Dear Site Supervisor,

Thank you for agreeing to supervise a supervisee in the counseling program at Eastern Illinois University. Practicum and Supervised Clinical Experience (Internship) are the culminating activities in the training of our supervisees and as such, requires the application of the counselor's competencies in actual counseling experiences with client and/or supervisees. This is both an exciting and anxious time for our supervisees as they look to you to help them grow professionally and hone the craft of counseling.

Our hope is that you will approach supervision seriously and look to make a significant impact on the professional life of our supervisees. Like counseling, supervising is not easy and requires professionals who are committed to facilitating a “dyadic activity whereby the supervisor facilitates the provision of feedback to the supervisee, which is based on the interpersonal communication between both members of the dyad and can pertain to the work in supervision, the supervisee, the supervisee's clients, or the supervisor” (Ladany and Inman, in press). Bernard and Goodyear (2009) defined supervision this way:

Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to clients...serving as a gatekeeper for those who are to enter the particular profession (p.8).

So, this relationship involves evaluating, enhancing, monitoring, and gate-keeping over a prescribed length of time.

We know from research that a well-organized practicum or internship with a clear idea of what is expected will result in a satisfactory supervisory experience (Baird, 2011). Therefore, we encourage you to plan ahead concerning what you expect from the supervisee and how supervision will proceed.

Of course this challenge applies to us as well. We also need to provide the same principles to how we set up practicum and internship so that you are prepared to provide an excellent supervisory experience for our supervisees. For this reason, we have developed a manual that will provide guidelines and tools needed to complete this academic requirement. We encourage you to read the manual and let us know if you have any questions. Along with the contract, this manual is a critical step in ensuring that our supervisees have the best experience possible and provides a successful bridge to their professional careers.

According to Boylan & Scott (2009), there are certain factors interns have stated are important to their successful growth during practicum/internship:

» Clear expectations
» Standards of accountability
» Understanding the intern's needs
» Being prepared for supervision
» Providing purposeful continuity
» Providing an equitable environment (if supervising more than one intern)

For this reason, this manual is designed to provide you with the minimum factors necessary to provide professional supervision for the supervisees.

Sincerely,

Dr. Gloria Leitschuh
Clinical Counseling Practicum/Internship Coordinator
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According to Boylan & Scott (2009), there are certain factors interns have stated are important to their successful growth during practicum/internship:

- Clear expectations
- Standards of accountability
- Understanding the intern’s needs
- Being prepared for supervision
- Providing purposeful continuity
- Providing an equitable environment (if supervising more than one intern)

For this reason, this manual is designed to provide you with the minimum factors necessary to provide professional supervision for the supervisees.

**Practicum Introduction**

Practicum is intended to combine course work with a 100 hour (a minimum of 40 hours of direct work with clients and 10 of these hours must include group counseling) field experience conducted in a setting as similar as possible to that in which Practicum supervisees subsequently intends to seek employment. The nature of this experience should be very much like that of a regular counseling position, but with intensive supervision both on-site and on-campus. Because the Practicum experience occurs after supervisees have mastered basic-level communication skills and have taken a pre-Practicum course, the emphasis at this stage of their development must be upon training rather than service provision. Practicum sites and supervisors play a pivotal role in helping supervisees begin the transition into their professional identities. For this reason, developing a Practicum plan with sufficient emphasis upon professional development is extremely important.

**Internship Introduction**

M.S. in Counseling (Clinical Mental Health) – 60 hour program:
Internship is intended to be an intensive 900 hour field experience over three consecutive semesters (300 hours each semester—120 hours of direct work with clients) conducted in a setting as similar as possible in which the supervisees subsequently intends to seek employment. The nature of this experience should be very much like that of a regular counseling position, but with closer supervision than is usually the case with an employed counselor. Internship should occur at the end of the training program, and the supervisees are expected to put into practice the knowledge and skills previously acquired in their program. The level of training at the point of entry into Internship will insure that the arrangement will be mutually beneficial to the site and to the supervisees.

**Site Supervisor**

**Training and Experience**

Site Supervisors will:

- have a minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses and two years of post-degree experience. Clinical agency supervisors should have two years of supervised clinical experience and be involved in acquiring 18 hours of mandated supervision training.


  Signing of the agreement signifies the guidelines have been read and understood (Appendix O).
Responsibilities

Site Supervisors will:

- read and sign the contract;
- act as a liaison to the Department of Counseling and Student Development. All contact regarding the Supervisee will be addressed to the EIU Faculty Supervisor unless otherwise noted;
- arrange for a Supervisee orientation program and training for the purpose of familiarizing the Supervisee with the site’s philosophy, policies, and procedures. This includes case record management, confidentiality policy, adequate disclosure, crisis management, treatment protocol and termination procedures;
- provide the Supervisee access to opportunities for educational experiences including:
  - group and individual counseling
  - consultation with staff, agencies and families
  - assistance with appropriate interpretation of testing materials
  - access to case management meetings;
- provide feedback to Supervisees regarding legal and ethical guidelines governing each client;
- provide timely feedback to EIU Faculty Supervisor regarding concerns with Supervisee’s performance.

Rights

Site Supervisors have the right to:

- be made aware of the Practicum/Internship requirements;
- expect the Supervisee’s regular and punctual attendance for counseling services, supervision and other site-related activities;
- evaluate the Supervisee’s performance, based on the stated criteria in the Practicum/Internship syllabus and the Clinical Mental Health Counseling Practicum/Supervised Clinical Experience (Internship) Manual;
- expect Supervisees to follow directives when they are given;
- determine the assignment or reassignment of cases, based on the interface of the Supervisee’s skill level, professional development and the presenting issue;
- consult with the EIU Faculty Supervisor on issues relevant to the Supervisee.
Requirements and Paperwork for
PRACTICUM

Requirements

Site Supervisor is required to:

- meet regularly for one hour per week of individual, face-to-face supervision with the Supervisee(s);
- review work samples via audio, video or live observation and case notes as a regular part of ongoing supervisory process;
- be available for consultation during hours the Practicum Supervisee is providing services to clients (may be by phone or in person);
- provide Supervisees with experiences that will help them prepare for employment in a comparable professional setting;
- assign and supervise tasks within the Supervisee’s capabilities. These tasks should be designed to allow the Supervisee to further develop counseling knowledge, attitudes, values and skills. This will include a total of 100 hours; a minimum of 40 hours of direct work with clients. Ten of the direct hours must include group counseling;
- provide space, equipment and supplies as needed by the Supervisee to carry out assignments. This should include clerical service for records if this service is provided for other staff;
- provide opportunities for the Supervisee to audio and/or video tape clients and/or group counseling sessions for the purpose of supervision during practicum. Written permission of clients immediately involved must be obtained (refer to Appendix H).

Paperwork

Site Supervisors should expect to complete the following paperwork:

- complete and return a Practicum Demographic Information Form to the CSD Office Manager (see Appendix G);
- complete and return a Practicum Manual Agreement Form to the CSD Office Manager (see Appendix O);
- complete a midterm and final evaluation of the Supervisee’s performance and return to the EIU Faculty Supervisor (see Appendix L);
- contact the CSD Office Manager to request a tuition waiver (see Appendix N).

Requirements and Paperwork for
INTERNSHIP

Requirements

Site Supervisor is required to:

- ensure that the Supervisee complete 300 hours per semester with 120 of those hours being direct service work with clients. Ten of the direct hours must include group counseling

Note: Supervisees are neither to replace staff nor to render services except as identified for educational value. (Paid Supervisees may be required to perform no more than 10% of duties unrelated to their Internship requirements);
• meet regularly for one hour of individual, face-to-face supervision with the Supervisee;
• provide one and one-half hours of group staffing;
• review at least six video, audio or live observations of the Supervisee providing counseling services. Supervision should also include review of Supervisee’s written documentation;
• collaborate with Supervisee to develop goals for working at the site;
• arrange for professional working space and facilities for the Supervisee’s use (office, desk, phone, etc.);
• make provisions for the supervisee to attend site’s area and regional meetings, conferences, workshops, etc., which the Site Supervisor normally attends;
• be available for consultation during hours the Supervisee is providing services to clients (may be by phone or in person).

Paperwork

Site Supervisors should expect to complete the following paperwork:
• complete and return an Internship Demographic information form to CSD Office Manager (see Appendix G);
• complete and return a Internship Manual Agreement Form to the CSD Office Manager (see Appendix O).
• complete a midterm and final evaluation of the Supervisee’s performance and return to EIU Faculty Supervisor (see Appendix L);
• complete an “Internship Supervisory Survey” provided by the CSD and return CSD Office Manager (see Appendix L);
• contact the CSD Office Manager to request a tuition waiver (see Appendix N).

Removing a Supervisee from a Site

Personality, interpersonal, or other issues may interfere with a Supervisee success as a counselor. Because it is the responsibility of the department and EIU to both train and protect the public from harm, it is possible that a Supervisee may be asked to remediate any such issues should they persist to negatively impact their development as a counselor and their work with students. A Supervisee may be removed from a site, the course or the program (in consultation with the EIU Faculty Supervisor and Department Chairperson) if the Supervisee does not follow the directives contained in this agreement or course requirements.

The Supervisee may be removed from his/her Practicum or Internship due to:
• failure to function in a responsible and professional manner;
• failure to adhere to the ACA code of ethics;
• failure to adhere to the Illinois laws concerning counselors;
• request from the site.

