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**MENTAL HEALTH COUNSELING**  
COLLEGE of THEOLOGY & CHRISTIAN MINISTRY

**Field Experience Manual**  
**for**  
**Practicum and Internship**  
**Master of Arts**  
**Mental Health Counseling**

**Marriage, Couple, and Family Counseling Track**

**2020-2021**

**Belmont University**  
**College of Theology & Christian Ministry**  
**Mental Health Counseling Program**  
**Nashville, TN 37212**

<http://www.belmont.edu/mental-health-counseling/>

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## **Introduction**

The Mental Health Counseling Program is located in the College of Theology & Christian Ministry at Belmont University. As the only graduate program in the College of Theology & Christian Ministry, the Program prepares students to become Licensed Professional Counselors, Pastoral Therapists, Marriage and Family Therapists and/or Mental Health Service Providers in the state of Tennessee. The Marriage, Couple, and Family Counseling Program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

## **Mission**

The Mental Health Counseling Program seeks to train professional counselors who will act ethically as agents of the ministries of healing and transformation through efficacious counseling theory, techniques, skills, and respect for diversity.

## **Field Experience Goals and Objectives**

Practicum and internships allow students to experience on the job counseling, overcome ethical issues, respond appropriately to diversity, and write appropriate treatment plans. Because we want our students to gain actual experience in the real-world setting, we ask that students be allowed to work with actual cases. This means consistent onsite supervision is both required and imperative. Students are asked to follow ethical guidelines (AAMFT), laws, as well as agency standards. The guidelines in this manual apply to all Belmont University students enrolled in the M.A. program in the Marriage, Couple, and Family Counseling track at Belmont University.

### **Section 1: Preparing for Field Experience Courses**

*Be sure you complete all of the following steps:*

- Read this Field Experience Manual completely.
- Discuss possible sites/site supervisors with Dr. Layla Bonner (MFT Faculty for MFT Track) or the Clinical Director, Dr. Mary Mayorga (CMHC Faculty for LPC Track). Once a site offers you a field experience position and you have a site supervisor, contact Dr. Layla Bonner: MFC Faculty Co-Coordinator or Clinical Coordinator, Dr. Mayorga to notify either of them of the site and site supervisor's name.
- Prior to enrolling in the field experience student has participated in a "mock site interview."
- Contact potential and approved sites to schedule an appointment for an interview.
- Review "Section 4: Finding a Field Site" in this manual to prepare for your interview.
- Acquire professional liability insurance. Give a copy of insurance page showing coverage to the faculty instructor on the first day of class. Liability insurance may be purchased from: Health Providers Service Organization (HPSO) 1-800-982-9491

**\*NOTE: START SEARCHING FOR A SITE EARLY. MOST SITES REQUIRE INTERVIEWS 6-7 MONTHS PRIOR TO THE START OF PRACTICUM/INTERNSHIP.**

### **Section 2: Registration for Field Experience Courses**

Students take CTM 6010 Practicum in Mental Health Counseling during summer of their first year. During the following fall and spring terms, students take the next two field experience, or internship courses. Internship courses students must register for are: CTM 6110 Internship Mental Health Counseling I and CTM 6210 Internship Mental Health Counseling II. Each Internship is a

3-credit hour course taken during a different semester. Students cannot take more than 3 hours of field experience during any regular or summer semester.

Students taking the summer practicum course will start classes one week prior to the start of the Belmont summer 1 session and attend until the end of the summer 2 session. This ensures a minimum 10-week practicum experience.

CACREP Requirements for Practicum/Internship Supervision: Students must be supervised a minimum of one hour per week by an approved site supervisor. Site supervisors must have the following:

- a minimum of a master's degree, preferably in counseling, or a related profession
- relevant certifications and/or licenses
- a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled (CMHC track, MCFC track, or Clinical Pastoral track)
- knowledge of the program's expectations, requirements, and evaluation procedures for students
- relevant training in counseling supervision

### **Section 3: Site Requirements**

The clinical setting is a place where the practice of professional counseling occurs. An appropriate setting for a student's clinical mental health practicum and internship experience must meet the following criteria:

- The place or practice shall be a public, private, or community agency/mental health setting and must have integrated programs for the delivery of counseling which includes marriage, couple, and family counseling for the Marriage and Family Therapy licensure (LMFT).
- The place or practice shall offer adequate physical resources, such as a private space that meets HIPAA requirements, necessary to allow for supervision and appropriate service delivery.
- The place or practice shall have at least one licensed mental health professional whose assigned job duties include being available to the practicum/internship student for supervision and/or consultation while the student is engaging in the practice of counseling or counseling related services. In addition, the place or practice shall have a written emergency plan in place to include method(s) of contacting supervisor(s), alternative contacts when supervisor(s) is (are) unavailable, information regarding crisis services, and crisis decision-making. The licensed mental health professional can serve as the student's supervisor if he or she meets the supervisor requirements pursuant to the CACREP standards (stated in Section 2.c-see above).
- If a site is a private practice, students must acquire 2 sites (the private practice and one other site) to ensure enough client contact hours are possible (please see section on **The Practicum Experience**)

### **Section 4: Finding a Field Experience Site**

The Mental Health Counseling faculty may be called upon to help students locate a site and/or site supervisor. This process is a dual responsibility between program instructors and the student. Faculty provide a list of suggested sites to students who are responsible for contacting sites,

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interviewing for field experience volunteer or paid positions, and notifying the Clinical Coordinator of progress. It is the students' responsibility to begin this process 6-7 months prior to the start of field experience courses. Procrastination in searching for a site will affect success and completion of the practicum/internship courses. Students are responsible for contacting the Clinical Coordinator if issues arise during the process.

### Preparing for an Interview

After making the appointment for a field experience interview, prepare to answer questions your potential site/supervisor may ask. Following are a few tips to help in this process.

- Be sure the site and potential site supervisor meets CACREP standard requirements mentioned in section 3.
- Study the forms/guidelines found in this handbook so you can easily converse about them with a prospective site supervisor. Be prepared to discuss live supervision and the possibility of taping course assignments.
- Prepare a professional resume to share with your site supervisor.
- Dress as you would for a job interview and arrive a few minutes before the interview is scheduled to begin, and act as you would for a professional job interview.
- Practice discussing your background, experience, and counseling interests and be ready to ask questions about the site.
- **Inquire about training prior to placement. Ensure you can comply before committing to the site. Inquire about and confirm the following:**
  - a. Able to obtain an average of 10 hours per week during Practicum and an average of 20 hours per week during Internship I and II. Otherwise the student may need to look for multiple sites. Should that happen please be aware of the following:
    - Students must follow all processes and procedures at each site
    - Students must receive weekly supervision with their supervisor at each site
    - Contact information and professional credentials must be provided for each site supervisor
    - Each site supervisor must complete a midterm/final evaluation for the student
    - Each site supervisor must sign off on log hours (TEVERA)
  - b. Weekly: 1 full hour of supervision face to face with site supervisor
  - c. The forms, processes and procedures of the agency are in place and not your responsibility to create
  - d. If interviewing at a Private Practice clients will be available for you to see and you will not be responsible for recruiting your own clients. Please be aware of the following:
    - Student who choose a private practice **must also find a second site if they are not going to be able to meet all the required direct hours at the private practice (40 direct hours for Practicum, 120 direct hours for each internship semester).**

**Placement in a Private Practice: The following expectations must be considered and confirmed for placement at a private practice (this is also applies to any other placement).**

