INTERNSHIP

COUN 595 – CLINICAL MENTAL HEALTH COUNSELING



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Foreword to the Clinical Mental Health Counseling Student Intern

This manual is designed to provide all of the information you need to arrange and complete an internship in Clinical Mental Health Counseling. In addition, samples of each form you and your site supervisor will need to complete are included.

Before approaching a site about an internship assignment, you should read this manual thoroughly and discuss your ideas and expectations about internship with your mentor or with the program faculty member who is assigned to internship for the semester in which you want to enroll. If you have questions about the internship or about the process of arranging and completing an internship, your mentor or the program faculty member teaching the internship will assist you.

Clinical Mental Health Counseling interns must select an appropriate internship site and must approach that site to discuss the possibility of arranging an internship experience. CMHC university professors will be glad to help you identify suggested internship sites and will help you clarify requirements of the internship with potential supervisors. As soon as you have reached agreement with an internship site, complete an Intern Assignment Form (see the "Forms" section at the end of this manual for a copy) and return it to Dr. Ben Willis. You will also need to contact David Angeloni (david.angeloni@scranton.edu) to check and see if there is an active Affiliation Agreement (AA) in place between the University of Scranton and the internship site. There must be an active AA before you can be at your internship site or get any hours for internship at that site. You will need to coordinate with David Angeloni to get an AA set up if there is not an active AA or if the current AA would expire during your time interning at the site.

At the beginning of the internship experience, you should meet with your site supervisor to determine mutually agreeable goals and expectations. In doing so, please refer to this manual. This manual defines the objectives of the internship, makes suggestions for the structuring of the experience, and contains all evaluation forms to be used in the internship.

The internship is your opportunity to gain practical experience and to gain a valuable reference for your future job search. Program faculty recommend that you coordinate with Career Services here at the University so that a letter of reference from your internship supervisor may be included in a placement file for your future use and convenience.

The program faculty look forward to working with you, and wish you a productive and fun internship experience.

Ben T. Willis, Ph.D., NCC, ACS Clinical Mental Health Counseling Co-Program Director, CMHC Internship Coordinator

Foreword to the Site Supervisor

Thank you for agreeing to provide an internship experience for one of our Clinical Mental Health Counseling graduate students. We appreciate your willingness to provide day to day supervision and expect that the intern will develop into an entry-level professional through this hands-on supervised experience. This manual is designed to provide you with all of the information you will need to arrange and supervise this internship experience. The Affiliation Agreement (AA) between the site and the University of Scranton covers the legal agreements for all involved entities, and this manual provides the curricular requirements, internship objectives, supervision, reporting and evaluation information, and internship forms.

Within this manual, all requirements for students, site supervisors, and university supervisors are detailed. It defines the objectives of the internship, makes suggestions for the structuring of the experience, and contains copies of all forms to be used in the internship. We encourage you to review the manual with the student at the beginning of the internship so that you and the student may arrive at mutually agreeable goals and expectations. We are available to the intern and you for addressing any concerns or questions which may arise.

Thank you for affiliating with our internship program. We are sure you will find our intern's services to be valuable and that the experience will be rewarding and stimulating for you as well. If you have any questions, please feel free to contact the counseling intern's university supervisor or Dr. Ben Willis, CMHC internship coordinator.

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THE COUNSELING INTERNSHIP

Introduction

The Clinical Mental Health Counseling Program is in the Panuska College of Professional Studies and the Department of Counseling and Human Services. Consequently, the Dean of the Panuska College of Professional Studies and the Chairperson of the Department of Counseling and Human Services serve in advisory and consultative capacities regarding policy in such areas as student selection criteria, curriculum development, program progress, and specific requirements for admission to candidacy for graduate degrees. The directors of each program assume responsibility for maintaining and improving the curriculum including the off-campus field work portions in cooperation with appropriate agencies. The program faculty will be responsible for teaching the specific core and elective counseling courses.

Program Overview

The Clinical Mental Health Counseling Program is a 60-credit curriculum that leads to the Master of Science degree and fulfills all the educational requirements for licensure as a Professional Counselor in the state of Pennsylvania. The curriculum is divided into four categories: Foundations of Professional Counseling, Clinical Mental Health Counseling Courses, Clinical Experience, and Electives for Specialization. Required credits include course work in the principles and practice of counseling, three credits of practicum (100 hours of supervised counseling experience), and three credits of internship (600 hours of supervised counseling experience). Nine credits of electives are offered to provide students with opportunities for additional study in individual areas of interest and for development of skills in working with specific client populations.

Internship Overview

The internship in the Clinical Mental Health Counseling Program is attempted after at least 36 credits of coursework have been completed. A prerequisite for attempting internship is successful completion of COUN 590 - Practicum in Clinical Mental Health Counseling.

Internship requires the student to complete 600 clock hours of supervised field experience which must:

- (1) complete internship field work at site(s) that has/have an active Affiliation Agreement (AA) during the entire course of the internship experiences
- (2) include a minimum of 240 hours of direct service work with clients appropriate to the student's program;
- (3) include a minimum of one hour per week of individual supervision by a qualified site supervisor;
- (4) include a minimum of one and one-half (1 1/2) hours per week of group supervision provided by a university supervisor;
- (5) include a variety of professional activities other than direct service work;
- (6) allow the student to obtain audio- and/or videotapes of interactions with clients for use in individual and group supervision;
- (7) allow the student to gain supervised experience in the use of a variety of professional resources such as appraisal instruments, computers, print and non-print media, professional literature, and research; and
- (8) include formal evaluation of the student's performance by a program university member in conjunction with the site supervisor.
- (9) maintain professional liability insurance coverage throughout the duration of all clinical work.

The 600 hour requirement may be completed over either one or two semesters. For each semester of internship, students are required to register for three credits of the course (COUN 595).

INTERNSHIP OBJECTIVES

The chief objective of the internship program is to provide a practical training experience to counselor trainees through provision of high-quality supervised professional counseling experience at a site whose mission is consistent with the student's academic preparation and career goals. The experience is meant to help the student acquire proficiency and gain competence by applying theoretical knowledge and integrating clinical skills while under the supervision of an experienced and qualified professional.

Objectives for the Counseling Intern

1. Objectives for all counseling interns:

- a. To help the intern experience the realities of the counselor-counselee relationship and the part that self-understanding plays in this relationship.
- b. To aid the intern in acquiring the ability to accept individual differences in clients.
- c. To stimulate the formation of and identification with a professional role.
- d. To participate in the coordination and use of community resources and services in meeting the needs of the client.
- e. To provide for the development of the intern in the realities of everyday clinical mental health experiences.
- f. To help the intern work cooperatively with his/her supervisor, co-workers, and cooperating community professionals in order to gain experience in working as a member of an interdisciplinary team.
- g. To inculcate high standards of professional ethics to give the intern experience in interpersonal relationships which involve ethical decisions and practice in evaluating his/her own motives.
- h. To provide the intern an opportunity to develop confidence in his/her ability to apply his/her professional preparation in situations which shelter the intern from full responsibility while providing opportunities for maximum professional growth.
- To enable interns to try out knowledge and techniques under conditions which are not injurious to the client.
- To provide the intern with an opportunity to become familiar with a variety of professional activities.
- k. To provide the intern with the opportunity to gain supervised experience in the use of a variety of professional resources such as appraisal instruments, computers, print and non-print media, professional literature, and research.

2. Additional objectives for Clinical Mental Health Counseling interns:

- a. To acquaint the intern with organizational structure, protocol, relationship, processes, and working conditions of the agency or institution.
- b. To help the intern recognize that the professional counselor provides an essential service not performed by other professional persons.

Objectives for the Participating Site might be:

- 1. To reduce the period of time needed for on-the-job training in subsequent employment.
- 2. To foster relationships between the University programs and applied programs which have potential for maintaining and stimulating high-quality professional training and practice.
- 3. To stimulate site personnel toward a "training point of view," thus broadening and strengthening their contributions to the profession. This quite often affects a sharpening of skills, services, and understanding.
- 4. To afford the participating site an opportunity to influence the continued development of the counselor training program and to share in the preparation of future professional counselors.
- 5. To provide both the climate and opportunity for recruitment by the participating site.
- 6. To serve as a professional growth experience for the site staff. The interaction of the interns and trainers often results in added enthusiasm for both.

