CLINICAL ON-SITE SUPERVISOR MANUAL

Kean University
Counselor Education Department
Union, New Jersey

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**Introduction**

The faculty of the Kean University Counselor Education Department, welcome you as a Clinical Supervisor! You have agreed to supervise one or more of our students enrolled in Practicum (CED 5980), Internship I (CED 5985), or Internship II (CED 5986). These capstone courses are designed for students to practice and improve clinical skills prior to becoming a Professional Counselor. The capstone courses are considered to be the most critical experiential component of the program.

The Counselor Education Program is a broad-based, graduate program offering several specialties within the counseling field. This broad spectrum of specialties enables students to select the option that best matches their career objectives and professional interests, while learning a common core of counseling knowledge, dispositions, and skills. Master’s Options include the following:

- **School Counseling** provides education, training, and state certification in School Counseling (i.e., Student Personnel Services) in pluralistic school districts. This option provides comprehensive training in both elementary and secondary school counseling, including supervised practicum and internships.

- **Clinical Mental Health Counseling** provides education and training in professional counseling for work in community agencies and private practice where a degree in Counseling is appropriate (i.e. agencies, substance abuse rehabilitation centers, community organizations, mental health centers, hospitals, and hospitals). Graduates will be eligible to apply for the New Jersey Licensed Associate Counselor (LAC) credential and receive their LAC upon passing the National Counselor Examination (NCE).

- **Alcohol/Drug Abuse Counseling** Students who graduate from the Program have the collective ability to assess, counsel, and assist a broad range of clients including children, adolescents, adults, substance abusers, parents, ethnic minority and immigrant groups, employees, and employers as well as apply analytical, research, and evaluation skills to assess a client’s situation.

Additionally, the Department offers several certification and licensure Options. These include the following:

- Post-MA Licensed Professional Counselor (LPC)
- Post-MA Student Personnel Services
- Post-MA Director of Student Personnel Services
- Substance Abuse Coordinator (SAC) Certification
Mission Statement

The mission of the Counselor Education Department (CED) is to provide students with a broad-based graduate education in counseling, and who are sensitive to cultural, gender and sexual orientation differences, and fosters a commitment to lifelong self-exploration and professional development. CED provides full and part-time students from the Northeast region and the New York/New Jersey metropolitan area affordable graduate level CACREP accredited programs in a variety of Master’s and post-graduate areas. In keeping with the University’s mission, CED is sensitive to the needs of first generation students and those from underserved minority groups.

Endorsement

Only persons who are known to the Counselor Education faculty as trainees and who are specifically trained for the position for which endorsement is requested will receive faculty endorsement.

Program Objectives

The faculty of the Counselor Education Program follows the CACREP Professional Counseling Competencies (i.e., common core, supervised experiences, and specialized studies). The competencies are explained in detail in the following section. At the completion of the Program, the student will demonstrate competence in the following learning outcomes based upon CACREP Professional Competencies:

Upon graduation from the Counselor Education Department students will be able to:

GENERAL

A. Explain the philosophy, role, current trends and evidence based/best practices of the counseling profession;
B. Explain the nature and needs of individuals across the lifespan;
C. Describe the impact of sociological, economic and cultural factors on counseling;
D. Apply individual and group counseling theories to facilitate individual, group and career counseling
E. Apply lifestyle and career development theories and career assessment tools;
F. Conduct, interpret and utilize professional research and existing data;
G. Administer appraisal and assessment instruments in counseling;
H. Apply professional, legal and ethical standards in counseling;
I. Practice social justice advocacy for clients;
J. Collaborate with key constituents in their particular settings; and
K. Identify his/her own limitations, seek supervision and participate in professional development.

SCHOOL COUNSELING

• Practice advocacy for appropriate role and functions of the school counselor
• Differentiates the developmental needs of elementary, middle, high school and special needs students
• Develop, implement, and assess comprehensive school counseling program that addresses prevention and remediation

CLINICAL MENTAL HEALTH COUNSELING

• Diagnose, develop a treatment plan, and understand the range of mental health service delivery options;

• Apply prevention, education and advocacy to promote optimal human functioning, wellness, and mental health; and

• Diagnose clients with co-occurring disorders, consider appropriate counseling strategies, and how co-occurring disorders impact treatment in a continuum of care
Practicum/Internship Site Requirements

The Internship/Practicum site should provide the student with the following opportunities in order to fulfill course objectives:

- **Practicum**: To complete at least 120 clock hours per semester, including at least 20 direct service hours in individual counseling and 20 direct service hours in group counseling (total of 40 direct service hours);

- **Internship**: To complete at least 300 clock hours per semester for each Internship, including at least 60 direct service hours in individual counseling and 60 direct service hours in group counseling (total of 120 direct service hours);

- To counsel clients representing ethnic, lifestyle, and demographic diversity within the community;

- To receive at least one hour of individual clinical supervision per week from the on-site supervisor;

- To videotape or audiotape individual clinical sessions for presentation in group supervision with permission from the client and/or the client’s guardian (all measures will be taken to maintain client confidentiality).

- To engage in a variety of professional activities, including record keeping, supervision, information and referral, consultation, in-service training, advocacy, and staff meetings, as well as direct service.

Additionally, the site should offer the following:

- A setting for individual and group counseling with assured privacy; and

- An orientation session reviewing site policies, procedures, and protocols, including procedures that ensure that the client’s confidentiality and legal rights are protected.

Supervisor Requirements and Expectations

The student will receive group supervision from the University professor and will receive individual supervision:

- On-site supervisor at the Practicum/Internship site will provide individual supervision for students enrolled in Practicum and Internship I/II; and

- University supervisor (Post-MA-LPC student) will provide individual or triadic supervision for students enrolled in Practicum

The requirements and expectations for each type of individual supervision are described below.

Professional Credential Requirements

The on-site supervisor must possess the following credentials:

- At least a master’s degree in counseling or a closely related profession, with a doctorate preferred;

- A minimum of two (2) years of professional experience in counseling or a closely related profession; and

- Professional certifications and/or licenses, appropriate for the profession.
• Preferable: relevant training in clinical supervision. (The Counselor Education Department will also be offering an online training that will be required of all of our supervisors. You will be able to earn CEUs for this training).

Expectations
The on-site supervisor is expected to engage in the following supervisory activities:
• Conduct weekly, individual, clinical supervision of at least one (1) hour per week; additional supervision may be necessary or required by the setting;
• Coordinate an orientation session reviewing site policies, procedures, and protocols, including procedures that ensure that the client’s confidentiality and legal rights are protected;
• Participate in biweekly consultation with the University instructor;
• Encourage the student to engage in other professional development opportunities offered to the full time staff; and
• Evaluate the student’s performance and professional development at the conclusion of the course (University instructor will provide the link to an online survey).