- **Ability to earn a total of 40 direct face to face hours during practicum and a total of 120 direct face to face hours for each semester of internship during the scheduled semester dates. Site supervisor needs to provide that information to you.**
  - Weekly supervision: 1 hour per week face to face
  - You will not develop your own forms, processes or procedures
  - Emergency protocols are in place and documented
  - See clients face to face and use Telehealth only as an alternative when absolutely necessary
  - Have the opportunity to facilitate or co-facilitate a group experience at least at one of the sites
  - Assignment of appropriate clients or site supervisor provides clients. No recruitment of clients by student
  - Opportunity to work with a couple of family
  - Site supervisors meets the CACREP requirements to supervisee (2 years of experience in either LMFT or LPC counseling)
- e. Counseling of clients will be done face to face
- f. Students will utilize **Telehealth only** as an alternative when absolutely necessary during a crisis or ongoing pandemic (NOTE: Student is to do Telehealth only at site so that immediate supervision is available from site supervisor should a crisis or emergency occur with client unless site is closed). Please be aware of the following in regard to utilizing Telehealth:
- Telehealth should not be the primary method of seeing clients and used only as an alternative during a crisis
  - If site is closed site supervisor agrees in writing to make themselves immediately available by phone to the intern in the event of a crisis with a client if student is doing Telehealth off site
- g. Student must present evident of training in Telehealth
- h. Site supervisor must present evidence of training in telehealth
- i. Ability to facilitate or co-facilitate a group counseling experience
- Wait a week before inquiring whether you received the field experience placement.

### **Section 5: Practices throughout Field Experience**

Any issues that arise before, during, or after a counseling session occurs, should be immediately reported to both your site supervisor and your university instructor (faculty). The faculty and site supervisor work together as a team to assist students in handling crises.

Discuss client issues or cases with your site supervisor during minimum 1-hour weekly sessions or as asked during class. At no time should a student discuss a client or case with anyone other than your clinical supervisors. Guidelines are shared for ensuring confidentiality of clients during university class sessions.

### **Section 6: Information for Site Supervisors**

*The following material intends to assist site supervisors in understanding the clinical roles and responsibilities of Belmont University students, university supervisors, and clinical site supervisors.*

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### Field Experience Requirements

Students in the Belmont University M.A. in MHC MCFC will earn 100 hours in Practicum (40 direct hours and 60 indirect hours) along with an additional 600 hours (240 direct hours and 360 indirect hours-accrued over two internship semesters) of supervised counseling and counseling related activities (from a licensed counselor, social worker, psychologist, marriage and family therapist or clinical pastoral therapist depending on the area of specialty that student is pursuing) in internships. All hours in practicum (100) and internship (300 per semester) are accrued ONLY during the semester. Extra hours accrued within a semester are not allowed to be transferred to the next semester. Therefore set your schedule at your site so that you can accrue your expected hours and not go over. If the student fails to complete the required hours during the semester dates, due to unforeseen circumstances (**such as a crisis or pandemic situation – ie: COVID-19**) the student will be assigned an incomplete grade for the course. The student may be permitted to continue accruing hours in-between semesters provided the following conditions are met:

- Student will obtain written permission from the Site Supervisor to complete hours in-between semesters
- Student will notify Faculty Supervisor that hours have not been met and that the Site Supervisor will permit the student to continue during the semester break
- Site Supervisor agrees to take full responsibility for supervising the student during the semester break and will agree to sign off on the hours accrued in-between semesters
- **Students are not allowed to accrue more than 100 hours (internship) during the in-between semester time (50 direct; 50 indirect) and those hours are allowed to go forward to the next semester to fulfill their incomplete hours.**
- During the semester break the site supervisor and the student understand that the student is not enrolled in an internship course
- The site supervisor and the student understand that a Faculty Supervisor will not be available for faculty supervision of the student

### Sequence of Field Experience

Students take practicum at the end of their first year of course work, typically in the summer, followed by internship 1 and internship 2 in the subsequent semesters. Students cannot count hours attained in practicum during internship courses.

### The Practicum Experience

The purpose of practicum is to help students gradually become engaged in the counseling profession through guided practice, observation, co-facilitating, shadowing of a professional counselor, and involvement in real world counseling activities. Practicum students typically observe and become familiar with agency and other processes during the first couple weeks of engagement. As the semester evolves, students are slowly given additional experiences and responsibilities while under site supervision (consisting of a minimum of 1 hour per week). Students meet an additional 1 ½ hours per week in class to gain additional assistance and supervision by the practicum faculty instructor. Students are also required to either videotape or

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record a counseling session with a client as part of their course requirement. To maintain HIPPA compliance, students must record their video in Panapto through the University's Blackboard platform. If the student is unable to videotape or record a counseling session the site supervisor will be required to observe the student engaged in a counseling session and do an evaluation of the counseling session.

### **The Internship Experience**

In internship students are expected to work closely with clients, actively counsel with clients, carry a client load, attend staff meetings, be familiar with the protocols and procedures of the site, meet weekly with their site supervisor for one hour weekly supervision, **(this hour is considered indirect and is logged as indirect hours)** attend trainings as offered by the site, and engage in ethical and professional behavior, along with other counseling related activities. Students meet an additional 1 ½ hours per week in class to gain additional assistance and supervision by the internship faculty instructor. Students are also required to either videotape or record a counseling session with a client as part of their course requirement. If the student is unable to videotape or record a counseling session the site supervisor will be required to observe the student engaged in a counseling session and do an evaluation of the counseling session.

**Students are expected to do their practicum and internships at the same site for continuity and continuation of training.** Changing sites due to unforeseen circumstances must be discussed with the Practicum/Internship Clinical Coordinator before a new site is considered.

### **Site Supervisor Responsibilities: CACREP Standards**

Students must be supervised a minimum of one hour per week by an approved site supervisor. Site supervisors must have the following:

- a minimum of a master's degree, preferably in counseling, or a related profession
- relevant certifications and/or licenses
- a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled (CMHC track, MCFC track, Clinical Pastoral track)
- knowledge of the program's expectations, requirements, and evaluation procedures for students
- relevant training in counseling supervision
- Evidence of Telehealth training may be required if Telehealth is used at site (see section on Telehealth)
- Site Supervisor Orientation for Practicum and Internship (offered through Belmont Clinical Mental Health Counseling Program – Belmont University)

Site supervisors are responsible for ensuring that students have a practicum/internship experience which includes experience in the assessment, diagnosis, and treatment of cognitive, affective and behavioral problems or dysfunctions in the DSV 5 T.R. nomenclature which are part of the rules and requirements that govern Marriage and Family therapist in the state of Tennessee. Site supervisors are also responsible for students to follow laws, ethical codes, and agency requirements. Therefore, they should clarify responsibilities and expectations with students before



field experience begins. Ongoing feedback and hourly supervision should also be provided each week. Following are a few pointers to ensure a good experience for site supervisors and students.

- Supervisors may also require the following for practicum/internship students: trainings, orientations, observation, attendance at staff meetings, or other such functions to ensure compliance with state and agency regulations. Typically, sites offer experiences in the following order 1) Site orientation, 2) Observation of procedures, and 3) Counseling participation.
- Supervision sessions are developed by site supervisors based on needs of students. Times are scheduled to meet the needs of both supervisors and students but must be held for a minimum of 1 hour each week.
- Site supervisors should ensure student hourly logs are accurate, and when approved, sign the logs.
- Supervisors should contact the university instructor any time an issue arises. University instructors will make regular contact to ensure student growth occurs in an ethical manner.
- To ensure adequate assistance and in case of emergencies, we ask that students not be performing clinical activities during university holidays or in between semester breaks when faculty are off-duty and not available for faculty supervision of students.
- In addition to the minimum one hour spent weekly in supervision with site supervisors, students receive university supervision from faculty a minimum of 1 ½ hours per week. This time is used to assist with client or other issues.
- Supervisors will evaluate student growth at midterm and end of the semester using a university/student provided form.
- Ensure that students receive clinical supervision rather than simply administrative supervision. This means offering guidance and feedback on clinical skills, consultation on case issues, ensuring understanding and compliance with professional ethical codes and laws, and ensuring client well-being.