Objectives for the University might be:

- 1. To provide the University a significant measure of the student's ability to practice the profession.
- 2. To serve as a reliable basis for the continuous evaluation of the practical professional effectiveness of the classroom curriculum often leading to modifications and/or extensions of the classroom program.
- 3. To bring the University personnel and participating site personnel together in a common cause, affecting a beneficial working relationship.
- 4. To afford an opportunity for universities to stimulate and influence site practices in professional counseling.

THE CURRICULUM AND THE INTERNSHIP

Relationship of the Intern to the Site

In order to reach desirable goals in the supervised clinical practice, it is essential that both site and intern fully understand the responsibilities of each in relation to the internship experience. Careful preliminary discussion and planning between the University supervisor and the site supervisor, therefore, is necessary as a preliminary to the development of the best possible work climate for the supervised clinical practice. The climate of the clinical practice probably is best set when the site accepts the intern as a professional colleague, even though it is understood that the intern is neither expected nor required to carry the same responsibilities as fully qualified staff members.

In accepting the intern as a professional colleague, it is felt that the intern may become more aware of responsibilities by attending various staff meetings. These meetings may be concerned with staffing cases, intervention, policy, budget preparation, and other aspects of service delivery. Being exposed to and participating in such experiences will help the intern to learn to be a professional because s/he has experienced being accepted as one by the professional staff.

The intern must assume responsibilities such as regularity of attendance, conformity to agency rules, regulations, and standards, confidentiality of information, and follow-through with appropriate assignments given to him/her by his/her site supervisor.

The University of Scranton provides blanket liability insurance during this phase of the educational program. Interns are also encouraged to purchase their own professional liability insurance through the American Counseling Association.

Both the site and the intern must understand that the supervised clinical program is designed to contribute to the training of the intern. This, of course, should not preclude the possibility of the site and the intern negotiating a contract for employment if this is the desire of both.

Phases of Training

It is suggested that the supervised clinical practice be divided into three phases: (1) Orientation; (2) Observation; and (3) Participation. These, no doubt, will overlap to some extent in time sequence. It is desirable, however, that the time devoted to participation be longer than that devoted to orientation and observation. The participation phase is dependent upon the readiness of the intern.

1. <u>Orientation</u>

Physical Facilities

Tour of physical facilities

Files: charts, case folders, records, etc.

Supply Room: supplies, equipment, forms, etc.

Reference Material: Library, manuals, technical dictionaries, occupational information, appraisal instruments, audio and/or videotaping equipment, computerized programs, print and non-print resources, professional literature, etc.

Site Functions and Services

History of Site

Support or Income Structure (if appropriate)
Overview of Services
Administrative Organization
Acceptance or Admission Policy
Referral Sources
Client Population
Reporting Procedures

Site Routines and Office Regulations

Hours of Work

Lunch Time

"Breaks"

Holidays

Use of Telephones

Use of Equipment & Clerical Personnel

Signing-in and out (if appropriate)

Report Schedules and their Significance

Establishment of Working Relationships

Professional

Support Staff

Personal interviews with administrators and department heads

Managerial

Professional

Clerical

Personal interviews with administrator and department heads

Clients

Select several typical cases, current or closed, for study or analyses, which illustrate site function or typical developmental level of clients served, and the counselor role.

2. Observation

Depending on the intern's background, it may be desirable to provide a period of observation prior to the assignment of cases in order for the intern to feel secure in the new setting. Observation can include many things, including the activities that interns will independently conduct later in their internship (see Participation).

3. Participation

Interns should be permitted to engage in as many activities as individual readiness and time available will allow. The intern should progress to a point near the end of the internship where s/he will be able to complete a few cases or at least carry them far enough to assist clients toward a sense of problem resolution or accomplishment and progress toward appropriate goals.

Assessment

Intake or screening interviews

Appraisal

Assessment of clients or students with different diagnostic needs, background, etc.

Procedures involved in conceptualization and diagnostic work-up (consider those appropriate for site)

Developmental

Wellness

Biopsychosocial

Vocational

Spiritual

Case or team conferences (Inter- and intra-agency)

Staff meetings

Administrative

In-service training

Staffing

Treatment planning

Consultation

Case Recording

Specifically during the participation phase, interns will be provided opportunities to engage in screening interviews, intake interviews, individual, family, and/or group counseling, classroom presentations, treatment planning, interviews, appraisal, and/or follow-up on referral with clients, potential clients, or involved parties of clients (e.g. family members, significant others, or members of clients' social support system). Also, facilitating personnel and agencies will provide:

- -Individual consultation with other professional personnel, intra- or inter-agency, concerning an assigned case: social case worker, psychiatrist, physician, therapists, teacher, pre-vocational evaluator, employment service, and other community resource personnel treatment, etc.
- -Intra-agency treatment team conference with the above personnel.
- -Inter-agency treatment team conference.
- -Education and community outreach

Criteria for Supervisors' Case Selection for the Intern

- 1. Cases should represent a variety of clients and concerns typical of those served by the internship placement site.
- 2. There should not be too many reality limitations (transportation problems, limited time available for appointments, reluctance to come on the part of the client, etc.).
- 3. There might be a balance of new and old cases which would give the intern an experience with the various stages of treatment.
- 4. The first cases should be ones likely to developmentally challenge the intern and support her/his growth.
- 5. Some of the case situations should present an opportunity for some collaborative contacts whenever possible.
- 6. Assigned cases should have a reasonably positive prognosis for change, giving the intern an experience of success.
- 7. More challenging cases may be assigned as the intern gains self-confidence and skill.
- 8. Interns should have opportunity to test their impressions and develop awareness of themselves, clients, the therapeutic relationship, and the counseling process throughout the stages of treatment (from initial interview to final contact with the client).
- 9. Cases should not be assigned in which the client knows more about the site and its policies, or agencies in general, than the intern.
- 10. For supervision, there should be a clear-cut function for the counselor or counseling goals for the semester and for each supervision session. The intern is responsible for bringing her/his concerns to the supervisor, and the supervisor is responsible for asking about the different clients that the intern is counseling.

SUPERVISION

The goal of supervision, and of the entire internship experience, is to help the intern develop a professional attitude and approach to counseling. Supervision in counseling involves several elements. Through the period of supervisory relationships, the site and the university supervisor need to be aware of the capacity and potentialities of the intern in order to help the intern develop to his/her capacity. The university supervisor and the site supervisor have a joint responsibility through the regularly scheduled meetings with the interns. Such interaction will develop the necessary and appropriate climate which will contribute to the development of the intern.

SETTING UP FOR SUPERVISION

The role of supervision in supervised clinical practice is a difficult one and very often is the decisive factor in the success or failure of an intern's experience. Oversight of the intern involves at least four major dimensions.

- Planning
- 2. Assignment
- 3. Observation
- 4. Evaluation

Ideally, a site should have one full-time staff member assigned to coordinate the supervised clinical practice. In the **planning** phase of supervision, this individual should consult with the intern, and at times the university supervisor and/or Internship Coordinator, and discuss the intern's strengths and limitations, the opportunities for assignment within the site, and how the intern's interests and needs can best be met by the opportunities which can be provided. This should be instigated by the intern contacting the site and setting up appropriate meetings/interviews to discuss internship possibilities and options. The planning sessions should also involve some discussion of the respective roles of the University and the site and reflect the intern's progress. This should take place before the semester of internship and be ready to enter into assignment and observation within the first week of the semester in which the intern is at the site.

The site has the responsibility for making an intern **assignment** which will best meet the needs of the intern and the site. This involves among other factors, the readiness of the intern and the degree of responsibility he/she can assume, the personality characteristics, both of the intern and the senior staff member to whom he/she will be assigned, and the supervisor's caseload as to not interfere with adequate supervision of the intern. The internship supervisor for the intern must be assigned by the end of the first week of internship, ideally before the semester starts.

