



Mississippi  
College

## **CLINICAL TRAINING HANDBOOK**

MISSISSIPPI COLLEGE  
SCHOOL OF EDUCATION  
DEPARTMENT OF PSYCHOLOGY/COUNSELING

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**Mississippi College  
Practicum and Internship Basics  
Department of Psychology and Counseling**

The practicum and internship courses are extremely important requirements for completing a Master's Degree in the Department of Psychology and Counseling, for it is through these courses you actually transition from the academic classroom into the practice of counseling. The practicum course is designed to help students learn to apply theory and research in counseling practice. Internship expands clinical training into specialized fields of practice. Practicum field placements should allow students opportunities to observe and work closely with fulltime staff in a wide range of professional experiences within their various settings.

We would like to help you attain your individual goals for clinical training. There is a much greater likelihood of this occurring when students begin planning their field experiences with their faculty advisors and the coordinator of clinical training well in advance of beginning the first training course. Each student may propose a field training site; however, the department is responsibly ultimately for placing you in a practicum or internship site that meets you goals and satisfies our accreditation guidelines.

**Selecting a Practicum or Internship Site**

We will help to match you with a practicum or internship site. For an agency site to be approved the following criteria must be met.

**Minimum Requirements for Approval of a Site**

Supervision:

A site supervisor must have

1. a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses;
2. a minimum of two years of pertinent professional experience in the program area in which the student is completing clinical instruction; and
3. knowledge of the program's expectations, requirements, and evaluation procedures for students.

In order to satisfy these Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for clinical instruction, the following criteria must be satisfied before a student begins clinical training.

1. Submission of a site application, which includes copies of a vita/resume and current certification/licensure
2. Completion of a supervisor orientation workshop, which will be scheduled at least annually, to provide consultation, assistance, and professional development opportunities to site supervisors

Clinical Instruction Environment:

The clinical instruction environment includes all of the following:

1. settings for individual counseling with assured privacy and sufficient space for appropriate equipment (for example, TV monitoring and taping);
2. settings for small-group work with assured privacy and sufficient space for appropriate equipment;
3. necessary and appropriate technologies that assist learning, such as audio, video, and telecommunications equipment;

4. settings with observational and/or other interactive supervision capabilities; and
5. procedures that ensure that the client's confidentiality and legal rights are protected.

In order to satisfy these requirements for the clinical instructional environment, specific standards for practicum and internship must be satisfied.

#### Practicum

Students must complete supervised practicum experiences that total a minimum of 100 clock hours. The practicum provides for the development of counseling skills under supervision. The student's practicum includes all of the following:

1. 40 hours of direct service with clients, including experience in individual counseling and group work;
2. weekly interaction with an average of one hour per week of individual and/or triadic supervision which occurs regularly over the minimum of one academic term by a program faculty member or a supervisor working under the supervision of a program faculty member;
3. an average of one and one half hours per week of group supervision that is provided on a regular schedule over the course of the student's practicum by a program faculty member or a supervisor under the supervision of a program faculty member; and
4. evaluation of the student's performance throughout the practicum including a formal evaluation after the student completes the practicum.

#### Internship:

The program requires students to complete a supervised internship of 600 clock hours that is begun after successful completion of the student's practicum (as defined in Standard III.G). The internship provides an opportunity for the student to perform, under supervision, a variety of counseling activities that a professional counselor is expected to perform. The student's internship includes all of the following:

1. 240 hours of direct service with clients appropriate to the program of study;
2. weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision, throughout the internship, (usually performed by the on-site supervisor);
3. an average of one and one half (1 1/2) hours per week of group supervision provided on a regular schedule throughout the internship, usually performed by a program faculty member;
4. the opportunity for the student to become familiar with a variety of professional activities in addition to direct service (e.g., record keeping, supervision, information and referral, inservice and staff meetings);
5. the opportunity for the student to develop program-appropriate audio and/or videotapes of the student's interactions with clients for use in supervision;
6. the opportunity for the student to gain supervised experience in the use of a variety of professional resources such as assessment instruments, technologies, print and nonprint media, professional literature, and research; and
7. a formal evaluation of the student's performance during the internship by a program faculty member in consultation with the site supervisor.

The Mental Health Counseling program requires that the approved site provide opportunities for the counselor intern to complete 900 total hours of internship, which includes 360 direct service clock hours.

The Marriage and Family Counseling program requires that the majority of the 240 direct service clock hours (i.e., 121 hours or more) occur with couples and family units. Marriage and family direct service clock hours are defined as work with couples, families, and individuals from a systems perspective.

School counseling interns must complete COU 6668, *Foundations, Contextual Dimensions, and Knowledge and Skills of School Counseling* prior to enrolling for Internship I. Any school counseling intern who is not certified to

teach will be required to intern fulltime to meet the Mississippi requirements for school counseling certification in the future.

### **Additional Considerations in Site Selection**

1. An approved site should offer organized and varied clinical experiences characteristic of a licensed counselor under the supervision of a qualified supervisor.
2. Each approved site must have a licensed professional on-site (recommended) or on-call, with immediate availability (acceptable) in order to address any emergency and to provide direction as needed by the intern.
3. If supervised hours will satisfy the requirements for licensure as a professional counselor in Mississippi, then the supervisor should be a qualified supervisor according to the following definition.

Qualified Supervisor: An LPC licensed in Mississippi who is trained in supervision and has the required experience and has been approved by the board to provide supervision. One who monitors the performance of an individual by providing regular, documented face-to-face consultation, guidance, and instruction with respect to the clinical skills and competencies of the supervised individual. Mississippi State Board of Examiners for Licensed Professional Counselors Rules & Regulations Chapter 1, Section 4, W.)

4. Clinical experiences (practicum and internship) should provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community..
5. Students formally evaluate their supervisors and learning experience at the end of their practicum and internship experiences.
6. No student may accrue supervised hours, direct or indirect, unless they are registered for practicum, internship, or an approved course substitution.
7. No student may begin to accrue the 600-900 hours of internship until successful completion of the practicum.
8. Students with disabilities which require accommodations of some sort during the training courses should contact their faculty supervisors or the clinical training coordinator.

### **Suggested Steps in Selecting a Practicum/Internship Site**

1. Discuss possible sites with your faculty advisor soon after beginning the program, preferably, during your first semester.
2. Students may wish to complete their practica and internships at different sites to experience variety in problems, populations, and settings. No more than two sites per semester will be allowed. Approval of primary and secondary sites will be made by your program faculty supervisor, with whom you complete group supervision.
3. Contact your program coordinator or the clinical training coordinator for guidance in selecting practicum and internship sites during the semester in which you complete the Helping Relationships course, which is the first course in the clinical training sequence.
3. Complete the practicum or internship application in the semester before you plan to register for the course. This will formally initiate the matching process. You may propose a site or the clinical coordinator may recommend a site from a list of approved sites.
4. The student will be responsible for securing and submitting to the program faculty supervisor an agreement with the site supervisor no later than the first week of the group supervision class.
5. Submit within the first week of the group supervision class proof or documentation of professional liability insurance. The contracts are good for a year, so students are responsible for ensuring that their policies are renewed in a timely fashion. No student will begin seeing clients or earning clinical hours without evidence of adequate professional liability coverage. Please see your advisor, faculty supervisor for the course for which you have registered, or the clinical training coordinator for companies you may contact to apply for a policy.

## Required Hours

Credit will not be awarded for practicum without earning a minimum of 100 hours of training (with 40 hrs. of direct training and the remainder in indirect or supervision). Interns in the Mental Health Counseling Program must earn 900 hours of supervised experience, which can be distributed over two or three semesters. For interns earning a minimum of 300 hours per semester, 120 hours must be in direct service; for those earning 450 hours per semester, a minimum of 180 hours should be in direct service. For the marriage and family counseling internship, the majority of the 240 hours of direct service must be in work with couples and families. Interns in school counseling must earn 240 hours in direct service that address school counselor competencies.

