete all required paperwork at least one week prior to the start of the practicum class (see more in site selection process, Section IV).

## **Supervision**

Practicum requirements include one hour per week of individual or triadic supervision with a qualified site supervisor and 1.5 hours per week in program group supervision (practicum class). Students must arrange their schedule to attend weekly individual supervision on site and weekly group supervision class. Students may miss one individual and one class supervision session due to circumstances, such as illness without making it up. However, a second missed supervision session must be made within two weeks. Students may not miss more than two sessions. Students are responsible for contacting their clinical director or faculty supervisor to discuss make-up options. Students who miss more than two supervision sessions over the course of a semester may not pass the course.

## ***Site Supervision***

Practicum students work under the close supervision of their site supervisors, meeting weekly for a minimum of 1 hour in individual or triadic supervision. They must begin regular hours at their site within two weeks of the start of the semester. All practicum students must receive an

orientation to their site including expectations of duties and emergency procedures. We suggest that students begin the practicum experience by treating one client per week at an approved professional practice partner site, preferably as a co-counselor with an experienced intern or with a professional clinician at the site. As students demonstrate satisfactory clinical skills, they should be assigned additional clients, averaging four DCC hours per week during the practicum course. Students should never be left alone at sites when seeing clients and are not approved to do in home care.

### ***Program Group Supervision (Practicum Class)***

Students also receive supervision through a 90-minute class, a group supervision experience, facilitated by a faculty supervisor. The student faculty ratio in practicum classes does not exceed 12:1. The class is offered during various times Monday-Friday based on instructor availability.

In addition to engaging in required practicum hours, practicum course assignments include:

1. Recording approximately 50% of direct client contact hours (client must agree and sign the Northwest University Consent to Record document, stored in a HIPAA compliant manner at the client's file at their site)
2. Review of Progress Self-Assessment (Appendix G)
3. Up to two formal case presentations following the case presentation form (Appendix E)
4. Completion of the Supervisee Perception of Supervision and the Professional Practice Partner Site Form (Appendix H, I)
5. Reviewing the CCS-R (Lambie, 2008) with the site supervisor during the end of practicum (Appendix F)
6. Weekly site supervisor signatures on clinical documentation, weekly logs and end of semester hours logs
7. Timely provision of required clinical documentation, including session-specific clinical notes, intake and assessment documents, and treatment plans for professional review by site supervisor
8. Additional assignments assigned by faculty supervisor

*\*Note.* Professional practice partner sites may require agency-specific consent to record documentation. Agency-specific consent to record documentation does not substitute for the Northwest University Consent to Record document as the agency-specific document may not provide information about the use of the recording in class, among peers, and among program faculty.

### ***Counting Hours***

During the practicum course, students must accumulate no fewer than 100

clock hours of supervised clinical experience. As part of the minimum total of 100 clock hours, students must accumulate at least 40 direct client contact hours. CACREP defines direct client contact (DCC) hours as “Supervised use of counseling, consultation, or related professional skills with actual clients (individuals, couples, families, or groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) assessment, (2) counseling, (3) psycho-educational activities, and (4) Consultation.” (CACREP, 2024)

They also note, “The following would not be considered direct service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties, (4) clinical and/or administrative supervision, and (5) role plays.” (CACREP, 2024).

Activities counted as non-direct clock hours may include group and individual supervision sessions, live and recorded observations, trainings, staff meetings, research related to diagnoses and treatment, writing clinical notes and treatment plans, and other tasks related to clinical training.

Practicum students cannot apply any hours earned during the practicum experience towards internship courses and hours may not be counted during university breaks.

### ***Documentation***

Students are responsible for: Completing the necessary documentation for tracking clinical hours on a regular basis in the ELC, securing appropriate document signatures from clients and supervisors, providing appropriate documents and recordings to site supervisors, and maintaining client files as required by their site. Supervisors must have knowledge of this information to thoroughly assess clinical training students, using the Counselor Competency Scale-Revised (CCS-R, Lambie, 2008) each semester.

Students are not to maintain copies of any client documents or files outside of those required by the approved site or Northwest University’s CMHC program. For example, before showing client recordings weekly in program group supervision, students must provide a signed copy of the Northwest University Consent to Record (Appendix A) document and keep the document in a HIPAA-compliant manner at their site. This is a student's responsibility. Lack of supervisor request for this document will not absolve students from this requirement. Students will be evaluated once per semester on the ability to properly manage required paperwork and client files as part of the CCS-R (Lambie, 2008).

Any HIPAA-protected client information, which must be transported for

the sake of program group supervision presentation requirements, must be protected by double-locks. An example may include a locking Protected Health Information (PHI) bag in a locked briefcase. A vehicle lock, such as a door or trunk lock, is not considered a secure lock as the PHI is reduced to only one lock while being carried between vehicle and school or agency facilities. Failure to follow this rule is considered an ethical violation and may result in disqualification from the program. Remote students may not remove hard copies of client PHI from the professional practice partner site.

Any HIPAA-protected client information, which must be transported for the sake of program group supervision presentation requirements, must be protected by double-locks. An example may include a locked Protected Health Information (PHI) bag in a locked briefcase. A vehicle lock, such as a door or trunk lock, is not considered a secure lock as the PHI is reduced to only one lock while being carried between vehicle and school or agency facilities. Failure to follow this rule is considered an ethical violation and may result in disqualification from the program. Remote students may not remove hard copies of client PHI from the professional practice partner site.

Failure to manage required documentation will result in earning a No-Pass grade in the course. It will also result in the development of a remediation plan, delay of clinical training, disqualification from the CMHC Program, and/or ineligibility for state licensure.

### ***Incomplete Grades in Practicum***

Students who do not complete all practicum requirements, including accumulating the required hours and practicum course assignments, will receive an incomplete in the course. Incomplete grades expire at the end of the fourth week of the following term as noted in the Academic Handbook of the university. Students who receive an incomplete in practicum are required to complete all practicum requirements within four weeks of Internship I. Students cannot begin accumulating internship hours until they have completed requirements and the grade has been updated to pass. Students who require an extension to meet hours requirements must get permission from their clinical director.

### **Internship**

After successfully completing pre-requisites including COUN 5553 Professional Orientation and Law and Ethics, COUN 5153 Research Methods and Program Evaluation, COUN 5303 Group Counseling, and COUN 5963

Practicum, students may enroll in COUN 6943 Internship I  
Students must successfully pass all requirements in COUN 5963 Practicum in order to be eligible to count hours in COUN 6943 Internship I.

Students must complete 10 hours of individual counseling hours and submit the “Verification of Individual Counseling Experience” form, signed by their counselor, prior to beginning internship. Personal counselors must be fully licensed in the state where the student resides (Licensed Psychologist, LMFT, LMHC, LCSW). **Counselors with associates or intern licenses do not qualify to meet this requirement for CMHC students.** This form is available on Eagle and uploaded to the ELC. This is required by the CMHC program in order to count hours towards internship.

The internship courses are the final and most comprehensive experiences in the CMHC program. To ensure students’ individualized career goals are addressed during clinical internship experiences, arrangements for internship are negotiated between the student, the CMHC clinical director, site supervisors, and site administrators. Internship is designed to provide the student with an opportunity to apply classroom learning to real clients and agency situations in a closely monitored internship site. Students will work under the close supervision of a licensed mental health clinician. The site supervisor will closely monitor student activities, provide effective and appropriate feedback, work cooperatively with the clinical director, and supervising instructor, and encourage student participation in a variety of on-site activities.

During internship courses, students will be expected to demonstrate a commitment to implement and expand the following skills:

1. Establishing and maintaining a client caseload.
2. Demonstration and application of appropriate individual, couple, family, and group counseling skills.
3. Maintaining all client files in hard copy or electronic health record system as required by the internship site and internship agreement.
4. Developing specialized skills relevant to the context of the host internship site.
5. Establishing and maintaining effective working relationships with staff, supervisors, and colleagues.
6. Demonstration of openness to receiving and incorporating supervision feedback.
7. Demonstration of knowledge and application of ACA and state Codes of Ethics.

8. Demonstration of use of community resources and referrals.
9. Demonstration of continued education and training outside of the CMHC program’s academic requirements including site-sponsored training, reading of texts and articles useful for client care, and professional workshop or conference attendance.
10. Demonstration of enthusiasm and commitment to the field of professional counseling; and,
11. Demonstration of personal traits conducive to effective counseling and continued professional development.

