**Counseling and Human Services**

Clinical Mental Health Counseling

Professional School Counseling

**Practicum & Internship**

**Manual**



2019-2021 Edition

**Counseling & Human Services Program**

**School of Education**

**Indiana University South Bend**

**South Bend, In 46634**

# Introduction

This manual has been prepared to facilitate the counseling practicum/internship field placement within the graduate program in Counseling and Human Services (CHS) at Indiana University South Bend. The manual has been designed to provide the counseling student, the university faculty member, and the school or agency supervisor a more complete understanding of the role each individual has in this program. Furthermore, it serves to outline minimum requirements for counselors in training in the program regardless of the nature of their placement or who their university or field supervisor may be.

This manual is constantly under revision. Your continued interest in offering suggestions for changes will greatly improve the usefulness of this guide in the future. Please communicate your reactions to its content so that practicum internship experiences can be meaningful to the counseling students and beneficial to the community agencies.

Forward your suggestions and comments to the

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Best wishes for a most successful clinical experience!

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# The Counseling Practicum Course

The practicum course (G524, Practicum in Counseling) is the first field experience required for CHS students and is especially designed to provide in-depth clinical counseling experience and supervision. Practicum is offered in the spring of the second year of the program. Generally, there are at least two sections of the course, each with six students and one instructor.

Classes meet for two to three hours weekly for group supervision. There is also one hour of individual or triadic supervision each week at a time arranged by the instructor and the student(s).

CHS faculty requires that your field experiences be as diverse and varied as possible. Plan to work with a different faculty supervisor for each of your field experiences if possible. Clinical Mental Health and School Counseling students are encouraged to work in different placements for each of their field experiences except in such cases where the site offers a wide range of diversity in clientele, clinical issues, and clinical services. A few placement centers which require a year-long commitment do offer such diversity. (One example would be the IUSB Counseling Center which requires a minimum of a one-year commitment.) Any questions about this issue should be referred to the field coordinator and/or CHS faculty for a final decision.

Practicum Sites: Students are to locate their own practicum sites, working closely with the CHS field coordinator and/or faculty. When you locate a site, be sure to get approval from the individual who is at the highest level of authority and responsibility at the Agency.Possible sites are included at the end of the last section of this Manual. Students who can accept the organizational challenge may choose to divide their time between two sites for broader experiences.

It is also desirable to have a back-up site available. For various reasons, a student might not be able to attain the required number of sessions at a given site, so an additional site might be required in order to meet course requirements.

Class Sessions (Small group supervision): Practicum class is a small group supervision experience where students focus on the review of audio/video recorded sessions of their clients. Supervision is most effective if the clients are currently being seen. The idea is not to just accumulate the required number of tapes. Do not accumulate several taped sessions in the beginning of the semester and then just turn them in as you go. Some faculty may not accept tapes that are done weeks ahead of time. The idea is to get feedback on skills and clinical directions with clients that are being seen so that style, skills, and approaches can be changed as the student gleans supervisory feedback. Stockpiling tapes undermines and violates the entire purpose of the course.

**Faculty Expectations for Practicum**:

1. Reports of students’ activities are to be turned in weekly (see weekly activity report form) and are not to be accumulated and then submitted to the instructor. This allows for current, effective feedback.

2. Required tapes are to be reviewed regularly, not accumulated and then submitted to the instructor. This also allows for current, effective feedback from the instructor and peers.

3. Students are to attend all scheduled classes and supervisory sessions. Participation is imperative in order to provide the most effective learning for all students. Group dynamics are interrupted when students miss class, arrive late, leave early, or are not actively involved in the class.

4. **All** agreements between agencies, contracts, students, and IUSB as well as proof of liability insurance **must be turned in** to your IUSB supervisor **before** counseling sessions may begin. You may participate in orientation activities but you **may not counsel anyone** until all forms have the required signatures and your liability insurance is in place. Failure to meet this requirement places you and the university at high risk.

Insurance: We require that you have liability insurance any time you are enrolled in any of the field experience courses. This includes practicum and internship courses. The American Counseling Association (ACA) has student rates for their policy. Contact the ACA at 1-800-347- 6647 to get current information. Some local insurance companies may also provide coverage. If you work at an agency where you are also doing your practicum, you must provide a letter from your agency that provides documentation that you are covered by liability insurance.

The following sections of the manual contain forms and procedures that elaborate on the practicum experience and outline the specific requirements of G524.

## Practicum Course Description

**G524: PRACTICUM IN COUNSELING (3 cr.)**

Prerequisites: G515, G575. Intensive supervision of the Practicum counseling practice with clients in approved field sites in schools or community agencies. Additional fee required.

## Purpose of Practicum

The Practicum provides an opportunity for students to apply clinical counseling skills, under close supervision, in a real-life work environment. As a part of the practicum, the student will be expected to:

1. Practice skills learned in previous course work;

2. Receive feedback on his/her level of effectiveness in a helping relationship;

3. Share clinical counseling experiences with others in a supportive setting;

4. Learn what problems others are encountering and what solutions could be considered;

5. Share techniques that are promising;

6. Work with a variety of clients and presenting problems;

7. Experience those characteristics that are unique to different settings; e.g., schools, businesses and agencies;

8. Relate theory to practice;

9. Begin the formulation of an applied theory of counseling;

10. Research areas of professional interest;

11. Work in an ethical and professional manner;

12. Work toward professional certification/licensure requirements.

In addition to providing actual counseling experiences for the student, it is anticipated that the practicum will help meet the needs of the community's businesses and agencies by providing well-trained students who can perform a variety of human services.

## GUIDELINES for TIME COMMITMENTS during the Practicum are as follows:

**50 Hours Direct Service**. State law requires a minimum of 40 hours of direct service to clients. This requirement is to be met in the IUSB CHS Program in the following ways:

**15 Taped clinical hours (minimum) –** audio/video recorded sessions or live observation must be reviewed by your instructor. Students are responsible for supplying recording devices.

In order to count towards taping requirements, clinical contacts are required to be a minimum of 30 minutes when the client is a child and 45 minutes when the client is an adult.

There is to be a minimum of **10 hours of individual counseling.** The other 5 hours **may be** group counseling where you are the facilitator or co-facilitator.

**35 Hours – Additional Direct Service Hours** - this may include:

• Consultation with other professionals about a client, including phone calls and time spent in staff meetings discussing **your** client(s). (This does **not** include time spent with your university or site supervisors. That is counted as supervision time)

• Additional individual or group counseling sessions that are not taped.

• Intake, assessment, or phone interviews with clients at your agency. This includes initial phone contacts.

• Community support services referrals for your clients including contacts with Protective Services. Testing/Assessment in mental health.

• These hours are recorded on the Additional Direct Service Hours form in your manual. If it is a non-taped counseling session, include a counseling note.

(Approximate Numbers)

**75 Hours** of preparation, critiquing, and report writing for service contacts.

**27 Hours** of group supervision. (class time)

**12 Hours** minimum of individual supervision with faculty member.

**36 Hours** minimum of reading and support activities.

**200 Hours** minimum total practicum commitment (about 13 hours per week).

You are expected, required to retain your Documentation of Hours form. This form will provide you with documentation when the time comes for your application for licensure with the state Licensing Board.

**“Extra Hours”**

Students on the Clinical Mental Health counseling track may find it useful to earn more than the required number of hours during their practicum experience. This will assist the student in earning the 200 clinical hours required for licensure over and above the CHS requirements (The Indiana licensing board requires 700 hours of clinical experience; CHS requires 800).

Any hours counted as extra must be both direct and indirect service hours. For every 1 hour of extra direct service a student earns, another 2 additional hours of indirect service can be documented (for paperwork, preparation, etc.). These additional hours must be documented and approved by the practicum instructor.

## Practicum Requirements

1. Attend all scheduled class and supervisory sessions.

2. All agreements between agencies, schools, students, and IUSB are to be turned in before counseling sessions begin.

3. Complete your Individual Practicum Contract. (Due by first week of class unless special arrangements are made with your instructor)

4. CLASS SESSIONS: Each student should come to each class session prepared to work with at least one case, sharing parts of tapes as appropriate. All students are expected to give and receive relevant and related feedback during class sessions. This is a vital part of the course.

5. Submit a weekly report of Practicum activities. Date and amount of time for each activity must be logged. (See Weekly Report Form)

Contracts and weekly reports may need to be submitted in **triplicate** oras required by your instructor.

a) 1 copy for University Supervisor (some supervisors may only want to review)

b) 1 copy for On-site Supervisor (some supervisors may only want to review)

c) 1 copy for yourself

6. A regularly scheduled hour each week will be arranged with each Practicum student for individual and/or triadic supervision of cases. A given hour of supervision may be cancelled by mutual agreement; e.g., if a student has no tapes to review.

To make the hour of supervision most effective, the student is to have reviewed the tape(s) in advance and have noted strengths, weaknesses, turning points or other noteworthy counseling dynamics that may have occurred during the session. The student should be able to quickly locate these points for review. The instructor may choose to listen to other parts of the tape or the entire tape. Also, additional direct service hours (which may or may not be taped) are reviewed during this time and some instructors review your weekly activity report during this time as well.