All students enrolled in practicum or internship experiences **MUST** receive a minimum of one hour per week of individual, face-to-face supervision by their site supervisor and attend the weekly 1 ½ hr. group supervision class meetings on campus.

### Total Number of On-Site Hours Required Total

	Practicum*	Internship
Mental Health Counseling	100 hrs	900 hrs
Direct Service	40 hrs	360 hrs
Individual On-Site Supervision	1 hr/wk	1 hr/wk
Group Supervision (on campus)	1.5 hrs/wk	1.5 hrs/wk
Marriage and Family Counseling	100 hrs	600 hrs
Direct Service	40 hrs	240 hrs
Individual On-Site Supervision	1 hr/wk	1 hr/wk
Group Supervision (on campus)	1.5 hrs/wk	1.5 hrs/wk
School Counseling	100 hrs	600 hrs
Direct Service	40 hrs	240 hrs
Individual On-Site Supervision	1 hr/wk	1 hr/wk
Group Supervision (on campus)	1.5 hrs/wk	1/5 hrs/wk

*(School counseling interns who do not currently hold a Mississippi teaching certificate are required to train at the internship site all day (rather than the required minimum of hours) to be eligible for certification as a school counselor.)*

*\*Note: Practicum is a pre-internship clinical training experience based on role-playing and limited, highly structured contacts with clients. The practicum experience is not specialized by program so that students will have opportunities to learn about various settings, roles, and functions consistent with our mission to promote professional identity.*

**Mississippi College**  
**Department of Psychology and Counseling**  
**Practicum/Internship Student Application**

Intended Training Semester \_\_\_\_\_

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

Student ID \_\_\_\_\_ Degree Program \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

All students must complete at least 18 semester hours of qualifying courses (or other courses approved by one's advisor), including Helping Relationships to be eligible to enroll in Practicum. All students enrolling in Internship I must have completed Practicum; all students enrolling in Internship II must have completed Internship I. List the semester completed and the grade for each of the following courses:

Course No.	Course Title	Date Completed
COU 6503	Helping Relationships	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
COU 6663	Practicum in Counseling and Therapy	_____
COU 6701	Internship I (To take Internship II)	_____
COU 6702	Internship II (To take Internship III)	_____

\*\*\*\*\*  
 If you have identified your preference for a training site, please provide the information below:

Name of preferred training site \_\_\_\_\_

Name of potential site supervisor or person on-site who could approve your application \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Other preferences \_\_\_\_\_

\*\*\*\*\*

If you need assistance selecting a site, please provide the information below:

Available to do training \_\_\_\_\_ daytime \_\_\_\_\_ evening \_\_\_\_\_ weekends

Preferred sites/settings/locations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feel free to call or visit Dr. Janis Booth if you wish to discuss the selection process in more detail.

\*\*\*\*\*

Return to: Dr. Janis Booth, Clinical Training Coordinator  
Mississippi College, Department of Psychology and Counseling  
P.O. Box 4013; Clinton, MS 39058  
Room 103, Lowrey Hall

\_\_\_\_\_  
Signature, Clinical Training Coordinator

\_\_\_\_\_  
Date

*All applications should be returned a month before the semester prior to the course begins.*

**Mississippi College  
Department of Psychology and Counseling  
Training Site Approval Form**

Name of Student \_\_\_\_\_

Name of Faculty supervisor listed for course \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

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

Supervisor's Graduate Degree(s) \_\_\_\_\_  
(List degree and discipline.)

Supervisor's Credentials:

Standard Educator License for School Counseling \_\_\_\_\_ NCC \_\_\_\_\_ CCMHC \_\_\_\_\_

LPC \_\_\_\_\_ Cert. LPC Supervisor \_\_\_\_\_ Other \_\_\_\_\_

Number of Years of **relevant** Post-Master's Experience \_\_\_\_\_

**All supervisors must have a minimum of two years post-Master's experience.**

Please attach to this application copies of your resume and current license/certification.

Please complete and attach the Checklist for Training Site Approval

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

\_\_\_\_\_  
Date

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Clinical Coordinator's Signature

\_\_\_\_\_  
Date

**Definitions of Direct and Indirect Service  
(Drawn from CACREP and MS LPC Requirements)**

**Direct Service Activities Include:**

- a. Conducting or directly participating in individual counseling
- b. Conducting or directly participating in couple and family counseling
- c. Conducting or directly participating in group guidance, psychoeducational, and preventive interventions
- d. Conducting or participating in group counseling
- e. Conducting interviews or directly participating in interviews related to services with particular clients
- f. Conducting or directly participating in case consultation or collaboration related to services with particular clients (i.e., clients served in face-to-face or direct contacts provided by the Counselor Intern)
- g. Completing documentation, such as case notes, related to services with particular clients
- h. Completing case staffing or service planning related to services with particular clients
- i. Completing assessment or testing related to services with particular clients

**Indirect Service Activities Include:**

- a. Conducting or participating in case reviews, audits, plans, or evaluations not related to services to particular clients
- b. Conducting or participating in interviews, supervision, consultation, or staffing activities not related to services to particular clients
- c. Conducting or participating in documentation or record keeping not related to services to particular clients
- d. Conducting or participating in information or referral not related to services to particular clients
- e. Conducting or participating in staff and in-service meetings not related to particular clients
- f. Conducting or participating in training sessions and activities
- g. Reviewing and evaluating a variety of professional resources including assessment instruments, treatment protocols, technologies, print and nonprint media, and other professional materials
- h. Reviewing and evaluating professional literature and research relevant to the clinical site and its clients
- i. Reviewing and evaluating professional literature, research, and resources relevant to the multicultural needs of clients in the clinical site
- j. Reflecting on professional counselor identity, personal growth, and ongoing personal and professional needs associated with the clinical training experience
- k. Completing chart or file reviews related to services with particular clients

(See the *Training Log of Counseling Activities and Supervision* for more information.)

# **COUNSELING PRACTICUM HANDBOOK**

MISSISSIPPI COLLEGE  
SCHOOL OF EDUCATION  
DEPARTMENT OF PSYCHOLOGY/COUNSEL

**MISSISSIPPI COLLEGE**  
**STUDENT/SITE SUPERVISOR INTERNSHIP/PRACTICUM**  
**AGREEMENT**

This constitutes a written agreement between \_\_\_\_\_, a Mississippi College Master's degree student enrolled in Practicum, Internship I, Internship II, or Internship III, and a Site Supervisor who has agreed to assume full responsibility for the clinical activities of the practicum student or student intern in the field site and to provide direct weekly interaction with an average of one-hour per week of individual and/or triadic supervision throughout the internship.

The name of the site or clinical instruction setting is \_\_\_\_\_  
 (Name of placement)

located at \_\_\_\_\_  
 Address City State Zip Phone Number Email

The supervision of this internship experience will be completed by:

\_\_\_\_\_  
 Site Supervisor's Name Degree Title or Affiliation With Clinical Site

**The supervisor agrees to meet the following criteria in accordance with the Code of Ethics of the American Counseling Association, applicable licensure laws, rules, and regulations for an approved internship experience, and CACREP guidelines for clinical instruction. Place a check by all guidelines to which you agree and place a check by appropriate statements.**

- The Site Supervisor is appropriately licensed or certified as mental health professional in the Mississippi or the state in which the clinical training is earned. The Site Supervisor must have a minimum of a Master's degree in counseling and two (2) years of pertinent professional experience in the program area or specialization in which the counseling trainee is completing clinical instruction, and knowledge of the counseling program expectations at Mississippi College. Other mental health professionals may be approved as site supervisors for the mental health program on a case-by-case basis.