The supervisor’s insight, evaluation, and support are pivotal in encouraging the student’s professional growth and development in Counseling. Please complete the “Site Supervisor Fact Sheet” that follows and email your resume to Kimika Samms, our administrative assistant at sammsk@kean.edu.
General Requirements and Procedures for Supervised Experiences: Practicum and Internship

Practicum and Internships Requirements

Counselor Education majors are required to complete a total of 720 hours of supervised field experience in counseling settings appropriate to their choice of Option. Field course work must be taken in the following sequence:

CED 5980 - Practicum in Counseling/Human Services (120 hrs.)
CED 5985 - Internship in Counseling/Human Services I (300 hrs.)
CED 5986 - Internship in Counseling/Human Services II (300 hrs.)

Eligibility

1. Student must have been fully admitted (3 core courses + successful Selections Committee Interview): and
2. School counseling students must have an additional 18 credits and Clinical Mental health students must have an additional 24 credits in the prerequisite areas.

Guidelines

• Student must locate site on his/her own (with advisement). Student may obtain listings of available field sites from the faculty advisor or any CED professor.

• The site supervisor must be an appropriately certified/licensed professional counselor or mental health specialist or have received a masters degree in a related field (i.e. social work, psychology). Student is responsible for transmitting information between the on-site supervisor and University professor.

• The site must provide needed hands-on counseling experience consisting of direct service relevant to the student’s chosen Option. Direct service is face-to-face time spent in counseling with the client or the client’s personal resources (e.g., parents, spouse, children).

• ALL PRACTICUM/INTERNSHIP STUDENTS MUST SHOW PROOF OF PERSONAL LIABILITY INSURANCE BEFORE BEGINNING ANY SUPERVISED EXPERIENCES. Students can obtain liability insurance through the American Counseling Association for free upon becoming a student member.

• Practicum/Internship students may be asked to voluntarily participate in activities such as program-related research. They are expected to cooperate fully, with the understanding that they will be able to include the time spent in their total practicum/internship hours as professional development hours.
Texts for Practicum and Internship


Methods of Instruction

• Group supervision and course instruction by University professor
• Individual supervision by on-site supervisor
• Class discussion
• Case presentations and demonstrations
• Role plays in small groups
• Feedback from professor, on-site supervisor, and peers
• Audio tape, video tape, and/or process recording presentations of counseling skills
• Site visit (potential)

Methods of Evaluation

Students in the Practicum and Internships earn a letter grade. Evaluation, both informal and formal, is provided at several points during the practicum and internships, including the following points. The asterisk (**) denotes the supervisor’s responsibility:

• Evaluation of clinical notes and case conceptualization**
• Evaluation of assessment, diagnosis, and treatment planning**
• Evaluation of selection and use of counseling techniques appropriate to the placement setting and population**
• Evaluation of multicultural assessment and counseling skills appropriate for the population and placement setting**
• Evaluation of referral and consultation skills**
• Evaluation of student audiotapes, videos, and/or process notes, and
• Student self-evaluation of professional and personal growth
• Evaluation of student counseling knowledge, skills and awareness via an online survey**
Overview of Clinical Supervision

Definition of Clinical Supervision
Clinical supervision is paramount in the training of professional counselors. It involves a supervisor, a senior member of the profession and one or more supervisees, junior members of the profession. Clinical supervision is defined as a relationship that is “.... evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to clients that she, he, or they see(s), and serving as a gatekeeper of those who are to enter a particular profession” (Bernard & Goodyear, 2004, p. 8). Baird (2005) states “unlike academic coursework, in which the primary focus is on master of an established body of knowledge or skills, supervision involves ongoing work as it takes place in real time in a real world setting”.

Thus, in supervising practicum and internship students, the goals of supervision should include enhancing the professional development and functioning of students while simultaneously monitoring the welfare of the client. The clinical supervisor is asked to aid in the counselor in training’s development of counseling skills, help the supervisee move along a continuum of expertise and enhance clinical wisdom and knowledge base (Bernard & Goodyear, 1992). Ultimately, effective supervision should yield increased confidence and autonomy, increased self-awareness, increased ability to focus on the client without over-investment in the client’s issues, and increased feelings of relaxation in the role of counselor for the supervisee (Hill, Charles, & Reed, 1981; Stoltenberg & Pierce, 1981).

Discrimination Model of Supervision
One of the models of supervision emphasized in the Counselor Education Department at Kean is the Discrimination Model (Bernard, 1997). The three foci for supervision include:

Process/Intervention skills- techniques and strategies used in a counseling session that are observable by the supervisor (e.g. empathy, confrontation, interpretation, pacing, silence, and other counseling skills) (Bradley et al., 2000)

Conceptualization skills- how the trainee understands what is occurring in the session, identifies patterns, or chooses interventions (e.g. read overt and covert cues,

Personalization skills- how the trainee integrates a personal style into their counseling while also keeping his/her person issues separate

Within this model the supervisor assumes the role of teacher, counselor, consultant, and mentor. The role that the supervisor takes is dependent to the supervisee’s needs and the roles often overlap.
**Roles of the Clinical Supervisor** (Bernard & Goodyear, 2009)

**Teacher:**
The supervisor teaches the supervisee in relation to his or her specific needs as a developing counselor. As a teacher, the clinical supervisor must evaluate the supervisee in counseling sessions which might include skill development, deficits, and ability to deliver interventions. Such evaluation can be conducted via live supervision or listening to audiotapes of the counseling session.

**Counselor:**
The supervisor as counselor helps the supervisee address the intrapersonal and interpersonal factors influencing the counselor client relationship. The supervisor facilitates the supervisees’ examination of his or her behavior, thoughts, and feelings associated with client, especially if barriers are present. This should not entail therapeutic services, but instead helps the supervisee develop insight related to the client and the counseling session. The supervisor as counselor may help the supervisee explore his or her feelings regarding interventions, define strengths and weaknesses as a counselor in general and within specific counseling sessions, as well as encourage self exploration in the role of counselor.

**Consultant:**
The supervisor as consultant works with the supervisee to explore or offer ideas about a particular client or issue. The supervisor acts almost as if a colleague as together the supervisor and supervisee brainstorm possible reasons for client behavior, interventions, and what skills the supervisee needs to be effective with a particular client. The supervisor will solicit supervisee needs and attempt to provide services to meet those needs through allowing the supervisee to structure the supervision session and encourage the discussion of perceived client/ consumer problems and motivations, as well as suggesting alternative interventions or conceptualizations and brainstorming of interventions.