7. Required tapes are to be turned in regularly, not accumulated and then submitted to the instructor. This allows for current, effective feedback from the instructor and peers. Some of your instructors may not count tapes that are more than three weeks old. Check with your University supervisor.

8. A written note for **EACH** counseling session is to be submitted to your University supervisor at the time of supervision for that session (see Session Notes Form in your manual). If your agency uses progress notes, a copy of the agency note may be substituted for this requirement.

1. Specific readings may be a requirement in your practicum class. However, it **is expected** that additional reading in relevant professional books and journal articles related to practicum activities **will be a part of your practicum activities** and will be noted on your weekly reports.
2. Practicum Evaluation

a) A self-evaluation of personal and professional growth during the semester is to be submitted at the end of the semester. See your manual for the format.

b) The final grade will be determined on quantitative and qualitative aspects of the student's Practicum.

Indicators of achievement/skill acquisition include:

(1) How well those goals and objectives delineated in the Practicum Contract have been met.

(2) How well the requirements of the course, as detailed above, have been met.

(3) On-site Supervisor's Evaluation.

(4) Student Self Evaluation.

(5) University Supervisor's Evaluation.

# Practicum Information

**Steve Gross** is the current Placement Coordinator Ask faculty/Steve about this. Feel free to contact him for any information you might need about practicum or internship issues. (574-520-4342)

The Placement Coordinator is a staff member hired for this purpose. …knowledgeable about the CHS Program and the community. This individual is responsible for the coordination of all clinical experiences for each counselor education program – school and community. This individual answers inquiries regarding clinical experiences. This individual has clearly defined responsibilities as placement coordinator.

The Practicum/Internship Field Coordinator is a staff member who supports students in their tasks of securing appropriate field placements for practicum, advanced practicum, and internship activities. Contact the field coordinator in the beginning of the semester **PRIOR** to the semester that you will be doing your practicum, to receive guidance in pre-practicum activities. You are competing with social work and counseling students in the area for placement sites. It is wise to begin your practicum site search 4-5 months in advance of your placement semester. To delay may adversely impact your ability to secure an acceptable site. If you have a site in mind that does not appear on the site list that you will be given, please contact the field coordinator to secure the appropriate approval for your site. The current Field Coordinator is **Steve Gross**.

All faculty teaching practicum courses must turn in the Documentation of Hours Form – a summary form of hours completed by each student, verified and signed by faculty to the placement coordinator. Ask faculty and Steve about this process

The field coordinator must verify that On-site supervisors have appropriate licenses, degrees, and experience. If a student arranges a practicum site with his/her University Supervisor’s approval, the instructor must verify the appropriate credentials.

Practicum teachers and the field coordinator must encourage student experiences in diverse settings.

Practicum teachers and the field coordinator must remind students to give On-site supervisors all forms.

At the end of the semester, students are required to evaluate their site (see form in manual), their onsite supervisor (see form in manual), and their university supervisor via the IUSB computerized course evaluation system.

## Responsibilities of Clinical Coordinator

This person is a staff member with knowledge of the CHS program and the community. This individual is responsible for the coordination of all clinical experiences in each counselor education program – school and community. This individual answers inquiries regarding clinical experiences. This individual has clearly defined responsibilities as Clinical Coordinator to:

1. Ensure that all students are fully aware of practicum requirements.

2. Ensure students have made appropriate and timely contacts with the practicum/internship coordinator.

4. Conduct other pre-practicum activities as needed and required by the practicum/internship coordinator.

5. Ensure that practicum course sections do not exceed six (6) students and monitor enrollment so that the appropriate number of course sections are offered.

6. Remind faculty to enter the summary sheet on student hours acquired to the permanent file of students.

7. Remind faculty and practicum/internship coordinator to verify the credentials of field supervisors.

8. Remind faculty to facilitate students working in as diverse a field placement as possible.

9. Arrange, as needed, orientation/training activities for field supervisors.

10. Assist practicum/internship coordinator, faculty, students, and On-site supervisors, at their request, with problems arising from practicum activities.

**PLEASE NOTE:**

It is the student’s responsibility to acquire a field site for practicum and to work closely with the practicum/internship coordinator in securing an acceptable placement. It is also still the student’s responsibility to provide the field supervisor with the CHS requirements of the practicum experience. Students must also secure a signed University/site contract from field supervisors **before** beginning **any of the** practicum activities.

## Responsibilities of the Field Coordinator (FC)

The Field Coordinator assists students, faculty and on-site supervisors with performance of various tasks related to Practicum, Advanced Practicum, and Internship placements. Specifically:

1. The Field Coordinator provides preliminary guidance (including forms) to all students who are planning to take a field experience course, in the semester prior to the required field placement.

2. The FC provides site lists to students and reviews alternative sites proposed by students for their placements, approving placements that meet CACREP standards.

3. The FC assures that all field supervisors have the necessary credentials and experience to provide professional supervision to the students in their placements.

4. The FC provides documentation to the faculty that all pre-field placement activities have been completed by the student. This includes getting the agency/university agreement signed, securing malpractice insurance, and completing a rough draft of the individual contract by the first night of the field experience class.

5. The FC works with on-site supervisors and clarifies field placement activities when necessary.

6. The FC (with faculty and students) continues to develop additional placement opportunities for Students in the CHS program.

7. The FC assists faculty throughout the semester with any problems that may come up in regard to the field placement.

## Steps for Securing A Practicum Site

In order to secure an appropriate internship site, the student intern is responsible for the following:

1. Begin your search early – securing an internship site is more difficult than it sounds. It is recommended that you begin your search early in the spring semester prior to your internship year. You should consult with the clinical coordinator regularly during this time. By the end of the spring semester you should have an agency agreement completed with your chosen site, an initial contract, and a start date for your internship experience. Many agencies require on-site training of the intern prior to commencement of clinical work. You should check with your agency about this requirement and arrange dates for your training as early as possible. A list of possible practicum and internship placements is available on the CHS website.

2. Make sure your site can accommodate your needs – your site must agree to provide you with opportunities to complete all of your internship requirements. Most importantly, you should make sure that:

a. Your site can provide you with enough client contact hours to complete your requirements.

b. You will receive regular weekly supervision with your on-site supervisor.

c. Your on-site supervisor is licensed as a LMHC, LCSW, LMFT, or Licensed Psychologist. If you are completing an internship in another state, you should assure that your supervisor has the appropriate license in that state. Students will not be allowed to complete an internship experience without a licensed supervisor present on site.

d. You have permission from your site to tape record counseling sessions. Students will not be allowed to complete an internship experience at sites that do not permit recording.

e. You will be able to complete all course requirements specified in this handbook AND your course syllabus.

3. Complete necessary paperwork - By the end of the spring semester prior to your internship, you should have an agency agreement completed with your chosen site, an initial contract, and a start date for your internship experience. All forms are attached. Many agencies require on-site training of the intern prior to commencement of clinical work. You should check with your agency about this requirement and arrange dates for your training as early as possible. **\* This class requires permission to enroll from the clinical coordinator. You must have a completed Practicum/Internship Site Registration Form in order to register for the class. All other paperwork must be completed and signed by the clinical coordinator prior to enrollment.**

4. Interns will not be permitted to accrue internship hours prior to the start of the semester and/or prior to having all necessary paperwork completed.

## Student's Responsibilities to Supervising Agency

The Student is expected to:

1. Attend training sessions required by the practicum site administration.

2. Follow all guidelines, policies and procedures in place at the practicum site.

3. Maintain any records required by the site.

4. Attend appropriate staff meetings, workshops, and in-service sessions as recommended by the site.

5. Become knowledgeable in the referral process used within the agency setting.

6. The student is expected to accept new cases when there is time available, even though the number of sessions required by the academic program has already been met.

7. Student is required to maintain client confidentiality. This would include erasure of tapes after they have been reviewed.

## Responsibilities of the University Supervisor

The University Supervisor will:

1. In addition to class meetings, meet on a regularly scheduled basis (usually once a week) with the student(s) to review progress. The University Supervisor will be available for additional consultation as needed. Various issues in theory and practice will be discussed as they arise.

2. Provide opportunities for the student to integrate practicum internship experiences with theory and research.

3. Maintain contact with practicum on-site supervisor as appropriate to determine progress of the student.

4. Meet with on-site supervisor and student at the practicum site as needed.

5. Share in the evaluation of the student's professional growth.

## Responsibilities of On-Site Supervisor

The On-Site Supervisor Is Expected To:

1. Provide practicum internship student with ample experiences in counseling services appropriate to the school and the IUSB Counseling and Human Services Program.

2. Provide training and supervision needed for practicum interns to carry out the policies and procedures of the agency serving as a site for the field experience; and to meet with the intern at least once a week for supervision.

3. Provide adequate facilities for the intern to carry out counseling responsibilities, including:

 a) Individual counseling

 b) Small group counseling (6 – 8 participants)

 c) Staff meetings

 d) Other relevant agency functions

4. Share in the evaluation of the intern’s professional growth.

## Functions of an On-Site Supervisor

What Do Counseling Supervisors Do?

1. **Leadership** - facilitating the professional growth of an intern by having the intern do the work, organizational, and required tasks of a counselor.