Observation involves regular contact with the site supervisor, adequate written reports when necessary, and weekly individual/triadic supervision sessions, to include review audio and/or videotapes of the intern's counseling. The intern has a responsibility to fully participate in supervision to facilitate a greater awareness of the intern's strengths and limitations as well as the organizational contexts and systems involved in being a counselor. This should aid the intern in becoming more aware of and comfortable in the practice of counseling.

Evaluation is always a joint responsibility of the University and the site which is providing the internship experience. Evaluation can take several forms, but most include the Site Supervisor's Evaluation of Counseling Intern, attached in the forms section of this CMHC internship manual. Evaluation should be on-going, and feedback should be regularly provided to the intern by the site supervisor to facilitate continued growth and effectiveness in counseling.

SITE SUPERVISOR

Although the supervisor is selected primarily by the participating site, the evaluation of his/her qualifications and suitability for supervision should be the joint responsibility of the site and the University. Site supervisors must have:

- a. Past experience and training have given an identification with professional counseling which will enable the supervisor to give the intern a proper orientation to the field.
- b. A Master's Degree in Counseling or a related field and

at least two years of experience in the field Post-Master's Degree.

c. Sufficient experience in direct service, as well as in representing the site to other agencies in the community, so that he/she can help the intern explore his/her own reactions to the various roles which a counselor will be asked to assume, such as functioning as a staff member, functioning as a

professional person in the community, and functioning as a professional counselor who may have to balance his/her own professional aspirations with the limitations of the site.

Individual Supervision should occupy an integral part of the supervisor's assigned duties. Supervision involves review, guidance, and feedback on the day-to-day responsibilities for the intern's activities, depending on the degree of active responsibility the intern is able to assume. Supervision sessions should be planned in advance to insure the following content:

- a. The intern should be encouraged to present cases and bring up questions which may be troubling him/her.
- b. Video- or audiotapes of the student's clinical work can be reviewed and discussed.
- c. Assignments of new cases can be discussed.
- d. Questions which the intern may ask in reference to site procedure should be considered.
- e. New developments in counseling as they affect the intern should be considered.

UNIVERSITY SUPERVISOR

A member from the Department of Counseling and Human Services of the University of Scranton will be assigned to work with the site supervisor. This university member will have the following assignments:

- Provide guidance and support as students seek and secure an internship site placement.
- 2. Visit the internship site to meet with the intern and supervisor at least once during the internship experience and whenever special problems arise.
- Collect all required paperwork from interns and ensure that the appropriate records are filed in the intern's file.
- 4. Meet regularly with interns. At minimum, university supervisors will meet with interns for 90 minutes of weekly group supervision. The purposes of these meetings will include:
 - a. Assisting the intern to integrate academic knowledge and theory with clinical practice.
 - b. Providing an opportunity for the intern to discuss his/her experiences with the university supervisor.
 - c. Giving an opportunity to the university supervisor to maintain an on-going evaluation of the intern's clinical development.
 - d. Revealing information which might lead to a necessary modification of the clinical experiences whenever appropriate.

This group supervision takes place on campus and includes other interns. Interns are expected to present cases for review and discussion during the group supervision period, and are expected to do so in such a way as to protect the confidentiality of the client.

REPORTS

One of the most effective methods of communicating the results of the supervised clinical practice to the site supervisor and the university staff member is through reports by the intern. Written reports will be required from the intern. It is essential that the intern keep a record of his/her activities, including both direct and indirect hours. These written records are reviewed and signed weekly by the site supervisor and are then submitted to the university supervisor. The standard format for preparing these written reports is the Internship Hours Log Sheet (see the "Forms" section at the end of this manual for a copy). The intern may create another format and submit it to the Program Director/Internship Coordinator for approval before use.

Recording of Internship Hours

The intern is to record all internship activities on the Internship Hours Log Sheet or pre-approved format. The intern is to submit this form on a weekly basis to the university supervisor after having it reviewed and signed by the site supervisor.

Instructions for logging and recording internship hours:

1. For each date, record all internship activities and hours under the appropriate column as indicated on a log sheet. Where indicated, specify the type of activity performed.

<u>Direct Service Hours</u> are defined as "face-to-face" interaction with clients, potential clients, or involved parties of clients (e.g. family members, significant others, or members of clients' social support system) in individual, couple, family, or group counseling, consultation, or human development. Psycho-educational and/or preventative interventions with clients may be considered direct service, as well. Consultation with another counselor about a client you are seeing does <u>not</u> qualify as direct service. Consultation involves working with a family member, significant other, or member of the client's social support system for the benefit of the client, typically at the request of the client or client's guardian. If you have questions about what constitutes direct or indirect service, ask your university supervisor.

<u>Indirect Service Hours</u> must be directly related to internship and includes activities such as preparation for the next counseling session, completing case notes, treatment plans, and insurance paperwork; attending clinical and staff meetings; listening to or watching clinical tapes; professional development; contact with community resources; and other professional tasks typical of counselors working at the internship site. Transportation time to and from the internship site does <u>not</u> qualify as indirect service

<u>Individual/Triadic Supervision</u> is defined as a "face-to-face" interaction with the site or university supervisor conducted within a "one-to-one" (or one supervisor to two interns) relationship in which the supervisor monitors the intern's activities in the internship and facilitates the intern's learning and skill development experiences. The intern is required to participate in a minimum of one hour per week, on average, of individual/triadic supervision during the internship experience.

<u>Group Supervision</u> is defined as "face-to-face" interaction within a group setting with the university supervisor present, in which the group facilitates the intern's learning and skill development. The intern is required to participate in a minimum of one and one-half hours per week, on average, of group supervision during the internship experience.

- 2. Weekly and cumulative (hours to date) totals within each category, and weekly and cumulative grand totals are to be calculated and recorded in the appropriate column of the log sheet by the intern.
- 3. The intern is to obtain the signature of the site supervisor on each log sheet before submitting it to the university supervisor.

EVALUATION

Evaluation of the Counseling Student Intern

The university's policies require that students be assigned a "pass-fail" grade at the conclusion of each unit of internship experience. The assignment of the final grade is the responsibility of the university supervisor. The site supervisor's evaluation of the student will be sought to assist in the grade determination.

The evaluation process is a joint one participated in by the intern, the site supervisor, and the university supervisor. Together they evaluate the intern's readiness to enter the profession and any needs for further training, including course work and/or additional supervised clinical practice. The emphasis is on the student's individual growth toward professional maturity.

It is recommended that the university supervisor and site supervisor continuously evaluate the intern's progress as the training proceeds in various stages.

Site Supervisor's Evaluation of Intern

At both the mid-semester point and at the end of the semester, site supervisors must complete an evaluation of the counseling intern using the <u>Site Supervisor's Evaluation of Counseling Intern form</u> (see the "Forms" section at the end of this manual for a copy).

University Supervisor's Evaluation of Intern

Based on the university member's interactions with the intern in supervision, and on contact with the site supervisor, the university supervisor will complete an evaluation of the intern's progress at the conclusion of the internship experience using the <u>University Supervisor's Evaluation of Counseling Intern form</u> (see the "Forms" section at the end of this manual for a copy).

Counseling Intern's Summary and Evaluation of the Internship Experience

At the conclusion of the internship experience, the counseling intern will complete an evaluation of the internship site and of the supervision provided by both the site supervisor and the university supervisor. In addition, the intern will complete a summary of the internship experience.

To evaluate the internship site and site supervisor, the intern will complete the <u>Intern's Evaluation of Site and Site Supervisor form</u> (see the "Forms" section at the end of this manual for a copy) and submit it to the university supervisor.

To evaluate the university supervisor, the intern will complete the <u>Intern's Evaluation of University Supervisor form</u> (see the "Forms" section at the end of this manual for a copy) and submit it to the internship coordinator. This will not be seen by the university supervisor until after the university supervisor has submitted the final grade for the intern. This is the only form NOT submitted directly to the university supervisor.

To summarize the internship experience, the intern will complete the Internship Summary form (see the "Forms" section at the end of this manual for a copy) and submit it to the university supervisor. This form is three pages long and includes the "Record of Supervision" page. The Internship Summary form will remain in the student's file.