### **Student Responsibilities**

Following is some information to clarify student expectations and roles.

- Students are expected to comply with laws, ethical codes, and agency requirements including professional dress, prompt arrival, and participation in agency trainings.
- Students will evaluate the site supervisor, university instructor, and site at the end of the course.
- Students must have current counseling liability insurance throughout field experience courses.
- Students maintain a log that describes all field experience activities and hours (See Section 7, student record forms). The site supervisor will review and sign the log to ensure it is accurate.
- Students meet for a minimum of 1 ½ hours weekly for group supervision during practicum/internship university class time. Students are also required to bring in their logs on a weekly basis to be reviewed by the faculty supervisor. See course syllabi for more information.

### **University Responsibilities**

Students attend field experience courses at the university while completing practicum and internship hours. During course sessions, students discuss ethical issues, case conceptualization, treatment planning, diagnosis, diversity, demonstrate counseling skills, and a host of other issues that may be pertinent when working with clients. Faculty contact site supervisors regularly to ensure student growth occurs and issues are resolved.

In order to ensure success in clinical skills, site supervisors may, with client permission, be asked to evaluate live counseling sessions conducted by students, observe video tapes, or allow university faculty to conduct these evaluations. Due to HIPAA regulations, students are not allowed to take audio or video tapes from any clinical site. Tapes remain locked with client records.

### **Concerns During Field Experience**

Please contact the university instructor immediately if concerns arise. Issues might include student impairment, unethical behaviors, etc. Impaired students should be removed from offering services to clients until the issue is resolved. Please know it is the responsibility of the faculty to facilitate these issues for students and site supervisors so immediate contact should be made.

### **Section 7: Student Forms**

Appendices below list forms used in field experience courses.

#### **Appendix A: Site Agreement Forms**

- Supervisor/Student Counselor Agreement Form
- Site Supervisor Information Form
- Practicum/Internship Agreement
- A Sample Description Practicum/Internship Student's Duties
- Clinical Affiliation Agreement

#### **Appendix B: Assessment Forms**

- Student Practicum/Internship Evaluation
- Site Supervisor Evaluation
- Counseling Site Evaluation
- Student Disposition/Professional Rubric

#### **Appendix C: Logs/Records Forms**

- Practicum/Internship Student Record of Hours
- Practicum/Internship Student Hours Log

#### **Appendix D: Video Release Forms**

- Counseling Release – Adult
- Counseling Release – Minor



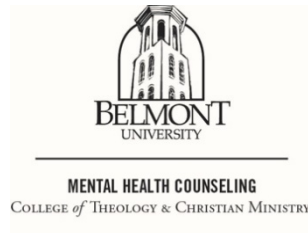
### **Field Experience Manual Signature Page**

I \_\_\_\_\_ hereby certify that I have read and that I  
(*Print name*)

understand the information presented in this *Field Experience Manual for Marriage, Couple,  
and Family Counseling*.

\_\_\_\_\_  
(*Signature*)

\_\_\_\_\_  
(*Date*)



**Marriage, Couple, and Family Counseling**  
**Agreement Between Internship/Practicum Supervisor and Internship/Practicum Student Counselor**

Date: \_\_\_\_\_ Course \_\_\_\_\_ Semester \_\_\_\_\_

Start of Practicum/Internship Date: \_\_\_\_\_ End of Practicum/Internship Date: \_\_\_\_\_

I agree to offer clinical counseling site supervision or marriage, couple, and family counseling site supervision to (student counselor name) \_\_\_\_\_. I certify I am licensed to both counsel and offer supervision to counselors in the state of Tennessee. I also certify that the student's site (listed below) employs at least one licensed mental health professional with specialty in Clinical Mental Health Counseling or Marriage, Couple, and Family Counseling on site for a cumulative minimum of 20 hours per week. Further, the site delivers clinical mental health counseling services in accordance with Tennessee rules. Lastly, I certify that I have a minimum of two years of experience in Marriage, Couple, and Family Counseling.

Supervisor Signature: \_\_\_\_\_

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

Site Supervisor Email: \_\_\_\_\_

Site Supervisor Phones: \_\_\_\_\_

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

Site Address/Street/City: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



**Marriage, Couple, and Family Counseling  
Site Supervisor Information Form**

**Name of Supervisor:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Counseling Licensure(s):** (List all relevant counseling credentials)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Degrees Earned: (please list your earned counseling-related degrees)**

<i>Degree</i>	<i>Institution</i>	<i>Major</i>	<i>Date Earned</i>

**Minimum of Two Years of Professional Counseling in:**

\_\_\_ 2 yrs in Clinical Mental Health Counseling    \_\_\_ 2 yrs in Marriage, Couple, and Family Counseling

**Professional Counseling Experience:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervision Training/# CEUs acquired in supervision:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please provide a hard copy of your most up-to-date licensure or certificate.

**Please Read and Sign Below:** I received a copy of the *Field Experience Manual for Marriage, Couple, and Family Counseling* from the Belmont Mental Health Counseling Program and understand the supervision expectations and requirements. I also know that faculty offer supervision training each fall and spring and I will be expected to attend this training.

**Signature:** \_\_\_\_\_

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



## **Marriage, Couple, and Family Counseling Track Practicum/Internship Agreement**

Field experience courses in the Belmont University Mental Health Counseling Program provide students with clinical training necessary to prepare for future counseling licensure and careers. Sites and site supervisors are an integral part of student success. Information below ensures understanding and cooperation between students, site supervisors, and university instructors.

### **I. Length of the Practicum or Internship Experience**

The student counselor will work with clients \_\_\_\_\_ hours per week between \_\_\_\_\_ and \_\_\_\_\_ (dates). Students will not perform counseling services during university holidays. This agreement covers only the time listed above and ends when the Belmont University semester ends. All required hours must be completed by this date to include 100 hours total for practicum and 300 hours total per internship. Summer practicum starts 1 week before the official summer session begins to ensure a 10-week practicum experience.

### **II. Policies and Procedures**

All parties must comply with the terms of the Clinical Affiliation Agreement between Belmont University and \_\_\_\_\_ [Facility], dated \_\_\_\_\_ (mm/dd/yyyy). Students and site supervisors must comply with the American Counseling Association's ethical code as well as Tennessee state law. The course syllabus also discusses procedures required for successful course completion and is incorporated into this agreement.

### **III. Professional Liability Insurance**

Students are required to purchase and maintain professional liability insurance at all times during their practicum or internship experience. Although the university does not purchase insurance for site supervisors, site supervisors must carry liability insurance at all times during the student's practicum or internship experience to cover supervision and counseling practices.

### **IV. Student Records**

The Family Education Rights and Privacy Act protects student records in the university setting. The student's signature on this agreement gives permission for university faculty and site supervisor(s) to exchange information regarding the student's academic and work performance.

### **V. Modification of this Agreement**

Any modification of this Agreement will be in writing and signed by all of the parties.

**VI. Additional Responsibilities**

The site supervisor must maintain Tennessee licensure as an LPC, LMFT, LPT, psychiatrist, or psychologist with supervision credentials throughout the student’s practicum or internship experience. The site supervisor must also warrant that they hold a minimum of two (2) years of field experience at the time this agreement is executed.

The site supervisor will serve as consultant and supervisor of the Counselor-in-Training. Specific duties for each party are listed in the *Field Experience Manual for Marriage, Couple, and Family Counseling*. All parties agree to abide by the guidelines.