2. **Motivation** - the process that propels an intern to perform the roles of a counselor that satisfy individual needs for respect, achievement, and a sense of personal worth among the clients.

3. **Performance Feedback** - relaying performance measurements back to the intern which are defined in the criterion outlined in the supervisory plan.

4. **Problem-solving** - problem solving is the process of lessening or eliminating the gap between expectations and what exists in reality.

5. **Decision-making** - decision making is required if more than one course of action for problem solving is available. Decisions have to be made constantly within the site and counselors are required to make decisions based upon the Ethical Guidelines and Standards of Practice for Counselors in School & Community.

6. **Performance Appraisal** - the process of establishing the extent to which the supervisee meets the objectives outlined in the intern’s contract.

7. **Scheduling** - the process of assigning tasks to the intern.

8. **Time Management** - the process of fitting the program requirements into a manageable schedule for both supervisor and intern.

9. **Planning** - the process of picturing in advance how a supervisory objective will be obtained in order to minimize problems and assist the intern in reaching goals and objectives.

10. **Field Supervision** - Training, educating, and mentoring with effective methods and interventions.

# More Taping Recommendations – Well Actually, Directives

Your practicum supervisor and a small group of your classmates will be reviewing your recorded counseling sessions. They want to be able to hear/see what you and your clients are saying.

## Reviewing Practicum Tapes

The most valuable part of the practicum internship course is when the students critique their own counseling tapes. As most of us are our most severe critics, much valuable learning and actual behavioral change occurs directly at this level.

This valuable experience is then followed by the practicum class itself, where a University instructor and classmates will review your tapes with you, giving feedback on strengths as well as suggestions for alternative ways of responding to your clients. Each student in the practicum class will also have an additional hour per week with the instructor for triadic or individual supervision. In all cases, it is important that to effectively use the time available, you have reviewed your tapes in advance. In addition to reviewing tapes in class, some instructors may want you to give them one or more tapes to be evaluated in their entirety.

Each counseling tape contains an incredible amount of material. And each practicum supervisor may have very specific guidelines as to what you would need to look/listen for in tapes. However, find below a general set of guidelines for different ways to use in reviewing your tapes. In general, the guidelines apply to both audio and video tapes.

**Guidelines for Tape Reviews**

Supervisors are primarily interested **in your responses** and **NOT** in the stories of the clients. Therefore, as you are reviewing your tape you would focus on your responses, and, in preparing for supervision, be able to play: 1) a few words of the client leading up to your intervention, 2) your specific intervention, and 3) a few words of the client’s response to you. It’s of particular interest to note how the client responds to your intervention.

Since it generally would not be the best use of supervision time to share all of your interventions, it will be **incumbent upon you to be selective in what interventions are shared in class and individual supervision.** Be prepared to play interventions that are illustrative of objectives you have specified on your practicum contract, interventions that you are particularly proud of, and interventions where you would like suggestions for alternative responses.

Some other things to be aware of and be prepared to share:

1. **Openings** - How do you start a session: If it is the very first session, what discussion takes place with regard to the nature of the counseling relationship, confidentiality, length of session, etc.

2. **Examples of different types of responses** - You could classify each of your responses to find out just how broad your repertoire of responses is and be able to find examples of each type. (e.g., evaluative, interpretive, supportive, probing, understanding, information giving, silence, “huh’s”)

3. **Examples of how you respond to client’s emotions and affect.**

4. **Examples of turning points in a session** - Places where the client may start taking responsibility for him/herself, where there are “Aha’s,” where you finally reach a mutual agreement on the problem/issue that you are going to work on, etc.

5. **Examples of the different stages of the counseling process [Attending, Exploration, Understanding, Action, Termination, (Adjourning)].**

6. **Closings** - Do you give the client some notice that the session is coming to an end? Do you have the client give some feedback to you as to what s/he might want to take with him/her from the session? How do you finally end the session?

7. Other things to note include: **non-verbal behavior (including silence), patterns/themes presented by the client, and examples of responses which represent specific theoretical approaches you are desirous of working on.**

## The Most Effective Use of Recorded Sessions

To attain maximum use of each tape, when you are reviewing your tape, stop the tape at different points and then practice saying out loud several different responses that you can think of now. This is an excellent way to develop new responses for your repertoire and to not do all of your practicing on actual clients.

**IMPORTANT: All tapes are to be erased (recorded over or destroyed) after they have been used for supervision.**

**Also, review your tapes immediately and do not stockpile them. Some faculty may not allow tapes to be used that are more than two to three weeks old. Feedback from week to week is imperative for development of your counseling skills.**

# CACREP Standards for Professional Practice. Section 3: Professional Practice

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

## Supervisor Qualifications and Support. (CACREP/Section 3:N-R)

N. Program faculty members serving as individual or group practicum/internship supervisors must have the following:

 1. A doctoral degree and/or appropriate counseling preparation, preferably from a

CACREP-accredited counselor education program

 2. Relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.

 3. Relevant supervision training and experience.

O. Students serving as individual or group practicum student supervisors must meet the following requirements:

 1. Have completed a master’s degree, as well as counseling practicum and internship experiences equivalent to those in a CACREP-accredited entry-level program.

 2. Have completed or are receiving preparation in counseling supervision.

 3. Be supervised by program faculty, with a faculty-student ratio that does not exceed 1:6.

P. Site supervisors must have the following qualifications:

 1. A minimum of a master’s degree in counseling or a related profession with equivalent qualifications.

 2. Relevant certifications and/or licenses.

 3. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.

 4. Knowledge of the program’s expectations, requirements, and evaluation procedures for students.

 5. Relevant training in counseling supervision.

Q. Orientation, assistance, consultation, and professional development opportunities are provided by counseling program faculty to site supervisors.

R. Supervision contracts for each student are developed to define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship.

## Practicum. CACREP/Section 3 (F-I).

F. Students must complete supervised practicum experiences that total a minimum of

100 clock hours over a minimum 10-week academic term. Each student’s practicum includes all of the following:

1. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.

 2. Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (a) a counselor education program faculty member, (b) a student supervisor who is under the supervision of a counselor education program faculty member, or (c) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.

3. Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

 4. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student’s interactions with clients.

5. Evaluation of the student’s counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

## Internship. CACREP 2016/Section 3 (J-M).

G. The program requires completion of a supervised internship in the student’s designated program area of 600 clock hours, begun after successful completion of the practicum. The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area. Each student’s internship includes all of the following:

1. At least 240 clock hours of direct service, including experience leading groups.

2. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor.

3. An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.

4. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).

5. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.

6. Evaluation of the student’s counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor.

# ACA Code of Ethics

The American Counseling Association is an educational, scientific, and professional organization whose members are dedicated to the enhancement of human development throughout the lifespan. Association members recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual.

The specification of a code of ethics enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members. As the code of ethics of the association, this document establishes principles that define the ethical behavior of association members. All members of the American Counseling Association are required to adhere to the Code of Ethics and the Standards of Practice. The Code of Ethics will serve as the basis for processing ethical complaints initiated against members of the association.

**ACA Code of Ethics (eff. 1995)**

## Section A: The Counseling Relationship

**A.1. Client Welfare**

 a. Primary Responsibility. The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

b. Positive Growth and Development. Counselors encourage client growth and development in ways that foster the clients' interest and welfare; counselors avoid fostering dependent counseling relationships.

c. Counseling Plans. Counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting clients' freedom of choice. (See A.3.b.)

d. Family Involvement. Counselors recognize that families are usually important in clients' lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

e. Career and Employment Needs. Counselors work with their clients in considering employment in jobs and circumstances that are consistent with the clients' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Counselors neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

## A.2. Respecting Diversity

a. Nondiscrimination. Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See C.5.a., C.5.b., and D.1.i.)

b. Respecting Differences. Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts her or his values and beliefs about the counseling process. (See E.8. and F.2.i.)

## A.3. Client Rights

a. Disclosure to Clients. When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See E.5.a. and G.2.)

b. Freedom of Choice. Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained. (See A.1.c.)

c. Inability to Give Consent. When counseling minors or persons unable to give voluntary informed consent, counselors act in these clients' best interests. (See B.3.)

## A.4. Clients Served by Others

If a client is receiving services from another mental health professional, counselors, with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.6.c.)

## A.5. Personal Needs and Values

a. Personal Needs. In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

b. Personal Values. Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients. (See C.5.a.)

## A.6. Dual Relationships

a. Avoid When Possible. Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. (See F.1.b.)

b. Superior/Subordinate Relationships. Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

## A.7. Sexual Intimacies with Clients

a. Current Clients. Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

b. Former Clients. Counselors do not engage in sexual intimacies with former clients within a minimum of 2 years after terminating the counseling relationship. Counselors who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

## A.8. Multiple Clients

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately. (See B.2. and B.4.d.)

## A.9. Group Work

a. Screening. Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

b. Protecting Clients. In a group setting, counselors take reasonable precautions to protect clients from physical or psychological trauma.