Removal from a Practicum or Internship site will result in:
• a failing grade for the course and/or the implementation of remediation plan;
• at the discretion of the EIU Practicum/Internship Coordinator, reassignment to another site; and/or
• removal from the program, depending on the seriousness of the offense.
The EIU Faculty Supervisor has the right to:

- determine the expectations and requirements of the Practicum or Internship class;
- have final determination about the readiness of a Supervisee to begin Practicum or Internship;
- expect the Supervisee’s regular and punctual attendance in class;
- evaluate the Supervisee’s performance based on the stated criteria in the syllabus and the Clinical Mental Health Counseling Practicum/Supervised Clinical Experience (Internship) Manual;
- expect the Supervisee to follow directives when they are given by the EIU Faculty Supervisor and/or the Site Supervisor;
- review and discuss all of the Supervisee’s caseloads;
- discuss the personal and professional growth as a counselor with the Supervisee, the Site Supervisor and other counseling faculty;
- identify areas for remediation if the Supervisee’s skills, abilities and/or performance are not satisfactory.

The EIU Faculty Supervisor has the responsibility to:

- follow the American Counseling Association (ACA) and Association for Counselor Education and Supervision (ACES) code of ethics and Illinois law regulating counselor practice;
- clearly state expectations, requirements and grading criteria;
- meet regularly for one hour of individual, face-to-face supervision with the Supervisee throughout Practicum;
- meet two and one half hour per week of group supervision throughout Practicum;
- meet on average one and one half hour a week of group supervision throughout Internship;
- inform the Supervisee of the ethical responsibilities and standards of the profession;
- inform the Supervisee of legal issues related to the profession;
- coordinate with the Site Supervisor to ensure that the Supervisee is maintaining case records on each client, according to Practicum, Internship and/or site requirements;
• schedule discussions, lectures or other training experiences during class time, or when necessary, additional times to meet the developmental and professional training needs of the Supervisees. Ultimately, the Site Supervisor is responsible for issues pertaining to specific clients;

• provide feedback to the Supervisee regarding his/her skill development and professional growth at regular intervals during the semester;

• inform the Supervisee when progress is not satisfactory and develop a remediation plan for the Supervisee, if appropriate.

Supervisee

Rights

The Supervisee has the right to:

• be informed about the criteria for evaluation in the course and to receive progress evaluations from the EIU Faculty Supervisor;

• expect supervision and feedback in the management of cases by the Site Supervisor and the EIU Faculty Supervisor according to Practicum/Internship syllabus requirements;

• be informed about the procedure for handling emergencies according to both site and EIU policies;

• ask questions regarding the counseling process, standards of care and the most appropriate handling of cases;

• to have the policies and procedures of the site explained fully.

Responsibilities

The Supervisee has the responsibility to:

• locate and secure an approved site for completion of Practicum or Supervised Clinical Experience (Internship);

• locate and secure an approved Site Supervisor;

• have punctual and regular attendance at the site, for the Practicum or Supervised Clinical Experience (Internship) course, and for all meetings with Site Supervisor and EIU Faculty Supervisor;

• provide clients at site with a quality experience;

• dress and behave in an appropriate and professional manner while on site as determined by the Site Supervisor;

• make clear disclosure with clients at site including their status as a counseling Practicum or Internship Supervisee;

• come prepared for class, supervision sessions, and counseling sessions;

• request additional supervision as needed;
• become educated about client problems, treatments and interventions, using the research literature as appropriate;

• notify the EIU Faculty Supervisor when issues arise with the Site Supervisor, the site, or with clients that are not adequately addressed by the Site Supervisor;

• inform the Site Supervisor and the EIU Faculty Supervisor of problems with cases or client emergencies;

• compile and maintain complete client records and documentation in a timely and professional manner;

• follow the American Counseling Association (ACA) code of ethics and Illinois law regulating counselor practice;

Appendix A

Application for
Clinical Mental Health
Counseling Practicum
Application for
Clinical Mental Health Counseling Practicum
Department of Counseling and Student Development
Eastern Illinois University

NOTE: Supervisees must attend a Practicum Informational meeting the semester prior to Practicum.

(Type or print clearly) DATE ________________

Name ____________________________ Banner E# __________________________

Street Address __________________________

City __________________________ State _______ Zip Code ________

Telephone # __________________________ Cell Telephone # __________________________

E-Mail Address __________________________

PREREQUISITES: CSD 5630 (Practicum) requires the following pre-requisites: CSD 5500, CSD 5510, CSD 5520, CSD 5530 must be completed before taking Practicum; and CSD 5980, CSD 5620, and CSD 5930 must have been completed or may be taken concurrently with CSD 5630. Completion of CSD 5530 with a grade of “B” or better and approval of the Departmental Chair are required for registration.

ANTICIPATED GRADUATION DATE: ________________________

SEMESTER FOR PRACTICUM REQUEST: ☐ Fall ☐ Spring ☐ Summer

PREFERRED PRACTICUM SITE: __________________________

PREFERRED PRACTICUM Class Time __________________________
Appendix B

Clinical Mental Health Counseling Practicum Agreement
Practicum Agreement
Clinical Mental Health Counseling
Department of Counseling and Student Development
Eastern Illinois University

The following are the agreement conditions for the Board of Trustees of Eastern Illinois University (EIU) and the EIU Department of Counseling and Student Development (CSD) program for the benefit of ______________________________ (Supervisee) for Practicum experience at _________________________________________________________________________________________ (Site)

________________________________________________________________________________________________________________
(Site Street Address, City, State, Zip)

(Telephone) (Site Supervisor’s Email Address)

This contract is valid only during the period beginning _____/_____/________ and ending _____/_____/________

Introduction
Practicum is intended to combine course work with a 100 hour field experience conducted in a setting as similar as possible to that in which Practicum supervisees subsequently intend to seek employment. The nature of this experience should be very much like that of a regular counseling position, but with intensive supervision both on-site and on-campus. Because the Practicum experience occurs after supervisees have mastered basic-level communication skills and have taken a pre-Practicum course, the emphasis at this stage of their development must be upon training rather than service provision. Practicum sites and supervisors play a pivotal role in helping supervisees begin the transition into their professional identities. For this reason, developing a Practicum plan with sufficient emphasis upon professional development is extremely important.

Site Supervisor

Training and Experience
Site Supervisor will:
» a minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and licenses and two years of post degree experience. Clinical agency supervisors should have two years of supervised clinical experience and be involved in acquiring 18 hours of mandated supervision training;

» read and understand the Ethical Guidelines for Counseling Supervisors adopted by the Association for Counselor Education and Supervision (ACES). Signing of the agreement signifies the guidelines have been read and understood.

Responsibilities
Site Supervisor will:
» act as a liaison to the Department of Counseling and Student Development. All contact regarding the Supervisee will be addressed to the EIU Faculty Supervisor unless otherwise noted;

» arrange for a Supervisee orientation program and training for the purpose of familiarizing the Supervisee with the site’s philosophy, policies and procedures. This includes case record management, confidentiality policy, adequate disclosure, crisis management, and treatment protocol and termination procedures;

» provide the Supervisee access to opportunities for educational experiences including:
   » group and individual counseling
   » consultation with staff, agencies and families
   » assistance with appropriate interpretation of testing materials
   » access to case management meetings;

» provide feedback to Supervisees regarding legal and ethical guidelines governing each client;

» provide timely feedback to EIU Faculty Supervisor regarding concerns with Supervisee’s performance.
Rights
Site Supervisor has the right to:
» be made aware of the Practicum requirements;
» expect the Supervisee’s regular and punctual attendance for counseling services, supervision and other site-related activities;
» evaluate the Supervisee’s performance, based on the stated criteria in the Practicum syllabus and the Clinical Mental Health Counseling Practicum/Supervised Clinical Experience (Internship) Manual;
» expect Supervisees to follow directives when they are given;
» determine the assignment or reassignment of cases, based on the interface of the Supervisee’s skill level, professional development and the presenting issue;
» consult with the EIU Faculty Supervisor on issues relevant to the Supervisee.

Requirements
Site Supervisor is required to:
» meet regularly for one hour per week of individual, face-to-face supervision with the Supervisee;
» review work samples via audio, video or live observation and case notes as a regular part of ongoing supervisory process;
» be available for consultation during hours the Practicum Supervisee is providing services to clients (may be by phone or in person);
» provide Supervisees with experiences that will help them prepare for employment in a comparable professional setting;
» assign and supervise tasks within the Supervisee’s capabilities. These tasks should be designed to allow the Supervisee to further develop counseling knowledge, attitudes, values and skills. This will include a total of 100 hours; a minimum of 40 hours of direct work with clients. Ten of the direct hours must include group counseling;
» provide space, equipment and supplies as needed by the Supervisee to carry out assignments. This should include clerical service for records if this service is provided for other staff;
» provide opportunities for the Supervisee to audio and/or video tape clients and/or group counseling sessions for the purpose of supervision during Practicum. Written permission of clients immediately involved must be obtained.

Paperwork
Site supervisors should expect to:
» complete and return a Practicum Demographic Information form and Manual Agreement form to the CSD Office Manager;
» complete a midterm and final evaluation of the Supervisee’s performance and return to the EIU Faculty Supervisor;
» contact CSD Office Manager to request a tuition waiver (email: csd@eiu.edu); MUST BE DONE AT END OF EACH SEMESTER
Address: Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

EIU Faculty Supervisor

Rights
The EIU Faculty Supervisor has the right to:
» determine the expectation and requirements of the Practicum class;
» have final determination about the readiness of a Supervisee to begin Practicum;
» expect the Supervisee’s regular and punctual attendance in class;
» evaluate the Supervisee’s performance based on the stated criteria in the syllabus and the Clinical Mental Health Counseling Practicum/Supervised Clinical Experience (Internship) Manual;
» expect the Supervisee to follow directives when they are given by the EIU Faculty Supervisor and/or the Site Supervisor;
» review and discuss all the Supervisee’s caseloads;
» discuss the personal and professional growth as a counselor with the Supervisee, the Site Supervisor and other counseling faculty;

» identify areas for remediation if the Supervisee’s skills, abilities and/or performance are not satisfactory.