CHECKLIST FOR INTERNSHIP REQUIREMENTS

The internship is not complete nor will a grade be issued until each of the following is in the student's internship file.

| By end | of Program (for students who started the CMHC program in Fall 2015 or later). Take the Comprehensive Professional Counselor Exam (CPCE) |
|----------|---|
| Prior to | <u>Semester</u> |
| | Intern Assignment Form |
| Throug | hout Semester |
| | Weekly submission of Internship Hours Log Sheet |
| Middle | of Semester |
| | Mid-semester evaluation of intern by site supervisor (<u>Site Supervisor's Evaluation of Counseling Intern form</u>) |
| | Mid-semester evaluation of intern by University supervisor (<u>University Supervisor's Evaluation of Counseling Intern form</u>) |
| End of | <u>Semester</u> |
| | Final evaluation of intern by site supervisor (<u>Site Supervisor's Evaluation of Counseling Intern form</u>) |
| | Final evaluation of intern by intern (Intern's Self Evaluation form) |
| | Final evaluation of internship site and site supervisor by intern (<u>Intern's Evaluation of Site and Site Supervisor form</u>) |
| | Final evaluation of university supervisor by intern (Intern's Evaluation of University Supervisor form) |
| | Summary of internship experience (Internship Summary form) |
| | Final self-evaluation of performance during the internship (format to be determined by University supervisor) |
| | All <u>Internship Hours Log Sheets</u> showing completion of 600 hours of internship, including 240 hours of direct service, a minimum of one hour per week of individual supervision, and a minimum of one and one half hours per week of group supervision. |

SAMPLE CONSENT FORMS FOR TAPE RECORDING

CLIENT PERMISSION FORM

| My signature below indicates that I understand that counseling services are being rendered to me by a master's |
|--|
| degree candidate under competent supervision, that interviews are being recorded for counselor training purposes, and |
| that all relationships with counselors and supervisory staff will be kept confidential. I understand that failure to grant |
| permission to record sessions will not affect my eligibility for services. I also understand that I may withdraw this |
| consent at any time. |

| consent at any time. | of affect my eligibility for services. I also understand that I may withdraw this |
|--|--|
| · | Signature: |
| | Date: |
| | PARENT PERMISSION FORM |
| and he/she makes vocational plans, counseling service will be rendered l interviews may be recorded for cour supervisory staff will be kept confid- | tes that I understand that the counselor service is designed to help my son/daughter educational plans, and various other adjustments. I further understand that the by master's degree candidates under competent supervision, that portions of aselor training purposes, and that all relationships with the counselors and the ential. I understand that failure to grant permission to record sessions will not affect also understand that I may withdraw my consent at any time. Parent's Signature: Parent's Signature: |
| | Date: |

INTERN ASSIGNMENT FORM

Clinical Mental Health Counseling Program Counseling and Human Services Department The University of Scranton

(This form must be completed for each site, each semester)

| NAME: | | _PHONE: | |
|---|---|-------------------------|------------------|
| ADDRESS: | | | |
| SEMESTER AND YEAR OF CURRENT I | NTERNSHIP EXPERIEN | ICE: | |
| ANTICIPATED NUMBER OF INTERNSI | HIP SEMESTERS: | ONE | _ TWO |
| IF TAKING TWO SEMESTERS OF INTE | RNSHIP, IS THIS THE: _ | FIRST or_ | SECOND SEMESTER? |
| START DATE AT INTERNSHIP SITE* (a *Note: Interns may not perform direct service hours prior | nticipated): to the first internship class of the so | emester in which they i | are enrolled. |
| HOURS/DAYS PER WEEK AT SITE (anti | cipated): | | |
| INTERNSHIP SITE: | | | |
| INTERNSHIP SITE ADDRESS: | | | |
| | | | |
| PHONE: | | | |
| AGENCY OBJECTIVES/MISSION: | | | |
| | | | |
| | | | |
| SITE SUPERVISOR: | | | |
| PHONE: | E-MAIL ADDRE | ESS: | |
| JOB TITLE: | | | |
| DATES OF EMPLOYMENT: | _YEARS OF POST-MAS | TER'S CLINICA | AL EXPERIENCE |
| DEGREE: MAJOR: | YEAR: C | <u>OLLEGE OR U</u> | NIVERSITY: |
| | | | |
| | | | |
| | | | |
| PROFESSIONAL CERTIFICATION OR I | ICENSE: | | |
| | | | |

Intern's Evaluation of Site and Site Supervisor Form Clinical Mental Health Counseling

Department of Counseling and Human Services University of Scranton

To be completed by the intern at the end of each semester for each site and submitted to the University supervisor.

| Internship Site: | | | | | | | |
|--|-----------|------------|-----------|-----------|-----------|-------------------|--|
| Address: | | | | | | | |
| Site Supervisor: | | | | | | | |
| Intern Name: Date: | | | | | | | |
| Please rate your site and site supervisor on the following areas using the following ratings: 1- Very unsatisfactory 2- Somewhat unsatisfactory 3- Somewhat Satisfactory 4- Satisfactory 5- Very Satisfactory | | | | | | | |
| Circle ONLY ONE number | for each | question | 1. | | | | |
| 1. On-site orientation or introd | uction to | o the site | provide | d by site | e supervi | sor | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory | |
| 2. Level of interaction between | n you and | d the site | e supervi | sor | | | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory | |
| 3. Amount of feedback received from site supervisor | | | | | | | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory | |
| 5. Helpfulness of feedback of the site supervisor | | | | | | | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory | |

| 6. Feedback was provided in a | constr | uctive m | anner | | | |
|---|----------|-----------|-----------|-----------|-----------|-------------------------------------|
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |
| 7. Extent to which the site sup | ervisor | provide | d an ind | ication/e | evaluatio | on of your overall performance |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |
| 8. Site supervisor's interest in | your co | omments | s or inpu | t | | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |
| 9. Effectiveness of site superv | isor's c | ommuni | cation w | ith you | | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |
| 10. Work environment created | by site | e supervi | isor and | site pers | onnel | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |
| 11. Diversity of learning expen | riences | offered | at site | | | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |
| 11. Quality of learning experie | ences o | ffered at | site | | | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |
| 12. Extent to which experience setting or with a particular | | | your cap | pacity to | provide | counseling services in that type of |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |
| 13. Overall satisfaction with the | ne site | | | | | |
| Very Unsatisfactory | 1 | 2 | 3 | 4 | 5 | Very Satisfactory |

| 14. | Types of clientele you worked with and met | hods | in which you were able to work: (check all that apply) |
|-------|---|------|--|
| | children and adolescents | | individual counseling |
| | families | | family counseling |
| | couples | | group counseling/psycho-education |
| | adults only | | ☐ consulting/classroom guidance |
| | other: | | ☐ in-home counseling |
| | | | intakes and assessments |
| | | | other: |
| 15. □ | Were you able to obtain your required in yes no (if no, please of | | ship hours (300 or 600) within the semester: ain the reason:) |

Please provide any other information below that you believe is relevant to your site or that

future interns might want to know about your site and/or site supervisor.