## A.10. Fees and Bartering (See D.3.a. and D.3.b.)

a. Advance Understanding. Counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment. (A.11.c.)

b. Establishing Fees. In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance is provided in attempting to find comparable services of acceptable cost. (See A.10.d., D.3.a., and D.3.b.)

c. Bartering Discouraged. Counselors ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitative, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community. (See A.6.a.)

d. Pro Bono Service. Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

## A.11. Termination and Referral

a. Abandonment Prohibited. Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.

b. Inability to Assist Clients. If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate a counseling relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors should discontinue the relationship.

c. Appropriate Termination. Counselors terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services. (See A.10.b. and C.2.g.)

## A.12. Computer Technology

a. Use of Computers. When computer applications are used in counseling services, counselors ensure that (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

b. Explanation of Limitations. Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

c. Access to Computer Applications. Counselors provide for equal access to computer applications in counseling

services. (See .2.a.)

## Section B: Confidentiality B.1. Right to Privacy

a. Respect for Privacy. Counselors respect their clients right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.3.a. and B.6.a.)

b. Client Waiver. The right to privacy may be waived by the client or his or her legally recognized representative.

c. Exceptions. The general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

d. Contagious, Fatal Diseases. A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at a high risk of contracting the disease. Prior to making a disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See B.1.c and B.1.f.)

e. Court-Ordered Disclosure. When court ordered to release confidential information without a client's permission, counselors request to the court that the disclosure not be required due to potential harm to the client or counseling relationship. (See B.1.c.)

f. Minimal Disclosure. When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

g. Explanation of Limitations. When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached. (See G.2.a.)

h. Subordinates. Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates including employees, supervisees, clerical assistants, and volunteers. (See B.1.a.)

i. Treatment Teams. If client treatment will involve a continued review by a treatment team, the client will be informed of the team's existence and composition.

## B.2. Groups and Families

a. Group Work. In group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

b. Family Counseling. In family counseling, information about one family member cannot be disclosed to another member without permission. Counselors protect the privacy rights of each family member. (See A.8., B.3., and B.4.d.)

## B.3. Minor or Incompetent Clients

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality. (See A.3.c.)

## B.4. Records

a. Requirement of Records. Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.

b. Confidentiality of Records. Counselors are responsible for securing the safety and confidentiality of any counselingrecords they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.)

c. Permission to Record or Observe. Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.3.a.)

d. Client Access. Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See A.8., B.1.a., and B.2.b.)

e. Disclosure or Transfer. Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

## B.5. Research and Training

a. Data Disguise Required. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See B.1.g. and G.3.d.)

b. Agreement for Identification. Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See G.3.d.)

## B.6. Consultation

a. Respect for Privacy. Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.

b. Cooperating Agencies. Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

## Section C: Professional Responsibility

## C.1. Standards Knowledge

Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

## C.2. Professional Competence

a. Boundaries of Competence. Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

b. New Specialty Areas of Practice. Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

c. Qualified for Employment. Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent.

d. Monitor Effectiveness. Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as counselors.

e. Ethical Issues Consultation. Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice. (See H.1.)

f. Continuing Education. Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

g. Impairment. Counselors refrain from offering or accepting professional services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See A.11.c.)

## C.3. Advertising and Soliciting Clients

a. Accurate Advertising. There are no restrictions on advertising by counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council on Postsecondary Accreditation.

b. Testimonials. Counselors who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

c. Statements by Others. Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

d. Recruiting Through Employment. Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices. (See C.5.e.)

e. Products and Training Advertisements. Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

f. Promoting to Those Served. Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instruction purposes.

g. Professional Association Involvement. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

## C.4. Credentials

a. Credentials Claimed. Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary

certifications, government-issued certifications or licenses, ACA professional membership, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.

b. ACA Professional Membership. ACA professional members may announce to the public their membership status.

Regular members may not announce their ACA membership in a manner that might imply they are credentialed counselors.

c. Credential Guidelines. Counselors follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

d. Misrepresentation of Credentials. Counselors do not attribute more to their credentials than the credentials represent, and do not imply that other counselors are not qualified because they do not possess certain credentials.

e. Doctoral Degrees from Other Fields. Counselors who hold a master's degree in counseling or a closely related mental health field, but hold a doctoral degree from other than counseling or a closely related field, do not use the title "Dr." in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

## C.5. Public Responsibility

a. Nondiscrimination. Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason. (See A.2.a.)

b. Sexual Harassment. Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

c. Reports to Third Parties. Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.1.g.)

d. Media Presentations. When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the Code of Ethics and the Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See C.6.b.)

e. Unjustified Gains. Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.3.d.)

## C.6. Responsibility to Other Professionals

a. Different Approaches. Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

b. Personal Public Statements. When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession. (See C.5.d.)

c. Clients Served by Others. When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See A.4.)

## Section D: Relationships with Other Professionals

## D.1. Relationships with Employers and Employees

a. Role Definition. Counselors define and describe for their employers and employees the parameters and levels of their professional roles.

b. Agreements. Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, work load, and accountability. Working agreements in each instance are specified and made known to those concerned.

c. Negative Conditions. Counselors alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

d. Evaluation. Counselors submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

e. In-Service. Counselors are responsible for in-service development of self and staff. f. Goals. Counselors inform their staff of goals and programs.

g. Practices. Counselors provide personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Counselors strive to maintain the highest levels of professional services.

h. Personnel Selection and Assignment. Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

i. Discrimination. Counselors, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See A.2.a. and C.5.b.)

j. Professional Conduct. Counselors have a responsibility both to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

k. Exploitative Relationships. Counselors do not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. l. Employer Policies. The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

l. Employer Policies. The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

## D.2. Consultation (See B.6.)

a. Consultation as an Option. Counselors may choose to consult with any other professionally competent persons about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.

b. Consultant Competency. Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

c. Understanding With Clients. When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected. d. Consultant Goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b.)

d. Consultant Goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b)

## D.3. Fees for Referral

a. Accepting Fees From Agency Clients. Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. (See A.10.a., A.11.b., and C.3.d.)

b. Referral Fees. Counselors do not accept a referral fee from other professionals.

## D.4. Subcontractor Arrangements

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors in providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e. and B.1.f.)

# Licensed Mental Health Counselor (LMHC)

**\*\*All Education, Experience, Supervision and Examination Requirements Must be Met In Order To Be Granted Licensure In Indiana.**

**\*\*Licensure, certification or registration in another state does not guarantee licensure in Indiana.**

## EXAMINATION/ENDORSEMENT

The Board has adopted the National Clinical Mental Health Counseling Examination (NCMHCE) administered by the National Board for Certified Counselors (NBCC). You may use current licensure/certification as a mental health counselor in another state to exempt yourself from the examination provided that you have already passed the NCMHCE examination or a comparable examination that also tested clinical skills and knowledge.

You may also use proof that you have engaged in the practice of mental health counseling for not less than three (3) of the previous five (5) years to exempt yourself from the examination, provided that you have already passed the NCMHCE examination or a comparable examination that also tested clinical skills and knowledge.

PLEASE NOTE: If you did not take the NCMHCE, or a comparable examination that also tested clinical skills and knowledge, to receive licensure/certification in the other state, you will be required to take the NCMHCE before you will be licensed as a mental health counselor in the State of Indiana.

**THE NCE EXAMINATION IS NOT COMPARABLE TO THE NCMHCE AND DOES NOT MEET INDIANA'S LICENSURE REQUIREMENTS**.

If you are currently licensed or certified as a mental health counselor in another state and you will be applying for licensure in Indiana on the basis of that license, please continue to read all of these instructions. You will need to meet all education, experience and supervision requirements in order to gain licensure through exemption from examination. (ENDORSMENT)

**Falsification of any of the information or documentation submitted to the Indiana Professional Licensing Agency is grounds for permanent revocation of a license or permit issued pursuant to this application. The requirements for the LMHC licensure by examination or endorsement are as follows:**

## APPLICATION

Mail completed application along with all required documentation listed below to the Indiana Professional Licensing Agency.

## AFFIDAVIT

**If you answer “Yes” to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date, and disposition. If you have had a malpractice judgment, provide the name of the plaintiff. Letters from attorneys or insurance companies will not be accepted in lieu of your statement however they may accompany your affidavit.**

## APPLICATION FEES

Applicants must submit a fifty dollar ($50) application/issuance fee made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **ALL FEES ARE NONREFUNDABLE.**

## NON-TRANSFERABLE PHOTOGRAPH

Applicants must submit one (1) acceptable photograph, taken within one year of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No “Polaroid” type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

## VERIFICATION OF EDUCATION

A. Degree and Coursework

Applicants must submit proof of a total of at least sixty (60) semester hours or ninety (90) quarter hours of graduate coursework in counseling that includes the following:

Possession of a master’s or doctoral degree in an area related to mental health counseling, such as Counseling, Clinical Social Work, Psychology, Human Services, Human Development, Family Relations, or any other program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE). A master’s degree must have required no less than forty-eight (48) semester hours or seventy-two (72) quarter hours, or a doctoral degree must have required no less than ninety-six (96) semester hours in counseling that includes the following content areas:

1.) Human growth and development

2.) Social and cultural foundations of counseling

3.) Helping relationship, including counseling theory and practice

4.) Group dynamics, processes, counseling, and consultation

5.) Lifestyle and career development

6.) Assessment and appraisal of individuals

7.) Research and program evaluation

8.) Professional orientation and ethics

9.) Foundations of mental health counseling

10.) Contextual dimensions of mental health counseling

11.) Knowledge and skills for the practice of mental health counseling and psychotherapy

12.) Clinical instruction

Complete the enclosed Form C – Verification Of Graduate Coursework For Licensure As A Mental Health Counselor (LMHC)to report this information. This form must be completedand submitted with your other application materials. Delays in the application approval process are oftenthe result of the Board's need to obtain more information from applicants regarding the specifics ofindividual course content. In order to ensure expediency in the application approval process, the Boardsuggests, but does not require, that applicants submit course catalog descriptions or course syllabi toaccompany Form C. Please refer to the enclosed form C-1, titled Graduate Coursework Content Areas”for further clarification on the type of coursework that may be used to meet these requirements.