Responsibilities
The EIU Faculty Supervisor has the responsibility to:
» follow the ACA and ACES code of ethics and Illinois law regulating counselor practice;

» clearly state expectations, requirements and grading criteria;

» meet regularly for one hour of individual face-to-face supervision with the Supervisee;

» meet two and one half hours per week of group supervision;

» inform the Supervisee of the ethical responsibilities and standards of the profession;

» inform the Supervisee of legal issues related to the profession;

» coordinate with the Site Supervisor to ensure that the Supervisee is maintaining case records on each client, according to Practicum and/or site requirements;

» schedule discussions, lectures or other training experiences during class time, or when necessary, additional times to meet the developmental and professional training needs of the Supervisee. Ultimately, the Site Supervisor is responsible for issues pertaining to specific clients;

» provide feedback to the Supervisee regarding his/her skill development and professional growth at regular intervals during the semester;

» inform the Supervisee when progress is not satisfactory and develop a remediation plan for the Supervisee, if appropriate.

Supervisee

Rights
The Supervisee has the right to:
» be informed of the criteria for evaluation in the course and to receive progress evaluations from the EIU Faculty Supervisor;

» expect supervision and feedback in the management of cases by the Site Supervisor and the EIU Faculty Supervisor according to Practicum syllabus requirements;

» be informed of the procedures for handling emergencies according to both site and EIU policies;

» ask questions regarding the counseling process, standards of care and the most appropriate handling of cases;

» to have the policies and procedures of the site explained fully.

Responsibilities
The Supervisee has the responsibility to:
» locate and secure an approved site for completion of Practicum;

» locate and secure an approved Site Supervisor;

» have punctual and regular attendance at the site, for the Practicum course, and for all meetings with Site Supervisor and EIU Faculty Supervisor;

» provide clients at site with a quality experience;

» dress and behave in an appropriate and professional manner while on site as determined by the Site Supervisor;

» make clear disclosure with clients at site including their status as a Counseling Practicum Supervisee;

» come prepared for class, supervision sessions and counseling sessions;

» request additional supervision as needed;
» become educated about client problems, treatments and interventions using the research literature as appropriate;

» notify the EIU Faculty Supervisor when issues arise with the Site Supervisor, the site, or with clients at site that are not adequately addressed by the Site Supervisor;

» inform the Site Supervisor and the EIU Faculty Supervisor of problems with cases or client emergencies;

» compile and maintain complete client records and documentation in a timely and professional manner;

» follow the American Counseling Association (ACA) code of ethics and Illinois law governing counselors.

Removing a Supervisee from a Site

Personality, interpersonal, or other issues may interfere with a Supervisee success as a counselor. Because it is the responsibility of the department and EIU to both train and protect the public from harm, it is possible that a Supervisee may be asked to remediate any such issues should they persist to negatively impact their development as a counselor and their work with clients. A Supervisee may be removed from a site, the course or the program (in consultation with the EIU Faculty Supervisor and Department Chairperson) if the Supervisee does not follow the directives contained in this agreement or course requirements.

The Supervisee may be removed from his/her Practicum due to:
» failure to function in a responsible and professional manner;

» failure to adhere to the ACA code of ethics;

» failure to adhere to the Illinois laws concerning counselors;

» request from the site.

Removal from a Practicum site will result in:
» a failing grade for the course and/or the implementation of remediation plan;

» at the discretion of the CSD Practicum/Internship Coordinator, reassignment to another site; and/or

» removal from the program, depending on the seriousness of the offense.

Any additions, deletions or other changes of this agreement can only be implemented with the written consent of the site and CSD. Further, this agreement can be terminated at any time upon the mutual agreement of the site and CSD and by either party within 10 working days written notice and due consideration for the Supervisee’s completion.

Supervisee Signature                                    Date

Site Supervisor Signature                                   Date

Site Supervisor (Print Name)

Site Administrator Signature                                 Date

Site Administrator’s Name & Title (Print Name & Title)

CSD Coordinator of Practicum                                      Date

CSD Department Chairperson                                      Date

Dean, College of Education & Prof. Studies                          Date

Vice President for Academic Affairs
Board of Trustees of Eastern Illinois University                  Date

Vice President for Business Affairs
Board of Trustees of Eastern Illinois University                  Date

Revised 8/22/2017
Appendix C

Clinical Mental Health Counseling Practicum Activity Log
Practicum Site Log or Licensure and Accreditation

Department of Counseling and Student Development
Eastern Illinois University

(Must be a total minimum 100 hours)

This log should document a minimum of 40 hours of direct service work with clients and a combined total of direct service and indirect service activities of 100 hours.

**Direct Services** constitutes the following:
- (a) Individual counseling
- (b) Group counseling
- (c) Family counseling
- (d) Consultation with staff
- (e) Guidance activities with clients
- (f) Instructional (preventive) intervention

**Indirect Services** include:
- (a) Contact with clients other than counseling
- (b) Staff meetings and consultation with liaisons
- (c) Peer review of tapes
- (d) Observations
- (e) Report writing and administrative duties
- (f) Individual supervision on-site
- (g) Professional development
- (h) Other Practicum Activities
<table>
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<th>Activity</th>
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<td>1. Individual counseling</td>
<td></td>
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<tr>
<td>2. Group counseling</td>
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<td>3. Family counseling</td>
<td></td>
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<tr>
<td>4. Consultation with staff</td>
<td></td>
</tr>
<tr>
<td>5. Guidance activities with clients</td>
<td></td>
</tr>
<tr>
<td>6. Instructional (preventive) intervention</td>
<td></td>
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<tr>
<td><strong>Total for direct service hours</strong></td>
<td></td>
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</tbody>
</table>

**Semester total for direct service hours**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contact with clients other than counseling</td>
<td></td>
</tr>
<tr>
<td>2. Staff meetings and consultation with liaisons</td>
<td></td>
</tr>
<tr>
<td>3. Peer review of tapes</td>
<td></td>
</tr>
<tr>
<td>4. Observations (explain below)</td>
<td></td>
</tr>
<tr>
<td>5. Report writing and administrative duties</td>
<td></td>
</tr>
<tr>
<td>6. Individual supervision on-site</td>
<td></td>
</tr>
<tr>
<td>7. Professional development (explain below)</td>
<td></td>
</tr>
<tr>
<td>8. Other Practicum activities (explain below)</td>
<td></td>
</tr>
<tr>
<td><strong>Total for indirect service hours</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Semester total for indirect service hours**

---

Notes on any of above: ____________________________________________________________

Site Supervisor Signature: ______________________________________________________

For departmental use only (cannot count toward direct/indirect hours):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual supervision on campus (departmental)</td>
<td></td>
</tr>
<tr>
<td>2. Group supervision on campus (in class)</td>
<td></td>
</tr>
</tbody>
</table>

EIU Faculty Supervisor Signature's ________________________________________________
Appendix D

Application for
Clinical Mental Health Counseling Internship
APPLICATION FOR CLINICAL MENTAL HEALTH COUNSELING INTERNSHIP
Department of Counseling and Student Development
Eastern Illinois University

NOTE: Supervisees must attend an Internship Informational meeting the semester prior to Internship.

(Type or print clearly) DATE________________

Name ___________________________________ Banner E# ___________________________

Street Address ____________________________________________________________________

City _______________________________ State __________ Zip Code ____________________

Telephone # ___________________________ Cell Telephone # ____________________________

E-mail Address _________________________________________________________________

PREREQUISITES: Completion of CSD 5630 (Practicum) with a grade of “B” or better and approval of the Departmental Chair.

NOTE: Supervisees must complete the final three (3) semester hours (or six semester hours if taken all in one semester) of CSD 6902 (Supervised Clinical Experience) with a grade of “B” or better before graduating.

ANTICIPATED GRADUATION DATE: ________________________________

1st Internship (Please check which semester) □ Fall □ Spring □ Summer

2nd Internship (Please check which semester) □ Fall □ Spring □ Summer

3rd Internship (Please check which semester) □ Fall □ Spring □ Summer

PREFERRED INTERNSHIP SITE: _________________________________________________
Appendix E

Clinical Mental Health Counseling Internship Agreement
Internship Agreement  
Clinical Mental Health Counseling  
Department of Counseling and Student Development  
Eastern Illinois University  

The following are the agreement conditions for the Board of Trustees of Eastern Illinois University (EIU) and the EIU Department of Counseling and Student Development (CSD) program for the benefit of ________________________________ (Supervisee) for Internship experience at ________________________________ (Site) 

(Site Street Address, City, State, Zip)  
(Telephone)  
(Site Supervisor's Email Address)  

This contract is valid only during the period beginning _____/_____/_______ and ending _____/_____/_______. 

Introduction  

This Internship is intended to be an intensive 300 hour field experience conducted in a setting as similar as possible in which the supervisees subsequently intends to seek employment. The nature of this experience should be very much like that of a regular counseling position, but with closer supervision than is usually the case with an employed counselor. Internship should occur at the end of the training program, and the supervisees are expected to put into practice the knowledge and skills previously acquired in their program. The level of training at the point of entry into Internship will insure that the arrangement will be mutually beneficial to the site and to the supervisees. 