***Mark all appropriate designations.***

- \_\_\_\_\_ School Counselor certification (required for school counseling interns)  
 \_\_\_\_\_ Licensed Professional Counselor (strongly preferred for mental health counseling)  
 \_\_\_\_\_ Licensed Marriage and Family Counselor  
 \_\_\_\_\_ Board Certified Counseling Supervisor (not required)  
 \_\_\_\_\_ Other \_\_\_\_\_

- The Supervisor is not a relative of the student trainee as defined as spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt, uncle, or one who is or has been related by marriage.
- The Supervisor shall assume full responsibility for the clinical activities and services of the intern/practicum student during the duration of the supervised experience.
- The Supervisor will provide opportunities at the clinical site for the student trainee to complete direct and indirect hours toward the minimum requirements in each course. Approved training sites **must** provide opportunities for each student trainee to complete their training hours. Internships are completed in two semesters with half the hours completed in

Internship I and half in Internship II. Occasionally mental health students will complete 300 hours each semester and take an additional Internship III. The minimum number of direct hours are indicated, but students may earn more direct hours than those specified. Please mark the appropriate requirement.

- \_\_\_\_\_ Practicum – 100 hours of supervised clinical experience with 40 hours of direct service activities and 10 hours of the direct service in group activities.
- \_\_\_\_\_ Internship – Mental Health Counseling – 900 total hours of supervised clinical experience with 360 hours of direct service activities completed in two semesters. A student can choose to complete the hours over three semesters.
- \_\_\_\_\_ Internship – Marriage and Family Counseling -- 600 total hours of supervised clinical experience with 240 hours of direct service activities (with 121 or more of those direct hours earned providing direct service to couples or family units) and 60 hours in two semesters.
- \_\_\_\_\_ Internship – School Counseling – 600 total hours of supervised clinical experience with 240 hours of direct service activities and 60 hours of group counseling completed in two semesters.

- During each semester of the practicum or internship course, the Practicum Student/Counselor Intern may participate in supervised clinical experience in as many as two approved training sites provided the majority of clock hours are completed in one site, designated as primary, and the remaining hours in another approved site, designated the secondary training site. The clinical activities and services performed in each site shall be monitored and directed by the Site Supervisor who shall assume full responsibility for the clinical activities and services of the Practicum Student/Counselor Intern during the duration of the supervised experience in the respective site. A Student/Site Supervisor Agreement shall be signed for each site.
- The supervisor will monitor, direct and provide supervision for the following categories of DIRECT counseling activity.
  - a. Conducting or directly participating in individual counseling
  - b. Conducting or directly participating in couple and family counseling
  - c. Conducting or directly participating in group guidance, psychoeducational, and preventive interventions
  - d. Conducting or participating in group counseling
  - e. Conducting interviews or directly participating in interviews related to services with particular clients
  - f. Conducting or directly participating in case consultation or collaboration related to services with particular clients (i.e., clients served in face-to-face or direct contacts provided by the Counselor Intern)
  - g. Completing documentation, such as case notes, related to services with particular clients
  - h. Completing case staffing or service planning related to services with particular clients
  - i. Completing assessment or testing related to services with particular clients
- The Site Supervisor and Faculty Supervisor will monitor, direct and provide supervision for the following categories of INDIRECT counseling activity.
  - a. Conducting or participating in case reviews, audits, plans, or evaluations not related to services to particular clients
  - b. Conducting or participating in interviews, supervision, consultation, or staffing activities not related to services to particular clients
  - c. Conducting or participating in documentation or record keeping not related to services to particular clients
  - d. Conducting or participating in information or referral not related to services to particular clients
  - e. Conducting or participating in staff and inservice meetings not related to particular clients
  - f. Conducting or participating in training sessions and activities
  - g. Reviewing and evaluating a variety of professional resources including assessment instruments, treatment protocols, technologies, print and nonprint media, and other professional materials
  - h. Reviewing and evaluating professional literature and research relevant to the clinical site and its clients
  - i. Reviewing and evaluating professional literature, research, and resources relevant to the multicultural needs of clients in the clinical site
  - j. Reflecting on professional counselor identity, personal growth, and ongoing personal and professional needs associated with the clinical training experience
  - k. Completing chart or file reviews related to services with particular clients
- The practicum student or intern **must** receive supervision of actual counseling sessions on a regular basis by the site

supervisor. CACREP regulations require this, for it is an essential part of the learning process. All recording must conform to the 2005 ACA Code of Ethics with appropriate releases and removal of as much identifying information as possible, and the policies and procedures of the training site. Live, observational, and interactive supervision may be used as determined by the Site Supervisor in conjunction with the Faculty Supervisor.

**Mark all forms of supervision which will be allowed.**

\_\_\_\_\_ Videotaping of student-in-training only (strongly desired)

\_\_\_\_\_ Audiotaping will be allowed (strongly desired)

\_\_\_\_\_ Live supervision will be provided

- The Site Supervisor will complete a brief checklist located at the end of the *Training Log of Counseling Activities and Supervision* form every week to document the student's progress. The form will be returned to the student, who is responsible for returning it to the Mississippi College Faculty Supervisor.
- The Site Supervisor will complete a one-page evaluation form at the end of the *Training Log of Counseling Activities and Supervision Final Form* at the completion of the semester. The form will be returned directly and confidentially to the Mississippi College Faculty Supervisor in a sealed envelope with signature over the seal or by fax.
- The Site Supervisor will complete a one-page form, *Student Personal Characteristics Review Form*, at the completion of the semester. The form will be returned directly to the Mississippi College Faculty Supervisor.
- The Site Supervisor will meet with the Mississippi College Faculty Supervisor at least one time during the semester to discuss student learning needs and progress. When necessary, one or more telephone conversations may be substituted for a visit. In addition, the Site Supervisor or Mississippi College Faculty Supervisor may initiate contacts to address concerns and develop plans of remediation as needed.

**The Practicum Student or Counselor Intern agrees to meet the following criteria in accordance with the Code of Ethics of the American Counseling Association, applicable licensure laws, rules, and regulations for an approved practicum or internship experience, and CACREP guidelines for clinical instruction.**

***Please check all blanks to indicate agreement.***

- The Practicum Student/Counselor Intern will maintain the highest ethical standards by reviewing and discussing with the Site Supervisor and Faculty Supervisor as needed guidelines for client care, informed consent, confidentiality, mandated reporting, and training requirements.
- The Practicum Student/Counselor Intern will schedule, attend, and participate in weekly supervision sessions with the Site Supervisor.
- The Practicum Student/Counselor Intern will attend and participate in weekly group supervision sessions and other scheduled meetings with the Faculty Supervisor.
- The Practicum Student/Counselor Intern will schedule, attend, and participate in direct counseling services and activities sufficient to satisfy the minimum requirements for the internship course:
  - a. 100 clock hours in direct and indirect services for the Practicum course, including at least 40 hours of direct service
  - b. 300 clock hours in direct and indirect services for the School Counseling and Marriage and Family Counseling Programs, including at least 120 hours in direct services each semester and a majority of hours in the specialized program area (e.g., 60.5 hours in systemic interventions with couples and families in the Marriage and Family Counseling Program)
  - c. 450 clock hours in direct and indirect services for the Mental Health Counseling Programs, including at least 180 hours in direct services each semester

- d. The Counselor Intern will conduct or directly participate in some counseling activities in most of the categories of direct and indirect service identified on the evaluation forms in order to insure variety of counseling activities that a professional counselor is expected to perform.
- e. Direct clinical hours may be completed at two approved sites with permission of the Mississippi College Faculty Supervisor provided the majority of one's hours are completed at a primary site and there are signed Student/Site Supervisor Practicum/Internship Agreements for both sites