**Internship Course Descriptions**

***COUN 6943 Internship***-This course represents the first of two (or three) consecutive semesters in a clinical setting (with supervised counseling). The student combines course knowledge and internship experience at the internship site. Students will discuss case consultation and conceptualization with a supervising faculty instructor and other CMHC student interns. The faculty to student ratio never exceeds a 12:1 ratio.

***COUN 6953 Internship II***-This course represents the second consecutive semester in a clinical setting (with supervised counseling). The student combines course knowledge and practicum experience at the internship site. Students will practice case consultation and conceptualization with a supervising faculty instructor and other CMHC student interns. The faculty to student ratio never exceeds a 12:1 ratio.

***COUN 6963 Internship Continuation*** (optional dependent upon the completion of hours)-This course represents an optional third consecutive semester in a clinical setting (with supervised counseling). The student combines course knowledge and practicum experiences at the internship site. Students will practice case consultation and conceptualization with a supervising faculty instructor and other internship students. The faculty to student ratio never exceeds a 12:1 ratio.

**CACREP Internship Standards**

Internships allow students to demonstrate advanced clinical skills and hone their use of a chosen theory in practice. Internship placement typically occurs at the same agency that hosted the student during COUN 5963 Practicum. Students should consider internship sites at which the population served is of specific interest to the student or where theory and interventions used are of specific interest to the student when possible. Table 3 describes the 2024 CACREP requirements for internship experiences.

**Table 3. Internship Standards**

Section	Description of Standard
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U.	After successful completion of the practicum, students complete 600 hours of supervised counseling internship in roles and settings with actual clients relevant to their CACREP specialized practice area.
V.	Internship students complete a minimum of 240 hours of direct service with actual clients.
W.	Throughout the duration of the internship, each student receives individual and/or triadic supervision on a regular schedule that averages one hour a week and is provided by at least one of the following: 1. a counselor education program faculty member, or 2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member, or 3. a fieldwork site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
X.	Throughout the duration of the internship, each student receives group supervision on a regular schedule that averages 1½ hours per week and is provided by at least one of the following: 1. a counselor education program faculty member or 2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member.

*Note.* CACREP 2024 Standards.

Internship courses provide students with regular clinical supervision, consultation, and professional guidance as students gradually build client caseloads and have responsibilities commensurate with professional staff. Appropriate internship activities include staff meetings, individual supervision, group supervision, educational opportunities, in-service trainings, and performance reviews. Students should contribute to the internship site and attend site functions as requested. It is important to note students are not expected to function independently, with little or no supervision, or to practice outside the scope of their own skills, knowledge, and training, or the skills, knowledge, and training of supervisors.

## **Internship Requirements**

### ***Site Supervision***

Interns continue to work under the close supervision of their site supervisors, meeting weekly for a minimum of 1 hour in individual or triadic supervision. Students should never be left alone at sites when seeing clients and are not approved to do in home care.

### ***Program Group Supervision (Internship Class)***

Students continue to receive weekly supervision through a 90-minute program group supervision experience, facilitated in class by a faculty supervisor. The student faculty ratio in internship classes does not exceed 12:1. The class is offered during various times Monday-Friday based on instructor availability.

Internship students are expected to:

1. Spend approximately 20 hours per week in the internship setting on internship related activities. Participation in CMHC internship typically starts in the fall and continues through the spring semester. Students may participate in internship continuation as needed to complete the required hours. Alternate starting and ending dates may be approved relative to a given internship setting.
2. Required to obtain a minimum of 600 total hours, 240 which must be direct contact hours during the course of internship 1 and 2 (and continuation if needed). These hours are recorded in weekly logs and signed by their site supervisor in the ELC. Summary of hour logs are submitted at the end of each semester in the ELC.
3. Engage in a minimum of 1-hour weekly individual and/or triadic supervision with their on-site supervisor and 90-minutes of group supervision with their internship supervising instructor in class. Internship groups will not exceed a 12:1 faculty: student ratio.
4. Record as many sessions (individual, group, outreach) as possible during both fall and spring semesters (client must agree via a Northwest University Consent to Record document\*).
5. Present 1-2 case presentations each semester using the Case Presentation Form
6. Share a short presentation (30-40 minutes) with the internship class during the academic year, typically during Internship II. The special topic presentation will be related to counseling issues of interest to interns (e.g., “crisis intervention”, or “working with a depressed client” or “treatment planning”).
7. Plan, design, and implement a group counseling experience during the internship year. Each intern should co-facilitate an ongoing group for at least 10 total hours or longer with a minimum of four or more clients.
8. Complete additional assignments assigned by faculty supervisor.

9. Expect their clinical director to contact their site supervisor each semester.
10. Complete the following forms:
  - a. Supervisee Perception of Supervision Form, evaluating supervisors (Appendix H)
  - b. Review the CCS-R (Lambie, 2008) at the end of each clinical course with their site supervisor (Appendix F)
  - c. Student Evaluation of Professional Practice Partner Site, evaluating their site (Appendix I)
  - d. Weekly and end of semester hours logs available in the ELC

\* Professional practice partner sites may require agency-specific consent to record documentation. Agency-specific consent to record documentation does not substitute for the Northwest University Consent to Record document as the agency-specific document may not provide information about the use of the recording in class, among peers, and among program faculty.

\*\* Numbers 6 and 7 are usually implemented during the spring semester, with much planning done in the fall semester.

If a student does complete the requirements for Internship I, or II, they will have to enroll in Internship Continuation in the summer semester.

### ***Counting Internship Hours***

Northwest University's CMHC program requires documentation of a minimum of 600 clock hours during internship experiences over a period of two to three semesters. 240 of these hours must be direct client hours. CACREP defines DCC hours as "Supervised use of counseling, consultation, or related professional skills with actual clients (individuals, couples, families, or groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) assessment, (2) counseling, (3) psycho-educational activities, and (4) Consultation." (CACREP, 2024). They also note, "The following would not be considered direct service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties, (4) clinical and/or administrative supervision, and (5) role plays." (CACREP, 2024).

Activities counted as non-direct clock hours may include group and individual supervision sessions, live and recorded observations, trainings, staff meetings, research related to diagnoses and treatment, writing clinical

notes and treatment plans, and other tasks related to clinical training. Students may not double-dip hours, meaning hours cannot be counted in multiple categories. Other specific CACREP (2024) standards can be found in Table 3.

As internship courses are developmental in nature, students must maintain continuous enrollment in internship courses to assure progressive skill and knowledge development as well as continuity of care for clients. The progressive and developmental nature of the internship courses are dependent, in part, on the completion of a minimum number of DCC hours each semester. Students must complete at least 100 DCC hours in order to pass internship 1.

Hours may not be counted during university breaks when a student is not attending class at NU. Lack of ability to complete required hours during each semester may result in the inability to enroll for the next semester of internship, loss of all accumulated hours, and delay in the program. The clinical director, after consulting with the site supervisor and faculty group supervisor, can make exceptions based on placement and forecasted ability to make up DCC hours. Students lacking required hours each semester must contact their Clinical Director as soon as they foresee an issue.

### ***Documentation***

Internship students are responsible for completing the necessary documentation tracking clinical hours on a regular basis; securing appropriate document signatures from clients and supervisors; providing appropriate documentation to clients, site and program supervisors, and the program's administrative support person; and for maintaining copies of program-related documents for their own records.

Students are not to maintain copies of any client documents or files outside of those required by the approved site or the CMHC program. Failure to maintain any of these documentation responsibilities will result in a No-Pass grade for the internship course, the development of a remediation plan, delay in graduation, possible disqualification from the program, and/or the ineligibility for state licensure. If a site dismisses or discontinues the clinical agreement with a student, it may result in a failing grade in the course, a remediation plan, or dismissal from the program.

Any HIPAA-protected client information, which must be transported for the sake of program group supervision presentation requirements, must be protected by double-locks. An example may include a locking Protected Health Information (PHI) bag in a locked briefcase. A vehicle lock, such as a door or trunk lock, is not considered a secure lock as the PHI is reduced to only one lock while being carried between vehicle and school

or agency facilities. Failure to follow this rule is considered an ethical violation and may result in disqualification from the program. Remote students may not remove hard copies of client PHI from the professional practice partner site.

Client documents such as the Northwest University Consent to Record form should be kept in a HIPAA-compliant manner at the site in case it is requested from the clinical director or supervising instructor. Failure to follow this rule is considered an ethical violation and may result in disqualification from the program.

As part of annual review of approved professional practice partner sites, students evaluate the site and site supervisor each semester.

If a site dismisses or discontinues the clinical agreement with the student, it may result in a failing grade in the course, a remediation plan, probation or dismissal from the program.