If you hold a master’s degree that required no less than forty eight (48) semester hours, you must also show completion of an additional twelve (12) semester hours of coursework in the area of mental health counseling or a related field to meet the sixty (60) semester hour requirement.

NOTE: Transcripts must be original, official transcripts sent directly from the university. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.

B. Supervised Clinical Experience

Applicants must submit proof of completion of supervised field experience of 800 hours served in a counseling setting that included at least the following:

1.) 200 hour practicum

2.) 600 hour internship

Applicants need to have received at least one hundred (100) hours of face to face supervision provided by a counselor educator, or a licensed or certified master’s or doctoral level psychiatrist, psychologist, mental health counselor, clinical social worker, marriage and family therapist, or clinical nurse specialist in psychiatric or mental health nursing during the completion of the total one thousand (800) hours of supervised clinical experience. Complete the enclosed FORM P –

VERIFICATION OF PRACTICUM FOR LICENSURE AS A MENTAL HEALTH COUSELOR (LMHC), FORM I

– VERIFICATION OF INTERNSHIP FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC), and

FORM AI – VERIFICATION OF ADVANCED INTERNSHIP FOR LICENSURE AS A MENTAL HEALTH

COUSELOR (LMHC) to report this information. These forms must be completed and submitted with your other application materials. The bottom section of these forms must be completed by an appropriate authority at the institution of higher education in which the practicum, internship and advanced internship were given academic credit.

Applicants must submit an official transcript from the college or university from which you have:

1.) completed your master’s or doctoral degree,

2.) completed any supervised clinical experience requirements, and

3.) completed any additional graduate coursework showing that all requirements for graduation have been met and the degree was granted. Academic credit for the practicum, internship and advanced internship must appear on the applicant’s graduate transcript. No course intended primarily for practice in the administration and grading of appraisal or assessment instruments shall count towards these clinical semester hour requirements. This must be an original official transcript, a transcript becomes “VOID” if copied. If you have previously submitted a transcript to the Indiana Professional Licensing Agency for a previously submitted application for licensure, this Transcript cannot be used. You must submit a new original official transcript in a sealed envelope by the university.

VERIFICATION OF POST-GRADUATE EXPERIENCE

Applicants must submit proof of three thousand (3,000) hours of post degree supervised clinical experience completed in no less than twenty-one (21) months and no more than forty-eight (48) months.

Complete the enclosed **FORM E2 – VERIFICATION OF EXPERIENCE FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)** to report this information. This form must be completed and submitted withyour other application materials. Your employer must fill out the bottom section of this form, **have the form notarized** and submit it directly to the Indiana Professional Licensing Agency. This form may be duplicated asneeded. Instructions for completion are found on **FORM E2.**

## Verification of Post-Graduate Supervision

Applicant must show proof of one hundred (100) hours of face to face supervision that was provided by a licensed mental health counselor, a licensed or certified master’s or doctoral level psychiatrist, psychologist, clinical social worker, marriage and family therapist, or clinical nurse specialist in psychiatric or mental health nursing.

Complete the enclosed **FORM S2 – VERIFICATION OF SUPERVISION FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)** to report this information. This form must be completed and submitted withyour other application materials. Your supervisor must fill out the bottom section of this form**, have the form notarized**, and submit it directly to the Indiana Professional Licensing Agency. This form may be duplicated asneeded. Instructions for completion are found on **FORM S2**.

**VERIFICATION OF LICENSURE/CERTIFICATION IN ANOTHER STATE**

Applicant must provide **VERIFICATION OF STATE LICENSURE/CERTIFICATION FORMS** from each state in which you are currently, or have ever been licensed, certified or registered to practice any regulated health profession or occupation. This form must be completed by the state licensing board in each state and returned directly to the Indiana Professional Licensing Agency. This form may be duplicated. **You do not need to** **complete this form, if you only hold licensure or certification in the State of Indiana with the IPLA.**

## Verification of Examination & Experience (Endorsement Candidates Only)

**Applicants must contact the appropriate examination reporting service (for National examinations) or the State Licensing Board (for State constructed examinations) and request that an official score report be sent to the Indiana Professional Licensing Agency. If the examination was any examination administered by NBCC, you may use the official score reporting form that was provided to you at the time of the examination administration. If you no longer have this form, you may send a written request to NBCC, containing your name, the type of examination, the date of the examination, your certification number, information on where you wish NBCC to send the score report and a fifteen ($15) fee for each request. You may contact NBCC at 1-336-547-0607.**

**Any examination other than the NCMHCE will be reviewed by the Board on an individual basis to determine equivalency.**

**PLEASE NOTE: The NCE is not equivalent to the NCMHCE.**

Complete the enclosed **FORM EE – VERIFICATION OF EXPERIENCE FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)**, if you are using proof of practice to qualify for exemption from examination.

This form must be completed and submitted with your other application materials. This form may be duplicated as needed. Instructions for completion are found on **FORM EE**.

## Examination Candidates for LMHC

An applicant who satisfies the educational and post degree supervised clinical requirements may be approved by the Board to take the NCMHCE. Your application for the licensure examination must be approved by the Board prior to registration with the National Board for Certified Counselors. Once approval is granted, information will be mailed to each individual explaining the registration process for the examination. It is your responsibility to register for and complete the examination. An applicant who has been approved by the Board to take the examination must take the examination within one (1) year from the date of the initial Board approval. If the applicant has not taken the examination within one (1) year from the date of initial Board approval, the approval will be invalid, and the applicant must submit a new application all required documentation must be resubmitted. Applicants who have failed the examination and who wish to retake the examination must submit a repeat examination application, fees and other requirements determined by the Board. An applicant who has failed the initial examination and two subsequent examinations shall be disqualified from retaking the examination until the applicant personally appears before the Board.

After completion of the examination, the results are forwarded to the Board within two to four weeks from the examination date and licenses will be issued promptly by the Indiana Professional Licensing Agency for passing candidates.

## Testing Accommodation Request

If you have a disability which may require some special accommodation in taking this examination, please request a Testing Accommodation Request Form from the Indiana Professional Licensing Agency by calling (317) 234-2064. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333. If an accommodation is not requested prior to Board approval to take the examination, the

Board cannot guarantee the availability of the accommodation on-site.

## Endorsement Candidates For LMHC

**Requirements for applicants by exemption from examination**

“Endorsement” is a term used to describe the process of granting a license to an applicant who possesses a license or certification to practice that profession in another state or country. Indiana’s mental health counseling licensure law requires all applicants who are applying for licensure as a mental health counselor by exemption from examination meet all of the following requirements.

**If an applicant qualifies for licensure in Indiana by endorsement, he or she is only actually exempted from the examination requirement itself. The following requirements must be met in order to be approved for licensure through endorsement. Please refer to the appropriate section of the instructions for specifics on these requirements.**

**1. EDUCATION/EXPERIENCE/SUPERVISION**

Endorsement applicants must meet all of Indiana’s education and supervised experience requirements for the licensure you are applying for.

**2. EQUIVALENT EXAMINATION**

The examination that you took to gain licensure in another state must be substantially equivalent to the examination required for licensure in Indiana

**3. CURRENT/ACTIVE LICENSURE OR CERTIFICATION**

Endorsement applicants must be currently licensed or certified to practice in another state at the same level of licensure that you are applying for in Indiana. This license or certification must be current and in good standing.

**4. YEARS OF PRACTICE**

Endorsement applicants must have been actively engaged in the practice of mental health counseling for not less than three (3) out of the previous five (5) years.