- The Practicum Student/Counselor Intern will complete a *Calendar of Planned Clinical Activities* at the beginning of the semester and submit copies to the Mississippi College Faculty Supervisor and Site Supervisor.
- The Practicum Student/Counselor Intern will complete and submit weekly to the Site Supervisor a *Weekly Calendar of Clinical Activities* and a cumulative *Training Log of Counseling Activities*, which will depict by week completion of direct and indirect hours by category.
- The Practicum Student/Counselor Intern will develop audio and/or videotapes of the trainee's interactions with clients for use in supervision with the Mississippi College Faculty Supervisor and the Site Supervisor as needed. All recording must conform to the 2005 ACA Code of Ethics, with appropriate releases and removal of as much identifying information as possible, and the policies and procedures of the training site. Live, observational, and interactive supervision may be used as determined by the Site Supervisor in conjunction with the Faculty Supervisor.
- The Practicum Student/Counselor Intern will complete an evaluation of the practicum or internship site experience on the *Student Evaluation of Training Site* form.
- The Practicum Student/Counselor Intern will notify within 24 hours the Site Supervisor and Faculty Supervisor if there are any concerns or perceived problems arising in the training experience. Failure to notify the Faculty Supervisor may be considered a violation of this agreement.
- The Practicum Student/Counselor Intern may notify the Mississippi College Director of Clinical Training in the Department of Psychology and Counseling if there are concerns about the organization of the practicum or internship experience and the Chair of the Department of Psychology and Counseling if there are concerns about evaluation and grading.
- The Practicum Student/Counselor Intern has the right to appeal as outlined in the student handbook a supervisor or faculty evaluation that could result in lack of progress toward fulfilling published degree requirements.
- The Practicum Student/Counselor Intern will maintain professional liability insurance throughout the practicum or internship experience and provide to the Faculty Supervisor and Site Supervisor documentation of current coverage before having contacts with clients.

**By signing this agreement, I indicate my understanding and willingness to participate in the practicum or internship experience as described.**

\_\_\_\_\_  
Signature of Practicum Student/Counselor Intern

\_\_\_\_\_  
Date

**I agree to provide site supervision according to the description of the Mississippi College practicum or internship experience as described.**

\_\_\_\_\_  
Signature of Site Supervisor

\_\_\_\_\_  
Date

**I agree to collaborate with the Site Supervisor and provide the organized course of clinical instruction as described.**

\_\_\_\_\_  
Signature of Faculty Supervisor

\_\_\_\_\_  
Date

*The original of this form should be maintained in the Practicum Student or Counselor Intern file by the Faculty Supervisor. The Practicum Student/Counselor Intern and Site Supervisor should receive copies of the signed agreement. The agreement must be signed before initiating any client contact or accruing any hours of service.*

### PRACTICUM COMPLETION CHECKLIST

It is the student's responsibility to complete all of the following items by the due date that will be given by your Mississippi College instructor of record. **The due date is** \_\_\_\_\_

Note the date completed for each item:

- \_\_\_\_\_ Student/Agency Practicum/Internship Agreement (Date approved by MC instructor)
- \_\_\_\_\_ Demonstrated that student was covered by malpractice insurance
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week # 1
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #2
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #3
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #4
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #5
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #6
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #7
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #8
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #9
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #10
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #11
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #12
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #13
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #14
- \_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #15
- \_\_\_\_\_ Final Training Log of Counseling Activities and Supervision and Calendar handed to the instructor of record
- \_\_\_\_\_ Student Evaluation of Practicum Site/Agency
- \_\_\_\_\_ Student Personal Characteristics Review Form (completed by Supervisor)
- TOTAL PRACTICUM HOURS COMPLETED FROM ALL SITES THIS SEMESTER**
- \_\_\_\_\_ TOTAL PRACTICUM HOURS COMPLETED THIS SEMESTER (100 REQUIRED)
- \_\_\_\_\_ TOTAL **DIRECT** HOURS COMPLETED THIS SEMESTER (40 REQUIRED)
- \_\_\_\_\_ TOTAL NUMBER OF INDIVIDUAL SUPERVISION HOURS
- \_\_\_\_\_ TOTAL NUMBER OF GROUP SUPERVISION HOURS

I verify the hours claimed are accurate

\_\_\_\_\_  
(Name of Student)

**MISSISSIPPI COLLEGE**  
**Training Log of Counseling Activities and Supervision – Form # \_\_\_\_\_**

STUDENT NAME: \_\_\_\_\_ Date Range: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

<b>Clinical Activity</b>		<b>Total Hours</b>
<b>Direct</b>	Individual Counseling	_____
	Group Counseling	_____
	Family/Couples Counseling	_____
	Intake Interviews/Assessments	_____
	Case Notes	_____
	Treatment Planning/Agency Staffing	_____
	Testing	_____
	Consultation	_____
	Psycho-Educational Instruction/Intervention	_____
	Other: _____	_____
		<b>Total Direct</b> _____
<b>Indirect</b>	Orientation	_____
	Case Management	_____
	Case/File Review	_____
	Marketing/Public Relations	_____
	Program Evaluation	_____
	Administration	_____
	Individual On-site Supervision	_____
	Professional Development	_____
	Other: _____	_____
		<b>Total Indirect</b> _____

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

**EVALUATION OF CLINICAL ACTIVITIES (completed by SUPERVISOR)**

Please rate student in the following activities (circle one response for each activity):						
	<b>Needs Substantial Improvement</b>	<b>Some Improvement Needed</b>	<b>Adequate</b>	<b>Above Average</b>	<b>Excellent</b>	<b>Not Applicable or Observed</b>
Individual Counseling	1	2	3	4	5	0
Couple/Family Counseling	1	2	3	4	5	0
Group Counseling	1	2	3	4	5	0
Education/Intervention	1	2	3	4	5	0
Interviewing/Intake	1	2	3	4	5	0
Consultation/Collaboration	1	2	3	4	5	0
File Review	1	2	3	4	5	0
Documentation	1	2	3	4	5	0
Treatment Planning	1	2	3	4	5	0
Testing/Assessment	1	2	3	4	5	0
Time Management	1	2	3	4	5	0
Self/Other Awareness	1	2	3	4	5	0
Motivation	1	2	3	4	5	0
Autonomy	1	2	3	4	5	0
Participation in Supervision	1	2	3	4	5	0
<b>Overall Rating</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>

Signature of Site Supervisor \_\_\_\_\_

Date \_\_\_\_\_

**MISSISSIPPI COLLEGE**  
**Training Log of Counseling Activities and Supervision – FINAL FORM**

STUDENT NAME: \_\_\_\_\_ Semester: Spring Summer Fall Year: \_\_\_\_\_

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

**Instructions:** Tabulate the number of hours accumulated for each Clinical Activity throughout the semester. Then total the Direct and Indirect hours for the total semester.

	<b>Clinical Activity</b>	<b>Total Hours for Semester</b>	
<b>Direct</b>	Individual Counseling	_____	
	<b>Group Counseling</b>	_____ (*)	
	Family/Couples Counseling	_____	
	Intake Interviews/Assessments	_____	
	Case Notes	_____	
	Treatment Planning/Agency Staffing	_____	
	Testing	_____	
	Consultation	_____	
	Psycho-Educational Instruction/Intervention	_____	
	Other: _____	_____	<b>Semester Total Direct</b> _____ (A)
<b>Indirect</b>	Orientation	_____	
	Case Management	_____	
	Case/File Review	_____	
	Marketing/Public Relations	_____	
	Program Evaluation	_____	
	Administration	_____	
	Individual On-site Supervision	_____	
	Professional Development	_____	
Other: _____	_____	<b>Semester Total Indirect</b> _____ (B)	

**Instructions:** Record the (A) Semester Total Direct and (B) Semester Total Indirect Hours in the blanks below. Then total them to determine the Combined Total Semester Hours. Also, record the total of (\*) Group Counseling Hours in the blank below.