Site Supervisor  

Training and Experience  

Site Supervisor will: 

» a minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses and two years of post degree experience. Clinical agency supervisors should have two years of supervised clinical experience and be involved in acquiring 18 hours of mandated supervision training; 

» read and understand the Ethical Guidelines for Counseling Supervisors adopted by the Association for Counselor Education and Supervision (ACES). Signing of the agreement signifies the guidelines have been read and understood. 

Site Supervisor will: 

» act as a liaison to the Department of Counseling and Student Development. All contact regarding the Supervisee will be addressed to the EIU Faculty Supervisor unless otherwise noted; 

» arrange for a Supervisee orientation program and training for the purpose of familiarizing the Supervisee with the site’s philosophy, policies and procedures. This includes case record management, confidentiality policy, adequate disclosure, crisis management, treatment protocol and termination procedures; 

» provide the Supervisee access to opportunities for educational experiences including: 

> group and individual counseling 

> consultation with staff, agencies and families 

> assistance with appropriate interpretation of testing materials 

> access to case management meetings 

> provide feedback to Supervisees regarding legal and ethical guidelines governing each client; 

> provide timely feedback to EIU Faculty Supervisor regarding concerns with Supervisee’s performance. 

Rights  

Site Supervisor has the right to: 

» be made aware of the Internship requirements; 

» expect the Supervisee’s regular and punctual attendance for counseling services, supervision and other site-related activities; 

» evaluate the Supervisee’s performance, based on the stated criteria in the Internship syllabus and the Clinical Mental Health Counseling Practicum/
Supervised Clinical Experience (Internship) Manual;

» expect Supervisees to follow directives when they are given;

» determine the assignment or reassignment of cases, based on the interface of the Supervisee’s skill level, professional development and the presenting issue;

» consult with the EIU Faculty Supervisor on issues relevant to the Supervisee.

Requirements
Site Supervisor is required to:

» ensure that the Supervisee completes 300 hours with 120 of those hours being direct service work with clients. At least ten of the direct hours must include group counseling.

Note: Supervisees are neither to replace faculty/staff nor to render services except as identified for educational value. (Paid Supervisees may be required to perform no more than 10% of duties unrelated to their Internship requirements);

» meet regularly for one hour per week of individual, face-to-face supervision with the Supervisee;

» provide one and one-half hour of group staffing;

» review at least six video, audio or live observations of the Supervisee providing counseling services. Supervision should also include review of Supervisee’s written documentation.

» collaborate with Supervisees to develop goals for working at the site;

» arrange for professional working space and facilities for the Supervisee’s use (office, desk, phone, etc.);

» make provisions for the Supervisee to attend site’s area and regional meetings, conferences, workshops, etc., which the Site Supervisor normally attends;

» be available for consultation during hours the Supervisee is providing services to clients.

Paperwork
Site supervisor should expect to:

» complete and return an Internship Demographic Information form and Manual Agreement form to the CSD Office Manager;

» complete a midterm and final evaluation of the Supervisee’s performance and return to the EIU Faculty Supervisor;

» complete an Internship Supervisory Survey and return to the Chair of CSD;

» contact CSD Office Manager to request a tuition waiver (email: csd@eiu.edu)

Address: Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

EIU Faculty Supervisor

Rights
The EIU Faculty Supervisor has the right to:

» determine the expectations and requirements of the Internship class;

» have final determination about the readiness of a Supervisee to begin Internship;

» expect the Supervisee’s regular and punctual attendance in class;

» evaluate the Supervisee’s performance based on the stated criteria in the Internship syllabus and the Clinical Mental Health Counseling Practicum/Supervised Clinical Experience (Internship) Manual;

» expect the Supervisee to follow directives when they are given by the EIU Faculty Supervisor and/or the Site Supervisor;

» review and discuss all the Supervisee’s caseloads;

» discuss the personal and professional growth as a counselor with the Supervisee, the Site Supervisor and other counseling faculty;

» identify areas for remediation if the Supervisee’s skills, abilities, and/or performance are not satisfactory.
Responsibilities
The EIU Faculty Supervisor has the responsibility to:
» follow the ACA and ACES code of ethics and Illinois law regulating counselor practice;
» clearly state expectations, requirements and grading criteria;
» meet on average one and one half hour a week of group supervision;
» inform the Supervisee of the ethical responsibilities and standards of the profession;
» inform the Supervisee of legal issues related to the profession;
» coordinate with the Site Supervisor to ensure that the Supervisee is maintaining case records on each client, according to Internship and/or site requirements;
» schedule discussions, lectures or other training experiences during class time, or when necessary, additional times to meet the developmental and professional training needs of the Supervisee. Ultimately, the Site Supervisor is responsible for issues pertaining to specific clients;
» provide feedback to the Supervisee regarding his/her skill development and professional growth at regular intervals during the semester;
» inform the Supervisee when progress is not satisfactory and develop a remediation plan for the Supervisee, if appropriate.

Supervisee

Rights
The Supervisee has the right to:
» be informed about the criteria for evaluation in the course and to receive progress evaluations from the EIU Faculty Supervisor;
» expect supervision and feedback in the management of cases by the Site Supervisor and the EIU Faculty Supervisor according to the Internship syllabus requirements;
» be informed about the procedure for handling emergencies according to both site and EIU policies;
» ask questions regarding the counseling process, standards of care, and the most appropriate handling of cases;
» to have the policies and procedures of the site explained fully.

Responsibilities
The Supervisee has the responsibility to:
» locate and secure an approved site for completion of Internship;
» locate and secure an approved Site Supervisor;
» have punctual and regular attendance at the site, for the Internship course, and for all meetings with Site Supervisor and EIU Faculty Supervisor;
» provide clients at site with a quality experience;
» dress and behave in an appropriate and professional manner while on site as determined by the Site Supervisor;
» make clear disclosure with clients at site including status as a Counseling Internship Supervisee;
» come prepared for class, supervision sessions and counseling sessions;
» request additional supervision as needed;
» become educated about client problems, treatments and interventions using the research literature as appropriate;
» notify the EIU Faculty Supervisor when issues arise with the Site Supervisor, the site or with clients at site that are not adequately addressed by the Site Supervisor;
» inform the Site Supervisor and the EIU Faculty Supervisor of problems with cases or client emergencies;
» compile and maintain complete clients records and documentation in a timely and professional manner;

» follow the American Counseling Association (ACA) Illinois law governing counselors.

---

**Removing a Supervisee from a Site**

Personality, interpersonal, or other issues may interfere with a Supervisee success as a counselor. Because it is the responsibility of the department and EIU to both train and protect the public from harm, it is possible that a Supervisee may be asked to remediate any such issues should they persist to negatively impact their development as a counselor and their work with students. A Supervisee may be removed from a site, the course or the program (in consultation with the EIU Faculty Supervisor and Department Chairperson) if the Supervisee does not follow the directives contained in this agreement or course requirements.

**The Supervisee may be removed from his/her Internship due to:**

» failure to function in a responsible and professional manner;

» failure to adhere to ACA code of ethics;

» failure to adhere to the Illinois laws concerning counselors;

» request from the site;

**Removal from an Internship site will result in:**

» a failing grade for the course and/or the implementation of remediation plan;

» at the discretion of the CSD Practicum/Internship Coordinator, reassignment to another site; and/or

» removal from the program, depending on the seriousness of the offense.

---

Any additions, deletions or other changes of this agreement can only be implemented with the written consent of the site and CSD. Further, this agreement can be terminated at any time upon the mutual agreement of the site and CSD and by either party within 10 working days written notice and due consideration for the Supervisee’s completion.

---

Supervisee Signature                      Date

Supervisee Signature                      Date

Site Supervisor Signature                Date

Site Supervisor Signature                Date

Site Supervisor (Print Name)             Date

Site Administrator Signature             Date

Site Administrator’s Name & Title (Print Name & Title) Date

CSD Coordinator of Internship            Date

CSD Coordinator of Internship            Date

CSD Department Chairperson               Date

CSD Department Chairperson               Date

Dean, College of Education & Prof. Studies Date

Dean, College of Education & Prof. Studies Date

Vice President for Academic Affairs      Date

Vice President for Academic Affairs      Date

Board of Trustees of Eastern Illinois University

Board of Trustees of Eastern Illinois University

Vice President for Business Affairs      Date

Vice President for Business Affairs      Date

Board of Trustees of Eastern Illinois University

Board of Trustees of Eastern Illinois University

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Revised 8/22/2017
Appendix F

Clinical Mental Health Counseling Internship Site Log
Internship Site Log for
Licensure and Accreditation

Department of Counseling and Student Development
Eastern Illinois University

(Must be a total minimum of 300 hours per semester)

This log should document a minimum of **120 hours of direct service work** with students and a combined total of direct services and indirect of 300 hours per semester or an average of 20 hours per week.

**Direct Services** constitutes the following:

(a) individual counseling;
(b) group counseling (**ten hours required**);
(c) career counseling;
(d) administration, scoring and interpretation of tests for clients being counseled;
(e) guidance activities;
(f) consultation with staff; and
(g) referral of clients.

**Indirect Services** include:

(a) orientation;
(b) observation of individual or group sessions;
(c) organizational tasks consistent with professional job descriptions;
(d) completion of records;
(e) required paper work;
(f) staff or department meetings.