**5. JURISPRUDENCE EXAMINATION**

Endorsement applicants are required to pass a written jurisprudence examination covering the Board’s statute (Article 25-23.6), rule (Title 839) and the Health Professions Bureau Standards of Practice (Chapter 9). These laws and rules are contained in this application packet. Once your application is approved by the Board, a jurisprudence exam will be mailed to your address on file. A score of seventy-five (75) or above on the examination is passing. **You will not be granted licensure in Indiana until you have successfully**

**completed this examination.**

## Application/Forms Checklist for Examination Candidates

**If you are applying for licensure as a mental health counselor (LMHC) by examination, you must**

**complete and submit the following forms.**

\_\_\_\_ Four (4) page application form

\_\_\_\_ One (1) photograph

\_\_\_\_ $50 Application/Issuance Fee

\_\_\_\_ Official Transcript(s)

\_\_\_\_ Form C – Verification of Graduate Coursework

\_\_\_\_ Form P – Verification of Practicum

\_\_\_\_ Form I – Verification of Internship

\_\_\_\_ Form AI – Verification of Advanced Internship

\_\_\_\_ Form E2 – Verification of Experience

\_\_\_\_ Form S2 – Verification of Supervision

## Application/Forms Checklist for Endorsement Candidates

**If you are applying for licensure as a mental health counselor by endorsement, you must complete and**

**submit the following forms.**

\_\_\_\_ Four (4) page application form

\_\_\_\_ One (1) photograph

\_\_\_\_ $50 Application/Issuance Fee

\_\_\_\_ Official Transcript(s)

\_\_\_\_ Form C – Verification of Graduate Coursework

\_\_\_\_ Form P – Verification of Practicum

\_\_\_\_ Form I – Verification of Internship

\_\_\_\_ Form AI – Verification of Advanced Internship

\_\_\_\_ Form E2 – Verification of Experience

\_\_\_\_ Form S2 – Verification of Supervision

\_\_\_\_ Form EE – Verification of Experience

\_\_\_\_ Verification of State Licensure Form

\_\_\_\_ NCMHCE/Equivalent Score Report

## Temporary Permits for Licensed Mental Health Counselors (LMHC)

The Board may issue a temporary permit to practice as a licensed mental health counselor to an applicant who submits the following:

1) a completed application for licensure as a mental health counselor including the fifty dollar ($50) application fee, appropriate photograph and all supporting documentation; and

2) an additional fee of twenty-five dollars ($25) for the temporary permit.

**The applicant must also:**

1) submit proof of a valid license/certificate to practice from another state. A copy of a current license/certificate will constitute proof of licensure/certification for temporary permit issuance only. Verification of the licensure/certification status must still be received directly from the other state’s Board; **OR**

2) have been practicing in a state that does not license or certify mental health counselors, but is certified by a national association approved by the board. Verification of current certification must be received directly from the certifying national association. (Indiana does license mental health counselors so you must have been practicing in another state that does not license or certify mental health counselors.); **OR**

3) have been approved by the Board to take the examination.

A temporary permit expires the earlier of:

1) the date the individual holding the permit is issued a license;

2.) the date the Board disapproves the individual’s application for licensure. (Disapproval of applications includes failing the required examination.)

The Board may renew a temporary permit if the individual holding the permit was scheduled to take the next examination and the individual did not take the examination and shows good cause for not taking the examination. “Good cause” is defined in the Board’s statutes at IC 25-23.6-8.5-10, as follows, “good cause” means any reason approved by the board following written notice to the board from the applicant within thirty (30) days of the date the applicant was scheduled to take the examination. A renewed permit expires on the date the individual holding the permit receives the results from the next examination given after the permit was issued.

## Computer Based Examination

The Behavioral Health and Humans Services Licensing Board now offers computer based testing.

Offering exams electronically allows for more exam opportunities and quicker results. Previously exams were only offered four (4) times per year and it took 4-6 weeks for the Board to receive exam results. The computer exams will be offered monthly and the Board will receive results in approximately two weeks.

There will be four testing sites available in Indiana. Those sites will be located in Evansville, Fort Wayne, Indianapolis, and Mishawaka. Please call (888) 519-9901 or visit the AMP website located at www.goAMP.com for exact locations and driving directions.

The Behavioral Health and Humans Services Licensing Board is excited to offer this new testing opportunity to all future mental health counselors in the State of Indiana and as always, “we work to keep you working.”

Applicants who have failed the examination, and who wish to retake the examination, must submit a Repeat Examination Application, fees and other requirements as determined by the Board. A second temporary permit will not be issued. An applicant who has fails the examination three (3) times shall personally appear before the Board prior to retaking the examination. You cannot be reissued a temporary permit.

## Examination Fee and Schedule

The current fee for the examination is one hundred ninety-five dollars ($195) which is established by the examination service and is payable directly to the "National Board for Certified Counselors" (NBCC).

This fee must be paid when you register to take the examination. Payments can be made by Visa, MasterCard, American Express, personal check or money order.

The following is the current examination schedule, including deadlines for having submitted a complete application to the Indiana Professional Licensing Agency.

All questions and requests for information about the Indiana licensure examination program should be directed to:

NBCC Assessment Department

3 Terrace Way; Suite D

Greensboro, NC 27403

(336) 547-0607

[www.nbcc.org/stateboardmap](http://www.nbcc.org/stateboardmap)

## Appendices

## Appendix A: Practicum/Internship Site Registration Form

Directions: This form must be completed and submitted to the Practicum/Internship Coordinator **before your practicum or internship begins.** Approval of your placement site by the P/I Coordinator is required for you to begin your field placement class. In addition, the P/I Coordinator will a) document your acquisition of malpractice insurance (dates covered should include both semesters for internships), b) receive your copy of the signed agency/university agreement, and c) review/approve your first draft of your personal contract. The Coordinator will also supervise and document the time you spend in setting up

your clinical site and any preliminary orientation activities. This time will count toward your total practicum/internship hours. The Coordinator will give your university instructor a copy of the completed

form before the first night of class.

**Section I - Personal Information: \_**

Name: \_ Phone (best one, please) \_ Address: \_ Email \_

(Check one) \_ Practicum \_ Advanced Practicum \_ Internship

Semester/year \_ (check one) \_ Mental Health Counseling \_ School Counseling

**Section II - Site Information:**

Name of Agency/School: \_ Address: \_

If agency, description of Services: \_

What will you be doing?

Site supervisor:

 \_ Degree \_ Credential \_ Phone: \_

**(Note: Your site supervisor must provide a minimum of one hour of individual supervision per week.)**

**Approved \_**

**Not Approved \_**

**Concerns:**

**Section III – Documentation** (completed by Coordinator)

1. Proof of malpractice insurance (a copy is attached)

2. University and site agreement completed (a copy is attached)

3. Preliminary/rough draft contract completed

**4. Time spent in preliminary/orientation activities: \_**

(This number should be added to your first weekly activity report in “other” section.)

**\*5. Tapes and/or hours to be made-up from previous semester(s) \_**

## Appendix B: Agreement between Indiana University South Bend’s Counseling & Human Services Program and

**(Name of Agency/School)**

The school/agency named above and the Counseling & Human Services Program of Indiana University

South Bend enter into the following agreement:

**Scope of the Agreement**. This agreement shall set out the responsibilities and rights of the School/Agency, of the University, and of a Counseling & Human Services student enrolled at the University, such student to be assigned as a Practicum Student in the School/Agency. For ease of reference the following words shall have the following meanings:

“Practicum Student” shall mean a University student enrolled at the University and assigned by it for a practicum assignment in the School/Agency as part of the requirements for a degree in Counseling and Human Services.

“On-site Supervisor” shall mean a counselor or equivalent in the School/Agency to whom the Practicum Student is assigned and who directs the work or the activity of the student while he/she is in the School/Agency.

“University Supervisor” shall mean the University person who is in charge of the course of study or specific experience for which the University Student is assigned to the School/Agency.

**The University Agrees:**

1. To be responsible for the educational program of students assigned to the School/Agency and for the selection of students in accord with agreed to schedules and work assignments.

2. To be responsible for the proper conduct of students and instructors during the period of their clinical experience at the School/Agency as governed by the rules and regulations of the School/Agency.

3. To make a University Supervisor available for contact, agency visits and consultation with the School/Agency and/or student, as described in the Counseling and Human Services Manual.

**The School/Agency Agrees:**

1. To provide, in so far as possible, clinical instruction and facilities in the area of counseling & human services practice during the clinical experience.

2. To provide the students with direct supervision of a full-time professional on-site supervisor. The supervisor should have an M.S., have three (3) years work experience and have appropriate licenses.

3. To provide supervision and direction following the criteria and standards as set forth in the Practicum/Internship Manual, including written evaluation as required by IUSB.

4. To provide field placement for at least the minimum required hours per week and per semester as described in the Practicum/Internship Manual.

**TERMS:**

This Agreement may be modified by mutual agreement of both parties.

Either party may terminate this Agreement at any time upon mutual consent of both parties, as long as the termination does not interrupt a given semester or quarter.

INDIANA UNIVERSITY SOUTH BEND

**SCHOOL/AGENCY (print here**)

By: \_

By:

**(Signature of faculty or Field Coordinator) (signature of On-site supervisor)**

**Date: \_** 

**Date**:

## Appendix C: Practicum Student Evaluation

Indiana University South Bend Counseling & Human Services Program

**STUDENT INTERN:** Provide the following information:

Student Intern Name: \_ 

Field Supervisor Name: \_

Agency : \_

Date of Evaluation: \_

(check one) Midterm o Final o

**FIELD SUPERVISOR:** Respond to the items listed below to evaluate your practicum student. Use the descriptors below as a guide for your evaluation

**Not Applicable** The student intern has not had a chance to perform this skill, task, or role

**Unacceptable:** • Lacks the ability to perform this skill, task, or role

• Shows no understanding of the concepts that underlie this skill, task, or role.

• Is not prepared to perform this skill, task, or role in the agency setting

**Beginning:** • Demonstrates limited ability to perform this skill, task, or role, although not on a consistent basis

• Shows minimal understanding of the concepts needed to perform this skill, task, or role.