**VII. Covid-19 Updates**

Students choosing to conduct counseling in face-to-face settings during practicum or internships must abide by Belmont University’s health and safety policies including quarantining for up to 14 days after exposure.

By signing below, the parties agree that they have read, understood, and accepted the terms and conditions of this agreement.

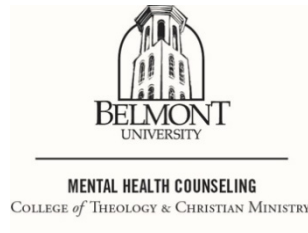
Counselor-in-Training: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

University Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of CTCM: \_\_\_\_\_ Date: \_\_\_\_\_



### **A Sample Description of Marriage, Couple, and Family Counseling Practicum/Internship Student's Duties**

1. *Marriage, Couple, and Family Counseling* on such issues (although not limited to) as sexuality, relationship, aging, family of origin issues, gender differences, trauma issues, career interactions, cultural factors, addiction, and diagnostic interviews.
2. *Group Family or Couples Counseling* may occur as appropriate with sets of couples or families
3. *Conducting Psychoeducational classes:* Marriage, Couple, and Family Counselors-in-Training may deliver psychoeducational classes in areas in which they are qualified.
4. *Assessment:* Marriage, Couple, and Family Counselors-in-Training assist with the administration and interpretation of couples and/or family assessment inventories including but not limited to genograms, family-mapping, intake assessment, and measurement instruments.
5. *Consultation:* Marriage, Couple, and Family Counselors-in-Training consult with other professionals and participate in case management as requested. They must participate in on-site supervision (a minimum of one hour per week). The supervision is conducted by the on-site, approved supervisor.
6. *Professional Development:* Marriage, Couple, and Family Counselors-in-Training attend workshops, seminars, and meetings as recommended by the Site Supervisor and/or the University Professor.
7. *Other duties as may be assigned.*





MENTAL HEALTH COUNSELING  
COLLEGE of THEOLOGY & CHRISTIAN MINISTRY

**BELMONT UNIVERSITY**  
**MENTAL HEALTH COUNSELING PROGRAM**

**Clinical Affiliation Agreement**

THIS AGREEMENT is entered into by and between **BELMONT UNIVERSITY**, Nashville, TN, hereinafter referred to as the “University”, and \_\_\_\_\_ hereinafter referred to as the “Facility”.

**WHEREAS**, the University has a curriculum in mental health counseling of which clinical practice is a required and integral component;

**WHEREAS**, the University desires to provide mental health counseling students the opportunity for clinical practice at the Facility; and

**WHEREAS**, the Facility has the to provide such clinical practice and recognizes its professional responsibility to participate in the education of the mental health counseling students;

**NOW, THEREFORE**, in consideration of the mutual agreements set forth herein, the parties agree as follows:

**The University agrees to:**

1. Assume responsibility for assuring continued compliance with the educational standards of the appropriate accreditation bodies.
2. Communicate with the Facility, through a Fieldwork Supervisor (“FS”), on all items pertinent to the programs.
3. Notify the Facility of the planned schedule of student assignment, including the name of the student, level of academic preparation, and length and dates of the clinical affiliation.
4. Refer to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum, which is applicable to the Facility.
5. Inform the student of any special requirements of Facility acceptance, i.e., citizenship, health status, interview, etc.
6. Send to the Facility only those students who
  - a. with or without reasonable accommodation, are qualified to participate in the clinical program;
  - b. have passed any health examinations required to confirm that their participation in the program will not constitute a direct threat to the health or safety of themselves

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- or others; and
- c. have been informed that they are responsible for all costs and expenses they incur for medical treatment which results from their participation in the program.
  7. Advise the assigned student of the responsibility of complying with the existing pertinent rules and regulations of the Facility.
  8. Assure that the assigned students possess appropriate health and professional liability insurance.
  9. Supply the facility with copies of forms used by the University in evaluating the performance of the assigned students.
  10. Have the students provide, prior to the commencement of the student assignment, such confidential information as may be required by the Facility or deemed necessary for education and guidance of the student.
  11. Comply with all existing non-discrimination policies in the selection and assignment of all students.
  12. Respect the confidential nature of all information that Belmont students have access to, including but not limited to patients' personal health information provided to them orally, contained in patient medical records or maintained on the Facility's electronic information system.
  13. Advise all students of the importance of complying with all relevant state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to the extent applicable. The University agrees to provide students with training in the requirements of the privacy and security provisions of HIPAA and to advise them of the importance of complying with the Facility's policies and procedures relative to HIPAA.
  14. Provide proof of a completed background check completed within the last 60 days prior to the start of the active learning experience ("A.L.E."), to the Facility. This background check may be completed through the Institution or by individual student but must be completed in advance of the A.L.E.
  15. Not publish any material related to the A.L.E. that identifies or uses the name of the Institution, the Facility or its members, clients, students, faculty or staff, directly or indirectly, unless prior written permission is received from the Institution, and the Facility. However, the Facility hereby grants to the Institution the right to publish Institution administrative materials such as catalogs, course syllabi, A.L.E. reports, etc. that identify or uses the name of the Facility or its members, staff, directly or indirectly.
  16. Comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
  17. Follow Centers for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard.
  18. Require participating students and faculty to arrange for and be solely responsible for living accommodations while at the Facility.
  19. Require participating students and faculty to conform to established standards and practices while training at the Facility.
  20. Require participating students and faculty to acquire the necessary and appropriate uniforms and supplies required where not provided by the Facility.

21. Require participating students and faculty to wear a name tag that clearly identifies him/her as a student or faculty member.
22. Require participating students and faculty to sign a written agreement obligating the student or faculty member to observe all rules and policies established by the Facility, to maintain the confidentiality of patient information, and to refrain from publishing any material related to the A.L.E., the Institution, or the Facility, directly or indirectly, or uses the name of the Facility, without first obtaining written approval. Subject to the right to publish set forth in section 15 above.
23. Require all student participants at the time of enrollment in the A.L.E., if required and as necessary and appropriate during the period of participation, to undergo a health examination, as will be necessary to determine that they are free from any infectious or contagious diseases, and are able to perform their activities in the A.L.E. program in order to ensure that students do not pose a direct threat to the health or safety of others, which may include TB, PPD test or chest x-ray, hepatitis-B core antibody test, and Rubella, measles and mumps tests or documentation of immunization. At the option of the Facility, such health examinations may be performed by the Facility, at the sole expense of the student participants. Any medical or health care (emergency or otherwise) that may be received by an Institution student or faculty member at the Facility in the course of the A.L.E. shall be at the sole expense of the individual recipient of such care; provided that nothing herein shall require the Facility to provide any such care. Any student or faculty participant who does not meet the health criteria established by the Facility will not be assigned to the Facility or allowed to continue to participate in the A.L.E. at the Facility. The Facility has the right, at any time, to request health status reports on student and faculty participants, to the extent allowed by applicable law. Moreover, if the student and/or faculty member has an exposure to blood or body substances, if there is an injury to the student and/or faculty member or if there is an infectious disease outbreak, the Institution agrees, to the extent allowed by law, to send the student's and/or faculty member's health records within two (2) business days of the receipt of a written request by the Facility for such health records.
24. Accept full responsibility for the conduct of any student or faculty disciplinary proceedings and shall conduct the same in accordance with all applicable statutes, rules, regulations and case law.
25. Assign faculty/staff representative(s) as liaison(s) between the Facility and the Institution. The Institution faculty/staff representative(s) will be designated in the Agreement.
26. Not assign to the Facility or allowed to continue to participate in the A.L.E. at the Facility any student who does not meet the health criteria established by the Facility. Facility has the right, at any time and in its sole discretion, to the extent allowed by law, to request infectious or contagious disease health status reports on student and/or faculty participants to verify they do not pose a direct health threat to the health or safety of others.