Intern's Evaluation of University Supervisor Form Clinical Mental Health Counseling

Department of Counseling and Human Services University of Scranton

| University Supervisor: | Semester/Year: | | | | | | | |
|---|----------------|---|---|---|---|--|--|--|
| Please rate your University supervisor on the following areas using the following ratings: 1- strongly disagree 2- disagree 3- no opinion 4- agree 5- strongly agree | | | | | | | | |
| Please circle ONLY ONE number for each question. | | | | | | | | |
| 1. My supervisor was genuinely interested in my growth as a professional counselor. | 1 | 2 | 3 | 4 | 5 | | | |
| 2. My supervisor was very professional in her/his dealings with me. | 1 | 2 | 3 | 4 | 5 | | | |
| 3. My supervisor created a setting of support. | 1 | 2 | 3 | 4 | 5 | | | |
| 4. I was treated as a professional by my supervisor. | 1 | 2 | 3 | 4 | 5 | | | |
| 5. My supervisor was dependable regarding her/his meetings with me. | 1 | 2 | 3 | 4 | 5 | | | |
| 6. My supervisor offered constructive feedback that assisted in improving my counseling skills. | 1 | 2 | 3 | 4 | 5 | | | |
| 7. The requirements made of me by the supervisor were fair and challenging. | 1 | 2 | 3 | 4 | 5 | | | |
| 8. My supervisor was interested in and aware of my experiences at my site. | 1 | 2 | 3 | 4 | 5 | | | |
| 9. My supervisor created a balance of challenge and support. | 1 | 2 | 3 | 4 | 5 | | | |

| Please comment on the following: |
|---|
| 1. What do you feel you gained as a result of working with your supervisor? |
| |
| |
| |
| |
| |
| |
| |
| 2. What could have been done differently by your supervisor to make your experience more profitable? |
| |
| |
| |
| |
| |
| |
| |
| Please elaborate on your responses to questions 1-12 in the space below and make additional comments or observations about your supervision experience. |
| |
| |
| |
| |
| |

Intern's Self Evaluation Form Clinical Mental Health Counseling

Department of Counseling and Human Services University of Scranton

| <u>Intern:</u> Please complete this box before submitting this form to your University supervisor. | | | | |
|--|--|--|--|--|
| Intern's Name: Date: | | | | |
| Please check the appropriate box: Mid-Semester End of Semester | | | | |
| Do you plan to take one or two semesters of Internship: One | | | | |
| If two semesters of Internship planned, is this the first or second: First Second N/A | | | | |
| Hours Completed (as of date listed above): (Direct) (Indirect) (Total) | | | | |
| Average Days at Internship Site Per Week: | | | | |
| Internship Site: | | | | |
| Number of Supervision Sessions with University Supervisor: | | | | |
| University Supervisor: | | | | |

University Supervisor

Please rate the student according to the following scale based on the student's current level of professional development. Some items have provided a "not applicable" option due to not all activities occurring at every internship site.

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

<u>Please be as objective as possible in your ratings.</u> This evaluation is meant to be used for the professional development of our internship students; therefore, responses should be honest to provide instructive and constructive feedback. After you have completed this form, please share your responses and rationale for your responses with the intern. Once it has been completed, and shared with the internship student, please give it to the departmental secretary to place in the student's folder.

PROFESSIONAL CHARACTERISTICS

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|-------------------------------------|------|--------------|---------|--------|-----------|
| On time to supervision | 1 | 2 | 3 | 4 | 5 |
| Preparation for supervision | 1 | 2 | 3 | 4 | 5 |
| Preparation for counseling sessions | 1 | 2 | 3 | 4 | 5 |
| Ethical behavior | 1 | 2 | 3 | 4 | 5 |

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | |
|--|----------------------------------|----------------------------|------------------|------------------|---|--|--|
| Responsible | 1 | 2 | 3 | 4 | 5 | | |
| Receptive to feedback | 1 | 2 | 3 | 4 | 5 | | |
| Utilizes feedback | 1 | 2 | 3 | 4 | 5 | | |
| Appropriately independent | 1 | 2 | 3 | 4 | 5 | | |
| Uses supervision appropriately | 1 | 2 | 3 | 4 | 5 | | |
| Interacts appropriately with clients | 1 | 2 | 3 | 4 | 5 | | |
| Interacts appropriately and professionally with staff at | 1 site | 2 | 3 | 4 | 5 | | |
| Interacts appropriately with peers in group supervision | 1 | 2 | 3 | 4 | 5 | | |
| PERSONAL CHARACTERISTICS | | | | | | | |
| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | |
| | | | | | | | |
| Sense of self-confidence | 1 | 2 | 3 | 4 | 5 | | |
| Sense of self-confidence Self-awareness | 1 | 2 | 3 | 4 | 5 | | |
| | | | | | | | |
| Self-awareness | 1 | 2 | 3 | 4 | 5 | | |
| Self-awareness Willingness to learn | 1 | 2 2 | 3 | 4 | 5 | | |
| Self-awareness Willingness to learn Emotional stability | 1 1 1 | 2 2 2 | 3 3 3 | 4 4 4 | 5 5 5 | | |
| Self-awareness Willingness to learn Emotional stability Adaptability Recognizes personal | 1 1 1 1 | 2 2 2 2 2 | 3 3 3 3 | 4 4 4 | 5555 | | |
| Self-awareness Willingness to learn Emotional stability Adaptability Recognizes personal limitations | 1 1 1 1 | 2 2 2 2 2 | 3 3 3 3 | 4 4 4 | 5555 | | |
| Self-awareness Willingness to learn Emotional stability Adaptability Recognizes personal limitations | 1 1 1 1 1 ND PROC | 2 2 2 2 2 2 | 3 3 3 3 | 4 4 4 4 | 5 5 5 5 | | |

| 1 | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|---|------|--------------|---------|--------|-----------|
| Ability to relate to diverse clients | 1 | 2 | 3 | 4 | 5 |
| Ability to establish and maintain rapport | 1 | 2 | 3 | 4 | 5 |
| Ability to maintain confidentiality | 1 | 2 | 3 | 4 | 5 |
| Ability to use basic helping skills | 1 | 2 | 3 | 4 | 5 |
| Ability to assess client's needs | 1 | 2 | 3 | 4 | 5 |
| Ability to conceptualize clients' problems/case | 1 | 2 | 3 | 4 | 5 |
| Ability to remain objective in counseling session | 1 | 2 | 3 | 4 | 5 |
| Willingness to seek consultation and supervision | 1 | 2 | 3 | 4 | 5 |
| Ability to conduct ongoing (2+) sessions with clients | 1 | 2 | 3 | 4 | 5 |
| Ability to respond to a variety of client emotions | 1 | 2 | 3 | 4 | 5 |
| Process skills (e.g., pacing, dealing with client resistance) | 1 | 2 | 3 | 4 | 5 |
| Can read and interpret client nonverbal behavior | 1 | 2 | 3 | 4 | 5 |
| Ability to remain flexible & use variety of approaches in counseling session | 1 | 2 | 3 | 4 | 5 |
| Ability to complete holistic assessment of client (e.g., culture, stressors, strengths) | 1 | 2 | 3 | 4 | 5 |
| Appropriately chooses techniques/interventions | 1 | 2 | 3 | 4 | 5 |

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|---|-----------|--------------|---------|--------|-----------|
| Ability to prepare and present case presentation | 1 | 2 | 3 | 4 | 5 |
| Uses culturally responsive counseling | 1 | 2 | 3 | 4 | 5 |
| Ability to assess stage of dependence/change/recov | 1 very | 2 | 3 | 4 | 5 NA |
| Applies relevant research findings to counseling | 1 | 2 | 3 | 4 | 5 |
| Develops measurable outcomes for programs/ interventions/treatments | 1 | 2 | 3 | 4 | 5 |
| Analyzes and uses data to increase effectiveness of interventions/programs | 1 | 2 | 3 | 4 | 5 |
| Ability to promote optimal development & wellness through prevention, education, & advocacy | 1 | 2 | 3 | 4 | 5 |
| Ability to promote prevention of mental and emotional disorders | 1 | 2 | 3 | 4 | 5 |
| Ability to prepare a comprehensive case study | 1 | 2 | 3 | 4 | 5 |
| Knowledge/interpretation of tests/appraisals | 1 | 2 | 3 | 4 | 5 NA |
| Diagnostic skills | 1 | 2 | 3 | 4 | 5 |
| Treatment planning implementation | 1 | 2 | 3 | 4 | 5 |
| Ability to manage transference/countertransference | 1 | 2 | 3 | 4 | 5 |
| Ability to work with families or family units | 1 | 2 | 3 | 4 | 5 NA |