**Mentor:**
The supervisor as mentor will facilitate the professional development of the supervisee through encouragement of professional activities in the field of counseling, which may include active membership in professional organizations, attendance at conferences and trainings, encouraging review of literature for help with clients, and contributing to the counseling literature.
CACREP Competencies

The School Counseling program and the Clinical Mental Health Counseling program are accredited by CACREP (Council for the Accreditation of Counseling Related Educational Programs) accredited and the following CACREP standards have been assigned to our students Practicum and Internship experiences.

CACREP Common Core
Professional orientation and ethical practice

• self-care strategies appropriate to the counselor role;
• counseling supervision models, practices, and processes
• advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
• ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal consideration in professional counseling

Social Cultural Diversity

• individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies

Helping Relationships

• essential interviewing and counseling skills

Group Work

• group leadership or facilitation styles and approaches, including characteristics of various types of group leaders and leadership styles

Mental Health Counseling Practicum & Internship

• Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling
• Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of and mental and emotional disorders
• Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
• Applies effective strategies to promote client understanding of and access to a variety of community resources
• Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
• Demonstrates the ability to use procedures for assessing and managing suicide risk
• Applies current record-keeping standards related to clinical mental health counseling.
• Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate

• Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations

• Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

• Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals

**School Counseling Practicum & Internship**

• Demonstrates the ability to apply and adhere to ethical and legal standards in school counseling

• Demonstrates the ability to articulate, model, and advocate for an appropriate school counselor identity and program

• Provides individual and group counseling and classroom guidance to promote the academic, career, and personal/social development of students.

• Demonstrates the ability to recognize his or her limitations as a school counselor and to seek supervision or refer clients when appropriate

• Demonstrates multicultural competencies in relation to diversity, equity, and opportunity in student learning and development.

• Advocates for school policies, programs, and services that enhance a positive school climate and are equitable and responsive to multicultural student populations.

• Makes appropriate referrals to school and/or community resources

• Conducts programs designed to enhance student academic development

• Implements strategies and activities to prepare students for a full range of postsecondary options and opportunities

• Knows strategies to promote, develop, and enhance effective teamwork within the school and the larger community.

• Understands the important role of the school counselor as a system change agent
CED 5980 Practicum/CED 5985-5986 Internship Course Outline

Note: The following course descriptions may facilitate your supervision and professional growth of the student.

A. Catalog Description

Practicum: Supervised experience in professional counseling in schools, colleges, agencies, community or closely related settings.

Internship: Experience doing professional counseling in a school, college, post-secondary program, community and agency setting, or closely related setting under the supervision of a cooperating, experienced, professional counselor and college supervisor.

B. Course Objectives

Students will demonstrate growth towards becoming informed, dynamic professionals. Students will demonstrate and practice skills in supervised experiences in schools, colleges, agencies, community settings, rehabilitation centers, and other related settings. The student will:

- Demonstrate an ability to use effective individual counseling and helping skills to facilitate change in clients (CACREP II G.5.c, G.6. b, d; CMHC D.5, SC D.2) (K, S, D);
- Demonstrate an ability to use effective group counseling and helping skills to facilitate change in clients (CACREP II G.5.c, G.6. b, d; CMHC D.5, SC D.2) (K, S, D);
- Demonstrate an ability to use multicultural assessment, counseling, and helping skills appropriately to facilitate change in clients (CACREP II G.7.f; CMHC D.5, F.3; SC H.2, H.3) (K, S, D);
- Demonstrate an ability to use consultation skills and make referrals to school and/or community resources (CMHC D.4, F.2; SC H.4, N.2) (K, S);
- Demonstrate diagnostic, clinical assessment, and treatment planning skills (CACREP II G.2.d; CMHC D.2, L2; SC D.5, F.1) (K, S, D);
- Demonstrate an understanding of counseling issues and how they affect the counselor and client, including current and pending laws, legislation, and policies, and scope of practice and limitations (CACREP II G.1.i; G.2.d; CMHC D.3; SC B.2, F.3, O.4) (K, S, D);
- Articulate a commitment to abide by ethical and legal standards in the counseling process (CACREP II G.1.j; CMHC B.1; SC B.1) (K, D);
- Demonstrates competency in identifying and make referrals to school and/or community resources (CMHC D.4, F.2; SC H.4, N.2) (K, S)
- Demonstrates competence in record keeping and note taking (CMHC D.7) (K,S)

** In Internship the objectives change to “demonstrate competence”
C. Course Requirements

Enrollment is limited to a maximum of eight (8) students in order for students and professor to engage in tutorial forms of instruction.

The Practicum course is designed to meet the competencies of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2009 Section III (Professional Practice). F 1-6.

The 120 hour requirement includes:

- 40 hours of direct services at site
  - Internship Contract
  - 20 hours of individual counseling
    - written and oral presentation & audio or videotape
    - Individual Counseling Progress Report monthly
  - 20 hours of group counseling (with case notes - written/oral presentation & audio or videotape)
    - Group Counseling Session Analysis monthly
  - Internship Logs monthly

- 80 hours of indirect service at site including on site supervision, report writing, training/orientation, case conferences, etc.

The Internship I and II courses are designed to meet the competencies of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2009 Section III (Professional Practice). G 1-6.

The 300 hour requirement includes:

- 120 hours of direct services at site
  - Internship Contract
  - 60 hours of individual counseling
    - written and oral presentation & audio or videotape
    - Individual Counseling Progress Report monthly
  - 60 hours of group counseling (with case notes - written/oral presentation & audio or videotape)
    - Group Counseling Session Analysis monthly
  - Internship Logs monthly

- 120 hours of indirect service at site including on site supervision, report writing, training/orientation, case conferences, etc.

- 30 hours of group supervision by professors
  - Student self-evaluation pre and post course

- 10 hours of preparation for presentations/assignments for Internship class

- 20 hours of documented related professional experience:
  - On and off campus professional development activities
  - Informational interviews with professional counselors
Develop a resource network of referrals, websites, self-help resources, books, videos, support groups for client use. Disseminate to classmates.

Read counseling books and journal articles with brief reports.

D. Course Content
This course consists of two (2) major components: onsite practicum experience and academic course work/group supervision. Each is described:

Onsite Practicum Experience
Students must engage in a combination of direct and indirect counseling-related experiences, under supervision, that a professional counselor is expected to perform.