Students who do not submit all the required evaluations in the required timelines will not be allowed to enroll in the following semester, which will place internship, graduation dates, and program completion at jeopardy.

## **Section II: Professional Practice Requirements**

### **Liability Insurance**

Students are required to carry a professional liability insurance policy for all clinical courses (regardless of whether or not professional practice sites cover their interns). The professional liability insurance policy should have limits of no less than \$1,000,000 per claim, up to \$3,000,000 annual aggregate, and subject to a \$6,000,000 master policy aggregate.

Students must provide evidence of professional liability insurance prior to the start of COUN 5963 Practicum. Liability insurance policies are issued for periods of one year so students must renew their policy if enrolled in clinical courses for longer than 12 months.

Student rates are available through membership with the American Counseling Association (ACA), which provides eligible ACA student members with professional liability coverage as a benefit of membership at no additional charge. More information is available at <https://www.counseling.org/membership/join-now>.

Proof of professional liability insurance is due to the clinical director by the first day of practicum. Students who cannot verify their liability insurance

coverage may NOT treat nor engage in any way with clients until they can provide that proof. Please also provide a copy of the professional liability insurance to your site supervisor. Keep all the original documents for your records.

## **Criminal History Background Check**

As a part of enrollment into the CMHC program, a criminal background check is required prior to the start of clinical training. The CMHC program utilizes a professional background check agency to conduct background checks. Students will be invited to participate in the background check process via email from the agency and will also receive disclosure information from the CMHC program at that time. Students are required and responsible for submitting all documentation related to the background check process prior to starting practicum.

Regardless of state laws and rules, each student must complete a background check to the satisfaction of the CMHC Program Director. Students whose background checks do not meet the program standard will be notified immediately by the CMHC Program Director. The results of the background check may impact their ability to engage in clinical practice. A second background check may be required if deemed necessary by the faculty.

## **Notice of Subpoena**

If students receive a subpoena to provide information or testify in any proceeding related to professional practice roles, they are to follow university policies, which require students to contact: (1) their site supervisor, (2) their site administrator, (3) their supervising instructor, and (4) their clinical director prior to responding to the subpoena.

The clinical director will contact the agency supervisor to discuss who will contact the attorney or judge initiating the subpoena and request the subpoena be transferred to the agency supervisor. If this process cannot occur, the clinical director will speak with the student and supervisors, gather information, contact the attorney or judge who initiated the subpoena, and request the subpoena be transferred to the student's counselor education program supervisor.

**NOTE:** Students must verify in writing they have been released from testifying and the name of the supervisor chosen to testify instead. Please notify all parties noted in the first paragraph of this section via email and include copies of any associated documents.

The clinical director will notify the dean of the College of Social and Behavioral Sciences and Northwest University legal counsel when a student indicates receipt of a subpoena that has not been transferred to a site supervisor. Additionally, cooperating agencies or the clinical director should immediately notify clients that internship and practicum students cannot serve as expert witnesses because of their lack of training and licensure.

### **Non-Discrimination**

Students enrolled in the CMHC Program may NOT claim religious or moral exemptions from treating clients during any Professional Practice course. Students must avoid discriminating against or refusing counseling services to anyone on the basis of race, ethnicity, gender identity, sexual orientation, religion, health status, age, disabilities, or national origin. Students may refer clients when the client’s presenting problem(s) are beyond the scope of the student’s knowledge or skill base. However, if patterns of referral emerge suggesting discriminatory behaviors, students risk being placed on a remediation plan. Students challenged with presenting problems or topics for which they do not have knowledge or experience are expected to pursue education about the topic and to discuss the topic with their site supervisor, supervising instructor, or clinical director.

### **Section III: Evaluation Processes**

Clinical training classes are pass-fail classes. Satisfactory completion of the courses requires an 80% or higher (or KPI score of 3.00) on the CCS-R and all assignments based on the following rubric:

<b>Percentage</b>	<b>KPI score</b>	<b>Rubric</b>
94%-100%	5	Strong mastery of skills and thorough understanding of self and concepts
87%-93%	4	Proficient understanding of concepts/self/skills evident
80%-86%	3	Basic understanding of concepts/self/skills evident; minor conceptual and/or skill errors; in process of developing
65%-79%	2	Remediation needed; limited evidence of concepts/self/skills evident, significant conceptual and/or skill errors
Below 65%	1	Remediation needed; deficits in knowledge/skills/dispositions

In addition to the formative evaluations based on course assignments detailed in each course syllabus, students enrolled in each Professional Practice course will be evaluated by the Site Supervisor once per semester using the Counselor Competency Scale – Revised (Lambie, 2008).

The Counseling Competencies Scale – Revised (CCS-R) assesses counseling students' skills development and professional competencies. Additionally, the CCS-R provides counseling students with direct feedback regarding their counseling skills and professional dispositions (dominant qualities), offering the students practical areas for improvement to support their development as effective and ethical professional counselors. (Lambie, 2008)

The CCS-R (Lambie, 2008) is measured on a 5-point Likert scale including: *Exceeds Expectations (5)*, *Meets Expectations (4)*, *Near Expectations (3)*, *Below Expectations (2)* or *harmful (1)*. Site supervisors complete the assessment and are asked to review the results with each student, including taking into consideration the context, course content, and site requirements. Students scoring below 3 on any area of the CCS-R (Lambie, 2008) assessment will not pass the clinical course in which they are enrolled.

See appendix F to view the CCS-R evaluations supervisors will complete.

## **Section IV: Site Selection Process**

### **Professional Practice Orientation**

Northwest University's CMHC Program requires all students to engage in a clinical practice orientation meeting as a prerequisite for the Practicum course. This clinical practice orientation provides detailed review of expectations for students during practicum and internship courses, discusses expectations for student behavior at collaborating professional practice sites, and explains site and site supervisor requirements, so that students have the opportunity to ask questions prior to enrollment. The clinical directors provide a clinical orientation meeting in the fall semester for all students planning to enroll in practicum the following summer. In addition to a review of the process and documentation required, the live orientation provides an opportunity to learn about available sites and information on policies or protocols specific to application to those sites.

Following orientation, students submit an application for clinical training that is submitted in the ELC where they identify sites they are interested in. The CMHC program clinical directors review suggested or interested sites for fit and the ability to meet program requirements. Once the application is approved, students may begin contacting and applying to sites. New sites must first go through an approval process outlined in the ELC. Once a site is reviewed, the process becomes formal when a student who has been invited to engage in professional practice verbally accepts a site's offer.

However, the placement is not official until the site supervisor, student and NU faculty have signed a Professional Practice Agreement.

For local students, the clinical directors work regularly to recruit local agencies qualified to host practicum and internship students. Preapproved sites are listed in the ELC. Local students can help with this recruitment process by notifying the clinical director of a potential site using the site profile form in the ELC. Students who contact potential sites are welcome to provide basic information about site requirements listed below under “site requirements”. Local students applying for clinical training are also encouraged to speak with students in the prior cohort currently engaging in internship to gain valuable insights on quality of supervision, receptiveness of staff, and type of clients served.

Remote students that live outside the Seattle area are responsible for locating potential professional practice partner sites in or around their communities. Once a site is identified, a site profile form is submitted in the ELC. After a potential site is submitted, the clinical director contacts the site administrator to discuss interest, fit, and requirements to serve as a professional practice partner site with the CMHC program.

Remote students are encouraged to seek out sites that have well-established internship programs. They may also review practicum and internship opportunities listed on the American Counseling Association (ACA) website, which provides a curated list of organizations interested in hosting students for clinical training: <https://www.counseling.org/resources/career-central/internship-opportunities>. Please note that inclusion of this list does not guarantee that a site meets program requirements. Additionally, students who are members of their local counseling associations may consider posting in member forums or networking groups to identify potential internship sites.

Whereas students set the process in motion by contacting potential sites, opening dialogue about the process and requirements, and completing site forms, students cannot form agreements with sites about eligibility to partner with the Northwest University CMHC program. This is the sole responsibility of the CMHC clinical directors in collaboration with CMHC faculty.

### **Sample Outreach Email Template**

Students may use the following email template when reaching out to potential sites:

Subject: Inquiry About Potential Clinical Placement Opportunity

Dear [Supervisor’s Name],

My name is [Student Name], and I am currently a CMHC student at Northwest University. I am reaching out to inquire about the possibility of completing a clinical placement at [Organization/Clinic Name].

I am particularly interested in your work in [specific area, e.g., mental health, community health, geriatrics], and I believe that gaining experience at your organization would greatly enhance my professional development.