**Total Semester Hours:**

Direct _____ (A) (40)	Total Group Counseling _____ (*) (10)
Indirect _____ (B) (60)	
Combined _____ (100)	

(Continued on next page)

**EVALUATION OF CLINICAL ACTIVITIES (completed by SUPERVISOR)**

Please rate student in the following activities (circle one response for each activity):						
	<b>Needs Substantial Improvement</b>	<b>Some Improvement Needed</b>	<b>Adequate</b>	<b>Above Average</b>	<b>Excellent</b>	<b>Not Applicable or Observed</b>
Individual Counseling	1	2	3	4	5	0
Couple/Family Counseling	1	2	3	4	5	0
Group Counseling	1	2	3	4	5	0
Education/Intervention	1	2	3	4	5	0
Interviewing/Intake	1	2	3	4	5	0
Consultation/Collaboration	1	2	3	4	5	0
File Review	1	2	3	4	5	0
Documentation	1	2	3	4	5	0
Treatment Planning	1	2	3	4	5	0
Testing/Assessment	1	2	3	4	5	0
Time Management	1	2	3	4	5	0
Self/Other Awareness	1	2	3	4	5	0
Motivation	1	2	3	4	5	0
Autonomy	1	2	3	4	5	0
Participation in Supervision	1	2	3	4	5	0
<b>Overall Rating</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>

Signature of Site Supervisor \_\_\_\_\_

Date \_\_\_\_\_

*Attention Supervisor: Please return this form as well as any other final evaluation forms to your student's faculty supervisor by fax or in a sealed envelope with your signature across the seal.*

**CALENDAR OF CLINICAL ACTIVITIES**

NAME: \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 AM							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00 PM							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

**Basic Counseling Skills Assessment Practicum**

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

**Please rate student’s performance on the skills listed below. Circle the best choice. See the scale description below:**

- 1) Needs serious remedial work   2) Needs some development   3) Appropriate development   4) Highly developed for experience  
5) Well beyond typical development with this level of experience.**

Section	Skill	Rating				
<b>1. Attending</b>		1	2	3	4	5
	1. Establishing Rapport. Making client feel at ease and comfortable	1	2	3	4	5
	2. Physical Appearance and Non-verbal Attending Behaviors. Dresses professionally, good eye contact, leans forward and appears relaxed and confident in stature.	1	2	3	4	5
	3. Appropriate Vocal Tone. Tone is appropriate for type of session and client. Communicates caring and concern.	1	2	3	4	5
	5. Minimal Encouragers. Appropriately uses brief prompts and body gestures o communicate client is being heard. Appropriately maintains silence as needed.	1	2	3	4	5
<b>2. Basic Listening</b>		1	2	3	4	5
	1. Empathic Response Communicates empathy with client.	1	2	3	4	5
	2. Restating/Reflecting. Uses Restatement and Reflection of Feeling in Sessions .	1	2	3	4	5
	3. Summarizes and Paraphrases Important Material.	1	2	3	4	5
	4. Closing a Session or Terminating a Client	1	2	3	4	5
<b>Other Skills</b>		1	2	3	4	5
	1. Questioning, Exploring, Evoking Problem-Related Material	1	2	3	4	5
	2. Goal-Setting	1	2	3	4	5
	3. Information-Giving	1	2	3	4	5
	4. Confronting/Challenging Discrepancies Expresses discrepancies as observations or confronts in an appropriate manner.	1	2	3	4	5
	5. Use of Special Therapeutic Techniques	1	2	3	4	5
	6. Case Conceptualization Report	1	2	3	4	5
	7. Overall Effectiveness	1	2	3	4	5

**All students must rate a 3 or higher on all skills in Sections 1 and 2 to progress to Internship**

\_\_\_\_\_ **Pass**                      \_\_\_\_\_ **Fail**

\_\_\_\_\_  
**Site Supervisor Signature**

**STUDENT PERSONAL CHARACTERISTICS REVIEW FORM**

Student \_\_\_\_\_ Semester \_\_\_\_\_ Date \_\_\_\_\_

Criteria: 1 – Unsatisfactory    2 – Below Average    3 – Average    4 – Above Average    5 – Exceptional    0 – Not Applicable						
<b>Integrity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
Respects the fundamental rights, worth, dignity and diversity of all people						
Respects the rights of individuals to privacy, confidentiality and self-determination						
Does not make misleading, false or deceptive statements						
Behaves in accordance with the program’s accepted code(s) of ethics and standards						
<b>Maturity</b>						
Student is open, flexible and positive						
Demonstrates personal responsibility						
Demonstrates willingness to receive and use feedback appropriately						
Expresses feelings effectively and appropriately						
Demonstrates willingness to cooperate and exercise appropriate self control						
Demonstrates awareness of his/her own belief system, values, needs, and limitations do not actively interfere with his/her professional work						
<b>Professional Responsibility</b>						
Relates to peers, professors, and others in an appropriate manner						
Does not exploit or mislead other people during or after professional relationships						
Applies legal and ethical standards appropriately during the training program						
Follows instructions and accepts advice and suggestions						
<b>Competence</b>						
Takes responsibility for compensating his/her deficiencies						
Demonstrates basic cognitive skills and appropriate affect in response to clients						
Provides only those services and applies only those techniques for which she/he is qualified by education, training or experience						

### STUDENT EVALUATION OF TRAINING SITE

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

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

Student Completing Evaluation: \_\_\_\_\_

On a scale of "1" being Very Poor to "3" being Adequate and "5" being Superior, please rate and comment on the above named site.

	Rating	Comments
<b>1. Orientation to Site</b>		
a. Adequacy of orientation		
b. Introduction to site (facility, policies, staff, etc.)		
c. Preparation for contact with clients		
<b>2. Professional Treatment</b>		
a. Professional environment		
b. Inclusion in professional activities		
c. Respectful, professional treatment		
d. Interaction with professional staff members		
e. Opportunities for contribution		
<b>3. Quality of Site Supervision</b>		
a. Supervision was regularly scheduled and conducted		
b. Supervision was helpful and supportive		
c. Supervision was appropriate given my level of training and professional development		
d. Supervision strengthened professional identity		

<b>4. Experiences</b>		
a. Opportunities for client contacts		
b. Opportunities to engage in variety of services		
c. Opportunities for multicultural experiences		
d. Availability of professional references and resources		
e. Development of clinical knowledge and skills		
<b>5. Global Evaluation</b>		
a. Preparation for ongoing training/continuing education		
b. Preparation for employment or career		
c. Overall impression of the site		

**CLIENT PERMISSION FORM**

I \_\_\_\_\_ agree to receive services from a counseling practicum student in the Department of Psychology/Counseling at Mississippi College. I understand that my identity will remain anonymous and all information will be kept in strictest confidence. My signature below indicates that I understand that counseling services are being rendered to me by the intern under direct supervision by a qualified site supervisor and a faculty member in the Department of Counseling/Psychology at Mississippi College.

I grant permission for the recording our sessions for educational purposes only. I also give permission for the recording to be evaluated by the site supervisor and a Mississippi College faculty supervisor. Students with me in group supervision may watch the recorded sessions only when used as a part of their counselor training program.