- Direct services include individual, family, and group counseling and assessment, under supervision;
- Indirect services may vary by practicum setting and may include the following professional activities:
  - In-service training
  - Consultation services
  - Staff meetings
  - Supervision
  - Transition and referral
  - Psychoeducational sessions
  - Case conferences
  - Report writing/record keeping
  - Program evaluation
  - Perusal of professional literature and web sites
  - Training and/or supervision of paraprofessional counseling staff
  - Professional development/training
  - Familiarization with networks such as referrals, web sites, self-help resources (e.g., books, videos), support groups (face-to-face and online), among others
  - Community outreach
  - Conference presentations
  - Client advocacy
  - Advocacy activities in support of the counseling profession
  - Mentoring future counselors

II. Academic Course Component
The course component of the practicum will include lectures, demonstrations, role plays, and group supervision to develop effective assessment, counseling, referral, and termination skills commonly used in the practice of professional counseling. Each component is described:

A. Counselor Self Awareness
1. Scope and limitations of practice
2. Self-care
3. Receiving and giving feedback

B. Roles and functions of counselors
   1. Serving as a systems change agent
   2. Advocacy roles and processes
      a. Elimination of social barriers to equity and access
      b. Needs of multicultural populations
      c. Counselor duties and identity

C. Facilitating change in individual clients and group clients
   1. Selection of individual counseling techniques based on the placement setting, population, and client’s developmental stage
   2. Selection of group counseling techniques based on the placement setting, population, and client’s developmental stage

D. Counseling modalities and their appropriate use based upon developmental stage, population, and counseling setting
   1. Individual
   2. Couples and Family counseling
   3. Career counseling
   4. Grief counseling

E. Multicultural Assessment and Counseling skills
   1. Clinical assessments
   2. Role of multiculturalism in assessments
   3. Culturally appropriate counseling skills and techniques

F. Clinical assessment and diagnosis
   1. Diagnosis Statistical Manual IV
   2. Inventories (child and adult)

G. Synthesis of client information
   1. Case conceptualization
   2. Treatment planning
   3. Referral
   4. Termination

H. Professionalism in counseling
   1. Ethical practice, standards, and considerations
      a. Legal issues and risk management
      b. Confidentiality
      c. Counseling minors
      d. Duty to warn or notify
   2. Current and pending legislation, laws, and policies
   3. Malpractice and liability insurance

I. School and Community Resources
   1. Ways to identify resources
   2. Resource referral and follow up

J. Supervision
1. Individual supervision  
   a. Theory  
   b. Practice  
2. Group supervision  
   a. Theory  
   b. Practice  

K. Record Keeping  
   1. Writing progress notes  
   2. Inclusion and exclusion  

L. Programming and Interventions  
   1. Academic Development  
   2. Career Development  
      a. post-secondary options  
      b. school to work  
   3. Wellness  

Students also receive group supervision and feedback on the following topics:  

- Clinical notes, record keeping, and progress notes  
- Clinical assessment, case conceptualization, and diagnosis  
- Treatment planning  
- Selection of individual and group counseling techniques based on the placement setting and population  
- Appropriate and effective use of individual and group counseling techniques based on the placement setting and population  
- Appropriate and effective use of multicultural assessment and counseling skills for the population and placement setting  
- Critique of audiotapes, video tapes, and/or process recordings of counseling sessions  
- Appropriate and effective use of referral skills, including web sites and computer-assisted referrals  
- Appropriate and effective use of consultation and/or collaboration with other professionals in the placement setting  
- Appropriate and effective use of clinical supervision  

Students will also be required to:  

- Complete a pre-Practicum Internship self-assessment. This is due by the second meeting of Practicum.  
- Complete the "Practicum/Internship Contract" during the initial weeks of class. Both the on-site Supervisor and University professor sign this form and each should receive a signed copy.
- Maintain a "Weekly Schedule" and/or "Practicum and Internship Log". These forms are submitted when completed and should reflect the hour requirement of the course.

- Case Presentation: Each Practicum student will conduct a case presentation in class including the following:
  - Written presentation
  - Taped presentation
  - An audio tape or video tape of a recent counseling session of the written presentation

- Each student will meet weekly with an on-site supervisor for individual supervision of at least 1-hour per week.

- The on-site supervisor must complete a formal evaluation of the student, documenting professional growth. The University Instructor will provide the link for the online survey. The on-site supervisor should review the evaluation with the student.

- Other assignments based on the needs of the student and at the discretion of the Department professor and/or on-site supervisor.
Ethical Practice
and Legal Risk Management

In Section 1 to follow, the ACES Ethical Guidelines for Counseling Supervisors (1993) establishes principles that define the ethical behavior of supervisors engaged in the professional preparation of professional counselors.

In Section 2 to follow, the following legal discussions have shaped the practice of professional counseling in the United States and are reviewed in Falvey (2002). Consult Falvey for additional information and comprehensive legal discussions.
Section 1

ETHICAL GUIDELINES FOR COUNSELING SUPERVISORS
ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION
Adopted by ACES Executive Counsel and Delegate Assembly
March, 1993

Preamble:

The Association for Counselor Education and Supervision (ACES) is composed of people engaged in the professional preparation of counselors and people responsible for the ongoing supervision of counselors. ACES is a founding division of the American Counseling Association for (ACA) and as such adheres to ACA’s current ethical standards and to general codes of competence adopted throughout the mental health community.

ACES believes that counselor educators and counseling supervisors in universities and in applied counseling settings, including the range of education and mental health delivery systems, carry responsibilities unique to their job roles. Such responsibilities may include administrative supervision, clinical supervision, or both. Administrative supervision refers to those supervisory activities which increase the efficiency of the delivery of counseling services; whereas, clinical supervision includes the supportive and educative activities of the supervisor designed to improve the application of counseling theory and technique directly to clients.

Counselor educators and counseling supervisors encounter situations which challenge the help given by general ethical standards of the profession at large. These situations require more specific guidelines that provide appropriate guidance in everyday practice. The Ethical Guidelines for Counseling Supervisors are intended to assist professionals by helping them:

1. Observe ethical and legal protection of clients' and supervisee’ rights;
2. Meet the training and professional development needs of supervisees in ways consistent with clients' welfare and programmatic requirements; and
3. Establish policies, procedures, and standards for implementing programs.

The specification of ethical guidelines enables ACES members to focus on and to clarify the ethical nature of responsibilities held in common. Such guidelines should be reviewed formally every five years, or more often if needed, to meet the needs of ACES members for guidance.