**The Facility agrees to:**

1. Maintain standards for appropriate health care services that are conducive to quality clinical educational experiences for mental health counseling students.
2. Designate a staff member as FS who will be responsible for the planning and implementation of the clinical affiliation.

3. Provide the FS with time to plan and implement the experience including, when feasible, time to attend relevant meetings and conferences.
4. Provide the physical facilities and equipment necessary to conduct the clinical practice.
5. Provide an orientation for students to the Facility, including relevant policies and procedures.
6. Advise the University of any changes in its personnel, operation, or policies that may affect the clinical experience.
7. Determine and notify the University of the number of students that it can accommodate during a given period of time.
8. Make emergency health care available to students in the event of an accident or illness while students are participating in the clinical experience. The Facility is not responsible for costs of such treatment or for costs of follow-up care or hospitalization. The student will be responsible for these health care costs.
9. Evaluate the performance of the student on a regular basis using the evaluation forms supplied by the University.
10. Not to discriminate against any employee or student on the basis of race, color, national origin, sex, age, disability or military service.
11. To comply with the Family Educational Rights and Privacy Act by keeping confidential all educational records concerning the students' clinical experiences.
12. Advise the University of any serious deficit noted in the ability of the assigned student to progress toward achievement of the stated objectives of clinical education and to assist the University and the student in attempting to correct these deficiencies.
13. Have the right to terminate any student whose health or performance is a detriment to patient well-being, or to achievement of the stated objectives of the experience after notifying the University.
14. Provide students and faculty with training regarding Facility's policies and procedures relative to HIPAA. Solely for the purpose of defining the students' role in relation to the use and disclosure of Facility's protected health information, the students are defined as members of the Facility's workforce, as that term is defined by 45 CFR 160.103, when engaged in activities pursuant to this Clinical Affiliation Agreement. However, the students are not and shall not be considered to be employees of the Facility. Facility acknowledges that students may use patients' personal health information for educational purposes at Facility and at Belmont. To the extent practicable, all information used for such purposes shall be appropriately de-identified so as to remove all data that may be used to connect such information back to the patient to whom it relates.

#### **Mutual responsibilities of the parties:**

1. The parties will work together to maintain an environment of quality learning experiences for the Institution's student(s), while at the same time enhancing the resources available to the Facility for the providing of care to its clients and patients. At the request of either party, a meeting or conference will be held between Institution and Facility representatives to resolve any problems or develop any improvements in the operation of the A.L.E.
2. This working relationship and affiliation shall be reviewed every year by the parties. This Clinical Affiliation Agreement may be amended at any time by mutual written agreement of the parties. It may also be canceled notice to the other party, provided any students

currently participating in an A.L.E. may complete the A.L.E. The term of this affiliation for the field experience shall be three years, commencing on \_\_\_\_\_ 2018, at any time by either party upon not less than ninety (90) days written and ending on \_\_\_\_\_, 2021.

3. The Institution and the Facility acknowledge and agree that neither party shall be responsible for any loss, injury or other damage to the person or property of any student or faculty member participating in the A.L.E. unless such loss, injury or damage results from the negligence or willful conduct of that party, its agents, officers or employees.
4. This relationship is intended solely for the mutual benefit of the parties hereto, and there is no intention, express or otherwise, to create any rights or interests for any party or person other than Facility and the Institution; without limiting the generality of the foregoing, no rights are intended to be created for any patient, student, parent or guardian of any student, spouse, next of kin, employer or prospective employer of any student.
5. Neither party is an agent, employee or servant of the other. The Institution and the Facility acknowledge and agree that student participants in the A.L.E. are not employees of the Institution or the Facility by reason of such participation, and that they assume no responsibilities as to the student participants that may be imposed upon an employer under any law, regulation or ordinance. Student participants shall in no way hold themselves out as employees of the Institution or the Facility.
6. Facility and Institution acknowledge that protection of participants in the A.L.E. from exposure to bloodborne pathogens is the joint concern of Facility, Institution and the student. Facility will make available to participants for use within the Facility all personal protective equipment, including gloves, gowns, masks, and other supplies necessary to comply with Centers for Disease Control guidelines, as appropriate to the participant's A.L.E. If the A.L.E. involves exposure to bloodborne pathogens, Facility shall provide participants with education regarding bloodborne pathogens appropriate to the participant's educational training at Facility, and, shall maintain documentation of such education. Institution shall, to the extent allowed by law or regulation, offer to participants at substantial risk of directly contacting body fluids, antibody and or antigen testing and vaccination in accordance with requirements of the Occupational Health and Safety Administration and Centers for Disease Control. Facility will use its best efforts to appropriately test the source patient and to obtain that patient's consent to disclosure of test results to the Institution and participant. In the event of a blood or body fluid exposure, student will participate in Facility's Bloodborne Pathogen Post Exposure Plan. Student will report to Facility's Emergency Department for evaluation and baseline blood testing, and will be offered an appropriate prophylactic drug regimen following Centers for Disease Control guidelines. Any and all, post exposure follow-up, treatment, testing and/or management are the responsibility of Institution and the student, with assistance of the Facility as needed. Any and all expenses incurred relating to such exposure shall be the responsibility of Institution and/or the student. Facility will make reasonable efforts to appropriately test the source patient and to obtain the patient's consent to disclosure of test results to the student and/or Institution.
7. This Clinical Affiliation Agreement shall be governed by, construed and applied in accordance with the laws of the State of Tennessee.
8. This Clinical Affiliation Agreement shall supersede any and all previously executed Clinical Affiliation Agreements between the parties for mental health counseling applied

learning experiences.

**General Terms of Agreement:**

1. This agreement shall be effective when executed by both parties for a period of three years and will automatically be renewed annually unless cancelled by either party upon 90 days written notice.
2. This agreement may be revised or modified by signed written amendment when both parties agree to such amendment.
3. The University shall procure and maintain for Faculty and Students, a policy of professional liability insurance with a single limit of not less than Two Million Dollars (\$2,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the aggregate per annum. A certificate of insurance confirming professional liability coverage will be supplied to the Facility upon request.
4. The University hereby indemnifies and holds Facility harmless from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney's fees), which directly or indirectly arise out of performance hereunder by University or its employees.
5. The Facility hereby indemnifies and holds University harmless from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney's fees), which directly or indirectly arise out of performance hereunder by Facility or its employees.

**IN WITNESS WHEREOF** the parties hereto have caused this AGREEMENT to be executed by their duly authorized representatives commencing \_\_\_\_\_ (mm/dd/yyyy).

**MENTAL HEALTH COUNSELING PROGRAM**  
**CLINICAL AFFILIATION AGREEMENT**  
**SIGNATURE PAGE**

**Facility:**

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
*Signature & Date*

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
*Signature & Date*

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Belmont University:**

College of Theology and Christian Ministry  
1900 Belmont Boulevard  
Nashville, TN 37212

\_\_\_\_\_  
*Signature & Date*

Dr. Janet Hicks

Director of Mental Health Counseling

College of Theology and Christian Ministry

\_\_\_\_\_  
*Signature & Date*

Dr. Darrell Gwaltney

Dean

College of Theology and Christian Ministry



MENTAL HEALTH COUNSELING  
COLLEGE of THEOLOGY & CHRISTIAN MINISTRY

## Appendix B: Assessment Forms Student Practicum/Internship Evaluation (Midterm)

(CACREP Section 5. Clinical Mental Health Practice Skills #3; Section; 3. Professional Practice)

**Directions: This form is completed by the Site Supervisor.**

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

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

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

This form allows site supervisors to offer feedback about the performance and growth of student interns. Because this form becomes part of the student's record and is considered when assigning course grades, please review each item carefully and circle the best response.