NOTE: Hours carried over from first internship (must be from the same site) cannot exceed 40 hours.
**Internship Site Log for Licensure and Accreditation**

Department of Counseling and Student Development
Eastern Illinois University

**Supervisee Name**

**Internship Site**

<table>
<thead>
<tr>
<th>Week Dates</th>
<th>Completed Hours of Direct Service</th>
<th>Completed Hours of Indirect Service</th>
<th>Site Supervisor's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>16</td>
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</table>

<table>
<thead>
<tr>
<th>Total Direct Service Hours</th>
<th>Total Indirect Service Hours</th>
<th>Hours Carried Forward from 1st Internship (must be at same site)</th>
<th>Semester Total Direct and Indirect Service Hours</th>
<th>Total Group Hours (minimum 10 hours)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Internship Presentation (List title of presentation, location of presentation, audience participating in APA style)**

**EIU Faculty Supervisor's Signature**
Appendix G
Clinical Mental Health Counseling Practicum/Internship
Demographic Information
Clinical Mental Health Counseling
Practicum/Internship Demographic Information
Department of Counseling and Student Development
Eastern Illinois University

To ensure that our Supervisees receive a variety of experiences, we are required by our accreditation agencies to obtain demographic information about the agencies and supervisors where our Supervisees do their supervised school experience (Practicum and/or Internship). Please complete the information requested below (Please print clearly).

(Please check one): □ Practicum Site □ Internship Site

Name of Supervisee: __________________________________________________________

About the Practicum/Internship Site Supervisor:

Name: __________________________________________________________

Agency Name: __________________________________________________________

Agency Address: __________________________________________________________

Current Position: __________________________________________________________

Years of Experience as a Counselor: _____ Highest Degree Earned: _________

Degree Institution: ________________________________________________________

Type of Certification: _______________________________________________________

Type of Licensure: _________________________________________________________
Appendix H

Video-Audio Recorded Interview Policies

Release Form for Video/Audio Recorded Interviews

Group Counseling Consent Form
Video/Audio Recorded
Interview Policies
Department of Counseling and Student Development
Eastern Illinois University

1) Interviews may be recorded only with written permission of client or parent/guardian (if client is a minor).

2) Interviews may not be recorded for personal use.

3) Last name of client must not be used on video/audio recordings.

4) When material on video/audio recording may be damaging in any way to a client, identifying names or places should be erased.

5) Video/Audio recordings are for the sole purpose of instruction of Supervisee (Student Counselor), by EIU Faculty Supervisor, Site Supervisor, and in-class critique of Supervisee's counseling skills. All discussions of video/audio recordings are to be kept confidential.

6) Video/audio recordings containing interviews must not be left where unauthorized individuals can have access to them.

7) All video/audio recordings must be erased/destroyed at the end of the course.

8) Every attempt will be made by the Supervisee and her/his EIU Faculty Supervisor and/or Site Supervisor to ensure that the client will not be identified.
Release Form for Video/Audio-Recorded Interviews
Department of Counseling and Student Development
Eastern Illinois University

Practicum/Internship Instructor: ________________________________

Site of Counseling Services: __________________________________

Site Address: ________________________________________________

Site Supervisor: ________________________________ Semester/Year: __________________

I __________________________ hereby give permission to __________________________ (client’s name)
    __________________________ (counselor’s name)

to video/audio recording counseling sessions as desired throughout the current semester.

I understand that the recorded interview will be used for training purposes and that viewing the recording will be restricted to the counselor’s supervisor and the EIU instructor and counselors-in-training under the supervision of the instructor. I understand that any audio or video recordings will be kept in a secured location and will be erased at the conclusion of the internship/practicum unless further permission for its use is granted by me in writing.

The information shared in a counseling relationship is treated with the deepest respect. For the most part the information shared in a counseling session will not be repeated to anyone. We have an ethical responsibility to share some information. We are required by law to notify parents of any threats of suicide. We are also required to notify the proper authorities of child abuse, neglect and threats to harm others. We must also turn over records that are subpoenaed by a court of law. We hope that you understand our ethical and legal responsibility concerning these matters.

I understand that I may revoke this permission at any time.

Client’s Signature: __________________________ Date: __________________

Client’s Name (Please Print): ________________________________

If the counselee (client) is under the age of 18 years old, a parent or legal guardian must sign below.

I have read the above and I give my permission for __________________________ (Counselor’s Name)

to record counseling sessions with my child __________________________ (Student’s Name)

Signature of Parent/Guardian: __________________________ Date: __________________

Parent/Guardian Name (Please Print): ________________________________

Address: ________________________________________________________
    (Street) (City) (State) (Zip)

Telephone: ________________________________
GROUP COUNSELING CONSENT FORM
Department of Counseling and Student Development
Eastern Illinois University

Practicum/Internship Instructor: ____________________________________________

Site of Counseling Services: _____________________________________________

Site Address: ___________________________________________________________

Site Supervisor: ___________________________  Semester/Year: ________________

I ___________________________ hereby give permission for ______________________
(Parent/Guardian’s name- PRINT)  (Student/Clients’ name- PRINT)

to participate in group counseling with __________________________:            (Counseling Graduate Student’s Name- PRINT)

The information shared in a counseling relationship is treated with the deepest respect. For the most part the information shared in a counseling session will not be repeated to anyone. We have an ethical responsibility to share some information. We are required by law to notify parents of any threats of suicide. We are also required to notify the proper authorities of child abuse, neglect and threats to harm others. We must also turn over records that are subpoenaed by a court of law. We hope that you understand our ethical and legal responsibility concerning these matters.

I understand that I may revoke this permission at any time.

________________________________________________________
(Graduate Student’s Signature)

________________________________________________________
(Student/Client’s Signature)

Signature of Parent/Guardian: _______________________________  Date:____________

Parent/Guardian Name (Please Print): _______________________________________

Address: ______________________________________________________________
    (Street)    (City)    (State)    (Zip)

Telephone: ______________________________________________________________
Appendix I

Consent for Release of Confidential Information
Consent for Release of Confidential Information
Department of Counseling and Student Development
Eastern Illinois University

I, ____________________________, hereby authorize ____________________________ and the department named below to mutually exchange specified information concerning me and my care.

________________________________________

(name and address of person to which exchange of information is to be made)

These data shall include: ____________________________

(extent and nature of information to be disclosed)

The purpose of releasing the above information is ____________________________

(purpose or need for disclosure)

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in state and federal regulations. I also understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Specification of any special date, event, or condition upon which this consent expires:

________________________________________

This request is fully understood and authorization is made voluntarily on my part.

Signed: ____________________________ Date: ______________

Witness: ____________________________ Date: ______________
<table>
<thead>
<tr>
<th><strong>T.R.E.A.T.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME:</strong> JANE DOE</td>
</tr>
<tr>
<td><strong>DATE:</strong> 4/15/07</td>
</tr>
<tr>
<td><strong>REFERRED BY:</strong> Self-Referral</td>
</tr>
<tr>
<td><strong>AGE:</strong> 25</td>
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</table>

**PRESENTING PROBLEM:** Client presented with long history of depressive symptomology, anxiety, and bulimia. She related her current situation to long-standing family dynamics described as rigid, overbearing, controlling, and perfectionistic.

**INITIAL GOALS FOR THERAPY:** Client would like some alleviation from her ongoing problems with depression and her eating disorder.

**BRIEF HISTORY:**

**Family History:** Client is a 25 year old white female from the Brookings, South Dakota area. Client described her family of origin as rigid, overbearing, controlling, and perfectionistic. The family was very religious and "took great pains to appear righteous to outsiders."

Client called recurring situations where mother was dissatisfied with client, especially concerning physical appearance. Her mother was described as overbearing and rigid, pulling the client out of class on a daily basis for inspection. Another significant event described by the client was when her mother asked her to choose between gymnastics and ice skating. Although the client chose gymnastics, her mother made her take ice skating lessons instead. Client was taken out of school for several years to practice eight hours a day. Later, mother made her quit ice skating to return to high school like other "normal" kids her age. It was during this transition period back into school that the client’s anorexic phase began. Two years later she developed bulimia.

Client was reluctant to talk about her father but described him as nice. Client ran away from home at 18 and moved to California and later Arizona. The client's father found her in Arizona and asked her to move back to Portland. Client moved back to Oregon and secured a job as a process control engineer employed by a local utility company. While working there she was raped by a fellow employee.

**School/Occupational History:** Client reports having few friends in high school with one or two boyfriends, all of whom were eventually dropped by client. Client reported being engaged to one individual but had to end the relationship because he would not understand her problems. Most of the male relationships have been described by client as sexual in nature. Client has attended several colleges but always drops out due to severe anxiety about school performance. Client is currently enrolled at SDSU and has maintained attendance through the semester so far.

**Social History:** As described earlier, client has had few friends and usually takes the initiative to end the relationship. She stated she thinks of herself as unworthy and unable to live up to her friends' expectations so she simply ends the relationship.

**Therapeutic History:** Her parents requested client move to Colorado to enter therapy at a well-known treatment facility. The hospital treated her in-patient for 11 weeks beginning in January of 2003. Client was first treated for severe depression but later was shifted to out-patient treatment for bulimia. This treatment lasted for eight months and was perceived by client as not being helpful. She dropped out of therapy when her therapists diagnosed her as having Dissociative Identity Disorder. She moved to South Dakota to begin school and is currently seeing the present therapist for cognitive developmental therapy.

**Medical History:** Client reported no unusual medical problems and denies alcohol or drug problem. No head trauma or childhood illnesses were acknowledged. She is currently taking no psychotropic medication.

**MENTAL STATUS:**

**Appearance:** Client was casually but nearly dressed (appropriate for supervisee attire) for initial interview. Although outward appearance was portrayed as cheerful and positive, client self-reported she was severely depressed and agitated.