The Ethical Guidelines for Counselor Educators and Counseling Supervisors are meant to help ACES members in conducting supervision. ACES is not currently in a position to hear complaints about alleged non-compliance with these guidelines. Any complaints about the ethical behavior of any ACA member should be measured against the ACA Ethical Standards and a complaint lodged with ACA in accordance with its procedures for doing so.

One overriding assumption underlying this document is that supervision should be ongoing throughout a counselor’s career and not stop when a particular level of education, certification, or membership in a professional organization is attained.

DEFINITIONS OF TERMS:
Applied Counseling Settings - Public or private organizations of counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings.

Supervisees - Counselors-in-training in university programs at any level who working with clients in applied settings as part of their university training program, and counselors who have completed their formal education and are employed in an applied counseling setting.

Supervisors - Counselors who have been designated within their university or agency to directly oversee the professional clinical work of counselors. Supervisors also may be persons who offer supervision to counselors seeking state licensure and so provide supervision outside of the administrative aegis of an applied counseling setting.

1. Client Welfare and Rights

1.01 The Primary obligation of supervisors is to train counselors so that they respect the integrity and promote the welfare of their clients. Supervisors should have supervisees inform clients that they are being supervised and that observation and/or recordings of the session may be reviewed by the supervisor.

1.02 Supervisors who are licensed counselors and are conducting supervision to aid a supervisee to become licensed should instruct the supervisee not to communicate or in any way convey to the supervisee's clients or to other parties that the supervisee is himself/herself licensed.

1.03 Supervisors should make supervisees aware of clients' rights, including protecting clients' right to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients also should be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship.

1.04 Records of the counseling relationship, including interview notes, test data, correspondence, the electronic storage of these documents, and audio and videotape recordings, are considered to be confidential professional information. Supervisors should see that these materials are used in counseling, research, and training and supervision of counselors with the full knowledge of the clients and that permission to use these materials is granted by the applied counseling setting offering service to the client. This professional information is to be used for full protection of the client. Written consent from the client (or legal guardian, if a minor) should be secured prior to the use of such information for instructional, supervisory, and/or research purposes. Policies of the applied counseling setting regarding client records also should be followed.

1.05 Supervisors shall adhere to current professional and legal guidelines when conducting research with human participants such as Section D-1 of the ACA Ethical Standards.

1.06 Counseling supervisors are responsible for making every effort to monitor both the professional actions, and failures to take action, of their supervisees.

2. Supervisory Role

Inherent and integral to the role of supervisor are responsibilities for:
a. Monitoring client welfare;
b. encouraging compliance with relevant legal, ethical, and professional standards for clinical practice;
c. monitoring clinical performance and professional development of supervisees; and
d. evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes.

2.01 Supervisors should have had training in supervision prior to initiating their role as supervisors.

2.02 Supervisors should pursue professional and personal continuing education activities such as advanced courses, seminars, and professional conferences on a regular and ongoing basis. These activities should include both counseling and supervision topics and skills.

2.03 Supervisors should make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession.

2.04 Supervisors of post-degree counselors who are seeking state licensure should encourage these counselors to adhere to the standards for practice established by the state licensure board of the state in which they practice.

2.05 Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.

2.06 Actual work samples via audio and/or video tape or live observation in addition to case notes should be reviewed by the supervisor as a regular part of the ongoing supervisory process.

2.07 Supervisors of counselors should meeting regularly in face-to-face sessions with their supervisees.

2.08 Supervisors should provide supervisees with ongoing feedback on their performance. This feedback should take a variety of forms, both formal and informal, and should include verbal and written evaluations. It should be formative during the supervisory experience and summative at the conclusion of the experience.

2.09 Supervisors who have multiple roles (e.g., teacher, clinical supervisor, administrative supervisor, etc.) with supervisees should minimize potential conflicts. Where possible, the roles should be divided among several supervisors. Where this is not possible, careful explanation should be conveyed to the supervisee as to the expectations and responsibilities associated with each supervisory role.

2.10 Supervisors should not participate in any form of sexual contact with supervisees. Supervisors should not engage in any form of social contact or interaction which would compromise the supervisor-supervisee relationship. Dual relationships with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.

2.11 Supervisors should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.
2.12 Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance. Supervisors have the responsibility of recommending remedial assistance to the supervisee and of screening from the training program, applied counseling setting, or state licensure those supervisees who are unable to provide competent professional services. These recommendations should be clearly and professionally explained in writing to the supervisees who are so evaluated.

2.13 Supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or continued employment if the supervisor believes the supervisee is impaired in any way that would interfere with the performance of counseling duties. The presence of any such impairment should begin a process of feedback and remediation wherever possible so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.

2.14 Supervisors should incorporate the principles of informed consent and participation; clarity of requirements, expectations, roles and rules; and due process and appeal into the establishment of policies and procedures of their institutions, program, courses, and individual supervisory relationships. Mechanisms for due process appeal of individual supervisory actions should be established and made available to all supervisees.

3. Program Administration Role

3.01 Supervisors should ensure that the programs conducted and experiences provided are in keeping with current guidelines and standards of ACA and its divisions.

3.02 Supervisors should teach courses and/or supervise clinical work only in areas where they are fully competent and experienced.

3.03 To achieve the highest quality of training and supervision, supervisors should be active participants in peer review and peer supervision procedures.

3.04 Supervisors should provide experiences that integrate theoretical knowledge and practical application. Supervisors also should provide opportunities in which supervisees are able to apply the knowledge they have learned and understand the rationale for the skills they have acquired. The knowledge and skills conveyed should reflect current practice, research findings, and available resources.

3.05 Professional competencies, specific courses, and/or required experiences expected of supervisees should be communicated to them in writing prior to admission to the training program or placement/employment by the applied counseling setting, and, in case of continued employment, in a timely manner.

3.06 Supervisors should accept only those persons as supervisees who meet identified entry level requirements for admission to a program of counselor training or for placement in an applied counseling setting. In the case of private supervision in search of state licensure, supervisees should have completed all necessary prerequisites as determined by the state licensure board.
3.07 Supervisors should inform supervisees of the goals, policies, theoretical orientations toward counseling, training, and supervision model or approach on which the supervision is based.

3.08 Supervisees should be encouraged and assisted to define their own theoretical orientation toward counseling, to establish supervision goals for themselves, and to monitor and evaluate their progress toward meeting these goals.