<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

### I. Basic Work Requirements

a. Arrives on time consistently	1	2	3	4	5
b. Uses time effectively	1	2	3	4	5
c. Informs supervisor and makes arrangements for absences	1	2	3	4	5
d. Completes requested or assigned tasks on time	1	2	3	4	5
e. Completes required total number of hours or days on site	1	2	3	4	5
f. Is responsive to norms about clothing, language, etc., on site	1	2	3	4	5
g. Interfaced appropriately with other behavioral health care professionals (CACREP 3.d.)	1	2	3	4	5
h. Student showed evidence of having proper liability insurance (CACREP A)	Y			N	

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. Ethical Awareness and Conduct

a. Exhibits knowledge of general ethical guidelines	1	2	3	4	5
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b. Exhibits knowledge of ethical guidelines of internship/practicum	1	2	3	4	5
c. Demonstrates awareness and sensitivity to ethical issues	1	2	3	4	5
d. Exhibits personal behavior consistent with ethical guidelines	1	2	3	4	5
e. Consults with others about ethical issues if necessary	1	2	3	4	5
f. Interfaced appropriately with the legal system relevant to couples, Marriage, and family counseling (CACREP couples, families 3.e)	1	2	3	4	5
g. *Interfaced appropriately with the legal system regarding court-referred Clients. (CACREP 3.c)	1	2	3	4	5

Comments:

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<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

### III. Knowledge and Learning

a. Exhibits knowledge about the client population	1	2	3	4	5
b. Exhibits knowledge of treatment setting and approach	1	2	3	4	5
c. Is receptive to learning new information	1	2	3	4	5
d. Actively seeks new information from staff or supervisor	1	2	3	4	5
e. Exhibits ability to learn, understand, and integrate new information	1	2	3	4	5
f. Exhibits understanding of counseling concepts, theories, and skills	1	2	3	4	5
g. Exhibits ability to apply new information in clinical setting	1	2	3	4	5
h. Evidence has been demonstrated to show increased knowledge of group leadership.	1	2	3	4	5
i. Utilized professional and technological resources	1	2	3	4	5
j. Utilized research as appropriate to improve client services	1	2	3	4	5

Comments:

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### IV. Response to Supervision

a. Actively seeks supervision when necessary	1	2	3	4	5
b. Is receptive to feedback and suggestions from supervisor	1	2	3	4	5
c. Understands information communicated in supervision	1	2	3	4	5
d. Successfully implements suggestions from supervisor	1	2	3	4	5
e. Is aware of areas that need improvement	1	2	3	4	5
f. Is willing to explore personal strengths and weaknesses	1	2	3	4	5

Comments:

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**V. Work Products**

a. Records are accurately kept and are completed on time	1	2	3	4	5
b. Written or verbal reports are accurate and factually correct	1	2	3	4	5
c. Written or verbal reports are presented in a professional manner	1	2	3	4	5
d. Reports are clinically and/or administratively useful	1	2	3	4	5
e. Treatment Plan was correctly developed and included parent involvement if appropriate	1	2	3	4	5
f. Treatment Plan brought about positive outcomes for the client	1	2	3	4	5

Comments:

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

Student ID#: \_\_\_\_\_

<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

**VI. Interactions with Clients**

a. Appears comfortable interacting with clients	1	2	3	4	5
b. Initiates interactions with clients	1	2	3	4	5
c. Communicates effectively with clients	1	2	3	4	5
d. Builds rapport and respect with clients	1	2	3	4	5
e. Is sensitive and responsive to client's needs	1	2	3	4	5
f. Is sensitive to issues of multicultural counseling	1	2	3	4	5
g. Is sensitive to issues of diversity including but not limited to race/ethnic group, age, gender, spirituality, physical challenges, SES	1	2	3	4	5
h. Conducts appropriate assessments (i.e. intakes, mental status evals, biopsychosocial history, mental health history, psychological assessment) with individuals, couples, and families CACREP (3.a)	1	2	3	4	5
i. Utilized advocacy effectively (CACREP 3.e)	1	2	3	4	5
j. Displayed group counseling skills appropriately including marriage Couples and family counseling for MCFC student (CACREP E; CACREP marriage, couples, and families 3.c)	1	2	3	4	5
k. Became familiar with technological resources	1	2	3	4	5
l. *Conceptualizes treatment and intervention for marriage, couples, and families	1	2	3	4	5
m. *If working with couples and families, fosters family wellness (CACREP marriage, couple, and families 3.b)	1	2	3	4	5
n. Utilizes techniques and interactions for prevention and treatment based					

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on client need (CACREP 3.b)

1 2 3 4 5

Comments:

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**VII. Interactions with Coworkers**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| a. Appears comfortable interacting with other staff members                                | 1 | 2 | 3 | 4 | 5 |
| b. Initiates interactions with staff   | 1 | 2 | 3 | 4 | 5 |
| c. Communicates effectively with staff   | 1 | 2 | 3 | 4 | 5 |
| d. Effectively conveys information and expresses own opinions                              | 1 | 2 | 3 | 4 | 5 |
| e. Effectively receives information and opinions from others                               | 1 | 2 | 3 | 4 | 5 |
| f. Interfaced with legal system and/or integrated health care professionals appropriately. | 1 | 2 | 3 | 4 | 5 |

Comments:

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**Overall, what would you identify as this student's strengths?**

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**What would you identify as areas in which the student could improve?**

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**Would you recommend this student for employment or continued graduate studies?**

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**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(The above signature also validates that 2 or more contacts occurred between Faculty Supervisor and Site Supervisor to discuss or consult in regards to student's performance at practicum/internship site)*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



MENTAL HEALTH COUNSELING  
COLLEGE of THEOLOGY & CHRISTIAN MINISTRY

## Student Practicum/Internship Evaluation (Final)

(CACREP Section 5. Clinical Mental Health Practice Skills #3; Section; 3. Professional Practice)

**Directions: This form is completed by the Site Supervisor.**

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

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

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

This form allows site supervisors to offer feedback about the performance and growth of student interns. Because this form becomes part of the student's record and is considered when assigning course grades, please review each item carefully and circle the best response.

<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
1	2	3	4	5

### II. Basic Work Requirements

g. Arrives on time consistently	1	2	3	4	5
h. Uses time effectively	1	2	3	4	5
i. Informs supervisor and makes arrangements for absences	1	2	3	4	5
j. Completes requested or assigned tasks on time	1	2	3	4	5
k. Completes required total number of hours or days on site	1	2	3	4	5
l. Is responsive to norms about clothing, language, etc., on site	1	2	3	4	5
m. Interfaced appropriately with other behavioral health care professionals (CACREP 3.d.)	1	2	3	4	5
n. Student showed evidence of having proper liability insurance (CACREP A)	Y			N	

Comments:

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### VIII. Ethical Awareness and Conduct

a. Exhibits knowledge of general ethical guidelines	1	2	3	4	5
b. Exhibits knowledge of ethical guidelines of internship/practicum	1	2	3	4	5

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c. Demonstrates awareness and sensitivity to ethical issues	1	2	3	4	5
d. Exhibits personal behavior consistent with ethical guidelines	1	2	3	4	5
e. Consults with others about ethical issues if necessary	1	2	3	4	5
f. Interfaced appropriately with the legal system relevant to couples, Marriage, and family counseling (CACREP couples, families 3.e)	1	2	3	4	5
g. *Interfaced appropriately with the legal system regarding court-referred Clients. (CACREP 3.c)	1	2	3	4	5