I understand I may withdraw this consent at any time. If I have any questions or concerns about the practices of my counselor, I understand that I may contact the site supervisor, \_\_\_\_\_, or the Mississippi College Faculty Instructor with the contact information listed below:

**Site Supervisor contact information:**

**Name :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Faculty Supervisor contact information:**

**Name :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CLIENT PERMISSION FORM FOR MINOR CHILD**

I \_\_\_\_\_ agree to allow my child, \_\_\_\_\_ to be counseled from a counseling practicum student in the Department of Psychology/Counseling at Mississippi College. I understand that my identity will remain anonymous and all information will be kept in strictest confidence. My signature below indicates that I understand that counseling services are being rendered to me by the intern under direct supervision by a qualified site supervisor and a faculty member in the Department of Counseling/Psychology at Mississippi College.

I grant permission for the recording our sessions for educational purposes only. I also give permission for the recording to be evaluated by the site supervisor and a Mississippi College faculty supervisor. Students with me in group supervision may watch the recorded sessions only when used as a part of their counselor training program.

I understand I may withdraw this consent at any time. If I have any questions or concerns about the practices of my counselor, I understand that I may contact the site supervisor, \_\_\_\_\_, or the Mississippi College Faculty Instructor with the contact information listed below:

**Site Supervisor contact information:**

**Name :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Faculty Supervisor contact information:**

**Name :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**ON-SITE VISITATION REPORT  
PRACTICUM SUPERVISION SITE**

Date of Visit \_\_\_\_\_

Name of Student \_\_\_\_\_

\_\_\_\_\_ Practicum Student                      \_\_\_\_\_ Intern

Agency Visited \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_

Activities Observed:

Comments:

\_\_\_\_\_  
Site-Supervisor Signature

\_\_\_\_\_  
Faculty Supervisor Signature

# **COUNSELING INTERNSHIP HANDBOOK**

MISSISSIPPI COLLEGE  
SCHOOL OF EDUCATION  
DEPARTMENT OF PSYCHOLOGY  
AND COUNSELING

# MISSISSIPPI COLLEGE STUDENT/SITE SUPERVISOR INTERNSHIP/PRACTICUM AGREEMENT

This constitutes a written agreement between \_\_\_\_\_, a Mississippi College Master’s degree student enrolled in Practicum, Internship I, Internship II, or Internship III, and a Site Supervisor who has agreed to assume full responsibility for the clinical activities of the practicum student or student intern in the field site and to provide direct weekly interaction with an average of one-hour per week of individual and/or triadic supervision throughout the internship.

The name of the site or clinical instruction setting is \_\_\_\_\_  
(Name of placement)

located at \_\_\_\_\_  
Address City State Zip Phone Number Email

The supervision of this internship experience will be completed by:

\_\_\_\_\_  
Site Supervisor’s Name Degree Title or Affiliation With Clinical Site

**The supervisor agrees to meet the following criteria in accordance with the Code of Ethics of the American Counseling Association, applicable licensure laws, rules, and regulations for an approved internship experience, and CACREP guidelines for clinical instruction. Place a check by all guidelines to which you agree and place a check by appropriate statements.**

The Site Supervisor is appropriately licensed or certified as mental health professional in the Mississippi or the state in which the clinical training is earned. The Site Supervisor must have a minimum of a Master’s degree in counseling and two years of pertinent professional experience in the program area or specialization in which the counseling trainee is completing clinical instruction, and knowledge of the counseling program expectations at Mississippi College. Other mental health professionals may be approved as site supervisors for the mental health program on a case-by-case basis.

***Mark all appropriate designations.***

- \_\_\_\_\_ School Counselor certification (required for school counseling interns)
- \_\_\_\_\_ Licensed Professional Counselor (strongly preferred for mental health counseling)
- \_\_\_\_\_ Licensed Marriage and Family Counselor
- \_\_\_\_\_ Board Certified Counseling Supervisor (not required)
- \_\_\_\_\_ Other \_\_\_\_\_

The Supervisor is not a relative of the student trainee as defined as spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt, uncle, or one who is or has been related by marriage.

The Supervisor shall assume full responsibility for the clinical activities and services of the intern/practicum student during the duration of the supervised experience.

The Supervisor will provide opportunities at the clinical site for the student trainee to complete direct and indirect hours toward the minimum requirements in each course. Approved training sites **must** provide opportunities for each student trainee to complete their training hours. Internships are completed in two semesters with half the hours completed in Internship I and half in Internship II. Occasionally mental health students will complete 300 hours each semester and take an additional Internship III. The minimum number of direct hours are indicated, but students may earn more direct hours than those specified. Please mark the appropriate requirement.

- \_\_\_\_\_ Practicum – 100 hours of supervised clinical experience with 40 hours of direct service activities and 10 hours of the direct service in group activities.
- \_\_\_\_\_ Internship – Mental Health Counseling – 900 total hours of supervised clinical experience with 360 hours of direct service activities completed in two semesters (or three if the student chooses.)
- \_\_\_\_\_ Internship – Marriage and Family Counseling -- 600 total hours of supervised clinical experience with 240 hours of direct service activities (with 121 or more of those direct hours earned providing direct service to couples or family units) completed in two semesters.
- \_\_\_\_\_ Internship – School Counseling – 600 total hours of supervised clinical experience with 240 hours of direct service activities completed in two semesters.

- During each semester of the practicum or internship course, the Practicum Student/Counselor Intern may participate in supervised clinical experience in as many as two approved training sites provided the majority of clock hours are completed in one site, designated as primary, and the remaining hours in another approved site, designated the secondary training site. The clinical activities and services performed in each site shall be monitored and directed by the Site Supervisor who shall assume full responsibility for the clinical activities and services of the Practicum Student/Counselor Intern during the duration of the supervised experience in the respective site. A Student/Site Supervisor Agreement shall be signed for each site.
- The supervisor will monitor, direct and provide supervision for the following categories of DIRECT counseling activity.
  - a. Conducting or directly participating in individual counseling
  - b. Conducting or directly participating in couple and family counseling
  - c. Conducting or directly participating in group guidance, psychoeducational, and preventive interventions
  - d. Conducting or participating in group counseling
  - e. Conducting interviews or directly participating in interviews related to services with particular clients
  - f. Conducting or directly participating in case consultation or collaboration related to services with particular clients (i.e., clients served in face-to-face or direct contacts provided by the Counselor Intern)
  - g. Completing documentation, such as case notes, related to services with particular clients
  - h. Completing case staffing or service planning related to services with particular clients
  - i. Completing assessment or testing related to services with particular clients
- The Site Supervisor and Faculty Supervisor will monitor, direct and provide supervision for the following categories of INDIRECT counseling activity.
  - a. Conducting or participating in case reviews, audits, plans, or evaluations not related to services to particular clients
  - b. Conducting or participating in interviews, supervision, consultation, or staffing activities not related to services to particular clients
  - c. Conducting or participating in documentation or record keeping not related to services to particular clients
  - d. Conducting or participating in information or referral not related to services to particular clients
  - e. Conducting or participating in staff and inservice meetings not related to particular clients
  - f. Conducting or participating in training sessions and activities
  - g. Reviewing and evaluating a variety of professional resources including assessment instruments, treatment protocols, technologies, print and nonprint media, and other professional materials
  - h. Reviewing and evaluating professional literature and research relevant to the clinical site and its clients
  - i. Reviewing and evaluating professional literature, research, and resources relevant to the multicultural needs of clients in the clinical site
  - j. Reflecting on professional counselor identity, personal growth, and ongoing personal and professional needs associated with the clinical training experience
  - k. Completing chart or file reviews related to services with particular clients
- The practicum student or intern **must** receive supervision of actual counseling sessions on a regular basis by the site supervisor. CACREP regulations require this, for it is an essential part of the learning process. All recording must conform to the 2005 ACA Code of Ethics with appropriate releases and removal of as much identifying information as possible, and the policies and procedures of the training site. Live, observational, and interactive supervision may be used as determined by the Site Super-

visor in conjunction with the Faculty Supervisor.