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | | | |
|---|-------------------------------|-----------------------|------------------|--------------|----------------|--|--|--|--|
| Ability to counsel in a group setting | 1 | 2 | 3 | 4 | 5 NA | | | | |
| Appropriately critiques self | 1 | 2 | 3 | 4 | 5 | | | | |
| OVERALL RATING OF TH | OVERALL RATING OF THE STUDENT | | | | | | | | |
| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | | | |
| Counseling ability | 1 | 2 | 3 | 4 | 5 | | | | |
| Coordination ability | 1 | 2 | 3 | 4 | 5 | | | | |
| Consultation ability | 1 | 2 | 3 | 4 | 5 | | | | |
| Potential for success in a similar setting | 1 | 2 | 3 | 4 | 5 | | | | |
| Are there other issues for wl space provided. | hich this in | ntern should be evalu | ated? If so, ple | ease comment | on them in the | | | | |
| Please comment on the following | lowing qu | estions. | | | | | | | |
| What are your strengths as a | counselo | r? | | | | | | | |
| What areas need further development? | | | | | | | | | |
| What recommendations would you make to enhance your development? | | | | | | | | | |
| Please feel free to use the following space, or the back of this page, for any additional comments. | | | | | | | | | |
| Student's Signature/Date: | | | | | | | | | |

University Supervisor's Signature/Date:

Site Supervisor's Evaluation of Counseling Intern Form Clinical Mental Health Counseling

Department of Counseling and Human Services University of Scranton

| <u>Intern:</u> Please complete this box before submitting this form to your site supervisor. | | | | | | | |
|--|--|--|--|--|--|--|--|
| Intern's Name: Date: | | | | | | | |
| Please check the appropriate box: Mid-Semester Evaluation End of Semester Evaluation | | | | | | | |
| Do you plan to take one or two semesters of Internship: One Two | | | | | | | |
| If two semesters of Internship planned, is this the first or second: ☐ First ☐ Second ☐ N/A | | | | | | | |
| Hours Completed (as of date listed above): (Direct) (Indirect) (Total) | | | | | | | |
| Average Days at Internship Site Per Week: | | | | | | | |
| Internship Site: | | | | | | | |

Site Supervisor

Please rate the student according to the following scale based on the student's current level of professional development. Some items have provided a "not applicable" option due to not all activities occurring at every internship site.

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

<u>Please be as objective as possible in your ratings.</u> This evaluation is meant to be used for the professional development of our internship students; therefore, responses should be honest to provide instructive and constructive feedback. After you have completed this form, please share your responses and rationale for your responses with the intern. Once it has been completed, and shared with the internship student, please give it to the student who will submit it to her/his University supervisor.

PERSONAL CHARACTERISTICS

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|--------------------------|------|--------------|---------|--------|-----------|
| Self-awareness | 1 | 2 | 3 | 4 | 5 |
| Emotional Stability | 1 | 2 | 3 | 4 | 5 |
| Self Control | 1 | 2 | 3 | 4 | 5 |
| Sense of self-confidence | 1 | 2 | 3 | 4 | 5 |

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|--|----------|--------------|---------|--------|-----------|
| Recognizes personal limitations | 1 | 2 | 3 | 4 | 5 |
| Cooperativeness | 1 | 2 | 3 | 4 | 5 |
| Dependability | 1 | 2 | 3 | 4 | 5 |
| Adaptability | 1 | 2 | 3 | 4 | 5 |
| PROFESSIONAL CHARAC | CTERISTI | CCS | | | |
| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
| Preparation | 1 | 2 | 3 | 4 | 5 |
| Ethical | 1 | 2 | 3 | 4 | 5 |
| Promptness | 1 | 2 | 3 | 4 | 5 |
| Ability to be tactful | 1 | 2 | 3 | 4 | 5 |
| Willingness to learn | 1 | 2 | 3 | 4 | 5 |
| Appropriate Independence | 1 | 2 | 3 | 4 | 5 |
| Initiative | 1 | 2 | 3 | 4 | 5 |
| Responsibility | 1 | 2 | 3 | 4 | 5 |
| Receptiveness to feedback | 1 | 2 | 3 | 4 | 5 |
| Utilizes feedback | 1 | 2 | 3 | 4 | 5 |
| Interacts appropriately with clients | 1 | 2 | 3 | 4 | 5 |
| Interacts appropriately with other staff | 1 | 2 | 3 | 4 | 5 |

3

5

2

Ability to be a team player

COUNSELING SKILLS AND PROCESS

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|--|------|--------------|---------|--------|-----------|
| Genuine interest in clients | 1 | 2 | 3 | 4 | 5 |
| Ability to understand clients' point of view | 1 | 2 | 3 | 4 | 5 |
| Respect for diversity | 1 | 2 | 3 | 4 | 5 |
| Ability to relate to diverse clients | 1 | 2 | 3 | 4 | 5 |
| Appropriately uses culturally responsive modalities in counseling | 1 | 2 | 3 | 4 | 5 |
| Ability to secure client cooperation | 1 | 2 | 3 | 4 | 5 |
| Ability to establish and maintain rapport | 1 | 2 | 3 | 4 | 5 |
| Ability to use appropriate counseling strategies with addiction and co-occuring disorders | 1 | 2 | 3 | 4 | 5 |
| Insight into clients' problems | 1 | 2 | 3 | 4 | 5 |
| Ability to modify counseling theories and interventions to make them culturally appropriate for clients | g 1 | 2 | 3 | 4 | 5 |

LEGAL AND ETHICAL KNOWLEDGE/SKILLS

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|-------------------------------------|------|--------------|---------|--------|-----------|
| Ability to maintain confidentiality | 1 | 2 | 3 | 4 | 5 |
| Adherence to ethical standards | 1 | 2 | 3 | 4 | 5 |
| Adherence to legal standards | 1 | 2 | 3 | 4 | 5 |

ASSESSMENT SKILLS AND PRACTICES

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | | |
|---|------|--------------|---------|--------|-----------|--|--|--|
| Ability to use clinical appraisal techniques to gather client information | 1 | 2 | 3 | 4 | 5 | | | |
| Ability to assess clients' needs | 1 | 2 | 3 | 4 | 5 | | | |
| Ability to collect a biopsychosocial history | 1 | 2 | 3 | 4 | 5 | | | |
| Ability to collect a mental health history | 1 | 2 | 3 | 4 | 5 | | | |
| Ability to assess for client danger to self/others | 1 | 2 | 3 | 4 | 5 | | | |
| Ability to use information to help clients with decision making | 1 | 2 | 3 | 4 | 5 | | | |
| Awareness of cultural bias in assessment protocols | 1 | 2 | 3 | 4 | 5 | | | |
| Ability to assess for addictions | 1 | 2 | 3 | 4 | 5 | | | |
| Ability to conduct Mental Status Exams | 1 | 2 | 3 | 4 | 5 | | | |
| SKILLS TOWARD PROMOTING CLIENT WELLNESS | | | | | | | | |
| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | | |
| Ability to promote optimal human development and wellness among clients through prevention, education, and advocacy | 1 | 2 | 3 | 4 | 5 | | | |
| Ability to promote prevention of mental and emotional disorders | 1 | 2 | 3 | 4 | 5 | | | |

| SITE SPECIFIC KNOWLEI | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|---|------|--------------|---------|--------|-----------|
| Ability to document/keep appropriate and timely client records | 1 | 2 | 3 | 4 | 5 |
| Demonstrates understanding of site's functions | 1 | 2 | 3 | 4 | 5 |
| Willingness to seek supervision/consultation as needed | 1 | 2 | 3 | 4 | 5 |
| Ability to refer clients when appropriate | 1 | 2 | 3 | 4 | 5 |
| ADDITIONAL SKILLS | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
| Knowledge of in-house referral sources | 1 | 2 | 3 | 4 | 5 |
| Knowledge of community referral sources | 1 | 2 | 3 | 4 | 5 |
| Applies knowledge of mental health policy | 1 | 2 | 3 | 4 | 5 |
| Diagnostic skills | 1 | 2 | 3 | 4 | 5 |
| Ability to assess and manage suicide risk | 1 | 2 | 3 | 4 | 5 |
| Advocates for policies/ Programs/services equitable/ responsive to client needs | , 1 | 2 | 3 | 4 | 5 |
| Treatment plan development | 1 | 2 | 3 | 4 | 5 |
| Treatment plan implementation | 1 | 2 | 3 | 4 | 5 |
| Supervisory abilities | 1 | 2 | 3 | 4 | 5 |
| Ability to promote client | 1 | 2 | 3 | 4 | 5 |

understanding and access to community resources

OVERALL RATING OF THE STUDENT

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | |
|--|------|--------------|---------|--------|-----------|--|--|
| Counseling ability | 1 | 2 | 3 | 4 | 5 | | |
| Coordination ability | 1 | 2 | 3 | 4 | 5 | | |
| Consultation ability | 1 | 2 | 3 | 4 | 5 | | |
| Potential for success in a similar setting | 1 | 2 | 3 | 4 | 5 | | |
| Are there other issues for which this intern should be evaluated? If so, please comment on them in the space provided. | | | | | | | |
| Please comment on the following questions. What are the strengths of the student as an intern? | | | | | | | |
| What areas need further development? | | | | | | | |
| What recommendations would you make to enhance this student's development? | | | | | | | |
| Please feel free to use the following space, or the back of this page, for any additional comments. | | | | | | | |
| Student's Signature/Date: _ | | | | | | | |

Note: The student's signature indicates that he/she has read and discussed the evaluation with the site supervisor. It does not necessarily indicate that he/she is in agreement with it. Significant disagreement on the part of the student regarding this assessment should be noted in writing and forwarded as an addendum to this form.