3.09 Supervisors should assess supervisees' skills and experience in order to establish standards for competent professional behavior. Supervisors should restrict supervisees' activities to those that are commensurate with their current level of skills and experiences.

3.10 Supervisors should obtain practicum and fieldwork sites that meet minimum standards for preparing student to become effective counselors. No practicum or fieldwork setting should be approved unless it truly replicates a counseling work setting.

3.11 Practicum and fieldwork classes would be limited in size according to established professional standards to ensure that each student has ample opportunity for individual supervision and feedback. Supervisors in applied counseling settings should have a limited number of supervisees.

3.12 Supervisors in university settings should establish and communicate specific policies and procedures regarding field placement of students. The respective roles of the student counselor, the university supervisor, and the field supervisor should be clearly differentiated in areas such as evaluation, requirements, and confidentiality.

3.13 Supervisors in training programs should communicate regularly with supervisors in agencies used as practicum and/or fieldwork sites regarding current professional practices, expectations of students, and preferred models and modalities of supervision.

3.14 Supervisors at the university should establish clear lines of communication among themselves, the field supervisors, and the students/supervisees.

3.15 Supervisors should establish and communicate to supervisees and to field supervisors specific procedures regarding consultation, performance review, and evaluation of supervisees.

3.16 Evaluations of supervisee performance in universities and in applied counseling settings should be available to supervisees in ways consistent with the Family Rights and Privacy Act and the Buckley Amendment.

3.17 Forms of training that focus primarily on self understanding and problem resolution (e.g., personal growth groups or individual counseling) should be voluntary. Those who conduct these forms of training should not serve simultaneously as supervisors of the supervisees involved in the training.

3.18 A supervisor may recommend participation in activities such as personal growth groups or personal counseling when it has been determined that a supervisee has deficits in the areas of self understanding and problem resolution which impede his/her professional functioning. The supervisors should not be the direct provider of these activities for the supervisee.

3.19 When a training program conducts a personal growth or counseling experience involving relatively intimate self disclosure, care should be taken to eliminate or minimize
potential role conflicts for faculty and/or agency supervisors who may conduct these experiences and who also serve as teachers, group leaders, and clinical directors.

3.20 Supervisors should use the following prioritized sequence in resolving conflicts among the needs of the client, the needs of the supervisee, and the needs of the program or agency. Insofar as the client much be protected, it should be understood that client welfare is usually subsumed in federal and state laws such that these statutes should be the first point of reference. Where laws and ethical standards are not present or are unclear, the good judgment of the supervisor should be guided by the following list.

   a. Relevant legal and ethical standards (e.g., duty to warn, state child abuse laws, etc.);
   b. Client welfare;
   c. Supervisee welfare;
   d. Supervisor welfare; and
   e. Program and/or agency service and administrative needs.

From: www.acesonline.net
Section 2
Legal Decisions (from Falvey, 2002)

Jaffe v. Redmond
518 U.S. 1 (1996) Supreme Court of the United States
(opinion by Justice Stevens)

FACTS
After a police officer shot and killed a man, she sought counseling from a licensed social worker. A federal civil suit was brought by the deceased’s family for wrongful death. As part of the litigation, the family sought to obtain information from the police officer’s therapist about statements she had allegedly made about the incident. The question arose whether, under the federal rules of evidence (FRE), there existed a “psychotherapist privilege” that would prevent the disclosure of the information sought.

HOLDING OF THE COURT
Couched in the language of the federal rules of evidence, the court concluded that a “psychotherapist privilege” does exist for licensed therapists beyond licensed psychiatrists and psychologists. “We have no hesitation in concluding in this case that the federal privilege should also extend to confidential communications made to licensed social workers in the course of psychotherapy.”

The court recognized that all 50 states and the District of Columbia have enacted legislation that creates privilege for licensed psychotherapists (most state statutes define who is considered a “psychotherapist”) and that this privilege is vital to the practice of effective psychotherapy. The court further reasoned that, for the sake of consistency, it was appropriate to expand the definition of the FRE in this case to avoid a schism between the federal and state courts’ protection of confidential information. Interestingly, the court also seems to rely on an economic component, first expressed by the Court of Appeals, 51 F.3d 1346, 1358: “[D]rawing a distinction between the counseling provided by costly psychotherapists and the counseling provided by more readily accessible social workers serves no discernible public purpose” 518 U.S. at 17.

IMPLICATIONS
This Supreme Court decision is very important. Prior to this decision and on the federal level, “psychotherapist” only included licensed psychiatrists and psychologists, defined as such to be eligible for privileged communications (lawyers and physicians also enjoy this privilege). As master’s level clinicians have begun to have more of an impact in the delivery of mental health services, and as licensure has expanded to include them in many states, the need for equal protection of confidential communications with clients has become increasingly important. As a result of this, states have begun passing statutes extending this privilege to licensed social workers and other
master’s level disciplines. This decision extends the privilege to licensed psychotherapists only at the federal level. Supervisors should be aware that because this privilege covers licensed therapists, unlicensed supervisees may be covered by the supervisor’s license (that is determined by individual states). However, if the degree of involvement and control by the supervisor is not sufficient to establish a supervisory relationship, the unlicensed supervisee will not enjoy privileged communications with clients.

**Tarasoff v. Regents of the University of California**  
551 P.2d 334 (Cal. 1976) Supreme Court of California

**FACTS**  
This was a suit by Tatiana Tarasoff’s parents alleging her wrongful death. Prosenjit Poddar had been seeing a psychologist, Dr. Moore, as a voluntary outpatient at a hospital affiliated with University of California, Berkeley. During a session on August 20, 1969, Poddar informed Dr. Moore of his homicidal ideation toward Tatiana, stating that he wanted to kill her when she returned from her trip to Brazil. Dr. Moore felt that hospitalization was needed but had to consult his superiors before that decision could be made. Two additional psychiatrists examined Poddar and came to the same conclusion. Dr. Moore then sent a letter to the police asking for their assistance in detaining Poddar. The police held and interviewed Poddar but ultimately released him as the police thought he was not a threat to himself or others because he was then denying his threats. The clinical supervisor and director of the hospital, Dr. Powelson (a psychiatrist), then directed that Poddar not be admitted involuntarily for a 72 hour observation (despite the recommendation of Dr. Moore and two staff psychiatrists) and told Dr. Moore to have the letter to the police returned and destroyed along with other written material. Two months later, on October 27, 1969, Poddar killed Tatiana Tarasoff.