• Is rarely prepared to perform this skill, task, or role.

**Emerging:** • Demonstrates some ability to perform this skill, task, or role

• Shows some understanding of the concepts needed to perform this skill, task, or role

• Is occasionally prepared to perform this skill, task, or role

**Proficient** • Demonstrates the ability to perform this skill, task, or role.

• Shows an understanding of the concepts needed to perform this skill, task, or role.

• Is usually prepared to perform this skill, task, or role.

**Advanced** • Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level.

• Shows a strong understanding of the concepts needed to perform this skill, task, or role.

• Is consistently prepared to perform this skill, task, or role in the agency setting.

## Appendix D: STUDENT PRACTICUM EVALUATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item Number** | **Skill or Ability** | **N/A** | **Unacceptable** | **Beginning** | **Emerging** | **Proficient** | **Advanced** |
| **FOUNDATIONS** |
| 1 | Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work |  |  |  |  |  |  |
| 2 | Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities |  |  |  |  |  |  |
| 3 | Makes efforts to become aware of issues of diversity and culture in the agency setting |  |  |  |  |  |  |
| 4 | Demonstrates respect for and acceptance of clients, colleagues, and community members from diverse backgrounds |  |  |  |  |  |  |
| 5 | Has necessary knowledge base to perform duties within the agency setting (e.g., counseling theory, child and adolescent development, counseling techniques). |  |  |  |  |  |  |
| 6 | Is able to provide developmentally and culturally appropriate services to clients |  |  |  |  |  |  |
| **CONTEXTUAL DIMENSIONS** |
| 7 | Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of job duties |  |  |  |  |  |  |
| 8 | Promotes, models, and maintains positive relationships with clients, colleagues, and members of the community |  |  |  |  |  |  |
| 9 | Advocates for and protects the rights of clients as appropriate and necessary |  |  |  |  |  |  |
| 10 | Models ethical, just, and fair behavior in all professional activities |  |  |  |  |  |  |
| 11 | Has the ability to manage crisis situations when they arise |  |  |  |  |  |  |
| **SKILL REQUIREMENTS FOR COMMUNITY COUNSELORS** |
| 12 | Accesses the professional literature when designing interventions |  |  |  |  |  |  |
| 13 | Demonstrates effective clinical skills in individual, group, and couple and family counseling sessions (or those treatment modalities that the interns has had an opportunity to engage in) |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 14 | Evaluates the effectiveness of interventions before, during, and after implementation |  |  |  |  |  |  |
| **Item Number** | **Skill or Ability** | **N/A** | **Unacceptable** | **Beginning** | **Emerging** | **Proficient** | **Advanced** |
| 15 | Utilizes technology when appropriate and is committed to improving skills in this area |  |  |  |  |  |  |
| 16 | Demonstrates good time management skills including starting and ending appointments on time |  |  |  |  |  |  |
| 17 | Develops and maintains effective therapeutic relationships with clients from all racial, ethnic, and cultural backgrounds |  |  |  |  |  |  |
| 18 | Is open to input, feedback, and supervision from others |  |  |  |  |  |  |
| 19 | Effectively coordinates services, collaborates with other professionals, and makes referrals to community resources when needed |  |  |  |  |  |  |
| 20 | Provides valuable and meaningful input when asked to consult with colleagues on clinical issues |  |  |  |  |  |  |
| 21 | Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed |  |  |  |  |  |  |
| **PROFESSIONAL BEHAVIOR** |
| 22 | Follows agency policies and procedures |  |  |  |  |  |  |
| 23 | Maintains appropriate professional appearance (attire, grooming, etc) while at the agency |  |  |  |  |  |  |
| 24 | Maintains records in accordance with agency standards |  |  |  |  |  |  |
| 25 | Performs duties in accordance with ethical standards for the profession (AmericanCounseling Association) |  |  |  |  |  |  |

**Comments (use the back of this sheet as needed):**

Signature \_ \_ \_ \_ \_ Date \_

## Appendix E: University Supervisor Evaluation of Practicum Counselor

SUGGESTED USE: This form is to be used to evaluate student competencies in the counseling practicum. The form may be completed after each supervised counseling session or may cover several supervisions over a period of time. The form is appropriate for individual or group counseling. (This form is optional for your university supervisor to use.)

Name of Student counselor \_

Period Covered by the Evaluation \_

DIRECTIONS: The supervisor is to circle a number which best evaluates the student counselor on each competency.

**GENERAL OBSERVATIONS**

**POOR GOOD EXCELLET**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Demonstrates a personal commitment in developing professional competencies. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Invests time and energy in becoming a counselor. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Accepts and uses constructive criticism to enhance self-development and counseling skills. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Engages in open, comfortable and clear communication with peers and supervisors | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Recognizes own competencies and skills shares these with peers and supervisors | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Recognizes own deficiencies and actively works to overcome them with peers and supervisors | 1 | 2 | 3 | 4 | 5 | 6 |

Adapted from form developed by K. Dimin and F. Krause in Practicum Manual for Counseling &

Psychotherapy, Accelerated Development, Inc., Muncie, IN.

**THE COUNSELING PROCESS NDA\* POOR GOOD EXCELLENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7. | Keeps appointments on time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Begins the session smoothly. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | Explains the nature and objectives of counseling when appropriate | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | Is relaxed and comfortable during the | 1 | 2 | 3 | 4 | 5 | 6 |
|  | session. |  |  |  |  |  |  |
| 11. Communicates interest in and acceptance of the client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Facilitates client expression of concerns | 1 | 2 | 3 | 4 | 5 | 6 |
|  | and feelings. |  |  |  |  |  |  |
| 13. Recognizes and resists manipulation by | 1 | 2 | 3 | 4 | 5 | 6 |
|  | the client. |  |  |  |  |  |  |
| 14. Recognizes and deals with positive 1 | 2 | 3 | 4 | 5 | 6 |
|  | affect of the client. |  |  |  |  |  |  |
| 15. Recognizes and deals with negative 1 | 2 | 3 | 4 | 5 | 6 |
|  | affect of the client. |  |  |  |  |  |  |
| 16. Is spontaneous in the session. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Uses silence effectively in the session. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Is aware of own feelings in the | 1 | 2 | 3 | 4 | 5 | 6 |
|  | counseling session. |  |  |  |  |  |  |
| 19. Communicates own feelings to the client | 1 | 2 | 3 | 4 | 5 | 6 |
|  | when appropriate |  |  |  |  |  |  |
| 20. Recognizes and describes the client's 1 | 2 | 3 | 4 | 5 | 6 |
|  | covert messages. |  |  |  |  |  |  |
| 21. Facilitates realistic goal-setting with the | 1 | 2 | 3 | 4 | 5 | 6 |
|  | client. |  |  |  |  |  |  |
| 22. Encourages appropriate action-step 1 | 2 | 3 | 4 | 5 | 6 |
|  | planning with the client. |  |  |  |  |  |  |
| 23. Employs judgment in the timing and use of different techniques and strategies. | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. Initiates periodic summarization of 1 | 2 | 3 | 4 | 5 | 6 |

goals, action-steps and process during

counseling.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 |

25. Explains, administers and interprets tests correctly.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 |

26. Terminates the interview smoothly.

27. Focuses on specific behaviors and their consequences, implications, and contingencies.

28. Recognizes and pursues discrepancies and meaning of inconsistent information.

29. Bases decisions on a theoretically

sound and consistent rationale of human behavior.

30. Is perceptive in evaluating the effects of own counseling techniques.

31. Demonstrates ethical behavior in the counseling activity & case management.

**POOR GOOD EXCELLENT**

1 2 3 4 5 6

1 2 3 4 5 6

1 2 3 4 5 6

1 2 3 4 5 6

1 2 3 4 5 6

**ADDITIONAL COMMENTS and/or SUGGESTIONS**

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

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

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

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

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

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

 \_ \_ \_ \_ \_

**DATE PRACTICUM/ADVANCED PRACTICUM/INTERNSHIP SUPERVISOR**

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.

 \_ \_ \_ \_\_

**DATE SIGNATURE OF COUNSELING STUDENT**

## Appendix F: Documentation Form

**Directions: This form is to be completed and submitted to the Academic Advising office for placement in your file by your internship instructor at the end of the semester.**

Student’s Name: \_

Student’s ID number \_

Class: (i.e., G524) \_

Track: (i.e., Mental Health, School) \_

Semester & Year: \_

Site: \_

On-Site Supervisor: \_

Degree & Credentials of On-Site Supervisor: \_

IUSB Supervisor: \_

Number of Direct Service Hours Completed: \_

Total Number of Practicum/Internship Hours

Completed This Term

(Includes Direct Service Hours):

Total hours of group supervision

Total hours of individual supervision \_\_\_\_\_\_\_\_\_\_\_

Signature of University Supervisor

Date \_\_\_\_\_\_\_\_\_\_\_\_

\*The original of this form is retained in the student’s official IUSB record. Students should retain a copy for their records.