Site Supervisor's Signature/Date:

Site Supervisors:

Please tear this form off of the Evaluation of the Counseling Intern, and if necessary, mail to the address below so that the University supervisor can contact you.

| Please indicate concerning this | • | y phone or in person, with the Univer | sity supervisor |
|---------------------------------|-----------------------------------|---------------------------------------|-----------------|
| | Yes | No | |
| If yes, please pr | rovide contact information below. | | |
| Site Supervisor | 's Name: | | |
| Agency/Site: | | | |
| Phone Number: | | | |
| Intern's Name: | | | |
| | | | |
| Please mail to: | | | |
| Dr. Ben Willis, | CMHC Internship Coordinator | | |
| Department of | Counseling and Human Services | | |
| 800 Linden Stre | eet / MGH 441 | | |
| University of Se | cranton | | |

Scranton, PA 18510

University Supervisor's Evaluation of Counseling Intern Form Clinical Mental Health Counseling

Department of Counseling and Human Services University of Scranton

| <u>Intern:</u> Please complete this box before submitting this form to your University supervisor. | | | | | | | | | |
|--|--|---------------------------|---------|--------|-----------|--|--|--|--|
| Intern's Name: | | | D | ate: | | | | | |
| Please check the appropri | Please check the appropriate box: | | | | | | | | |
| Do you plan to take one or two semesters of Internship: One | | | | | | | | | |
| If two semesters of Internship planned, is this the first or second: First Second N/A | | | | | | | | | |
| Hours Completed (as of date listed above): (Direct) (Indirect) (Total) | | | | | | | | | |
| Average Days at Internship Site Per Week: | | | | | | | | | |
| Internship Site: | | | | | | | | | |
| Number of Supervision Se | Number of Supervision Sessions with University Supervisor: | | | | | | | | |
| University Supervisor: | | | | | | | | | |
| University Supervisor Please rate the student according to the following scale based on the student's current level of professional development. Some items have provided a "not applicable" option due to not all activities occurring at every internship site. Poor (1) Inconsistent (2) Average (3) Strong (4) Excellent (5) | | | | | | | | | |
| <u>Please be as objective as possible in your ratings.</u> This evaluation is meant to be used for the professional development of our internship students; therefore, responses should be honest to provide instructive and constructive feedback. After you have completed this form, please share your responses and rationale for your responses with the intern. Once it has been completed, and shared with the internship student, please give it to the departmental secretary to place in the student's folder. | | | | | | | | | |
| PROFESSIONAL CHARA | | <u>CS</u> INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | | | |
| On time to supervision | 1 | 2 | 3 | 4 | 5 | | | | |

Preparation for supervision

Preparation for counseling

sessions

Ethical behavior

Responsible

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | |
|--|-----------|---------------------|---------|--------|-----------|--|
| Receptive to feedback | 1 | 2 | 3 | 4 | 5 | |
| Utilizes feedback | 1 | 2 | 3 | 4 | 5 | |
| Appropriately independent | 1 | 2 | 3 | 4 | 5 | |
| Uses supervision appropriately | 1 | 2 | 3 | 4 | 5 | |
| Interacts appropriately with clients | 1 | 2 | 3 | 4 | 5 | |
| Interacts appropriately and professionally with staff at s | 1 site | 2 | 3 | 4 | 5 | |
| Interacts appropriately with peers in group supervision | 1 | 2 | 3 | 4 | 5 | |
| PERSONAL CHARACTERISTICS | | | | | | |
| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | |
| Sense of self-confidence | 1 | 2 | 3 | 4 | 5 | |
| Self-awareness | 1 | 2 | 3 | 4 | 5 | |
| Willingness to learn | 1 | 2 | 3 | 4 | 5 | |
| Emotional stability | 1 | 2 | 3 | 4 | 5 | |
| Adaptability | 1 | 2 | 3 | 4 | 5 | |
| Recognizes personal limitations | 1 | 2 | 3 | 4 | 5 | |
| COUNSELING SKILLS AT | ND PROC | ESS INCONSISTENT | AVEDACE | STRONG | EXCELLENT | |
| | FOOR | INCONSISTENT | | | | |
| Ability to understand client's point of view | 1 | 2 | 3 | 4 | 5 | |
| Adherence to legal standards | 1 | 2 | 3 | 4 | 5 | |
| Ability to relate to diverse clients | 1 | 2 | 3 | 4 | 5 | |

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|---|------|--------------|---------|--------|-----------|
| Ability to establish and maintain rapport | 1 | 2 | 3 | 4 | 5 |
| Ability to maintain confidentiality | 1 | 2 | 3 | 4 | 5 |
| Ability to use basic helping skills | 1 | 2 | 3 | 4 | 5 |
| Ability to assess client's needs | 1 | 2 | 3 | 4 | 5 |
| Ability to conceptualize clients' problems/case | 1 | 2 | 3 | 4 | 5 |
| Ability to remain objective in counseling session | 1 | 2 | 3 | 4 | 5 |
| Willingness to seek consultation and supervision | 1 | 2 | 3 | 4 | 5 |
| Ability to conduct ongoing (2+) sessions with clients | 1 | 2 | 3 | 4 | 5 |
| Ability to respond to a variety of client emotions | 1 | 2 | 3 | 4 | 5 |
| Process skills (e.g., pacing, dealing with client resistance | 1 | 2 | 3 | 4 | 5 |
| Can read and interpret client nonverbal behavior | 1 | 2 | 3 | 4 | 5 |
| Ability to remain flexible & use variety of approaches in counseling session | 1 | 2 | 3 | 4 | 5 |
| Ability to complete holistic assessment of client (e.g., culture, stressors, strengths) | 1 | 2 | 3 | 4 | 5 |
| Appropriately chooses techniques/interventions | 1 | 2 | 3 | 4 | 5 |
| Ability to prepare and present case presentation | 1 | 2 | 3 | 4 | 5 |

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT |
|---|------------|--------------|---------|--------|-----------|
| Uses culturally responsive counseling | 1 | 2 | 3 | 4 | 5 |
| Ability to assess stage of dependence/change/recov | 1 very | 2 | 3 | 4 | 5 NA |
| Applies relevant research findings to counseling | 1 | 2 | 3 | 4 | 5 |
| Develops measurable outcomes for programs/ interventions/treatments | 1 | 2 | 3 | 4 | 5 |
| Analyzes and uses data to increase effectiveness of interventions/programs | 1 | 2 | 3 | 4 | 5 |
| Ability to promote optimal development & wellness through prevention, education, & advocacy | 1 | 2 | 3 | 4 | 5 |
| Ability to promote prevention of mental and emotional disorders | 1 | 2 | 3 | 4 | 5 |
| Ability to prepare a comprehensive case study | 1 | 2 | 3 | 4 | 5 |
| Knowledge/interpretation of tests/appraisals | 1 | 2 | 3 | 4 | 5 NA |
| Diagnostic skills | 1 | 2 | 3 | 4 | 5 |
| Treatment planning implementation | 1 | 2 | 3 | 4 | 5 |
| Ability to manage transference/countertransfer | 1 rence | 2 | 3 | 4 | 5 |
| Ability to work with families or family units | 1 | 2 | 3 | 4 | 5 NA |
| Ability to counsel in a group setting | 1 | 2 | 3 | 4 | 5 NA |
| Appropriately critiques self | 1 | 2 | 3 | 4 | 5 |