**Holding of the Court**  
The California Supreme Court concluded that the clinicians owed a duty of care to Tatiana (i.e., a third party) beginning with their actual knowledge of potential danger to her and when the victim was readily identifiable. This duty warranted action by the clinicians to protect her from danger. Simply reporting to the police was not enough, and breaking confidentiality would be allowed to notify Tatiana of the danger. Most important here, the court concluded that Dr. Powelson (the supervisor) could be held liable because he had direct knowledge and control over Poddar’s treatment. As a result of this direct knowledge and treatment control, he assumed a duty of care to Tatiana, as if he were acting as the primary therapist. The case was sent back to a lower court for a jury to determine if Dr. Powelson, given this court’s guidelines, was negligent. There is no official report of subsequent proceedings, suggesting an out-of-court settlement.
After this decision, for those clinicians practicing in California, the question of “who is the client?” in a crisis situation became more difficult. The duty of care owed now went beyond the immediate client to other identifiable persons in the community. The important piece for supervisors to know is that, in guiding the treatment of the client (having direct knowledge and participating in the treatment decision-making process), supervisors may be held liable for negligence for failing to warn a third party, even if that instruction was delegated to the supervisee to carry out. A supervisor has the same duty to protect a third party (when there is reasonable belief of impending danger as a supervisee. In this case, Dr. Moore was claiming he was the subordinate to Dr. Powelson and that he shouldn’t be held liable because he lacked ultimate control. The court seemed to suggest that this might work but left it for a lower court to decide. If upheld, this would have left the supervisor solely liable.

**Jablonski v. United States**

712 F.2d 391 (9th Cir 1983) United States Court of Appeals, Ninth Circuit

**FACTS**

Meghan Jablonski brought lawsuit against the V.A. hospital for the wrongful death of her mother, Melinda Kimball. Phillip Jablonski (“Jablonski”), Meghan’s father, attacked Kimball’s mother. Although no charges were brought, Jablonski agreed to undergo a psychiatric evaluation. The police contacted the V.A. hospital where the evaluation would take place, and when the physician assigned to his case (Dr. Kopiloff) was unavailable, the police conveyed the information to Dr. Berman. However, this information was not passed along to Dr. Kopiloff. Jablonski was evaluated by Dr. Kopiloff with Kimball present and was deemed to be ineligible for involuntary admission. At this evaluation, some aspects of Jablonski’s violent past were exposed. Even though Jablonski refused to divulge information on past treatment, no attempt was made to locate his medical records through the V.A. At this and a subsequent evaluation, Kimball expressed concern for her safety and was advised to leave Jablonski while he was being evaluated. At the second evaluation, Dr. Kopiloff and his supervisor evaluated Jablonski, and the same conclusions were reached. Another psychiatrist noted Kimball’s distress at this meeting and also advised her to stay away from Jablonski. The day before his third scheduled evaluation, Jablonski murdered Kimball.

**HOLDING OF THE COURT**

The court upheld the finding that the psychiatrists involved committed malpractice when they: (a) failed to record and transmit the information from the police; (b) failed to obtain past medical records; and (c) failed to adequately warn Kimball of Jablonski’s
dangerousness. Had the psychiatrists reviewed Jablonski’s medical records, given the information he conveyed to them at his initial evaluation, they could have diagnosed his “dangerousness” and taken the appropriate safety measures. Although the court offers little guidance on what an adequate warning would be, the mere warnings of the psychiatrists to Kimball to stay away from Jablonski were insufficient.

IMPLICATIONS

Even though the psychiatrists heard no specific threats from Jablonski, they had (or should have had) sufficient information from Kimball, the police, and his past medical records to determine that he was potentially dangerous and in need of hospitalization. This decision suggests that even when there are no words to indicate dangerousness, mental health practice has developed such that there are reliable sources of information beyond the client that we should use to influence our determination of “dangerousness.” Also, having Dr. Kopiloff’s supervisor evaluate Jablonski did not ease the duty imposed upon them to obtain his medical records or to “adequately” warn Kimball of Jablonski’s dangerousness. The four pieces of the analysis used by the court that must be satisfied to constitute malpractice are: (a) a psychotherapist-client relationship existed; (b) the psychotherapist knew, or should have known, that Jablonski was dangerous; (c) Kimball was a foreseeable target of Jablonski’s dangerousness; and (d) the psychotherapist did not take necessary steps to discharge his duty. Whether a supervisor or not, the potential targets of a client’s dangerousness are owed a duty of protection by clinicians, whose diligence and accuracy will serve to reduce their exposure to liability.

Pesce v. J. Sterling Morton High School, District 201
830 F.2d 789 (7th Cir. 1987) United States Court of Appeals, Seventh Circuit

FACTS

A tenured teacher and school psychologist (Dr. Pesce) sued the school district, claiming it violated his constitutional rights by disciplining him for failing to disclose suspected child abuse. Dr. Pesce learned from another student that J.D. (a student) had been hinting about suicide, was struggling with his sexual identity, and had visited the home of another teacher where “something sexual” happened. Dr. Pesce spoke with J.D. that same day. J.D. denied any suicidal ideation or sexual acts with the other teacher but stated that the teacher had once shown him some “pictures.” J.D. requested help and was referred to an outside therapist. Upon consultation and careful consideration of the ethical and legal implications, Dr. Pesce chose not to notify school officials of the rumored sexual activity and suicidal ideation. The following week, upon learning that J.D. had canceled an appointment with the other therapist, Dr. Pesce again spoke with him at school. At this meeting, J.D. acknowledged that
something sexual had taken place between him and the teacher. It was agreed upon by Dr. Pesce and J.D. that this should now be reported to school officials. The superintendent subsequently suspended Dr. Pesce for failure to report this student’s situation promptly.

HOLDING OF THE COURT

The court agreed with Dr. Pesce that the confidentiality of the initial meeting with J.D. was very important but concluded that the duty imposed by law to report suspected child abuse superseded that confidentiality (note that this was not a privilege). Indeed, this was expressly written into the statute regarding the reporting of suspected child abuse in that state: “The privileged quality of communication between any professional person required to report and his patient or client shall not apply to situations involving abused or neglected children….” Id. At 791. Between the competing interests of keeping information confidential and the mandatory reporting law, the court conceded that the law is not settled on what standard of review should be used.

IMPLICATIONS

Even though the psychologist ultimately reported the suspected abuse of J.D., the law said it needed to be done immediately rather than at the discretion of the psychologist. It is a difficult situation to be in, trying to find the best remedy for the client but the law dictates what must be done regardless of the situation.