**Attitude:** Client utilized many modes of impression management as she actively worked to portray herself in a positive light. She quickly deflected any attempt on the part of the therapist to suggest severe problems.

**Behavior:** Client was passive but cautious and guarded in the way she responded to any direct questions. She also appeared lethargic and would rarely look at the therapists unless her depression, eating disorder, or anxiety were mentioned.

**Mood and Affect:** Client stated she was depressed with little interest in school. Client's behavior and body posture suggests she was feeling depressed. Client appeared fatigued and lethargic throughout the interview.
Speech and Thought Content: Client was clearly oriented to time, place, and person. Client was reluctant to talk about herself and seemed preoccupied with the therapist's evaluation of her behavior. Client's speech was cautious with a tendency to cut herself off if she thought the therapist might want to ask a question.

Perception: Client denied any hallucinations or illusions. Her self-perception was accurate, albeit guarded and cautious.

Intellectual and Cognitive Processes: Client demonstrated no signs of mania, psychosis, and schizophrenic disorders. Tempo was consistent with depressed speech but organization was intact. Although no formal intellectual testing was done, client appeared to be of normal intellect.

DIAGNOSIS:
Diagnostic Symptoms Reported: Client reported prolonged (over 2 weeks) depressed mood and loss of interest, diminished ability to concentrate in school, psychomotor retardation, feelings of worthlessness, and loss of appetite and sleep. Client also reported eating disorder symptoms not specified by either anorexia or binge eating behavior. Client reported inappropriate compensatory behavior after eating a small amount of food. Purging is regular and often and suggest the need for immediate medical attention.

AXIS I
- 300.4  Dysthymic Disorder, Early onset (prior to age 21)
- 307.5  Eating Disorder Not Otherwise Specified

AXIS II
- 301.82  Avoidance Personality (Provisional)
- 301.60  Dependent Personality (Provisional)

AXIS III
Client referred for a complete physical evaluation

AXIS IV
Psychosocial stressors: Problems with Primary Support Group (family estrangement and discord over psychological problems); problems related to social environment (living alone with no friends); educational problems (past academic problems and dropping out of school, is currently attending classes regularly)

AXIS V
GAF-51 moderate to several symptomology with few coping skills.

T.R.E.A.T. PLAN

Theoretical and Conceptual Variables:
Diagnostic Variables: This is presented on all five axes on the intake interview suggesting a baseline for treatment and an indicator of severity and chronicity.

Non-Diagnostic Variables: Client presents with pervasive pattern of social discomfort, fear of negative evaluation, and timidity. The client's cognitive regulating system was formulated under an adverse family constellation. Mother's perfectionistic expectations and subsequent rejection influenced client's belief that the world expects perfection from client but will never be satisfied with her performance. Father's sexual molestation effectively damaged client's secure attachment base from which healthy self-esteem is built. Consequently, detachment skills (skills that would help client overcome avoidance tendencies are poor and underdeveloped and weak fragile ego system is present. Because client expects to be rejected, she tends to be hypervigilant to any possible sign of rejection and tends to over interpret innocuous behavior as a threat.

In conjunction with the avoidant personality information is the client's pervasive pattern of submissive, dependent behavior. This information can be explained since her parents were dominant and effective in violating the client's personal and psychological boundaries. The client responded to their advances in a passive manner and continues to see parents and other authority figures as all powerful and perfect and herself as inadequate and flawed.

The client does present (self-refers) for therapy to alleviate the distress caused by the depressive and eating disorder symptoms. The client has no support system. She reports few friends, has a new university environment in which to adjust, has a seemingly rigid family or origin, and is currently living alone.

Even though the depressive symptoms and eating disorder are of long-standing duration, the client does continue to function at some level in daily living. She is currently attending classes regularly at SDSU this semester; she has some insight into the distress and pain in her life indicated by her self-referral for therapeutic assistance.

Evaluation: Medical evaluation is currently being conducted regarding and usage of medication for both depressive symptoms and eating disorder. The psychiatrist is willing to work in conjunction with this therapist and concurs with the combination of individual and group treatment for her depression and eating disorder.
A release of client’s past medical and psychological records form the treatment facility in Colorado was requested. The results of psychological testing at that time revealed serious pathology with little coping skills. Characteristic traits on the MMPI suggested somatic complaints, sleep and eating disturbances, and feelings of hopelessness consistent with depression. Several other scales suggested a tendency toward a schizoid life style, aloofness, feelings of inferiority, and self-doubt. The MCMI suggested an avoidance-dependent personality formation with self-defeating tendencies. The client may want to gain the attention of others not only by appearing in an attractive light but also by exposing her troubled state. Some secondary gain from the disorders may be a consideration.

Relationship Variables:
A supportive relationship with empathy, warmth, acceptance, and genuineness will be critical with this client. Given the past family history and pre-morbid personality characteristics of the client, the ability to form a working alliance will be tenuous. The client is clear about her desire to treat her depression and eating disorder. An attempt has been made to be clear and straightforward about treatment expectations and goals without overwhelming her with what appears to be very long treatment needs. It may also be very difficult to develop an emotional bond since the client is likely to assume that the therapist is as perfectionistic as her parents are and she may be eventually disappointed in her performance as a client. The therapist will attempt to anticipate this transference and prevent premature termination. Therapeutic contracting may be very useful as well as role induction and videos showing pre-therapy modeling.

Environment Variables:
Setting: Outpatient at the University clinic. Monitoring for behaviors which may warrant a more restrictive placement will be continuous.

Mode: Individual therapy using Cognitive Developmental therapy to treat her depressive symptoms in conjunction with partial care group therapy for treatment of her eating disorder.

Timing: Although the client is limited to eight (8) sessions by university policy, approval for additional sessions has been arranged. Referral strategies have been discussed with the client including the possibility of rehospitalization for inpatient treatment if needed. She is currently being seen two times a week for 50 minutes sessions.

Adjunct Services:
Although she resists any attempts for inpatient treatment at this time hospitalization may be considered if her eating disorder worsens or if she becomes suicidal. Currently she has agreed to enter a nearby hospital’s partial care program for eating disorders. This group treatment meets three times a week in the evening.

Treatment Goals and Strategies:

Goals:
Prognosis for this client’s presenting symptomology is not good particularly due to the chronicity as well as to the probable underlying personality disorders. Briefly, formalized testing revealed serious pathology with little coping skills. Several scales suggested a schizoid life style, aloofness, feelings of inferiority and self-doubt. This client also presented an avoidance-dependent personality formation of self-defeating tendencies. Suicidal and/or regressive behaviors will be closely monitored.

Realistic goals and objectives may be to: address the seriousness of the eating disorder and reduce significantly the amount of purging behavior; have her remain in school all semester as a measure of academic success; get her involved in one or two activities to develop some socialization skills; begin replacing negative self-talk with positive rationale statements several times a day, a joint a support system for ongoing maintenance of therapeutic gains.

Techniques:
The treatment protocol will follow the goals of therapy. As mentioned earlier, the client has been bulimic since the age of eighteen. Although the client has been in treatment on several occasions, her purging behavior has not been altered. Group and medication therapy will be the treatment modality and services rendered in a partial care facility.

A behavioral checklist will be utilized to promote beneficial academic skills. The client will also be responsible for recording thoughts and behaviors that may lead to academic failure. Study and social skills groups will be utilized to improve self-concept.

In treating the depressive symptoms a model of cognitive therapy will be used focusing on cognitive restructuring, emotional differentiation and behavioral enhancement. Long term restructuring of client’s cognitive regulating system will be attempted. Given the client’s propensity to self-damaging messages, the client will be assisted in restructuring her past concentrating on recognizing ego-enhancing skills utilized to survive. The client will be assisted in developing a realistic evaluation of present experiences. The client’s feelings will be acknowledged and evaluated for congruency. Lastly, she will be encouraged to expand her behavioral repertoire to include more functional reactions to life stressors and events.
The client’s testing revealed avoidance and dependent personality traits suggesting a slow pace for self-disclosure or change. An attempt will be made to let the client move at her own pace while concurrently exploring past history and suggesting cognitive restructuring opportunities. Ego-enhancing exercises will also be attempted to convince client of her own efficacy in solving problems. A support group will be highly recommended to maintain therapeutic gains.
Appendix K

Common Challenges Faced by Beginning Counselors
Common Challenges Faced by Beginning Counselors

Beginning counselors have a tendency to:

» Feel like they have to come up with quick solutions for their clients
» Worry about “what they are going to say next”
» Worry about what their clients think about them
» Feel like they have to be an expert
» Talk too fast or too much
» Doubt their abilities
» Have difficulty believing that just by listening they are helping
» Give advice
» Make evaluative statements (both positive and negative)
» Worry that others (peers/instructors) will see them as incompetent

Some tips for beginning counselors:

» Slow down…
» Don’t feel like you have to have the answers…just listen and get comfortable interacting with your client
» Be yourself
» Listen…
» Trust your instincts
» Remember that just caring is powerful and helpful
» Acknowledge and be proud of yourself for taking on this amazing challenge
» Be patient with yourself. Your skills will continue to develop. 😊
Appendix L

Evaluation Forms of Site Supervisors

Table of Contents

1) Site Supervisor’s Evaluation of Clinical Mental Health Counseling Practicum Supervisee
2) Site Supervisor’s Evaluation of Clinical Mental Health Counseling Internship Supervisee
3) CSD Internship Supervisory Survey (3rd SEMSTER INTERNSHIPS ONLY)
Site Supervisor's Evaluation of
Clinical Mental Health Counseling Practicum Supervisee
(CSD 5630 – Practicum)
Department of Counseling and Student Development
Eastern Illinois University

Supervisee Name ____________________________________________  Check one: □ Midterm  □ Final

Site Supervisor’s Name ______________________________________ Date: _______________________

For the purpose of this evaluation, please compare the counseling supervisee you supervise to either: a) other novice clinical mental health counseling supervisees you have worked with, or b) practicing clinical mental health counselor you have known.