I have attached my resume for your review. I am happy to provide any additional information, such as references or information regarding program requirements.

Thank you very much for considering my inquiry. I would greatly appreciate the opportunity to discuss potential placement opportunities with you.

Sincerely,

[Student Name]

Clinical Mental Health Counseling, Northwest University

[Email Address] | [Phone Number]

**Site requirements:**

- Sites must be able to provide each practicum student they accept with at least 40 Direct Client Contact (DCC )hours and an additional 60 hours of agency work; and each internship student with 240 DCC hours and an additional 360 hours of agency work appropriate to professional practice (note-writing, clinical training, staff meetings, consultation, group supervision, etc.).
- Sites must allow students to record approximately 50% direct client contact hours with client agreement through the NU Consent to Record document.
- Sites must be able to ensure approved site supervisors submit all required professional practice paperwork in a timely manner.
- Sites must be willing to regularly communicate with clinical directors about student progress and engage in remediation plans when students struggle with skill or knowledge development.
- Sites must agree to inform the CMHC clinical directors immediately if there is any concern related to ethical or legal issues related to student performance or behavior.
- Sites must be able to provide clinical support to students

while they are providing counseling services to clients, whether sessions are provided on site or via telehealth. Students may not be alone on site while seeing clients and are not approved to do in home care.

- Sites must provide an orientation for the named student to the agency, including the expectations of student duties and emergency procedures.
- Sites must have a qualified supervisor to provide a minimum of 1 hour per week of direct or triadic clinical supervision. Clinical Mental Health Counseling Practicum and Internship site supervisors must have a minimum of a master's degree in counseling or a related profession and hold a verifiable licensure in counseling (LMHC/LPC), marriage and family therapy (LMFT), social work (LCSW) or psychology (Licensed Psychologist) for a minimum of two years. Site supervisors must also complete training in clinical supervision and training in technology utilized for supervision related to counseling.
- Site supervisors must sign a professional practice agreement with Northwest University and the student they agree to supervise.

## **Clinical Orientation and Professional Training for Practice Site Supervisors**

Clinical site supervisors will receive a recording to clinical orientation which outlines the typical placement process and timeline, communication preferences, supervisor requirements, student requirements, instructions in using the Experiential Learning Cloud to sign off on hours and complete evaluations, client recordings, and program offerings. This recording will be emailed to site supervisors annually.

Clinical site supervisors will also be offered professional development training opportunities periodically on topics such as using supervision models. Site supervisors will be notified of these opportunities by the faculty clinical directors.

## **Professional Practice Agreement**

Students who receive and accept a placement offer should initiate a professional practice agreement in the Learning Cloud which will be reviewed by their clinical director. The site supervisor, student, and clinical director must all sign the professional practice agreement for the placement to be final. In addition to reviewing the site and student

requirements, the contract outlines the days and times students will be present at the professional practice partner site. The Professional Practice Agreement also allows the site to provide details about the site supervisor's license information and supervisor training.

Students may not start working at their professional practice site until the agreement is fully executed and official. Students may engage in training opportunities; however, the hours cannot be counted until the first week of each term. Hours may not be counted in between semesters or when not enrolled and participating in a clinical course.

The Professional Practice Agreement only allows students to engage in direct client contact during each semester in which the student is enrolled in a clinical course. Students may not count hours towards internship between semesters, during holiday breaks, extended leave, or when program group supervision is not scheduled.

CMHC faculty reserve the right to remove any student from the clinical placement site at any time during the practice agreement period for any one of the following reasons:

- The student is not receiving adequate direct client contact hours at the internship site.
- The student is not receiving adequate supervision at the internship site.
- The student is being placed in a potentially dangerous position at the internship site.
- The student is being requested to perform personal and/or professional functions that are not in line with the site agreement, state ethical codes, American Counseling Association Code of Ethics, or CACREP 2024 standards.
- The student is not following the proper procedure set forth by the agency and/or the CMHC program regarding the internship experience.
- The agency is uncooperative in complying with CMHC site agreement requirements.
- The student does not meet CMHC program requirements to remain in clinical training.

It is the policy of the CMHC program and clinical director to seek to resolve issues with professional practice partner sites prior to the removal of a student. However, in cases in which the concern centers on potential harm to the student and/or client or unethical practices, the clinical director maintains the authority to remove a student immediately and notify the agency following the decision.

Students are expected to remain at their clinical site unless they have consulted with and received permission from their site supervisor and the NU clinical director to change sites or discontinue their clinical experience.

It is the responsibility of the student to communicate with the site supervisor first if concerned about ethics at the site, supervision, or the number of hours they are obtaining.

## **Section V: Ethical and Legal Requirements**

### **CACREP**

In the 2024 CACREP Standards Glossary, CACREP emphasizes ethics as a fundamental component of any counselor education program and defines counselor education as:

“a distinct academic discipline that has its roots in educational and vocational guidance and counseling, human development, supervision, and clinical practice. The primary focus of counselor education programs is the training and preparation of professional counselors who are competent to practice, abide by the ethics of the counseling profession, and hold strong professional counseling identities” (CACREP, 2023, p. 32).

### **American Counseling Association (ACA) Code of Ethics**

The American Counseling Association’s 2014 Code of Ethics includes Sections A-I and are located online in PDF Format at: <https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf>

Code of Ethics in detail. By signing the Professional Experience Application form, students confirm they have thoroughly read, understand, and agree to follow this Code of Ethics.

### **Federal and State Legal Requirements**

Students are required to abide by all their state and federal laws, in addition to the ACA code of Ethics

- a. [Washington Administrative Code](#)

## **Section VI: Crisis Reporting Protocols**

Occasionally, professional practice students treat clients in crisis, including those who threaten or present physical risk to self or others, and with those for whom abuse, and

neglect reporting is required. Each clinical site should offer crisis and reporting training and protocols. Students should ask site supervisors for specific training related to crisis response and reporting and report any incidents immediately to site supervisors.

At no time should a student engage in direct client contact when no staff or professionals are onsite. Students should **never** be in a building alone with clients, and students are not approved to do in-home care. Students presented with a crisis should contact their site supervisor immediately and as soon as possible.

Clinical students are mandated reporters and must also follow state and ACA protocols related to reporting abuse, neglect and other crisis concerns. Students providing counseling services in the state of Washington must follow the mandated reporting guidelines in [RCW 26.44.030](#). This law requires that any counselor with reasonable cause to believe a child has suffered abuse or neglect must report it promptly, at the first opportunity, and no later than 48 hours, to the appropriate authorities.

Online students located outside Washington are expected to follow the mandated reporting laws relevant to the state in which they are providing services. Students can reference the mandated reporting laws and reporting numbers across states through the [www.childwelfare.gov](http://www.childwelfare.gov).

## **Academic Policies and Procedures**

General policies and procedures such as academic and professional requirements, probation, program dismissal, appeals, and grading are listed in the [Graduate Catalog](#) and the [Graduate Handbook](#).

## **Student Retention and Remediation**

Student retention and remediation are foundational to successful Clinical Mental Health Counseling programs and to student success. CACREP 2024 standards emphasize the importance of a systematic, proactive retention and remediation policy (CACREP, 2023). Likewise, Sections F.6. and F.9. of the 2014 American Counseling Association (ACA) Code of Ethics highlights the importance of remediation for both academic and professional practice concerns.

Combining information from CACREP, the ACA, state licensing bodies in WA, and with respect for Northwest University's emphasis on due process for students having academic and/or non-academic difficulties, this program uses a variety of remedial interventions including, but not limited to: personal counseling, increased supervision, repetition of coursework, special assignments, student restrictions of credits taken, requirement for special studies; student restriction of Professional Practice hours or caseload, academic or non-academic probation, increased number of advising appointments, and leaves of

absence (Henderson & Dufrene, 2011). The CMHC Program goal is to utilize these remedial interventions to help students successfully complete the program of study when possible.

Students notified of academic or non-academic concerns impacting their progress in the program must agree to participate in a remediation plan or face immediate dismissal from the program. A remediation plan provides details about academic or skill deficits, objectives for improvement, evaluation criteria, and a timeline for assessment of progress and completion. Participants in designing the remediation plan may include the program academic advisor, program faculty, site supervisor, the program group supervisor, and the student. Should students fail to meet the requirements specified in the remediation plan, students will be dismissed from the program.

If the student is currently enrolled in clinical training and is dismissed from the CMHC program, they will work with the clinical director and their site supervisor to ethically terminate their clients or refer to another provider. If a student has not completed the required hours or is missing any required assignments or documentation, they will receive a No Credit (NC) for the clinical courses that they are enrolled in (Practicum, Internship I, or Internship II).