Comments:

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<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

**IX. Knowledge and Learning**

k. Exhibits knowledge about the client population	1	2	3	4	5
l. Exhibits knowledge of treatment setting and approach	1	2	3	4	5
m. Is receptive to learning new information	1	2	3	4	5
n. Actively seeks new information from staff or supervisor	1	2	3	4	5
o. Exhibits ability to learn, understand, and integrate new information	1	2	3	4	5
p. Exhibits understanding of counseling concepts, theories, and skills	1	2	3	4	5
q. Exhibits ability to apply new information in clinical setting	1	2	3	4	5
r. Evidence has been demonstrated to show increased knowledge of group leadership.	1	2	3	4	5
s. Utilized professional and technological resources	1	2	3	4	5
t. Utilized research as appropriate to improve client services	1	2	3	4	5

Comments:

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**X. Response to Supervision**

a. Actively seeks supervision when necessary	1	2	3	4	5
b. Is receptive to feedback and suggestions from supervisor	1	2	3	4	5
c. Understands information communicated in supervision	1	2	3	4	5
d. Successfully implements suggestions from supervisor	1	2	3	4	5
e. Is aware of areas that need improvement	1	2	3	4	5
f. Is willing to explore personal strengths and weaknesses	1	2	3	4	5

Comments:

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**XI. Work Products**

a. Records are accurately kept and are completed on time	1	2	3	4	5
b. Written or verbal reports are accurate and factually correct	1	2	3	4	5
c. Written or verbal reports are presented in a professional manner	1	2	3	4	5
d. Reports are clinically and/or administratively useful	1	2	3	4	5
e. Treatment Plan was correctly developed and included parent involvement if appropriate	1	2	3	4	5
f. Treatment Plan brought about positive outcomes for the client	1	2	3	4	5

Comments:

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

Student ID#: \_\_\_\_\_

<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

**XII. Interactions with Clients**

a. Appears comfortable interacting with clients	1	2	3	4	5
b. Initiates interactions with clients	1	2	3	4	5
c. Communicates effectively with clients	1	2	3	4	5
d. Builds rapport and respect with clients	1	2	3	4	5
e. Is sensitive and responsive to client’s needs	1	2	3	4	5
f. Is sensitive to issues of multicultural counseling	1	2	3	4	5
g. Is sensitive to issues of diversity including but not limited to race/ethnic group, age, gender, spirituality, physical challenges, SES	1	2	3	4	5
h. Conducts appropriate assessments (i.e. intakes, mental status evals, biopsychosocial history, mental health history, psychological assessment) with individuals, couples, and families CACREP (3.a)	1	2	3	4	5
i. Utilized advocacy effectively (CACREP 3.e)	1	2	3	4	5
j. Displayed group counseling skills appropriately including marriage Couples and family counseling for MCFC student (CACREP E; CACREP marriage, couples, and families 3.c)	1	2	3	4	5
k. Became familiar with technological resources	1	2	3	4	5
l. *Conceptualizes treatment and intervention for marriage, couples, and families	1	2	3	4	5
m. *If working with couples and families, fosters family wellness					

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(CACREP marriage, couple, and families 3.b)	1	2	3	4	5
n. Utilizes techniques and interactions for prevention and treatment based on client need (CACREP 3.b)	1	2	3	4	5

Comments:

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**XIII. Interactions with Coworkers**

a. Appears comfortable interacting with other staff members	1	2	3	4	5
b. Initiates interactions with staff	1	2	3	4	5
c. Communicates effectively with staff	1	2	3	4	5
d. Effectively conveys information and expresses own opinions	1	2	3	4	5
e. Effectively receives information and opinions from others	1	2	3	4	5
f. Interfaced with legal system and/or integrated health care professionals appropriately.	1	2	3	4	5

Comments:

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**Overall, what would you identify as this student's strengths?**

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**What would you identify as areas in which the student could improve?**

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**Would you recommend this student for employment or continued graduate studies?**

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**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(The above signature also validates that 2 or more contacts occurred between Faculty Supervisor and Site Supervisor to discuss or consult in regards to student's performance at practicum/internship site)*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



MENTAL HEALTH COUNSELING  
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## Site Supervisor Evaluation

**Directions: This form is completed by the student.**

Site Supervisor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address \_\_\_\_\_ Date: \_\_\_\_\_

Students please use this form to evaluate your clinical supervision experiences. Circle one number to the right of each item to indicate how you perceived your experience with your site supervisor. The ratings range from (1) Disagree Strongly to (5) Agree Strongly.

<i>Disagree Strongly</i> 1	<i>Disagree</i> 2	<i>Agree</i> 3	<i>Agree Strongly</i> 4	<i>Not Sure</i> NS
-------------------------------	----------------------	-------------------	----------------------------	-----------------------

### The Supervisor:

- |   |   |   |   |   |    |
|---|---|---|---|---|----|
| 1. Conveyed acceptance and respect.   | 1 | 2 | 3 | 4 | NS |
| 2. Recognized and encouraged further development of my strengths.                               | 1 | 2 | 3 | 4 | NS |
| 3. Helped me gain knowledge and insight about agency policies.                                  | 1 | 2 | 3 | 4 | NS |
| 4. Helped me gain knowledge and insight on referral processes.                                  | 1 | 2 | 3 | 4 | NS |
| 5. Helped me to be more proficient in formulating treatment plans, progress notes, and reports. | 1 | 2 | 3 | 4 | NS |
| 6. Gave me useful feedback when I did something well.   | 1 | 2 | 3 | 4 | NS |
| 7. Gave me useful feedback when my performance was not satisfactory.                            | 1 | 2 | 3 | 4 | NS |
| 8. Helped me to develop more effective counseling skills.                                       | 1 | 2 | 3 | 4 | NS |
| 9. Helped me use assessment instruments effectively.  | 1 | 2 | 3 | 4 | NS |

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- |     |   |   |   |   |   |    |
|-----|---|---|---|---|---|----|
| 10. | Helped me understand the implications and dynamics of the counseling approaches I used. | 1 | 2 | 3 | 4 | NS |
| 11. | Helped me organize relevant case data in planning goals and strategies for my clients.  | 1 | 2 | 3 | 4 | NS |

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Agree</i>	<i>Agree Strongly</i>	<i>Not Sure</i>
1	2	3	4	NS

- |     |   |   |   |   |   |    |
|-----|---|---|---|---|---|----|
| 12. | Helped me articulate a theoretically sound basis for ways in which I worked with clients. | 1 | 2 | 3 | 4 | NS |
| 13. | Addressed issues related to difficult clients.  | 1 | 2 | 3 | 4 | NS |
| 14. | Encouraged me to become more independent as my skills increased.                          | 1 | 2 | 3 | 4 | NS |
| 15. | Modeled ethical and professional behavior.  | 1 | 2 | 3 | 4 | NS |
| 16. | Helped me define and maintain ethical behavior.   | 1 | 2 | 3 | 4 | NS |
| 17. | Encouraged me to engage in professional behavior.   | 1 | 2 | 3 | 4 | NS |
| 18. | Offered resource information when I requested or needed it.                               | 1 | 2 | 3 | 4 | NS |
| 19. | Encouraged self-monitoring and development of self-evaluation skills.                     | 1 | 2 | 3 | 4 | NS |
| 20. | Provided periodic and timely assessment of my counseling skills.                          | 1 | 2 | 3 | 4 | NS |
| 21. | Clearly delineated standards of evaluation.   | 1 | 2 | 3 | 4 | NS |

Comments:

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MENTAL HEALTH COUNSELING  
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## Counseling Site Evaluation