Thanks in advance for your feedback!

Please evaluate your supervisee’s experience by checking your response and sharing any additional comments regarding the following items. Please be sure to complete both sides of this form.

Rating Scale:
» **Excellent** = Supervisee provides consistent evidence of excellence in the competency.
» **Above Average** = Supervisee provides evidence of above average skills in the competency.
» **Average** = Supervisee provides evidence of average skills in the competency.
» **Below Average** = Supervisee provides evidence of below average skills in the competency.
» **Poor** = Supervisee needs remedial work in this area.

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<tr>
<th>Rating</th>
<th>Supervisee Performance</th>
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1. The practicum supervisee demonstrates an awareness of ACA ethical guidelines, and demonstrates an ability to identify and navigate ethical dilemmas.
   *Comments:*

2. The practicum supervisee seeks to understand agency policy, legal issues, and interacts courteously and respectively with agency personnel.
   *Comments:*

3. The practicum supervisee demonstrates case management skills, including complying with agency policies for recordkeeping.
   *Comments:*

4. The practicum supervisee collaborates effectively with agency staff in providing services that address the academic, personal, social, and career development needs of all clients.
   *Comments:*


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<td>5.</td>
<td>The practicum supervisee develops effective individual counseling relationships, establishes and builds rapport with clients, demonstrates sensitivity to cultural differences, and seeks to understand and respond to client concerns.</td>
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<td>6.</td>
<td>The practicum supervisee demonstrates the ability to develop and facilitate counseling interventions with small groups. The practicum supervisee is developing an understanding of group counseling theory and techniques.</td>
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<td>7.</td>
<td>The practicum supervisee demonstrates the ability to consult effectively with colleagues, staff, and the community.</td>
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<td>8.</td>
<td>The practicum supervisee demonstrates skills in the area of coordination. He/she is resourceful in providing clients with information about services and program. The practicum supervisee coordinates referrals to outside agencies when appropriate.</td>
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<td>9.</td>
<td>The practicum supervisee uses supervision well. S/he actively seeks supervision when necessary, is receptive to feedback and suggestions from supervisor, and is willing to explore personal and professional strengths and developmental issues.</td>
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Any additional comments with regard to how your practicum supervisee is progressing.
Site Supervisor’s Evaluation of Internship Supervisee
CSD 6900, CSD 6901, CSD 6902 – Supervised Clinical Experience (Internship)
Department of Counseling and Student Development
Eastern Illinois University

Supervisee Name __________________________________________________________ Check one: ☐ Midterm ☐ Final
Site Supervisor’s Name ______________________________________ Date: __________________________

Instructions: Please evaluate your supervisee’s experience by checking your response to the following items.

Rating Scale:
» Excellent = Supervisee provides consistent evidence of excellence in the competency.
» Above Average = Supervisee provides evidence of above average skills in the competency.
» Average = Supervisee provides evidence of average skills in the competency.
» Below Average = Supervisee provides evidence of below average skills in the competency.
» Poor = Supervisee needs remedial work in this area.

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<th>CHARACTERISTICS</th>
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<td>4. Professional (i.e., behavior, dress, attitude)</td>
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<td>1. Capacity to accept and act on constructive criticism</td>
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<td>2. Commitment to developing professional competence</td>
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(Continued on next page)
Evaluation Areas:

1. What management, organizational, and administrative skills did you see the supervisee developing?

2. Describe the quality of the supervisee’s collegial relationships.

3. Describe the quality of the supervisee’s external relationships (parents, community agencies, etc.).

4. How did the supervisee respond to any ethical, diversity, and/or gender issues encountered?

5. Describe the quality of the supervisee’s written records and reports.

6. Describe the quality of the supervisee’s individual and/or group counseling skills.

7. Describe the supervisee counseling effectiveness. Please include support management, assessment/diagnosis, and intervention selection skill.

Final Evaluation:

In your profession opinion, should the supervisee receive a passing grade in Supervised Clinical Experience (Internship):

☐ YES, with no reservations.

☐ YES, but with some reservations (Please explain, if not stated in this evaluation.)

☐ NO. Please contact the EIU Faculty Supervisor in charge of Internship immediately.

Signature of Site Supervisor: ___________________________ Date: ______________

My signature indicates that I have read the above report and have discussed the content with my supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Signature of Supervisee: ___________________________ Date: ______________
Instructions: The CSD Internship Supervisory Survey is designed to assess the perceptions of Site Supervisors in regards to Internship supervisees’ performance and the quality of their program experience. Please complete the survey, following the directions for each section. To ensure complete anonymity, we have limited identifying information in the survey. Your candid, honest responses are very important and appreciated. Thank you for your cooperation in our ongoing efforts to improve the program.

Section I: Perceptions of Preparation Program Quality

Use the key below to indicate your perception of the degree to which the M.S. in Counseling with a concentration in Clinical Mental Health Counseling prepared graduate supervisees for professional practice. Mark only one number for each item.

Key: 1 = Unprepared, 2 = Poorly Prepared, 3 = Adequately Prepared, 4 = Well Prepared, N = No Opinion

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1. Professional Identity
   a. Knowledge of professional functioning including history, roles, organizational structures, ethics, standards, and credentialing.
   b. Ability to apply relevant ethical and legal standards in professional practice.
2. Social and Cultural Diversity
   a. Knowledge in social and cultural foundations including issues and trends in a multicultural and diverse society.
   b. Ability to apply cross-cultural competencies in professional practice.
3. Human Growth and Development
   a. Knowledge in human growth and development including the nature and needs of individuals at all developmental levels.
   b. Ability to apply appropriate techniques for the particular developmental level in professional practice.
4. Career Development
   a. Knowledge of career development and the skills needed to facilitate a client through the career counseling process.
   b. Ability to apply a career counseling model in professional practice.
5. Helping Relationships
   a. Knowledge in the helping relationships including the consultation processes and skills.
   b. Ability to demonstrate basic helping skills in professional practice.
6. Group Work
   a. Knowledge of group development, dynamics, theories, group methods and skills, and group work approaches.
   b. Ability to facilitate a group in professional practice.
7. Assessment
   a. Knowledge in appraisal including individual and group approaches to assessment and evaluation.
   b. Ability to apply quantitative and qualitative assessment techniques in professional practice.
8. Research and Program Evaluation
   a. Use knowledge in research and program evaluation including types of research methods, basic statistics, and ethical and legal consideration in research.
   b. Ability to appropriately evaluate quantitative and qualitative research and apply it to professional practice.
9. Knowledge in foundations of professional practice and professional functioning within the mental health agency and related ethical, legal, and political issues.
10. Knowledge in management/coordination of the agency, skills in program development implementation and evaluation, and principles of community intervention, consultation, education, and outreach.
11. Knowledge and skills required for clinical mental health counselors including diagnostic and treatment skills, client advocacy, and organizational development.
12. Overall knowledge and application of various treatment modalities.
13. Overall skills essential for professional practice.
Section II: Global Quality Assessment. Use the key below to indicate your perception of the following global assessments of your graduate program experience. Mark only one number for each item.

**Key:** 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Satisfied, 4 = Very Satisfied, 5 = No Opinion

<table>
<thead>
<tr>
<th>14. Satisfaction with performance of internship supervisee.</th>
<th>1 2 3 4 N</th>
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<tbody>
<tr>
<td>15. Satisfaction with the assistance you received from EIU Practicum/Internship Coordinator/EIU Faculty Supervisor</td>
<td>1 2 3 4 N</td>
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<tr>
<td>16. Overall evaluation of your intern’s professional preparation in the Department of Counseling and Student Development.</td>
<td>1 2 3 4 N</td>
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Section III. Program Strengths/Weaknesses

17. Please list what you believe to be the **strengths** of the program.

18. Please list what you believe to be the **weaknesses** of the program.

Thank you for completing this survey. You are encouraged to add any additional reflections on a separate sheet of paper.
Appendix M

Evaluation for Practicum/Internship Supervisees

Table of Contents

Supervisee Evaluation of Site Supervisor
Supervisee Evaluation of Site
**Supervisee Evaluation of Site Supervisor**
Department of Counseling and Student Development
Eastern Illinois University

**Directions:** This evaluation is to provide feedback for improving supervision and should be completed at the end of the semester. Circle the number that best represents how you, the supervisee, feel about the supervision received.