## Appendix G: Non-Taped Client Sessions Documentation Form

Student Counselor's Name

Directions: This form is to be used for all non-taped client sessions, and any other hours that are to be counted as direct service hours to clients. If there is an agency progress note, attach it to this form and fill out the top of the form only. Make sure the name of your client does not appear on the agency progress note.

**ADDITIONAL DIRECT SERVICES TO CLIENTS**

Group Name/Client Initials School/Agency

Date of Service \_

Date of Report \_

Date reviewed by IUSB Supervisor \_

Counseling Goals or Issues Addressed:

Description of Services:

Outcome of Services:

Evaluation of Services:

Things to be Aware of for Future Services:

## Appendix H: STUDENT EVALUATION OF PRACTICUM/INTERNSHIP ON-SITE SETTING

**Directions: Complete this form and turn it in to your instructor AND the clinical coordinator at the end of the semester.**

**SEMESTER: \_ NAME OF SITE: \_**

**ADDRESS OF SITE: \_** 

**Name of Site Supervisor: \_**

**Name of Student Completing This Form: \_**

**PLEASE USE THE FOLLOWING INDICATORS TO EVALUATE YOUR PRACTICUM**

**/INTERNSHIP ON-SITE SETTING:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEMS** | **Unacceptable** | **Below****average** | **Adequate** | **Outstanding** |
| Orientation and training provided |  |  |  |  |
| Working space provided |  |  |  |  |
| Equipment/supplies provided |  |  |  |  |
| Audio/video/telecommunications equipment available |  |  |  |  |
| Observation/interactive supervision available |  |  |  |  |
| Privacy. |  |  |  |  |
| Group facilities. |  |  |  |  |
| Support services provided. |  |  |  |  |
| Support and protection of your rights |  |  |  |  |
| Respect for client’s rights. |  |  |  |  |
| Ethical standards upheld |  |  |  |  |
| Supervision/feedback |  |  |  |  |
| Adequate client load |  |  |  |  |
| Meaningful non-direct client contact services assigned |  |  |  |  |
| Diversity in client diagnoses and presenting problems |  |  |  |  |
| Diversity of environment |  |  |  |  |
| Attractiveness of environment |  |  |  |  |
| General conduciveness tocounselor growth |  |  |  |  |

**Use the back of this form for any comments you have.**

## Appendix I: Student Evaluation of on-site Supervisor

**Directions: Complete this form and turn it in to your instructor AND the clinical coordinator at the end of the semester.**

**SEMESTER: \_ ON-SITE SUPERVISOR: \_**

**Degree/Credentials of On-Site Supervisor: \_** 

**Name and Address of On-Site Setting: \_** 

**Practicum/Internship Student Completing This Form: \_** 

**PLEASE USE THE FOLLOWING INDICATORS TO EVALUATE YOUR PRACTICUM/INTERNSHIP ON-SITE SUPERVISOR:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEMS** | **Unacceptable** | **Below****average** | **Adequate** | **Outstanding** |
| Provides and explains informationabout site. |  |  |  |  |
| Provides opportunity for orientation andobservation before duties are assigned |  |  |  |  |
| Secures adequate supplies needed foryour work. |  |  |  |  |
| Facilitates relationships with other sitepersonnel. |  |  |  |  |
| Trains and teaches when necessary orappropriate. |  |  |  |  |
| Provides general support andencouragement. |  |  |  |  |
| Meets regularly with student. |  |  |  |  |
| Provides constructive feedback. |  |  |  |  |
| Provides guidance |  |  |  |  |
| Models counseling and other professional skills |  |  |  |  |
| Teaches and models ethical and legal practices |  |  |  |  |
| Respects client’s rights |  |  |  |  |
| Values diversity in work setting and inclientele. |  |  |  |  |
| Overall supervision skills |  |  |  |  |
| Adherence to course requirements |  |  |  |  |
| Interest in my professional development |  |  |  |  |

**Use the back of this form for any comments you have.**

## Appendix J: Practicum Contract Format

DIRECTIONS: Using these guidelines, prepare **three copies** of a typewritten personal contract describing the objectives and activities to which you are committing yourself during the practicum. Submit a rough draft to your University Supervisor for review before making your final draft. A separate contract should be developed for each of your practicum/advanced practicum site.

Name \_

Semester \_

1. GOALS AND OBJECTIVES:

A. State your overall goal for the Practicum/Advanced Practicum

B. Provide specific objectives that you hope to accomplish (e.g., learning to use silence effectively, learning to administer and interpret a given test).

2. PRACTICUM

Name of School/Agency: \_ Address: \_ Telephone: \_ Contact Person: \_ Degree and License of and years of experience of on-site supervisor:

2\* On-site supervisor is invited to attend the CHS Annual Conference free of charge in appreciation of supervision services. \_

supervisor initials acknowledging invitation

2\*\* On-site supervisor has received from student the following forms: (Please initial each form.)

On-site supervisor evaluation form: \_ Responsibilities of onsite supervisor: \_ On-site evaluation form: \_

3. Describe your specific duties and responsibilities and the projected time involved each week in these activities (estimate preparation and contact time).

4. Specify how supervision will be handled.

5. Include additional plans (workshops you plan to attend, extra reading that you plan to do, and other possible experiences related to the Practicum/Advanced Practicum).

6. State how you plan to evaluate progress toward accomplishment of your objectives.

**Student's signature \_**

**Date \_**

**On-site supervisor's signature \_ Date \_**

**University supervisor's signature \_**

**Date \_**

(THIS IS JUST A SUGGESTED FORMAT, NOT THE CONTRACT ITSELF)

**Name \_**

**Week of: \_**

**Appendix K: Weekly Report of Practicum/Ticum/ Internship Activities**

1. Describe and document practicum activities engaged in during the week. (Report amount of time engaged in each activity)

Hours

A. Preparation:

B. Counseling: Individual

Group

C. Supervision (University and site): D. Class:

E. Other (readings, workshops, etc.)

Total

2. Evaluate your experiences for the week. Be sure to include significant learnings that you have obtained through supervision, practice and readings.

3. Give a brief list of your objectives for the coming week.

## Appendix L: Counseling Session Notes

**DIRECTIONS:** The student counselor is to complete two copies of this form following each counseling session; one copy to be submitted to his/her University instructor (if instructor requires it) and one copy for his/her personal records. This form is to be used only when an agency progress note is not available on site.

Group Name/Client Initials\_ \_

Date of Session \_

Session Number \_ with this client

Presenting problem (what was the session about?):

Overview of session (W hat did you do?):

Evaluation of Session (Strengths/Weaknesses) (What worked – what didn’t)

Things to be aware of for next session or future sessions:

 \_ \_ \_

 \_ \_ \_

**Student signature Date of note**

 \_

**Student Counselor's Name**

Directions: This form is to be used for any sessions with clients or groups of clients that are not audio/video taped or observed by your onsite supervisor and will be reviewed with your university supervisor. This includes intakes, phone contacts, referrals, time when your client is staffed in general staff meetings (not individual supervision) , etc. If this is a counseling session that is non-taped, a counseling note should be attached with only the client’s initials and date of service filled out at the top.

## Appendix M: Additional Direct Services to Clients

Group Name/Client Initials\_ \_ \_ \_

Date of Service \_ \_ \_ \_

Description of Services (What did you do?)

Outcome (What happened)

Evaluation of Services (Was it beneficial to you and/or your client?)

 \_ \_ \_ \_ \_

**Student signature Date of note**

## Appendix N: Example of a Client Release Form

Directions: This form is to be used with clients 18 years of age or older if no consent form is utilized by your site.

My signature below indicates that I understand that the counseling service is designed to help me help myself as I make vocational plans, educational plans, and various other adjustments. I further understand that the counseling service will be rendered by graduate students under competent supervision, that portions of sessions may be recorded and observed for educational purposes, and that all relationships with the counselors and supervisors will be kept confidential.

**Name**

**(printed)**

**Signature \_**

**Local**

**Address \_**

**Phone \_**

**Date \_**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## Appendix O: Example of a Parent Release Form

Directions: This form is to be used with clients under 18 years of age if no consent form is utilized by your agency.

My son/daughter \_

has

my permission to participate in counseling sessions to be conducted in conjunction with the counselor education program at Indiana University South Bend. I understand that:

1. The counselor will be a graduate student working under the direct supervision of a qualified university professor.

2. Discussion of the sessions may be made available upon request, to both the counselee and the parents. The information may include interests, problems, study habits, and other helpful information. The student will be informed of this provision to disclose general information.

3. All, or part of, the sessions may be temporarily recorded on audio tape but, at no time, will the individual's identity be disclosed to anyone but the interviewing counselor and supervisor.

4. Precaution will be taken to avoid personal embarrassment to my son/daughter or to us, the parents.

**Date \_ Signed (Parent) \_**

**Date \_**

**Signed (Counselor) \_**

**Name**\_ \_

**Semester \_** \_ \_ \_ \_

## Appendix P: Sample Practicum Counseling Log

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT (initials)** | **DATE** | **CLIENT Session****#** | **SESSION LENGTH** |  | **REVIEWED IN****SUPERVISION INDIVIDUAL CLASS** | **PREPARATION TIME** | **OTHER (READING; WORKSHOP, SEMINARS, ETC.** |
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