**Directions: This form is completed by the student**

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

- Please Check the Type of Supervised Experience at this Site: PT Practicum \_\_\_\_ PT Internship \_\_\_\_  
CMHC Practicum \_\_\_\_ CMHC Internship \_\_\_\_ MCFC Practicum \_\_\_\_ MCFC Internship \_\_\_\_
- Name of Placement Site: \_\_\_\_\_
- Address of Site: \_\_\_\_\_  
\_\_\_\_\_
- Name of Site Supervisor: \_\_\_\_\_
- List your total direct contact counseling hours accrued at this site: \_\_\_\_\_
- List your total indirect contact counseling hours accrued at this site: \_\_\_\_\_
- List the total number of individual supervision hours received from your site supervisor: \_\_\_\_\_
- List the total number of group supervision you hours received from your site supervisor: \_\_\_\_\_
- Were you able to finish your experience on schedule at this site? \_\_\_\_\_  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

*Please circle your response as Satisfactory (S), or Unsatisfactory (U) for the following items. For any item circled as unsatisfactory please write a brief response under comments.*

1. Availability of clients: S      U  
Comments: \_\_\_\_\_  
\_\_\_\_\_
2. Adequacy of facilities (room space, privacy, etc.): S      U  
Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Support services for counseling (secretarial help, etc): **S** **U**  
Comments: \_\_\_\_\_  
\_\_\_\_\_

4. On-site supervisory support: **S** **U**  
Comments: \_\_\_\_\_  
\_\_\_\_\_

5. Professional atmosphere of site: **S** **U**  
Comments: \_\_\_\_\_  
\_\_\_\_\_

6. Please mark each experience found at your site. Mark all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Report Writing                             | <input type="checkbox"/> Intake Interviewing   |
| <input type="checkbox"/> Administration and Interpretation of Tests | <input type="checkbox"/> Group Counseling      |
| <input type="checkbox"/> Staff Presentation/Case Conferences        | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Family/Couple Counseling                   | <input type="checkbox"/> Career Counseling     |
| <input type="checkbox"/> Psychoeducational Activities               | <input type="checkbox"/> Consultation          |
| <input type="checkbox"/> Others (Please list/described) _____       |  |

7. What experience/training do you wish you could have experienced at this site but did not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What were the major benefits gained/learned from working at this site?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Student Disposition/Professionalism Rubric

**Student Name:**
**Date:**

Subskill	Unacceptable 1	Poor 2	Adequate 3	Good 4	Excellent 5	Score
<i>Attendance and Punctuality</i>	Often misses class and/or is late to over half of classes	Occasionally misses and/or is late to class 25%-50% of time	Attends almost all classes and/or is late under 25% of time	Rarely misses or is late to class 5% of time or less	Never misses or late to class	
<i>Multicultural Sensitivity</i>	Makes racial, ethnic, religious, or sexual jokes or comments; displays inappropriate prejudice even after correction.	Shows lack of acceptance of others even after correction.	Aware of biases and diligently working on skills to overcome them.	Aware of biases, is implementing skills to overcome biases, and learning about social justice.	Working to help others in society through appropriate social justice advocacy.	
<i>Professional Attentiveness</i>	Usually ignores or disrupts instructor, other professionals, and clients; distracted by outside entities	Often ignores or disrupts instructor, other professionals, and clients; often distracted by outside entities	Usually listens to instructor, other professionals and clients; usually free from outside distractions	Almost always listens responsively to instructor, other professionals, and clients and free of distractions	Always listens very responsively to instructor, other professionals, and clients and free from distractions	
<i>Cooperation</i>	Does not contribute or sabotages team efforts.	Contributes little to team efforts.	Contributes adequately to team efforts.	Contributes to a high degree to team efforts.	Contributions to team efforts are beyond what is expected.	
<i>Respect of others/Environment</i>	Usually creates negative morale by being negative and may even spread rumors about others	Often creates negative morale by being negative; gossips about others	Usually achieves a balance of being cooperative; demonstrates the courage of one's convictions	Almost always achieves a balance of being cooperative in ways that enhance the class	Always conveys cooperation and leadership that enhances the class; promotes the well-being of others	
<i>Professional Dress</i>	More often than not dress is unprofessional considering the setting.	Often dress is unprofessional considering the setting.	On most occasions, dress is professional considering the setting.	Dress is typically professional considering the setting.	Dress is well-thought out considering the context or setting and always appropriate.	
<i>Ability to Handle Stress</i>	Stress affects levels of professionalism and/or emotional intelligence	Often stress affects levels of professionalism and/or emotional intelligence	Usually handles stress in a professional and emotionally intelligent manner	Typically handles stress in a professional and emotionally intelligent manner	Always handles stress in a professional and emotionally intelligent manner	
<i>Wellness</i>	Unable to manage personal care leading to unethical or unprofessional behaviors	Lack of self-care often affects professionalism and/or emotional intelligence	Usually incorporates wellness such that professionalism and emotional intelligence are present	Typically incorporates wellness such that professionalism and emotional intelligence are present	Always incorporates wellness such that professionalism and emotional intelligence are present	
<i>Ability to Receive Constructive Feedback</i>	Constructive feedback affects levels of professionalism and/or emotional intelligence.	Constructive feedback often affects levels of professionalism and/or emotional intelligence.	Constructive feedback is usually handled with appropriate levels of professionalism and/or emotional intelligence.	Constructive feedback is typically handled with appropriate levels of professionalism and/or emotional intelligence.	Always handles constructive feedback in a professional and emotionally intelligent manner.	
<b>Mean Score</b>						

Student Signature: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_



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### Appendix C: Log/Records Forms Practicum/Internship Student Record

Name \_\_\_\_\_

Course/Section: \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

University Supervisor: \_\_\_\_\_

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

Site(s): \_\_\_\_\_

#### Practicum/Internship Record

Total Hours (Direct, Indirect, and Supervision Combined)	Total Direct Hours	Total Indirect Hours	Total Supervision Hours

I certify the above to be a true record of my Practicum/Internship.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Faculty

\_\_\_\_\_  
Date

**Note to Student:** Be sure to return one copy for your file and keep one copy for your records.



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### Practicum/Internship Hours Log

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

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

Activity/Experience Description	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Weekly Total	Cum. Total
Date									

**Supervision: Please mark C for class or S for site supervision after entry for # of hrs.**

Group Supervision									
Individual Supervision									
Daily Totals									



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### **Appendix D: Release Forms Release Statement (Adult)**

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

A consent form must be signed by each person participating in a recorded counseling session prior to the session. The signed consent form giving permission to counsel and record counseling sessions is located in the client’s counseling file at \_\_\_\_\_ in a secured location. The signed consent form giving permission for my university and/or site supervisor to view a live counseling session is in the client’s counseling file at \_\_\_\_\_ in a secured location.

\_\_\_\_\_  
Print Name-Client

\_\_\_\_\_  
Signature – Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name-Counseling Intern  
Belmont University

\_\_\_\_\_  
Signature – Counseling Intern

\_\_\_\_\_  
Date





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## Release Statement (Minor)

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

A consent form must be signed by each person participating in a recorded counseling session prior to the session. Parents/guardians must sign a copy for each participating minor. The signed consent form giving permission to counsel and record counseling sessions is located in the client's counseling file at \_\_\_\_\_ in a secured location. The signed consent form giving permission for my university and/or site supervisor to view a live counseling session is in the client's counseling file at \_\_\_\_\_ in a secured location.

\_\_\_\_\_  
Print Name-Parent/Guardian

\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name-Counseling Intern  
Belmont University

\_\_\_\_\_  
Signature – Counseling Intern

\_\_\_\_\_  
Date