Students who take a leave may need to extend their clinical training for up to one year due to the cohort model. Practicum, Internship I, and Internship II are offered once per year and practicum students may not be combined with internship students in classes.

## **Appendices: Clinical Forms**

**Note:** The CMHC program has transitioned from paper to digital forms for clinical tracking using the ELC. All forms are subject to change.

## Appendix A: Northwest University Consent to Record Form

The Professional Practice student counselor named below is pursuing a graduate degree in Clinical Mental Health Counseling through Northwest University. The student counselor has a variety of training experiences and courses in pursuit of this degree. The student must pass rigorous evaluation and remain in good academic standing in order to work with clients. Clinical training requires demonstration of clinical counseling skill sets to program faculty, including audio or digital recordings or videotapes of sessions with clients. All recordings are handled within strict confidentiality guidelines according to HIPAA standards. Additionally, students are asked to delete recordings prior to the completion of the program and/or in accordance with their site guidelines.

Student counselors store recordings for the purpose of supervision using the video assessment tool in the Experiential Learning Cloud (ELC), a cloud-based software platform for universities to manage student field placements and track hours. Northwest University has a Business Associate Agreement with the ELC ensuring that this platform is HIPAA compliant in storing Protected Health Information.

*Name of student counselor*

\_\_\_\_\_  
I/We, \_\_\_\_\_, (*name of person[s] seeking counseling*) grant permission to have sessions recorded (audio, video, digital, etc.). This permission allows the student counselor, clinical supervisors, faculty supervisors, and other students participating in supervision (no more than 12 counselors-in-training) follow strict ethical guidelines related to privacy and confidentiality of Protected Health Information. Exceptions to client confidentiality can only ethically and legally occur in cases in which the client is a harm to self or others; in cases of suspected abuse of minors or other at-risk populations; and, when a court subpoena requires verbal or written report of the content of client files. I/We understand giving consent to record is voluntary. I/We can request a recording be stopped at any time and can request no additional recordings to take place.

**If minors are participating in the clinical counseling session, please complete the following:**

\_\_\_\_\_  
(Initials) I/We verify \_\_\_\_\_ Printed name of guardian(s) has legal guardianship of the following minor(s):

\_\_\_\_\_  
**Please choose one of the following and initial:**

- \_\_\_\_\_ I agree to allow my sessions to be recorded for the purpose of clinical supervision  
\_\_\_\_\_ I do not agree to allow my sessions to be recorded for the purpose of clinical supervision.

\_\_\_\_\_  
Client or legal guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counseling student signature

\_\_\_\_\_  
Date

## **Appendix B: Northwest University Recording Consent Attestation Form**

Practicum/Internship Site Name: \_\_\_\_\_

Counseling Student Name: \_\_\_\_\_

The above-mentioned counseling student attests that the client (or parent of a minor client) presented in this case signed a Recording Consent Form for the session recorded on \_\_\_\_\_ (date) and that this form is stored on file in a HIPAA-compliant manner at the Practicum/Internship Site.

Counseling Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix C: Counseling Interview Rating Form

(Adapted from Hill, 2014)

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Observer Name: \_\_\_\_\_

Recording #:

\_\_\_\_\_

Session#:

Supervisor Name: \_\_\_\_\_

For each of the following specific criteria demonstrated, make a frequency marking. Then assign points related to consistent skill mastery using the rating scale below. Noting the actual counselor phrasing is useful when providing feedback.

### Skill Ratings

**Advanced (4):** Strong mastery of skills and thorough understanding of self and concepts;

**Proficient (3):** Understanding of concepts/self/skills evident;

**Developing (2):** Basic understanding of concepts/self/skills evident; Minor conceptual and/or skill errors; in process of developing;

**Unsatisfactory (1):** Remediation needed; deficits in knowledge/skills/dispositions

### Case Presentation will be based upon the following:

- *Case conceptualization*: how the clinician is understanding what is occurring within the session (culturally, systemically, developmentally, functionally), identifying patterns, choosing interventions, and recognizing covert processes (listening with your 'third ear').
- *Personalization*: how the clinician is incorporating a personal style into the counseling encounter AND the clinician's awareness and modulating of personal issues and experiences as they emerge in the counseling relationship (countertransference).
- *Skills*: the appropriate and timely use of exploration skills, insight skills, and action skills (a review of these skills are below).
- *Professionalism*: counselor appearance, language, case presentation write-up and delivery; includes attendance and participation

Microskill	Frequency	Comment	Skill Rating
<b><i>Exploration Phase</i></b>			
Attending			
Listening			
Restatement/ Prob/ Summarizing			
Open Questions			

Reflection of Feeling			
Self-disclosure for Exploration			
Intentional Silence			
<b><i>Insight Phase</i></b>			
Challenges			
Open Questions for Insight			
Interpretations			
Self-disclosure for Insight			
Immediacy			
<b><i>Action Phase</i></b>			
Open Questions for Action			
Information-giving			
Feedback about the Client			
Direct Guidance			
Role-play and Behavior Rehearsal			
Disclosure of Strategies			
Homework			
<b>Case Conceptualization:</b>			
<b>Personalization:</b>			
<b>Professionalism:</b>			

## Appendix D: Micro skills Classification Form

Use the following stages and micro-skills (Adapted from C. Hill, 2014)

### Exploration

1. **Attending** (orient yourself physically toward the client).
2. **Listening** (capture and understand the messages that clients communicate).
3. **Restatements/Prob/Summary** (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear).
4. **Open questions** (ask questions that help clients to clarify or explore their thoughts or feelings).
5. **Reflection of feelings** (repeat or rephrase the client's statements with an emphasis on his or her feelings).
6. **Self-disclosure for exploration** (reveal personal information about your history, credentials, or feelings).
7. **Intentional silence** (use silence to allow clients to get in touch with their thoughts or feelings).

### Insight

8. **Challenges** (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change).
9. **Open Questions for insight** (an invitation for clients to think about the meaning of their thoughts, feelings, and behaviors).
10. **Interpretations** (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings).
11. **Self-disclosures for insight** (disclose *past* experiences in which you gained some personal insight).
12. **Immediacy** (disclose *immediate* feelings you have about the client, the therapeutic relationship, or yourself in relation to the client).

### Action

13. **Open questions for action** (invites clients to explore their goals, what has worked, what hasn't worked, what are the benefits).
14. **Information-giving** (teach or provide the client with data, opinions, facts, resources, or answers to questions).
15. **Feedback about the client** (you maintained good eye contact, you did a good stating what it is you want, you did a good job staying with your emotions).
16. **Direct guidance** (give the client suggestions, directives, or advice that imply actions for the client to take; the next time you have a nightmare...).
17. **Role-play and behavior rehearsal** (assist the client to role-play or rehearse behaviors in-session).
18. **Disclosure of strategies** (strategies that the helper has used in the past).
19. **Homework** (develop and prescribe therapeutic assignments for clients to try out between sessions).

## Appendix E: Case Presentation

Directions: Choose a 15-minute segment of your session recording that you would like to review in group supervision. Write up your presentation in 3-5 pages including the following information (do not use real client names) and submit it to Discovery prior to class:

Date of Service:

Session #:

Working Diagnosis:

### Respond to the following in APA format:

1. Attest that the client (or parent of a minor client) presented in this case study signed a recording consent form and that it is stored securely in a HIPAA compliant manner at the practicum/internship site. Do not upload the consent form to Discovery.
2. Detail the following (APA formatting applies)
  - A. Summary of the client's history (including family history, academic/occupational history, medical information, developmental/social history, any psych testing)
  - B. Client's presenting problems and evidence for diagnostic considerations (include the F code, DSM-5- TR criteria, and any differential diagnoses)
  - C. Client goal(s) and at least 2 objectives for each goal. These should be written in SMART (Specific, Measurable, Achievable, Relevant, Timely) format
  - D. Counselor interventions offered and how they address client's goal(s)
  - E. Counselor's hypotheses (what is occurring within the session systemically, developmentally, functionally). What covert processes are occurring in session?
  - F. Multi-cultural and spiritual considerations
  - G. Ethical and legal considerations
  - H. How this session gives direction to future sessions
  - I. Any concerns you have with this client and your desired feedback from the group