**Mark all forms of supervision which will be allowed.**

- \_\_\_\_\_ Videotaping of student-in-training only (strongly desired)  
 \_\_\_\_\_ Audiotaping will be allowed (strongly desired)  
 \_\_\_\_\_ Live supervision will be provided

- The Site Supervisor will complete a brief checklist located at the end of the *Training Log of Counseling Activities and Supervision* form every week to document the student's progress. The form will be returned to the student, who is responsible for returning it to the Mississippi College Faculty Supervisor.
- The Site Supervisor will complete a one-page evaluation form at the end of the *Training Log of Counseling Activities and Supervision Final Form* at the completion of the semester. The form will be returned directly and confidentially to the Mississippi College Faculty Supervisor in a sealed envelope with signature over the seal or by fax.
- The Site Supervisor will complete a one-page form, *Student Personal Characteristics Review Form*, at the completion of the semester. The form will be returned directly to the Mississippi College Faculty Supervisor.
- The Site Supervisor will meet with the Mississippi College Faculty Supervisor at least one time during the semester to discuss student learning needs and progress. When necessary, one or more telephone conversations may be substituted for a visit. In addition, the Site Supervisor or Mississippi College Faculty Supervisor may initiate contacts to address concerns and develop plans of remediation as needed.

**The Practicum Student or Counselor Intern agrees to meet the following criteria in accordance with the Code of Ethics of the American Counseling Association, applicable licensure laws, rules, and regulations for an approved practicum or internship experience, and CACREP guidelines for clinical instruction.**

*Please check all blanks to indicate agreement.*

- The Practicum Student/Counselor Intern will maintain the highest ethical standards by reviewing and discussing with the Site Supervisor and Faculty Supervisor as needed guidelines for client care, informed consent, confidentiality, mandated reporting, and training requirements.
- The Practicum Student/Counselor Intern will schedule, attend, and participate in weekly supervision sessions with the Site Supervisor.
- The Practicum Student/Counselor Intern will attend and participate in weekly group supervision sessions and other scheduled meetings with the Faculty Supervisor.
- The Practicum Student/Counselor Intern will schedule, attend, and participate in direct counseling services and activities sufficient to satisfy the minimum requirements for the internship course:
  - a. 100 clock hours in direct and indirect services for the Practicum course, including at least 40 hours of direct service
  - b. 300 clock hours in direct and indirect services for the School Counseling and Marriage and Family Counseling Programs, including at least 120 hours in direct services each semester and a majority of hours in the specialized program area (e.g., 60.5 hours in systemic interventions with couples and families in the Marriage and Family Counseling Program)
  - c. 450 clock hours in direct and indirect services for the Mental Health Counseling Programs, including at least 180 hours in direct services each semester
  - d. The Counselor Intern will conduct or directly participate in some counseling activities in most of the categories of direct and indirect service identified on the evaluation forms in order to insure variety of counseling activities that a professional counselor is expected to perform.
  - e. Direct clinical hours may be completed at two approved sites with permission of the Mississippi College Faculty Supervisor provided the majority of one's hours are completed at a primary site and there are signed Student/Site Supervisor Practicum/Internship Agreements for both sites.



**INTERNSHIP COMPLETION CHECKLIST**

It is the student’s responsibility to complete all of the following items by the due dates provided by your Mississippi College Faculty Supervisor. Note the date each item is completed.

\_\_\_\_\_ *Student/Site Supervisor Practicum/Internship Agreement* (Date signed by Faculty Supervisor)

\_\_\_\_\_ Proof of current professional liability insurance coverage

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week # 1

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #2

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #3

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #4

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #5

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #6

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #7

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #8

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #9

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #10

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #11

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #12

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #13

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #14

\_\_\_\_\_ Training Log of Counseling Activities and Supervision and Calendar, Week #15

\_\_\_\_\_ Final Training Log of Counseling Activities and Supervision and Calendar handed to the instructor of record

\_\_\_\_\_ *Student Evaluation of Internship Site* (completed by Counselor Intern)

\_\_\_\_\_ *Student Personal Characteristics Review Form* (completed by Site Supervisor)

\_\_\_\_\_ TOTAL INTERNSHIP HOURS COMPLETED

\_\_\_\_\_ TOTAL DIRECT SERVICE HOURS COMPLETED

\_\_\_\_\_ TOTAL INDIRECT SERVICE HOURS COMPLETED

\_\_\_\_\_ TOTAL NUMBER OF INDIVIDUAL SUPERVISION HOURS

\_\_\_\_\_ TOTAL NUMBER OF GROUP SUPERVISION HOURS

STUDENT SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**MISSISSIPPI COLLEGE**  
**Training Log of Counseling Activities and Supervision – Form # \_\_\_\_\_**

STUDENT NAME: \_\_\_\_\_ Date Range: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

<b>Clinical Activity</b>		<b>Total Hour</b>	
<b>Direct</b>	Individual Counseling	_____	Indiv. M & F _____
	Group Counseling	_____	
	Family/Couples Counseling	_____	
	Intake Interviews/Assessments	_____	
	Case Notes	_____	
	Treatment Planning/Agency Staffing	_____	
	Testing	_____	
	Consultation	_____	
	Psycho-Educational Instruction/Intervention	_____	
	Other: _____	_____	<b>Total Direct</b> _____
<b>Indirect</b>	Orientation	_____	
	Case Management	_____	
	Case/File Review	_____	
	Marketing/Public Relations	_____	
	Program Evaluation	_____	
	Administration	_____	
	Individual On-site Supervision	_____	Date: ____/____/____
	Professional Development	_____	
	Other: _____	_____	<b>Total Indirect</b> _____

**EVALUATION OF CLINICAL ACTIVITIES (completed by SUPERVISOR)**

Please rate student in the following activities (circle one response for each activity):

	<b>Needs Substantial Improvement</b>	<b>Some Improvement Needed</b>	<b>Adequate</b>	<b>Above Average</b>	<b>Excellent</b>	<b>Not Applicable or Observed</b>
Individual Counseling	1	2	3	4	5	0
Couple/Family Counseling	1	2	3	4	5	0
Group Counseling	1	2	3	4	5	0
Education/Intervention	1	2	3	4	5	0
Interviewing/Intake	1	2	3	4	5	0
Consultation/Collaboration	1	2	3	4	5	0
File Review	1	2	3	4	5	0
Documentation	1	2	3	4	5	0
Treatment Planning	1	2	3	4	5	0
Testing/Assessment	1	2	3	4	5	0
Time Management	1	2	3	4	5	0
Self/Other Awareness	1	2	3	4	5	0
Motivation	1	2	3	4	5	0
Autonomy	1	2	3	4	5	0
Participation in Supervision	1	2	3	4	5	0
<b>Overall Rating</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>

Signature of Site Supervisor \_\_\_\_\_

Date \_\_\_\_\_

**MISSISSIPPI COLLEGE**  
**Training Log of Counseling Activities and Supervision – FINAL FORM**

STUDENT NAME: \_\_\_\_\_ Semester: Spring Summer Fall Year: \_\_\_\_\_

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

**Instructions:** Tabulate the number of hours accumulated for each Clinical Activity throughout the semester. Then total the Direct and Indirect hours for the total semester.