The court seemed to suggest that Dr. Pesce’s efforts were valiant but that the need for mandatory immediate reporting is too important to be ignored, if even for a while. Mandatory reporting is a complex and hotly debated issue because it is an area where law and psychology both intersect and diverge. It is crucial for supervisors in youth services and school settings to understand this area of the law, as it will inevitably become an issue with a trainee, intern, or other staff.
Supervision Bibliography


Counseling-Related Web Sites

Editor’s Note: Web site addresses are subject to change without notice.

National Organization Websites
American Counseling Association: http://www.counseling.org
ACA Code of Ethics: http://www.counseling.org/resources/ethics.htm
American Mental Health Counselors Association (AMHCA): www.amhca.org/
Association for Counselor Education and Supervision: http://www.acesonline.net
CACREP: www.counseling.org/cacrep
Chi Sigma Iota: http://www.csi-net.org
Licensure Info for Counselors: http://www.counseling.org/resources/certification2.htm
Nat. Board of Certified Counselors (NBCC): www.nbcc.org
World Counseling Network: www.CounselingNetwork.com

New Jersey Organization Websites
New Jersey Counseling Association: http://www.njcounseling.org
New Jersey School Counseling Association: http://www.njsca.org
New Jersey Department of Education: www.nj.gov/education
Kean University, Dept. of Counselor Education: www.kean.edu/counsed
Rutgers Univ. Center of Alcohol Studies: www.rci.rutgers.edu/~cas2

Online Resources
Distance career counseling: www.readyminds.com
Cybercounseling resources: cybercounsel.uncg.edu
                         www.behavior.net
                         www.behavior.net/JOB (Journal of Online Behavior)
Self-help resources:     www.psychcentral.com
                         www.mentalhelp.net/selfhelp
                         www.mhsource.com
Culture-based resource:  www.nativeweb.com
Multilingual self-help:
Online Intergroup of Alcoholics Anonymous (AA) (OIAA)
www.aa-intergroup.org/board.html
Un Camino Espiritual (A Spiritual Journey) (Spanish language online NA e-mail 
support groups), www.nuestra-net.com/camino
PRACTICUM/INTERNSHIP FORMS

The University professor will request that supervisors complete or co-sign the following three (3) forms during the semester.

The University professor will instruct the student to use other specific forms throughout the semester. In addition, the site may require the completion of specific forms.
PRACTICUM/INTERNSHIP CONTRACT

This contract specifies an agreement between the Counselor Education Graduate Program at Kean University, Union NJ, and (site) ______________________ for (student) _______________________ during the dates _______ to _______

Purpose:

The purpose of this agreement is to provide a qualified graduate student with a Practicum/Internship experience in the field of counseling.

The Counselor Education Program Responsibilities:

1. To approve a student who has successfully completed all prerequisite courses for Practicum/Internship;

2. To disseminate the Supervisor Manual to each Agency/School On-site Supervisor which includes a Course Outline for Practicum/Internship in Counseling which clearly delineates the requirements of the experience;

3. To designate a qualified faculty member as the Practicum/Internship instructor who will work with the Agency/School in coordinating the experience;

4. To provide bi-weekly consultation (by the Practicum/Internship instructor) with on-site supervisors and be available should any problem or change in relation to student, site, or University occur;

5. To notify the student that s/he must adhere to the administrative policies, rules, standards, schedules and practices of the Agency/School;

6. To advise the student that s/he must have adequate professional liability insurance; and

7. To be responsible for the assignment of the final grade.
The Practicum/Internship Site Responsibilities:

1. To provide the Practicum/Internship student with an overall orientation to the Agency/School’s specific services necessary for the implementation of the experience;

2. To designate a qualified staff member to function as On-site Supervisor. The On-site Supervisor will be responsible for providing opportunities for the student to engage in a variety of counseling activities under supervision, and for evaluating the student’s performance. (Suggested counseling experiences are listed below);

3. To provide structured, individual or triadic supervisory contact of at least one (1) hour per week. Supervisory contact involves some examination of student work using audio/video tapes, observation, and/or live supervision;

4. To maintain bi-weekly contact with the students’ Practicum/Internship instructor regarding students progress and receive consultation as needed;

5. To provide written evaluation to the student based on criteria established by the Counselor Education Department through an online survey.

Practicum/Internship Activities:

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<thead>
<tr>
<th>Intake Interview</th>
<th>Staff Meetings</th>
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<tr>
<td>Individual Counseling</td>
<td>Case Conference</td>
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<td>Group Counseling</td>
<td>Community Outreach</td>
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<tr>
<td>Family Counseling</td>
<td>Report writing/ preparation</td>
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<tr>
<td>Consultation</td>
<td>Supervision</td>
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<tr>
<td>Psycho-educational groups</td>
<td>Training/Professional Development</td>
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<tr>
<td>Career Counseling</td>
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</tbody>
</table>

On-Site Supervisor: ___________________________ Date: _______________

Student: ___________________________ Date: _______________

University Professor ___________________________ Date: _______________

**Site Supervisor manual https://sites.google.com/a/kean.edu/counselor-education-at-kean-university/site-supervisor**
ON-SITE SUPERVISOR FACT SHEET

The University professor and Clinical Coordinator for site/supervisor approval will review the information. Student and supervisor will be notified:

- **Student** completes the top half and leaves form with the supervisor unless the supervisor has completed a previous Fact Sheet. Student returns form only if supervisor has a fact sheet on file. Student must complete form for each site and practicum/internship course.

- **Site supervisor** completes the bottom half and returns the form to the student with a c.v./resume attached. If a Fact Sheet and resume are on file with no changes, a new form/c.v. are not required.

- The student will submit the information to the practicum/internship professor for review. The professor will forward the information to the Clinical Coordinator. Please email your resume to our administrative assistant, Kimika Samms, sammsk@kean.edu.

**To Be Completed by Student**

Student Name: _____________________________ E-mail: __________________

Student Address: ____________________________________________________

______________________________________________________________________

Check Semester: Fall ___ Spring ___ Summer I ___

Check Course: Practicum ___ Internship I ___ Internship II ___

**To Be Completed by Onsite Supervisor**

Supervisor Name: __________________________ Position: __________________

Site Name/Address: _________________________________________________

______________________________________________________________________

Site Telephone: __________________________ Site Fax: __________________

Site/supervisor e-mail: ________________________________________________

Highest Degree and Academic Field: ____________________________________

Area(s) of expertise __________________________________________________

Supervisory experience (years and type) _________________________________

List all professional licenses/certifications, state, and number: ______________

Kean U. Coordinator only: _____ Approved _____ Not approved _____ Notified