## Appendix F: Counselor Competencies Scale – Revised

### CACREP (2009; 2016, Draft #2) Standards relating to the *Counselor Competencies Scale-Revised (CCS-R)*

- Ethical and culturally relevant strategies for developing helping relationships (CACREP, 2016, Section IT, Standard 5.d.).
- Counselor characteristics and behaviors that influence helping processes (CACREP, 2009, Section II, Standard 5.b; CACREP, 2016, Section II, Standard 5.e.).
- Essential interviewing, counseling, and case conceptualization skills (CACREP, 2009, Section II, Standard 5.c.; CACREP, 2016, Section II, Standard 5.f.).
- Processes for aiding students in developing a personal model of counseling (CACREP, 2016, Section II, Standard 5.m.).
- Strategies for personal and professional self-evaluation and implications for practice (CACREP, 2016, Section TT, Standard 1.j.).
- Self-care strategies appropriate to the counselor role (CACREP, 2009, Section II, Standard 1.d.; CACREP, 2016, Section II, Standard 1.k.).
- If evaluations indicate that a student is not appropriate for the program, faculty members help facilitate the student's transition out of the program and, if possible, into a more appropriate area of study, consistent with established institutional due process policy and the ethical codes and standards of practice of professional counseling organizations. (CACREP, 2009, Section L Standard P.; CACREP, 2016, Section 1, Standard P.).
- Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community (CACREP, 2009, Section III, Professional Practice; CACREP, 2016, Section III, Professional Practice).
- Entry-Level Program Practicum (CACREP, 2016, Section III, Professional Practice, p. 12).
  - A. Students must complete supervised counseling practicum experiences that total a **minimum of 100 clock hours** over a full academic term that is a minimum of 10 weeks.
  - B. Practicum students must **complete at least 40 clock hours of direct service** with actual clients that contributes to the development of counseling skills.
  - C. An average of **one hour per week of individual and/or triadic supervision** is provided 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 biweekly consultation with a counselor education program faculty member in accordance with the supervision agreement.
  - D. An average of **1 ½ hours per week of group supervision** is provided on a regular schedule throughout the practicum by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.
  - E. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum.
  - F. Supervision of practicum students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
  - G. 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.

Copy righted. Contact Glenn W. Lambie, [Plt D. \(Glenn.Lambie@ucf.edu\)](mailto:Glenn.Lambie@ucf.edu) at the UCF Counselor Education Program regarding use  
CCS-R 3

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## Counselor Competencies Scale—Revised (CCS-R) ©

(Lambic, Mullen, & Swank, & Blount, 2014)

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 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 this 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 & record rating in the "score" column on the left.

## Part 1: Counseling Skills & Therapeutic Condition

#	Score	Primary Counseling Skills	Specific Counseling Descriptors	Exceeds Expectations/ Demonstrates Competencies (5)	Meets Expectations/ Demonstrates Competencies (4)	Near Expectations/ Demonstrates Competencies (3)	Below Expectations/ Demonstrates Competencies (2)	Harmful (1)
I A		Nonverbal Skills	Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc. (matches client)	Demonstrates effective nonverbal communication skills conveying connectedness & empathy (85%).	Demonstrate effective nonverbal communication skills for the majority of counseling sessions (70%)	Demonstrates inconsistency in his/her nonverbal communication skills	Demonstrates limited nonverbal communication skills	Ignores client &/or gives judgmental looks
I B		Encouragers	Includes Minimal Encouragers & Door Openers such as "Tell me more about..."	Demonstrates appropriate use of encouragers, which supports development of a therapeutic relationship (85%).	Demonstrates appropriate use of encouragers for the majority of counseling sessions, which supports development of a therapeutic relationship (70%)	Demonstrates inconsistency in his or her use of appropriate encouragers.	Demonstrates limited ability to use appropriate encouragers	Uses skills in a judgmental manner.
I C		Questions	Use of appropriate open and closed questioning (e.g., avoidance of double questions)	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.	Uses open-ended questions sparingly & with limited effectiveness	Uses multiple questions at one time
I D		Reflecting, Paraphrasing	Basic Reflection of Content- paraphrasing	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.	Judgmental, dismissing, &/or overshoots
I E		Reflecting, Reflection of Meaning	Reflection of Feelings	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 not matching the client	Demonstrates limited proficiency in reflecting feelings &/or is often inaccurate.	Judgmental, dismissing, &/or overshoots
I F		Reflecting, Summarizing	Summarizing content, feelings, behaviors & future plans	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.	Judgmental, dismissing, &/or overshoots
I G		Advanced Reflection (Meaning)	Advanced Reflection of Meaning including Values and Core Beliefs (taking counseling to a deeper level)	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.	Judgmental, dismissing, &/or overshoots

Contact Glenn W. Lambie, Ph.D. ([Glenn.Lambie@ucf.edu](mailto:Glenn.Lambie@ucf.edu)) at the UCF Counselor Education Program regarding use

CCS-R 4

#	Score	Primary Counseling Skill(s)	Specific Counseling Description	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unaccountable (2)	Harmful (1)
I I I		Confrontation	Counselor challenges client to recognize & evaluate inconsistencies.	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the client's words &/or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the client's words &/or actions in a supportive fashion (can confront, but hesitant) or was not needed, and therefore appropriately not used (majority of counseling sessions: 70%).	Demonstrates inconsistent ability to challenge clients through verbalizing in competencies & discrepancies in client's 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.	Degrading client, harsh, judgmental, &/or being aggressive
I I		Goal Setting	Counselor collaborates with client to establish realistic, appropriate & attainable therapeutic goals	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with client (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 client	Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with the client	No therapeutic goals collaboratively established
I J		Focus of Counseling	Counselor focuses (or refocuses) client on his or her therapeutic goals - i.e., purposeful counseling	Demonstrates consistent ability to focus &/or refocus counseling on client goal attainment (85%).	Demonstrates ability to focus &/or refocus counseling on client's goal attainment (majority of counseling sessions: 70%).	Demonstrates inconsistent ability to focus &/or refocus counseling on client's therapeutic goal attainment.	Demonstrates limited ability to focus &/or refocus counseling on client's therapeutic goal	Superficial, &/or moves focus away from client

							attainment	
I. K		Facilitate Therapeutic Environment	Expresses accurate empathy and care  (includes immediacy and concreteness)	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.	Creates unsafe space for client
1. L		Facilitate Therapeutic Environment	Counselor expresses appropriate respect & unconditional positive regard	Demonstrates consistent ability to be respectful, accepting, & caring with clients (85%)	Demonstrates ability to be respectful, accepting, & caring with clients (majority of counseling sessions: 70 %).	Demonstrates inconsistent ability to be respectful, accepting, & caring	Demonstrates limited ability to be respectful, accepting, &/or caring	Demonstrates conditional or negative respect for client

## Part 2: Counseling Dispositions & Behaviors

#	Score	Primary Professional Dispositions	Specific Professional Disposition Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations/ Demonstrates Competencies (4)	Near Expectations/ Develops towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
2. A		<b>Professional Ethics</b>	Adheres to the ethical guidelines of the ACA, ASCA, IAMFC, APA, & NBCC; including practices within competencies.	Demonstrates consistent & advanced (i.e., <i>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	Repeatedly violates the ethical codes &/or makes poor decisions
2. B		<b>Professional Behavior</b>	Behaves in a professional manner <b>towards supervisors, peers, &amp; clients</b> (includes appropriate dress & attitudes). Able to collaborate with others.	Demonstrates consistent & advanced respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates consistent respectfulness and thoughtfulness & appropriate within <i>all</i> professional interactions.	Demonstrates inconsistent respectfulness and thoughtfulness, & appropriate within professional interactions.	Demonstrates limited respectfulness and thoughtfulness & acts inappropriate within some professional interactions.	Dresses inappropriately &/or repeatedly disrespectful of others.
2. C		<b>Professional &amp; Personal Boundaries</b>	Maintains appropriate boundaries with supervisors, sites & clients.	Demonstrates consistent & strong appropriate boundaries	Demonstrates consistent appropriate boundaries.	Demonstrates appropriate boundaries inconsistently.	Demonstrates inappropriate boundaries.	Harmful relationship with others
2. D		<b>Knowledge &amp; Adherence to Site Policies</b>	Demonstrates an understanding & appreciation for <i>all</i> counseling site policies & procedures.	Demonstrates consistent adherence to <i>all</i> counseling site policies & procedures, including strong attendance and engagement.	Demonstrates adherence to most counseling site policies & procedures, including strong attendance and engagement.	Demonstrates inconsistent adherence to most counseling site policies & procedures, including strong attendance and engagement.	Demonstrates limited adherence to most counseling site policies & procedures, including strong attendance and engagement.	Failure to adhere to policies after discussed with supervisor
2. E		<b>Record Keeping &amp; Task Completion</b>	Completes <i>all</i> weekly record keeping & tasks correctly & promptly (e.g. case notes, psychosocial reports, Treatment plans, supervisory report).	Completes <i>all</i> required record keeping, documentation, and assigned tasks in a thorough, timely, & comprehensive fashion	Completes <i>all</i> required record keeping, documentation, and tasks in a competent & timely fashion.	Completes <i>all</i> required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation, and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by specified deadline

### Narrative Feedback from Supervising Instructor/ Clinical Supervisor

Please note the counselor's or trainee's areas of strength, which

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:

\_\_\_\_\_

\_\_\_\_\_

**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 appropriate trained supervisor observe the counselor's or trainee's work with clients to provide additional feedback to the counselor or trainee

## Appendix G: Review of Progress, Self-Assessment

This assessment considers *knowledge* (items 1-20), *skills* (items 21-27), and *professional/academic/dispositional development* (items 28-35) and allows the interns to rate themselves in these areas.