<b>Clinical Activity</b>		<b>Total Hours for Semester</b>	
<b>Direct</b>	Individual Counseling (Total)	_____	# of Total Indiv. M & F _____
	<b>Group Counseling</b>	_____ (*)	
	Family/Couples Counseling	_____	
	Intake Interviews/Assessments	_____	
	Case Notes	_____	
	Treatment Planning/Agency Staffing	_____	
	Testing	_____	
	Consultation	_____	
	Psycho-Educational Instruction/Intervention	_____	
	Other: _____	_____	
			<b>Semester Total Direct</b> _____ (A)
<b>Indirect</b>	Orientation	_____	
	Case Management	_____	
	Case/File Review	_____	
	Marketing/Public Relations	_____	
	Program Evaluation	_____	
	Administration	_____	
	Individual On-site Supervision	_____	
	Professional Development	_____	
	Other: _____	_____	
			<b>Semester Total Indirect</b> _____ (B)

**Instructions:** Record the (A) Semester Total Direct and (B) Semester Total Indirect Hours in the blanks below. Then total them to determine the Combined Total Semester Hours. Also, record the total of (\*) Group Counseling Hours in the blank below.

**Total Semester Hours:**

**Direct** \_\_\_\_\_ (A)      **Total Group Counseling** \_\_\_\_\_ (\*)

**Indirect** \_\_\_\_\_ (B)      **Combined** \_\_\_\_\_

(Continued on next page)

**EVALUATION OF CLINICAL ACTIVITIES (completed by SUPERVISOR)**

Please rate student in the following activities (circle one response for each activity):						
	<b>Needs Substantial Improvement</b>	<b>Some Improvement Needed</b>	<b>Adequate</b>	<b>Above Average</b>	<b>Excellent</b>	<b>Not Applicable or Observed</b>
Individual Counseling	1	2	3	4	5	0
Couple/Family Counseling	1	2	3	4	5	0
Group Counseling	1	2	3	4	5	0
Education/Intervention	1	2	3	4	5	0
Interviewing/Intake	1	2	3	4	5	0
Consultation/Collaboration	1	2	3	4	5	0
File Review	1	2	3	4	5	0
Documentation	1	2	3	4	5	0
Treatment Planning	1	2	3	4	5	0
Testing/Assessment	1	2	3	4	5	0
Time Management	1	2	3	4	5	0
Self/Other Awareness	1	2	3	4	5	0
Motivation	1	2	3	4	5	0
Autonomy	1	2	3	4	5	0
Participation in Supervision	1	2	3	4	5	0
<b>Overall Rating</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>

Signature of Site Supervisor \_\_\_\_\_

Date \_\_\_\_\_

*Attention Supervisor: Please return this form as well as any other final evaluation forms to your student's faculty supervisor by fax or in a sealed envelope with your signature across the seal.*

**WEEKLY CALENDAR OF CLINICAL ACTIVITIES**

**NAME:** \_\_\_\_\_ **DATES: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
6:00 AM						
7:00						
8:00						
9:00						
10:00						
11:00						
12:00 PM						
1:00						
2:00						
3:00						
4:00						
5:00						
6:00						
7:00						
8:00						
9:00						
10:00						

## STUDENT PERSONAL CHARACTERISTICS REVIEW FORM

Student \_\_\_\_\_ Semester \_\_\_\_\_ Date \_\_\_\_\_

<b>Rating Criteria: 1 – Unsatisfactory 2 – Below Average 3 – Average 4 – Above Average 5 – Exceptional 0 – Not Applicable</b>						
<b>Integrity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
Respects the fundamental rights, worth, dignity and diversity of all people						
Respects the rights of individuals to privacy, confidentiality and self-determination						
Does not make misleading, false or deceptive statements						
Behaves in accordance with the program's accepted code(s) of ethics and standards						
<b>Maturity</b>						
Student is open, flexible and positive						
Demonstrates personal responsibility						
Demonstrates willingness to receive and use feedback appropriately						
Expresses feelings effectively and appropriately						
Demonstrates willingness to cooperate and exercise appropriate self control						
Demonstrates awareness of his/her own belief system, values, needs, and limitations do not actively interfere with his/her professional work						
<b>Professional Responsibility</b>						
Relates to peers, professors, and others in an appropriate manner						
Does not exploit or mislead other people during or after professional relationships						
Applies legal and ethical standards appropriately during the training program						
Follows instructions and accepts advice and suggestions						
<b>Competence</b>						
Takes responsibility for compensating his/her deficiencies						
Demonstrates basic cognitive skills and appropriate affect in response to clients						
Provides only those services and applies only those techniques for which she/he is qualified by education, training or experience						

### STUDENT EVALUATION OF TRAINING SITE

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

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

Student Completing Evaluation: \_\_\_\_\_

On a scale of "1" being Very Poor to "3" being Adequate and "5" being Superior, please rate and comment on the above named site.

	Rating	Comments
<b>1. Orientation to Site</b>		
a. Adequacy of orientation		
b. Introduction to site (facility, policies, staff, etc.)		
c. Preparation for contact with clients		
<b>2. Professional Treatment</b>		
a. Professional environment		
b. Inclusion in professional activities		
c. Respectful, professional treatment		
d. Interaction with professional staff members		
e. Opportunities for contribution		
<b>3. Quality of Site Supervision</b>		
a. Supervision was regularly scheduled and conducted		
b. Supervision was helpful and supportive		
c. Supervision was appropriate given my level of training and professional development		
d. Supervision strengthened professional identity		

<b>4. Experiences</b>		
a. Opportunities for client contacts		
b. Opportunities to engage in variety of services		
c. Opportunities for multicultural experiences		
d. Availability of professional references and resources		
e. Development of clinical knowledge and skills		
<b>5. Global Evaluation</b>		
a. Preparation for ongoing training/continuing education		
b. Preparation for employment or career		
c. Overall impression of the site		

**CLIENT PERMISSION FORM**

I \_\_\_\_\_ agree to receive services from a counseling intern in the Department of Psychology/Counseling at Mississippi College. I understand that my identity will remain anonymous and all information will be kept in strictest confidence. My signature below indicates that I understand that counseling services are being rendered to me by the intern under direct supervision by a qualified site supervisor and a faculty member in the Department of Counseling/Psychology at Mississippi College.

I grant permission for the recording our sessions for educational purposes only. I also give permission for the recording to be evaluated by the site supervisor and a Mississippi College faculty supervisor. Students with me in group supervision may watch the recorded sessions only when used as a part of their counselor training program.

I understand I may withdraw this consent at any time. If I have any questions or concerns about the practices of my counselor, I understand that I may contact the site supervisor, \_\_\_\_\_, or the Mississippi College Faculty Instructor with the contact information listed below:

**Site Supervisor contact information:**

**Name :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Faculty Supervisor contact information:**

**Name :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CLIENT PERMISSION FORM FOR MINOR CHILD**

I \_\_\_\_\_ agree to allow my child, \_\_\_\_\_ to be counseled from a counseling intern in the Department of Psychology/Counseling at Mississippi College. I understand that my identity will remain anonymous and all information will be kept in strictest confidence. My signature below indicates that I understand that counseling services are being rendered to me by the intern under direct supervision by a qualified site supervisor and a faculty member in the Department of Counseling/Psychology at Mississippi College.

I grant permission for the recording our sessions for educational purposes only. I also give permission for the recording to be evaluated by the site supervisor and a Mississippi College faculty supervisor. Students with me in group supervision may watch the recorded sessions only when used as a part of their counselor training program.

I understand I may withdraw this consent at any time. If I have any questions or concerns about the practices of my counselor, I understand that I may contact the site supervisor, \_\_\_\_\_, or the Mississippi College Faculty Instructor with the contact information listed below:

**Site Supervisor contact information:**

**Name :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Faculty Supervisor contact information:**

**Name :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**ON-SITE VISITATION REPORT  
INTERNSHIP SUPERVISION SITE**

Date of Visit \_\_\_\_\_

Name of Student \_\_\_\_\_

\_\_\_\_\_ Practicum Student                      \_\_\_\_\_ Intern

Agency Visited \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_

Activities Observed:

Comments:

\_\_\_\_\_  
Site-Supervisor Signature

\_\_\_\_\_  
Faculty Supervisor Signature