Name of Practicum/Internship Site Supervisor: _________________________________

Semester __________________________

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<tr>
<th>Statement</th>
<th>Poor</th>
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<th>5</th>
<th>6</th>
<th>Good</th>
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<tbody>
<tr>
<td>1. Give time and energy in observations, tape processing, and case conferences.</td>
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<td>2. Accepts and respects me as a person.</td>
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<td>3. Recognizes and encourages further development of my strengths and capabilities.</td>
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<td>4. Gives me useful feedback when I do something well.</td>
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<td>5. Provides me the freedom to develop flexible and effective counseling styles.</td>
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<tr>
<td>6. Encourages and listens to my ideas and suggestions for developing my counseling skills.</td>
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<td>7. Provides suggestions for developing my counseling skills.</td>
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<td>8. Helps me understand the implications and dynamics of the counseling approaches I use.</td>
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<td>9. Encourages me to use new and different techniques when appropriate.</td>
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<td>10. Is spontaneous and flexible in the supervisory sessions.</td>
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<td>11. Helps me define and achieve specific concrete goals for myself during my practicum/ internship experience.</td>
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<td>12. Gives me useful feedback when I do something wrong.</td>
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<td>13. Allows me to discuss problems I encounter in my practicum/internship setting.</td>
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<td>14. Pays appropriate amount of attention to both me and my clients.</td>
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<td>15. Focuses on both verbal and nonverbal behavior in me and in my clients.</td>
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<td>16. Helps me define and maintain ethical behavior in counseling and case management.</td>
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<td>17. Encourages me to engage in professional behavior.</td>
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Printed by permission from Dr. Harold Hackney, Assistant Professor, Purdue University. This form was designed by two graduate supervisees based upon material drawn from *Counseling Strategies and Objectives* by H. Hackney and S. Nye, Prentice-Hall, Englewood Cliffs, NJ, 1973. This form originally was printed in Chapter 10 of the *Practicum Manual for Counseling and Psychotherapy* by K. Dimick and F. Krause. Accelerated Development, Muncie, IN 1980.
18. Maintains confidentiality in material discussed in supervisory sessions.  
19. Deals with both content and affect when supervising.  
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision.  
21. Helps me organize relevant case data in planning goals and strategies with my clients.  
22. Helps me to formulate a theoretically sound rationale of human behavior.  
23. Offers resource information when I request or need it.  
24. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.  
25. Allows and encourages me to evaluate myself.  
26. Explains his/her criteria for evaluation clearly and in behavioral terms.  
27. Applies his/her criteria fairly in evaluating my counseling performance.  

Additional comments and/or suggestions:

Signature of Supervisee: ____________________________ Date: _____________
Supervisee Evaluation of Site
Department of Counseling and Student Development
Eastern Illinois University

Directions: Supervisee completes this form at the end of the practicum and/or internship. This should be turned in to the EIU Faculty Supervisor or EIU Practicum/Internship Coordinator as indicated by the university program.

Supervisee _____________________________________________
Site ___________________________________________________
Date of Placement _________________________________________
Site Supervisor __________________________________________
EIU Faculty Supervisor _____________________________________

Use the key below to rate the following questions about your site and practicum or internship experience:
Key: A = Very Satisfactory, B = Moderately Satisfactory, C = Moderately Unsatisfactory, D = Very Unsatisfactory

1. Amount of on-site supervision A B C D
2. Quality and usefulness of on-site supervision A B C D
3. Usefulness and helpfulness of faculty liaison A B C D
4. Relevance to career goals A B C D
5. Exposure to and communication of agency goals A B C D
6. Exposure to and communication of agency procedures A B C D
7. Exposure to professional roles and functions within the agency A B C D
8. Exposure to information about community resources A B C D
9. Rate all applicable experiences that you had at your site:
   a. Report writing A B C D
   b. Intake interviewing A B C D
   c. Administration and interpretation of test (please list instruments) A B C D
   d. Staff presentations/case conferences A B C D
   e. Individual counseling A B C D
   f. Group counseling A B C D
   g. Family/couple counseling A B C D
   h. Psychoeducational activities A B C D
   i. Consultation A B C D
   j. Career counseling A B C D
   k. Other _____________________________________________ A B C D
10. Overall evaluation of the site A B C D

Comments: Include any suggestions for improvements in the experiences you have rated Moderately Unsatisfactory (C) or Very Unsatisfactory (D)

Signature of Supervisee __________________________________ Date ____________________

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Appendix N

Tuition Waiver Policy
Tuition Waiver Policy
Department of Counseling and Student Development
Eastern Illinois University

1. Site Supervisor contacts: CSD Office Manager (217-581-2400) or email at csd@eiu.edu during the semester supervision to request tuition waiver to be processed after practicum or internship supervisee has completed a semester. Include: Agency/School name and address, Agency/School Administrator’s Name, Supervisee’s Name, Supervisor requesting waiver(s) and semester(s) supervised.

2. Verification of supervisee work performed must be documented through the Department of Counseling and Student Development before waiver(s) will be issued.

3. Tuition waivers are awarded to schools based on 3 semester hours of waivers for every 250 contact hours.

4. Agency waivers are issued to agency directors/administrators. Be sure to contact your agency director/administrator if you plan to use this waiver.

5. Waivers are to be used only by individuals who are directly supervising supervisors or by individuals employed by the organization that receives the waiver. These waivers are subject to audit and should be utilized by individuals (not spouses or children of) who can verify employment with these organizations.

6. Waivers may be used toward graduate course credit only.

7. All waivers must be requested within six months of supervision.

8. All waivers must be used within three (3) semesters following the supervisee’s qualifying semester of supervision (i.e. Fall 2016 waivers are good for spring 2017, summer 2017 and fall 2017 semesters).

9. This waiver does not waive textbook fee or continuing education delivery fee.

10. This waiver does not pay supervisee insurance if the supervisee is a full-time supervisee.

11. If same agency, multiple waivers may be issued on one form.

Updated 12/5/2016jg
Appendix O

Practicum/Internship
Clinical Mental Health Counseling
Manual Agreement
Practicum/Internship
Clinical Mental Health Counseling
Manual & Supervisor Training Agreement (Site Supervisor)
Department of Counseling and Student Development
Eastern Illinois University

To insure that all Supervisees and Site Supervisors are familiar with the CSD 5630--Practicum and/or CSD 6900--Supervised Clinical Experience (Internship) requirements and procedures, you are required to fill out and sign the following form to be placed in the Department of Counseling and Student Development's file. Please return to Office Manager, Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

I, ________________________________ hereby indicate that I have read, understand and am in agreement with the requirements and procedures outlined in the Practicum/Supervised Clinical Experience (Internship) Manual for the Department of Counseling and Student Development.

Supervision Training: Please check one:

☐ I have attached to this Agreement proof that I have received Supervision Training.

☐ I have watched the Supervision Training provided by the Department of Counseling & Student Development at http://www.youtube.com/watch?v=jiNFqi5pQNg

Site Supervisor: Please check one:

☐ I am a Site Supervisor for the following Practicum supervisee(s) in CSD 5630:

________________________________________________________________________

________________________________________________________________________

☐ I am a Site Supervisor for the following Internship supervisee(s) in CSD 6900:

________________________________________________________________________

________________________________________________________________________

Signature of Site Supervisor__________________________ Date__________________

ONLINE FORM
To insure that all Supervisees and Site Supervisors are familiar with the CSD 5630--Practicum and/or CSD 6900, CSD 6901, CSD 6902--Supervised Clinical Experience (Internship) requirements and procedures, you are required to fill out and sign the following form to be placed in the Department of Counseling and Student Development's file. Please return to Office Manager, Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

I, _____________________________ (print Supervisee name) hereby indicate that I have read, understand and am in agreement with the requirements and procedures outlined in the Practicum/Supervised Clinical Experience (Internship) Manual for the Department of Counseling and Student Development.

Supervisee: Please check one:

☐ I am a Practicum Supervisee in CSD 5630:

☐ I am an Internship Supervisee in CSD 6900, CSD 6901, or CSD 6902:

Signature of Supervisee ____________________________ Date __________________
Appendix P

EIU Internship
Professional Presentation
EIU Internship Professional Presentation Evaluation

Your Facilitator’s Name _______________________________   DATE: _________________

Title of Presentation ___________________________________________________________

How would you rate the following? (Please circle one response for each question.)

1-Strongly Disagree     2-Disagree     NA-Not Applicable     3-Agree     4-Strongly Agree

Subject Matter

The subject matter was relevant to me and my work. .................................................. 1   2   NA   3   4
The presentation met my expectations for the subject matter. ...................................... 1   2   NA   3   4

Presentation Method

The presentation style was effective for this subject matter. ........................................ 1   2   NA   3   4
The visual aids/handouts were appropriate. ................................................................. 1   2   NA   3   4
The presenter used a variety of teaching strategies. .................................................... 1   2   NA   3   4

Presenter

The presenter was engaging. ...................................................................................... 1   2   NA   3   4
The presenter was adequately prepared/communicated effectively. .......................... 1   2   NA   3   4
The presenter communicated effectively. ...................................................................... 1   2   NA   3   4
The presenter displayed professionalism. ................................................................... 1   2   NA   3   4

Additional Comments (e.g., suggestions, liked most, liked least, etc.)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Would you recommend this presentation to someone else? Circle: Yes or No
Appendix Q

Change of Site Supervisor Form
To insure that all Supervisees and Site Supervisors are familiar with the CSD 5630—Practicum and/or CSD 6900, CSD 6901, CSD 6902—Supervised Clinical Experience (Internship) requirements and procedures, you are required to fill out and sign the following form to be placed in the Department of Counseling and Student Development’s file. **Please return to Office Manager, Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.**

I, ________________________________ as of ________________________________ will be taking over supervision previously being conducted by ________________________________ at ________________________________ and hereby indicate that I have read, understand and am in agreement with the requirements and procedures outlined in the Practicum/Internship Agreement for the Department of Counseling and Student Development. The Original Agreement is attached to this form for reference.

Supervisee Signature                      Date                      CSD Coordinator of Practicum/Internship          Date

Site Supervisor Signature                Date                      CSD Department Chairperson                      Date

Site Supervisor (Print Name)             Date

Site Administrator Signature             Date

Site Administrator’s Title (Print Name & Title)