Please rate your development on the following items (1=strongly disagree; 5=strongly agree). .					
Name:		Advisor: _____			
<b>I. Develop identity as a professional counselor.</b>					
1. Displays professional identity through behavior, disposition, attire, etc.	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knows the history and philosophy of the counseling profession.	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Demonstrates a commitment to personal development, and a readiness to participate and contribute to the profession/professional organizations.	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>II. Develop an understanding of the roles and functions of professional counselors as leaders, advocates, collaborators, and consultants.</b>					
4. Knows the roles and responsibilities of counselors as collaborative members of interdisciplinary teams (e.g., treatment teams, student services teams, behavioral health teams).	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Understands the role of counselor supervision and the consultation process.	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knows the role and process for advocating on behalf of the counseling profession.	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Maintains appropriate boundaries with supervisor, peers and clients.	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>III. Develop the ability to reflect on the self of the counselor within all aspects of therapeutic work.</b>					
8. Engages in self-exploration and reflection of self throughout counseling process.	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Understands limitations and develops strategies to ensure client welfare.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>IV. Develop an understanding of personal values as well as knowledge of and compliance with codes of ethics of the counseling profession.</b>					
10. Demonstrates an understanding of personal values and how they may impact practice.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
11. Knows and adheres to ethical guidelines.	1	2	3	4	5
12. Functions ethically in a professional setting.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>V. Develop the ability to use technology.</b>					
13. Demonstrates the ability to use technology to support the delivery of services (video recording, using a software program for diagnosis, documentation, intake, etc.).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>VI. Develop an understanding of and skills to work with and advocate for diverse client/student populations in a complex global society.</b>					
14. Recognizes ways to advocate on local, state and national level for diverse client and student populations.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
15. Understands multi-cultural variability (e.g., help-seeking behaviors) within and among diverse groups.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
16. Demonstrates multicultural counseling competencies (e.g., impact of heritage, attitudes, beliefs within counseling session).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>VII. Develop an understanding of theories of career, human development and individual, family and group counseling in the case conceptualization process.</b>					
17. Uses a theoretical lens to formulate a comprehensive case conceptualization.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
18. Utilizes a career lens to facilitate client/student career/life planning and inter-relationship with mental health.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>VIII. Develop an understanding of approaches to research and program evaluation and use of data to meet the needs of clients, students, families and/or communities.</b>					
19. Accesses and utilizes research to inform the counseling process.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

20. Can use data and effectively conduct program evaluation in the clinical or school setting (e.g., monitor treatment, outcomes, program, etc.).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>IX. Develop the skills needed to facilitate growth, development, success, and health with clients/students in individual, family and group settings.</b>					
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Demonstrates the ability to implement groups. and facilitate	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
22. Demonstrates <i>Exploration Skills</i> (e.g., attending, listening, open questions).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
23. Demonstrates <i>Insight Skills</i> (e.g., challenges, interpretations, immediacy).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
24. Demonstrates <i>Action Skills</i> (e.g., feedback, information- giving, role-play, behavioral rehearsal).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>X. Develop the ability to critically analyze multiple sources of client information throughout the counseling process.</b>					
25. Engages in treatment planning with clients (e.g., identify client concerns, set goals, and evaluate progress).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
26. Knows how to select, utilize and interpret counseling assessment instruments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
27. Can use diagnostic criteria to help guide the treatment process.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>XI a. Professional and Academic Skills</b>					
28. Shows initiative and motivation (meets deadlines, attends class).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
29. Demonstrates professional writing skills (forms, reports, case notes).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<b>XI b. Dispositions</b>					
30. Accepts and uses feedback.	1	2	3	4	5
31. Interacts in a collegial fashion with peers; collaborates well.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
32. Demonstrates self-awareness (e.g., impact of self on others).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

33. Demonstrates emotional stability (e.g., congruence between mood and affect) and self-control (e.g., impulse control).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
34. Demonstrates the ability to adapt to changing circumstances, unexpected events, and new situations.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
35. Demonstrates honesty, integrity, and respect for others.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

## Appendix H: Supervisee Perception of Supervision Form

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Internship Site Name: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_

*(Adapted from Russell-Chapin, Sherman, & Ivey, 2016 and Olk & Friedlander, 1982)*

**Directions:** The following statements describe some problems that therapists in training may experience during the course of clinical supervision. Please read each statement and then rate the extent to which you have experienced difficulty in supervision in your most recent clinical training from 1 (*not at all*) to 5 (*very much so*).

Regarding each statement below consider whether, “I have experienced difficulty in my current or most recent supervision because:”

	Statement	1	2	3	4	5
1.	I was not certain about what material to present to my supervisor.					
2.	I have felt that my supervisor was incompetent or less competent than I.					
3.	I have wanted to challenge the appropriateness of my supervisor’s recommendations for using a technique with one of my clients but I have thought it better to keep my opinions to myself.					
4.	I was not sure how to best use supervision as I become more experienced, although I was aware that I was undecided about whether to confront my supervisor.					
5.	I have believed that my supervisor’s behavior in one or more situations was unethical or illegal and I was undecided about whether to confront the supervisor.					
6.	My orientation to therapy was different from that of my supervisor. The supervisor wanted me to work with clients using the supervisor’s framework, and I felt that I should be allowed to use my own approach.					
7.	I have wanted to intervene with one of my clients in a particular way and my supervisor has wanted me approach the client in a very different way. I am expected both to judge what is appropriate for myself and also do what I am told.					
8.	My supervisor expected me to come prepared for supervision, but I had no idea what or how to prepare.					
9.	I was not sure how autonomous I should be in my work with clients.					
10.	My supervisor told me to do something I perceived to be illegal or unethical and I was expected to comply.					
11.	My supervisor’s criteria for evaluating my work were not specific.					
12.	I was not sure that I had done what the supervisor expected me to do in a session with a client.					
13.	The criteria for evaluating my performance in supervision were not clear.					
14.	I got mixed signals from my supervisor and I was unsure of which signals to attend to.					

15.	When using a new technique, I was unclear about the specific steps involved. As a result I was not sure how my supervisor would evaluate my work.					
16.	I disagreed with my supervisor about how to introduce a specific issue to a client, but I also wanted to do what the supervisor recommended.					
17.	Part of me wanted to rely on my own instincts with clients, but I always knew that my supervisor would have the last word.					
18.	The feedback I got from my supervisor did not help me to know what was expected of me in my day-to-day work with clients.					
19.	I was not comfortable using a technique recommended by my supervisor; however, I felt that I should do what my supervisor recommended.					
20.	Everything was new and I was not sure what would be expected of me.					
21.	I was not sure if I should discuss my professional weaknesses in supervision because I was not sure how I would be evaluated.					
22.	I disagreed with my supervisor about implementing a specific technique, but I also wanted to do what the supervisor thought best.					
23.	My supervisor gave me no feedback and I felt lost.					
24.	My supervisor told me what to do with a client, but did not give me very specific ideas about how to do it.					
25.	My supervisor wanted me to pursue an assessment technique that I considered inappropriate for a particular client.					
26.	There were no clear guidelines for my behavior in supervision.					
27.	The supervisor gave no constructive or negative feedback and as a result I did not know how to address my weaknesses.					
28.	I did not know how my supervisor would evaluate me.					
29.	I was unsure of what to expect from my supervisor.					

**Scoring Key:**

*Role Ambiguity Items:* 1, 4, 8, 9, 11, 12, 13, 18, 20, 21, 23, 24, 26, 27, 28, 29

*Role Conflict Items:* 2, 3, 5, 6, 7, 10, 14, 15, 16, 17, 19, 22, 25

**Meaning:**

Look at the responses for each statement. High scores of 4s and 5s validate your feelings and beliefs concerning role ambiguity and role conflict. These concerns need to be shared in supervision.