OVERALL RATING OF THE STUDENT

| | POOR | INCONSISTENT | AVERAGE | STRONG | EXCELLENT | | | |
|--|------|--------------|---------|--------|-----------|--|--|--|
| Counseling ability | 1 | 2 | 3 | 4 | 5 | | | |
| Coordination ability | 1 | 2 | 3 | 4 | 5 | | | |
| Consultation ability | 1 | 2 | 3 | 4 | 5 | | | |
| Potential for success in a similar setting | 1 | 2 | 3 | 4 | 5 | | | |
| Are there other issues for which this intern should be evaluated? If so, please comment on them in the space provided. | | | | | | | | |
| Please comment on the following questions. What are the strengths of the student as an intern? | | | | | | | | |
| What areas need further development? | | | | | | | | |
| What recommendations would you make to enhance this student's development? | | | | | | | | |
| Please feel free to use the following space, or the back of this page, for any additional comments. | | | | | | | | |
| Student's Signature/Date: | | | | | | | | |

Note: The student's signature indicates that he/she has read and discussed the evaluation with the University supervisor. It does not necessarily indicate that he/she is in agreement with it. Significant disagreement on the part of the student regarding this assessment should be noted in writing and forwarded as an addendum to this form.

University Supervisor's Signature/Date:

(page 1 of 3)

Internship Summary Form Clinical Mental Health Counseling

Department of Counseling and Human Services University of Scranton

| Intern's Name: | Date: | | | | | | |
|--|---|--|--|--|--|--|--|
| Internship Site: | | | | | | | |
| Site Supervisor: | | | | | | | |
| University Supervisor: | | | | | | | |
| | | | | | | | |
| Did you take one or two semesters of Into | ernship: | | | | | | |
| If two semesters of Internship, was this the | he first or second: $\square 1^{st} \square 2^{nd} \square N/A$ | | | | | | |
| Final Hours Completed this Semester: Direct Indirect Total Internship Hours Logs detailing the above recorded hours are attached to this form | | | | | | | |
| Final Hours Completed for ALL Semesters: Direct Indirect Total *Note: If only one semester of Internship was taken, these hours will equal those for Final Hours Completed this Semester | | | | | | | |
| Start Date at Site for this Semester: | End Date at Site for this Semester: | | | | | | |
| | onth/day/year) | | | | | | |
| (month/day/year) | Jiidi/day/year) | | | | | | |
| ` • • · · · · · · · · · · · · · · · · · | not include holidays/breaks/sick time): | | | | | | |
| Please answer all following questi | ions as pertain to THIS semester of Internship: | | | | | | |
| • • | om you worked and the services you provided (check all that | | | | | | |
| <i>apply):</i> □ children and adolescents | ☐ individual counseling | | | | | | |
| ☐ families | ☐ family counseling | | | | | | |
| □ couples | ☐ group counseling/psycho-education | | | | | | |
| □ adults only | ☐ consulting/classroom guidance | | | | | | |
| other: | in-home counseling | | | | | | |
| | intakes and assessments | | | | | | |
| | \Box other: | | | | | | |

| (page | 2 | of | 3) |
|-------|---|----|----|
| (page | _ | Οı | ~, |

| 2. | (page 2 of 3) Please indicate the typical presenting concerns (e.g., anxiety, depression, abuse, grades, family, work, relationships, suicide, substance abuse, cultural concerns) of the clients with whom you worked this semester. |
|----|---|
| 3. | Please indicate approximately how many of each of the following you worked with this semester: |
| | Individuals (on going) Drop-in/One-time/Intake clients Couples Families |
| | Groups (indicate how many types of groups, not how many group sessions) Other (specify): |
| 4. | Please list your activities and responsibilities at this internship site this semester: |
| 5. | Please indicate any professional programs, presentations, or in-services you attended this semester (include title, date, length and brief description): |

Please indicate your experience with tests and appraisals this semester, if any, by providing their title and a brief description of your experience with them:

Record of Supervision

Specify the date and duration of each supervision session you received this semester in the charts below

*Note: Interns must receive an average of one hour of individual site supervision per week and an average of 90 minutes of University group supervision at minimum.

University Supervision

Individual

Site Supervision

| Ind | ividual | Gı | roup | Individual | | T | Triadic | | Group | |
|------------|---------------------------------|-----------|-----------|----------------|---------------|-----------|-----------------|--------------|----------|--|
| Date | Duration | Date | Duration | Date | Duration | Date | Duration | Date | Duration | |
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| | elow indicates ur knowledge. | | have revi | iewed the info | ormation pro | vided and | d that it is ac | ccurate to t | he | |
| Student's | Printed Nam | ie | | Student's Si | gnature | | | Date | _ | |
| Site Super | visor's Print | ed Name | | Site Supervi | sor's Signatu | re | | Date | | |
| University | Supervisor's | S Printed | Name | University S | upervisor's S | Signature | | Date | | |

University of Scranton Professional Counseling Student Disposition Evaluation Form

| Student Name: | Date: | |
|---------------|-------|--|
| _ | | |

Clinical Mental Health Counseling Internship

Rating Key:

- 1 = does not meet expectations (This rating indicates minimum competency in a particular area(s) of development has not been met)
- **2 = partially meets expectations** (This rating indicates that there is still some growth needed in a particular area(s) of development.)
- **3** = meets expectations (This rating is typical of beginning level counselors with respect to development)
- **4 = exceeds expectations** (This rating indicates development that is superior to that which is considered typical)

| Attributes | Rating | Comments |
|---|------------|----------|
| Commitment to Wellness Pursues wellness as a lifestyle | 1 2 3 4 NA | |
| Commitment to Learning Lifelong learning; seeks new knowledge and understanding | 1 2 3 4 NA | |
| Academic Competencies Demonstrates knowledge of core areas | 1 2 3 4 NA | |
| Clinical Competencies Forms effective working relationships | 1 2 3 4 NA | |
| Professional Identity Identifies professional role and function and integrates this as a person | 1 2 3 4 NA | |
| Personal Maturity Ability to balance personal and professional self-awareness | 1 2 3 4 NA | |
| Responsibility Accountable and fulfills commitments | 1 2 3 4 NA | |
| Interpersonal Skills Establishes and maintains positive interpersonal relationships | 1 2 3 4 NA | |
| Communication Skills Verbal, non-verbal, written, listening for varied audiences and purposes | 1 2 3 4 NA | |
| Problem Solving Defines problem, develops and implements solution | 1 2 3 4 NA | |
| Stress Management Identifies sources of personal stress and develops effective coping behaviors | 1 2 3 4 NA | |

| Problem Solving Defines problem, develops and implements solution | 1 2 3 4 NA | |
|---|------------|--|
| Stress Management Identifies sources of personal stress and develops effective coping behaviors | 1 2 3 4 NA | |
| Additional Comments: | | |
| Faculty Printed Name | | |
| Faculty Member Signature | Date: | |
| | | |

| | Page |
|---------------|------|
| Dates: (from) | (to) |

Internship Hours Log Sheet Clinical Mental Health Counseling Program Department of Counseling and Human Services, University of Scranton

| Name: | | | _ Site: | | Semester: | | | |
|---|--------------|----------|-----------------|--|--|--|--------------------------|----------------------------|
| | DIRECT HOURS | | | INDIRECT HOURS | | SUBTOTAL | | |
| DATE | INDIVIDUAL | GROUP | OTHER (explain) | ONSITE SUPERVISION (specify group or individual) | OTHER DUTIES (paperwork, meetings, etc.) | ON CAMPUS SUPERVISION (specify group or individual) | TOTAL DIRECT HOURS | TOTAL INDIRECT HOURS |
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| Site Supervisor Signature Intern Signature Date | | previous | | | | | | |
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