## Appendix I: Student Evaluation of Professional Practice Partner Site

Student Name:

Date:

Internship Site Name:

Site Supervisor Name:

Please indicate your experience of the site's performance and qualities using the following Likert Scale: 1 = *Poor*, 2 = *Fair*, 3 = *Good*, 4 = *Very Good*, 5 = *Excellent*, and N/A = *Not Applicable*.

Description	1	2	3	4	5	NA
Appropriateness of the site to your theoretical orientation.						
Appropriateness of the site to your client population of interest.						
Adequacy of physical facility (office access, restrooms, etc.)						
Receptivity of staff toward you as a student.						
Provision of a variety of professional tasks and activities.						
Availability of needed resources.						
Support of student's pursuit of client recordings.						
Staff support for consultation.						
Provided with appropriate orientation to site.						
Training for emergency procedures.						
Culturally-informed treatment of clients.						
Overall rating of the site for future internship students.						
Additional Comments:						

---

*Student Signature*

*Date*

## Appendix J: Specialized Supervision Plan

Professional Practice Site Name:

Professional Practice Site Address:

Professional Practice Site Phone:

Site Supervisor Name: \_

Email: \_

Current course in which student is enrolled:

- COUN 5963: Practicum
- COUN 6943: Internship I
- COUN 6953: Internship II
- COUN 6961: Internship Continuation

---

Date(s)/Time(s) Supervision was/will be missed: \_

Describe plan for completing the required number supervision of hours:

---

---

---

*Date*

---

*Student Signature*

*Date*

*Site Supervisor Signature*

*Date*

---

*Clinical Director Signature (Indicates Plan Approval)*

*Date*

## Appendix K Professional Practice Agreement Form

This Agreement, by and between:

Northwest University's Clinical Mental Health Counseling Program

Physical Address: 5520 108th Ave. NE Kirkland, WA 98033

Mailing Address: PO Box 579 Kirkland, WA 98033-0579

Phone: (425) 889-5249

AND

Agency or School:

Address:

City:

State:

Edit State: - Opens a Dialog

Zip:

Phone:

Email:

AND

Student Name:

Address:

City:

State:

Edit State: - Opens a Dialog

Zip:

Cell:

Email:

For the purpose of providing a clinical experience in counseling for the above-named student for:

- COUN 5963: Practicum (Summer)
- COUN 6943: Internship I (Fall)
- COUN 6953: Internship II (Spring)
- COUN 6961: Internship Continuation (Summer-If needed)

The student will be working primarily with the following type(s) of clients:

It is mutually agreed:

A. That the agency named above will:

1. Provide an orientation for the named student to the agency including the expectations of student duties and emergency procedures
2. Offer opportunities for students to become familiar with a variety of clinical professional activities and resources, including technology as part of their practicum and internship
3. Offer access to clinical support and supervision when students are seeing clients
  - Students should not be left alone at sites when doing clinical work and are not approved to do in-home care
4. 1-hour of weekly, direct clinical supervision by a licensed mental health counselor, licensed marriage and family therapist, licensed clinical social worker, or licensed psychologist

Supervision to be performed by:

Name:

Phone:

Email:

Clinical Mental Health Counseling (CMHC) Practicum and Internship site supervisors must have a minimum of a master’s degree in counseling or a related profession and hold a verifiable licensure in counseling (LMHC/LPC), marriage and family therapy (LMFT), social work (LCSW) or psychology (Licensed Psychologist) for a minimum of two years. Site supervisors must also complete training in clinical supervision and training in technology utilized for supervision related to counseling.

Please be aware that your information may be shared with accreditation agencies as needed to show that NU interns are supervised on site by qualified supervisors.

License type(s) (LMHC, LPC, LMFT, LCSW or Psychologist), state, and license number:

Years of experience as a licensed professional in the mental health field:

Have you had supervision training?

Yes	No
-----	----

Have you had training in technology utilized for supervision?

Yes	No
-----	----

5. Complete all required Northwest University (NU) CMHC paperwork including hours reports, midterm and final student evaluations, and all professional practice paperwork in a timely manner in the Experiential Learning Cloud

6. Communicate with NU clinical faculty a minimum of one time per semester via phone, email, video conference or in person about student progress

7. Create a remediation plan if a student struggles with skill or knowledge development at the site and communicate these plans with NU and the identified student

8. Inform the clinical director if there are any ethical or legal concerns related to student performance or behavior

9. Provide each practicum student (typically Summer Term: Late April-early August): with a total of 40 hours of direct client contact and an additional 60 hours of agency work appropriate to professional practice (note-writing, clinical training, staff meetings, consultation, supervision, etc.)

10. Provide each intern (typically beginning in Fall Term: Late August-Spring Term: Mid-April) with a total of 240 hours of direct client contact and an additional 360 hours of agency work appropriate to professional practice (note-writing, clinical training, staff meetings, consultation, supervision, etc.)

- Direct hours in internship must include at least 10 hours leading or co-leading a counseling or psychoeducational group

11. Allow interns to record sessions for supervision purposes in clinical training classes and onsite supervision, after receiving client permission and following guidelines stipulated by the Health Insurance Portability and Accountability Act. Interns may store session recordings for the purpose of supervision using the video assessment tool in the Experiential Learning Cloud, a cloud-based software platform for universities to manage student field placements and track hours. Northwest University has a Business Associate Agreement with the Experiential Learning Cloud, ensuring that this platform is HIPAA compliant with storing Protected Health Information.

B. That the student will:

1. Work the following schedule:

2. Attend weekly NU clinical training class during each semester
3. Prepare a weekly hours log with the site supervisor's signature and a final hours log at the end of each semester with site supervisor and university supervisor's signatures
4. Maintain updated client files per agency and university requirements
5. Adhere to all legal and ethical standards at the site, in accordance with the American Counseling Association's code of ethics, state laws and federal laws
6. Secure professional liability insurance prior to beginning the practicum experience, upload the policy face sheet in the Experiential Learning Cloud, and maintain coverage across practicum and internship, regardless of whether the site provides liability insurance
7. Understand that any and all provision of medical/health care, and/or accident insurance is determined between the student and sites, and they should not expect that a site or Northwest University will be responsible for insurance coverage, even if illness and/or injury occur on individual sites or while in the NU CMHC program (students are solely responsible for their own insurance coverage and treatment expenses)
8. Communicate with the site and NU clinical faculty if concerned about hours
  - Students may not add additional internship sites or break this contract without permission from site and school
9. Complete a total of 40 hours of direct client contact and an additional 60 hours of agency work appropriate to professional practice (documentation, clinical training, staff meetings, consultation, supervision, etc.) in Practicum
  - All practicum requirements must be successfully completed before counting hours towards internship
10. Complete a total of 240 hours of direct client contact and an additional 360 hours of agency work appropriate to professional practice (documentation, clinical training, staff meetings, consultation, supervision, etc.) in Internship I, Internship II and Internship III (if needed)
  - Direct hours in internship must include at least 10 hours leading or co-leading a counseling or psychoeducational group
11. Record hours in the Experiential Learning Cloud accurately and only when actively enrolled in a clinical training class at Northwest University (hours accrued between semesters do not count)

C. That the NU CMHC program will:

1. Advise students regarding practicum and internship requirements (assignments, reports, evaluations)

2. Provide a group supervision class for students to share experiences at their sites, express areas of concern, present cases, offer feedback to peers, and receive support and evaluation from faculty in their case presentations and in other areas of clinical development
3. Maintain regular contact with site supervisors, a minimum of one time per semester via phone, email, video conference or in person, about student progress
4. Maintain appropriate records for registration and grading
5. Provide orientation for sites regarding NU program requirements and expectations for clinical training and offer professional development opportunities for site supervisors
6. Offer opportunities for the student to evaluate their experience with the practicum and internship placement process, their fieldwork site, and their site supervisors.

Northwest University Clinical Directors:

Dr. Rachel Kerrigan, LMHC, LPC, LPC-S (on ground focus)  
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Professor Brittany Ellmer, MA, LMHC (online focus)  
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It is the expectation of all three parties involved that the above conditions be met. Should it become apparent that they are not being met by any of the parties, it is imperative that all three parties discuss why these expectations have not been met at the earliest possible date.

The following signatures verify agreement of the stated conditions:

Student Signature:

Site Supervisor Signature:

NU Clinical Director Signature:







