Clinical Experience Handbook

Clinical Rehabilitation and Mental Health Counseling Program
Department of Counseling, Rehabilitation Counseling &
Counseling Psychology
West Virginia University

Provides an overview of the expectations for the clinical experiences associated with the Masters of Science program in clinical rehabilitation and mental health counseling including REHB 672 Counseling Practice and REHB 675 Clinical Practice. It is an extension of the program manual.
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Introduction

The Clinical Rehabilitation & Mental Health Counseling graduate education program at West Virginia University forwards the land grant mission of the University by providing a strong practitioner training program focused on the unique needs of diverse communities. We are committed to preparing entry-level rehabilitation and mental health counselors to work competently and ethically within a pluralistic society. Our central organizing approach rests in understanding the unique needs of individuals, couples, families, and groups experiencing disability or other disadvantages across their lifespan in our society, at work, home and play.

Program Objectives

The objectives of our program are linked to our mission statement. They are to provide:

- Educational experiences for every student that facilitates the development of knowledge, skills and beliefs necessary to practice as qualified clinical rehabilitation and mental health counselors in a wide variety of circumstances.

- Learning opportunities to support students’ ability to implement culturally responsive and ethically sound clinical rehabilitation and mental health counseling practices.

- Clinical training environments that are focused on real world expectations and standards of clinical practice.

These objectives are accomplished through classroom and field experiences in (1) individual and group counseling; (2) evaluation and assessment; (3) career choice and placement; (4) knowledge and use of medical and psychosocial information; (4) addressing cultural competencies; and (5) knowledge of clinical rehabilitation and mental health principles and evidence-based or promising practices.

The student experiences skills training in general counseling and vocational counseling, counseling across the lifespan, as well as knowledge of agency functions, case management, and use of community resources. Research skills and the demonstrated ability to function in applied rehabilitation and/or mental health settings is also an integral part of the program. We focus on specialized issues relative to counseling and case management in the areas of addictions, psychiatric disorders, and couples and families in diverse communities.

The clinical experiences of practicum and internship are highly valued in our program. It is our intent that students will combine their beliefs and values with knowledge and skills, working honestly, with integrity, and ethical behavior. We value fairness, respect, and responsiveness in our actions and communications.

Practicum and Internship provide students with supervised clinical experiences that are designed to consolidate, integrate, and link theory to practice. In short, fieldwork provides students with opportunities to develop, refine, and evaluate their counseling skills. The purpose of this manual is to provide information, procedures, timelines, guidelines, objectives, necessary forms, and information that should be helpful to students. Also, included are recommendations for maximizing the learning experience during both practicum and internship. This manual is mandatory reading for any student who is applying for and/or completing practicum or internship. Becoming familiar with the procedures and policies described in this manual will help students:
• Identify appropriate clinical experience sites
• Apply to appropriate sites
• Meet important timelines and requirements
• Develop appropriate supervision and learning goals
• Appropriately document clinical experience hours
• Maximize their learning experience
• Maintain clear communication with their site and faculty supervisors

In addition, students applying for or completing practicum or internship should also be familiar with and adhere to:

• Clinical experience site policies and procedures
• Program requirements
• Clinical Experience course syllabus
• Code of Professional Ethics (Commission on Rehabilitation Counselor Certification & American Counseling Association)

CACREP 2009 Standards

The Council on Accreditation of Counseling and Related Education Programs (CACREP) has specific minimum standards for programs in counseling. “The CACREP Standards are written to ensure that students develop a professional counselor identify and master knowledge and skills to practice effectively” (pg.1 CACREP 2009 Standards).

The following standards are part of Section III Professional Practice and how are approach meeting the standards are addressed within this document.

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

A. 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.

B. 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.

C. Site supervisors must have the following qualifications:

1. A minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program’s expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

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

E. 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**

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. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
2. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member, a student supervisor, or a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract.
3. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor.
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**

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.

CACREP Content Learning Objectives

The clinical experiences are organized to provide an opportunity for students to both continue their learning and demonstrate their attainment of the skills that are necessary for beginning professional counselors operating in rehabilitation and mental health service delivery systems. The following is a listing of the content learning areas that students will meet in accordance with those outlined by the Council on Accreditation of Counseling and Related Education Programs (2009). These include those from (1) eight core competency areas expected of counselor training programs across specializations; (2) clinical rehabilitation counseling specialization; and (3) clinical mental health counseling specialization.

Core Content Standards

- Professional roles, functions, and relationships with other human service providers, including strategies for interagency/inter-organization collaboration and communications. (2.G.1.b)
- Counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event. (2.G.1.c)
- Self-care strategies appropriate to the counselor role. (2.G.1.d)
- Counseling supervision models, practices, and processes. (2.G.1.e)
- Professional organizations, including membership benefits, activities, services to members, and current issues. (2.G.1.f)
- Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues. (2.G.1.g)
- The role and process of the professional counselor advocating on behalf of the profession. (2.G.1.h)
- Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients. (2.G.1.i)
- Ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling. (2.G.1.j)
- Individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies. (2.G.2.d)
- A general framework for understanding exceptional abilities and strategies for differentiated interventions. (2.G.3.e)
- Counselor characteristics and behaviors that influence helping processes. (2.G.5.b)
Essential interviewing and counseling skills. (2.G.5.c)

A general framework for understanding and practicing consultation. (2.G.5.f)

Basic concepts of standardized and non-standardized testing and other assessment techniques, including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, psychological testing, and behavioral observations. (2.G.7.b)

Clinical Rehabilitation Counseling Specialization

Understands methods, models, and principles of clinical supervision. (A.7)

Demonstrates the ability to apply and adhere to ethical and legal standards in rehabilitation counseling. (B.1.)

Understands the onset, progression, expected duration, and functional limitations specific to the client’s disability from a holistic perspective (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational). (C.2.)

Applies the principles and practices of rehabilitation counseling concerning issues such as etiology, diagnosis, treatment, and referral for clients with disabilities, including clients with co-occurring disabilities. (D.1)

 knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. (E.5)

Uses disability-related principles and practices of diagnosis, treatment, referral, and wellness to initiate, maintain, and terminate counseling. (F.1.)

Demonstrates the ability to use procedures for assessing dangerousness and developing a safety plan. (F.4.)

Applies current record-keeping standards related to rehabilitation counseling. (F.5.)

Demonstrates the ability to recognize his or her own limitations as a rehabilitation counselor and to seek supervision or refer clients when appropriate. (F.6.)

Knows the principles and models of assessment, case conceptualization, theories of human development and concepts of wellness and pathology leading to diagnoses and appropriate counseling treatment plans. (I.1)

Understands various models and approaches to clinical evaluation and their appropriate uses with clients with disabilities, including diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, career assessments, and assessment for assistive technology needs. (I.2.)

Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols. (J.1.)
- Demonstrates skill in conducting intake interviews, mental status evaluations, biopsychosocial histories, and assessments for treatment planning. (J.2.)

- Screens for danger to self and/or others, as well as co-occurring disabilities (e.g. intellectual disability and major depression; addiction and Hepatitis C). (J.3.)

- Demonstrates ability to conduct work-related assessments (e.g. job analysis, work site modification, transferable skill analysis, job readiness, work hardening). (J.4.)

- Demonstrates appropriate use of diagnostic tools, including the current editions of the DSM and ICD, to describe the symptoms and clinical presentations of clients with disabilities. (J.5.)

- Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma causing events. (J.6.)

- Applies career theory and labor market information when working with people with disabilities across the lifespan. (N.1.)

- Demonstrates skills and functional assessments based on client work history to obtain and maintain successful employment. (N.2.)

- Applies transferable skills and functional assessments based on client work history to obtain and maintain successful employment. (N.3.)

**Clinical Mental Health Counseling Specialization**

- Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling. (A.2.)

- Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams. (A.3.)

- Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling. (A.4.)

- Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision. (A.5.)

- Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling. (B.2.)

- Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. (C.2.)

- Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. (C.7.)

- Applies current record-keeping standards related to clinical mental health counseling. (D.7.)
- Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling. (E.4.)

- Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. (H.2.)

- Knows the principles of the diagnostic process, including the differential diagnosis, and the use of the current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). (K.1.)

Important Terms and Descriptions

Practicum
The counseling practicum is a supervised clinical experience (minimum 150 contact hours) designed to orient students to the role and responsibilities of the professional counselor. Practicum occurs during the fall semester of the second year (if full time, 3rd year if part time). Practicum has to be successfully completed before internship. This experience is defined more comprehensively in the pages that follow.

Internship
Internship is the culmination of the academic preparation to become a professional counselor. This supervised full time experience enables students to focus more intensely on a broader range of competencies and skills. It generally occurs during the spring semester of the second year and requires a minimum of 600 contact hours. This experience is also defined more comprehensively in the pages that follow.

Clinical Rehabilitation and Mental Health Counseling Placements
Clinical Rehabilitation and Mental Health Counseling placements are designed to provide the knowledge and skills required for counselors to work in a variety of community settings, including, but not limited to, state vocational rehabilitation offices, mental health centers, substance abuse treatment programs, social service agencies, residential and intensive outpatient, home/school–based programs and employee assistance programs in business and industry.

Because it is essential to acquire skills required for successful clinical rehabilitation counseling and clinical mental health counseling, students may need to utilize multiple sites, choose carefully, or take other action to ensure both are covered. Students are required to show evidence that they have undertaken clinical experience equally in both areas. A summary of related activities per specialization are as follows (but not limited to):

Clinical Rehabilitation Counseling Specialization
- Diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, biopsychosocial histories, assessments for treatment planning, and assessments for assistive technology needs.
- Career- and work-related assessments, including job analysis, work site modification, transferrable skills analysis, job readiness, and work hardening.
- Strategies to advocate for persons with disabilities.
- Strategies for interfacing with medical and allied health professionals, including interdisciplinary treatment teams.
Strategies to consult with and educate employers, educators, and families regarding accessibility, Americans with Disabilities Act compliance, and accommodations.

Clinical Mental Health Counseling Specialization
- Intake interview, mental status evaluation, biospsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management.
- Techniques and interventions for prevention and treatment of a broad range of mental health issues.
- Strategies for interfacing with the legal system regarding court-referred clients.
- Strategies to advocate for persons with mental health issues.

Direct Service Hours
Internship students are required to complete at least 240 clock hours of direct service. (III.B.1.) Direct Service hours are interactions with clients during which counseling, consultation, or human development skills are utilized. This term refers to time that is spent directly with clients either in person or on the phone. It specifically refers to the following activities:
- Intake session;
- Assessments;
- Individual counseling;
- Group counseling;
- Client guidance; and
- Presentations.

Indirect Service Hours
Indirect Service hours are more difficult to define than their counterpart, Direct Service hours. Indirect Service hours are interactions and/or responsibilities which by their very nature are intended to benefit clients whom are served at the student’s practicum or internship site. Indirect Service hours include but are not limited to:
- Training;
- Staff meetings;
- Documentation;
- Record-keeping;
- Time spent reading or researching topics related to client concerns, community resources, counseling, etc. (topics must be documented);
- Consultation;
- Workshop presentations;
- Research;
- Time spent learning the policies and procedures of the site; and
- Time spent assisting the student’s supervisor with clinically related tasks (document specific task).

Other professional activities that are site and/or student specific may also be appropriately counted as Indirect Hours but must be approved in ADVANCE by faculty clinical supervisors.

Site Supervisor/Supervision
Site supervisors provide on-site training and supervision of practicum and internship students. Site supervisors provide scheduled weekly, individual supervision sessions. Site Supervisors must have an earned masters degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses; two years of pertinent professional experience in the clinical rehabilitation and/or mental health counseling program areas (as relevant to the site); knowledge of the
program’s expectations, requirements, and evaluation procedures for students; and relevant training in counseling supervision. (III. C.1-4)

Site supervisors are required to provide students with a weekly interaction that averages one hour per week of supervision throughout the practicum or internship. The site supervisor will work in biweekly consultation with the program faculty clinical supervisor in accordance with the supervision contact.

During supervision sessions, students must have the opportunity to discuss ethical/professional concerns, client issues and interventions, application and integration of theories, practicum procedures and policies, and professional development issues. Supervisors can ask students to be prepared to present audio/video tapes of counseling sessions during these sessions as well as review client notes. Many on-site supervisors also augment these individual supervision sessions by electing to have students sit in on sessions with clients as a co-counselor or by observing sessions or interactions with clients.

**Faculty Clinical Supervisors/Supervision**

Faculty Clinical Supervisors conduct group supervision via eCampus, providing pertinent didactic information, resources and opportunities to have clinical case discussions that equate to 1.5 hours per week of supervision.

Faculty supervisors will also supervise students individually in person and telephonically or by Skype. This will be organized according to student need and the site supervisor’s need for support and any other arrangements made in the supervision contract.

During these supervision sessions students discuss ethical/professional concerns, client issues and interventions, application and integration of theories, and fieldwork site and professional development issues. Students are also required to present a minimum of four audio/video tapes of counseling sessions that are reviewed during supervision sessions.

**Counseling Practicum**

The course description for REHB 672: Counseling Practicum (3 credit hours) is as follows:

- **Prerequisites:** Graduate standing, liability insurance, and consent. **Description:** Demonstration of high professional standards, counseling skills, and personal characteristics appropriate to the counseling relationship are essential.

**Practicum Requirements**

The counseling practicum experience consists of a placement for one semester, for the entire 16 weeks of the semester, at an approved agency, service, or institutional setting that provides counseling services. A minimum of 150 contact hours is required. Forty of these must be hours of direct service with actual clients that contributes to the development of counseling skills.. (III. A.1.)

Some students may opt to maximize their practicum experience by scheduling additional hours at their sites. These students may be more competitive as they interview for internships and, ultimately, full-time employment. The site may also require a minimum time period to be present on site.

You are required to participate in weekly group supervision session with an assigned faculty member. These sessions provide opportunities for students to share experiences, discuss ethical concerns, and counseling and consultation interventions. Presentations of cases and assigned readings may also be required by faculty supervisors. (III.A.2.)
Individual supervision with a faculty supervisor is also required. Faculty must schedule these individual sessions with several students in addition to other departmental responsibilities. Thus, these sessions will be arranged around the scheduling needs of faculty members. Students are responsible for adhering to supervision times with faculty members. Audio and/or videotape of a counseling session may be discussed during these individual sessions. (III.A.3.)

Weekly individual supervision by the on-site supervisor is also required. (III.A.3.) On-site supervisors are encouraged to include the following activities in their supervision:

- Case/client discussion and feedback
- Review of audio and or video-tapes
- Observation of the student’s sessions
- Co-counseling opportunities with the site supervisor or other counselors at the site
- Review of session notes
- Ongoing performance feedback
- Discussions regarding linking theory to practice

Note: Experience co-facilitating group work is strongly encouraged during practicum. Students must lead or co-lead a counseling or psychoeducational group in the internship semester. (III.B.1.)

Summary of Counseling Practicum Expectations

- Practicum is a minimum of 10 hours per week for 16 weeks. (III.A.1.)
- One hundred and fifty (150) approved contact hours, at a minimum. (III.A.1.)
- Forty (40) of these 150 hours must be in engaged hours of direct service with actual clients that contributes to the development of counseling skills. (III.A.1.)
- Weekly individual supervision with the site supervisor. (III.A.3.)
- Weekly group engagement (didactic and discussion) with assigned faculty clinical supervisor. (III.A.2.)
- Individual supervision sessions with the faculty supervisor as needed or arranged in practicum supervision contract. (III.A.2.)
- A minimum of 4 audio /videotapes of clients/role plays as outlined in your course syllabus. (III.B.5.)

See Appendix 1. Counseling Practicum Check Sheet

Application Process and Timeline

Anyone applying to the program to engage in the practicum experience will have:

- Minimum grade point average of 3.0 in all completed coursework;
- Achieved proficiency in at least 80% of the areas outlined in the Professional Fitness Reviews and Student Portfolio. No standard should be at a rating below “emerging”; and
- Completed or be on track to complete the following courses:
Two-Year Program
REHB 600  Introduction to Rehabilitation
REHB 610  Medical Aspects of Rehabilitation
REHB 680  Research Seminar
COUN 501  Counseling Theories and Techniques I
COUN 606  Counseling Theories and Techniques II
COUN 612  Disability Across the Lifespan
COUN 505  Theories of Human Appraisal
REHB 620  Career Development and Job Placement
COUN 634  Cultural Issues in Counseling
COUN 640  Addictions Counseling
COUN 645  Couple and Family Counseling
COUN 664  Ethics in Counseling

Those in the two-year program will be simultaneously enrolled in:
REHB 672 Counseling Practicum
COUN 664 Crisis, Trauma and Grief
REHB 624 Rehabilitation Client Services
COUN 665 Diagnosis and Treatment Planning

Three-Year Program
REHB 600  Introduction to Rehabilitation
REHB 610  Medical Aspects of Rehabilitation
REHB 680  Research Seminar
COUN 501  Counseling Theories and Techniques I
COUN 606  Counseling Theories and Techniques II
COUN 612  Disability Across the Lifespan
COUN 505  Theories of Human Appraisal
COUN 634  Cultural Issues in Counseling
COUN 640  Addictions Counseling
COUN 645  Couple and Family Counseling
COUN 664  Ethics in Counseling
REHB 624 Rehabilitation Client Services
COUN 665 Diagnosis and Treatment Planning
COUN 609 Group Counseling Theories and Techniques

Those in the two-year program will be simultaneously enrolled in:
REHB 672 Counseling Practicum
COUN 664 Crisis, Trauma and Grief

Site Selection. A list of previously used clinical placement sites is available on the program web site at http://rehab.wvu.edu under Practicum and Internship. Although it is most likely that a site on this list will be approved, it is possible that recent changes in personnel or policies at the site could make the site no longer appropriate. Students who are interested in applying to clinical sites that are not on the list must communicate with the Clinical Coordinator BEFORE contacting the sites. All new clinical sites must be approved by the Clinical Coordinator (in conjunction with other faculty). A minimum of two weeks is required to review these requests.
**Timeline.** The timelines for practicum applications and interviews may vary from semester to semester. Generally the timelines are as follows:

Fall semester (one year prior to enrollment into counseling practicum)
- Review clinical manual.
- **Mandatory** informational webinar with the clinical coordinator will be scheduled and announced via email.
- Review site list.
- **Mandatory** informational webinar with the clinical coordinator will take place.

The following activities will occur in the calendar year in which a student will enroll in the counseling practicum experience:

- An updated fieldwork list will be available on the departmental web site at [http://rehab.wvu.edu](http://rehab.wvu.edu) under Practicum & Internship. This list is updated periodically so students may wish to revisit it.
- **2nd week of the spring semester:** Optional informational webinar with the clinical coordinator will take place for those who have questions or what to refresh their memory.
- **Friday of the 4th week of the spring semester:** Practicum Applications are due to the Clinical Coordinator. Students must apply to interview at a minimum of two sites and should apply to more.
- **Friday of the 5th week of the spring semester:** Students will be notified by email regarding their approved practicum interview sites and they may begin scheduling interviews.
- **Mid-semester:** Practicum placements for the fall will be finalized. *Students without placements at this time must contact the Clinical Coordinator.*

*See Appendix 2. Counseling Practicum Application*
*See Appendix 3. Counseling Practicum Self-Inventory*

**Grading of Practicum**
One of two grades is given for the practicum: “P” (Pass) or “F” (Fail). A grade of “P” indicates a satisfactory completion of all site and university requirements at an acceptable level. In order for a student to achieve a passing grade in practicum, he or she must have: (1) participated fully in all weekly group sessions unless provided an excused absence; (2) received an evaluation by the site supervisor showing proficiency to move into internship; (3) received proficiency in the Professional Fitness Review by program faculty; and (4) received an overall proficiency in other activities outlined in the syllabus to include, but not limited to: evaluation of counseling tapes and advocacy presentation to class. A grade of “F” will be given when site or university requirements have not been accomplished in an acceptable manner.

If for any reason a student is dismissed with cause from a practicum site, he or she may be dismissed from the program. If circumstances allow for a remediation, the student will be required to re-enroll in and complete ALL expectations of counseling practicum course.

Grievance procedures are addressed in your program manual.
Clinical Practice (Internship)

The course description for REHB 675: Clinical Practice (12 credit hours) is as follows:

- **PR:** Consent. Clinical practice (internship) in selected agencies, rehabilitation centers, clinics, or hospitals conducting an organized program of services for the physically, mentally, emotionally, or socially handicapped. Practice will be under direct supervision of faculty and agency personnel.

Consent is received when the program faculty members ascertain that the student has (1) completed or is on track to complete the courses listed in the counseling practicum section with a minimum of a 3.0 GPA. COUN 609 Group Counseling Theories and Techniques may be taken during the internship semester; and (2) has achieved or is on track to achieve a grade of “Satisfactory” in REHB 672 Counseling Practicum.

**Note:** No one can begin clinical practice hours prior to the award of a grade in the Counseling Practicum.

Internship is the culmination of the academic preparation to become a professional counselor in the areas of both clinical rehabilitation counseling and clinical mental health counseling. This experience enables students to focus intensely on a broader range of competencies and skills. In evaluating possible sites, students should carefully consider their professional goals, previous/related experiences, learning needs, interests, and expectations for fieldwork.

Optimally, students will find a site that represents a “good fit” with their experience, learning needs, career goals, values, interests, and licensure requirements. They must also choose site(s) that provide a 50/50 balance of experiences in the two specializations that comprise the graduate degree of Clinical Rehabilitation and Mental Health Counseling at West Virginia University.

Operationally, internship is defined as a professional training experience consisting of a minimum of 600 contact hours (12 credit hours) in an approved agency. Two hundred forty (240) of the designated hours must be direct service contact hours. The 600 hours must be evenly divided between training in the two specializations, clinical rehabilitation counseling and clinical mental health counseling.

**Clinical Practice Requirements**

Internship is a full-time experience at an APPROVED site. It is scheduled over the course of the sixteen-week semester. Note: Policies regarding absences during WVU’s Thanksgiving, spring break, and scheduled holidays that occur during the semester are site specific; that is, a student may or may not have the same break as the University. The site can require students to be present during these breaks.

During internship, a minimum of three hours each day should be spent providing direct services to clients. At least two of these hours should be scheduled with clients whose presenting problems are of sufficient depth as to lend themselves to a critical review of the student's skills. A minimum of 240 hours of direct service hours is required for internship.

A weekly group or individual supervision session with an assigned faculty member is required and provides opportunities for students to share experiences and discuss cases, intervention strategies, and ethical concerns. Group supervision will be operated in a similar fashion to the one required for practicum. Case presentations and assigned readings may also be required by faculty clinical supervisors. These meetings may count towards the 600 contact hours.
Weekly individual supervision by the on-site supervisor is also required. On-site supervisors are encouraged to include the following activities:

- Case/client discussion and feedback
- Review of audio and or video-tapes
- Observation of the student’s sessions
- Co-counseling opportunities with the site supervisor or other counselors at the site
- Review of session notes
- Ongoing performance feedback and review of student’s learning goals
- Discussions regarding linking theory to practice
- Discussions regarding personal and professional development
- Review of agency procedures/requirements and resources
- Employment/job/ search/licensure related discussions

An internship seminar is held on campus in March of each year. Every student is mandated to attend the seminar as part of the clinical practice experience. They must also participate in the associated clinical practice group supervision held with their instructor on campus. These are held on Thursday and Friday of the intensive on campus week.

**Summary of Clinical Practice**

- Minimum of 600 contact hours (12 credit hours). (III.B.)
- Minimum of 240 direct service hours (average 3 hours per day). (III.B.)
- Weekly on-site supervision. (III.B.)
- Weekly group supervision with faculty supervisor. (III.B.)
- Individual supervision with faculty supervisor as needed or determined by contract.
- Mandatory participation in on campus internship seminar and meeting held with faculty.

*See Appendix 4. Clinical Practice Check Sheet*

**Application Timeline**

The deadlines for internship applications and selection are not as clearly defined. Often, students will want to remain at their practicum site for internship. In most cases this will be approved, but students must submit an application for internship in order for this request to be considered. Students who are approved to remain at their practicum site for internship are not required to interview at other sites.

All students must apply for internship by mid-semester of the fall semester (prior semester in which they want to do in their internship). Those interviewing at sites other than the one they are currently at for their practicum must submit their requests to the Clinical Coordinator by the sixth week of the semester. The Clinical Coordinator will notify the student that they have permission to interview at a given site.

Anyone applying to the program to engage in the clinical experience/internship will have:

- Obtained consent from practicum faculty supervisor and program advisor;
- Achieved proficiency in at least 90% of the areas outlined in the Professional Fitness Reviews and Student Portfolio. No standard should be at a rating below “emerging”;  
- Minimum grade point average of 3.0 in all completed coursework; and
- Completed or be on track to complete all courses in the program.

*See Appendix 5. Clinical Practice Application*

*See Appendix 6. Clinical Practice Self Inventory*
**Grading of Clinical Practice**

One of two grades is given for REHB 675: Clinical Practice: “P” (Pass) or “F” (Fail). A grade of “P” indicates a satisfactory completion of all site and university requirements at an acceptable level. In order for a student to achieve a passing grade in clinical practice, he or she must have: (1) participated fully in all weekly group sessions unless provided an excused absence; (2) received an evaluation by the site supervisor showing proficiency to move into internship; (3) received proficiency in the Professional Fitness Review by program faculty; and (4) received an overall proficiency in other activities outlined in the syllabus to include, but not limited to: Integrative Theory of Rehabilitation and Mental Health Counseling Practice. A grade of “F” will be given when site or university requirements have not been accomplished in an acceptable manner.

If for any reason a student is dismissed with cause from a clinical experience site, he or she may be dismissed from the program. If circumstances allow for a remediation, the student will be required to re-enroll in and complete ALL expectations of the clinical practice course.

Grievance procedures are addressed in your program manual.

**Questions and Concerns**

**Denial of Admission to Clinical Experience**

After students have successfully completed the fieldwork prerequisites or are enrolled in classes that are prerequisites, they may apply for practicum or internship. On rare occasions, students are denied field placement. Reasons for denial may include but are not limited to the following:

- Unsatisfactory academic performance.
- Failure to complete any prerequisites.
- Unfavorable professional fitness review.
- Pending or unresolved academic dishonesty or student conduct issues

**Scheduling**

Students in the two-year program enroll in practicum in the fall semester and internship in the spring semester of their second year. Students in the three-year program enroll in practicum in the fall semester and internship in the spring semester of their third year.

**Enrollment**

Students must enroll for three credit hours for practicum and twelve credit hours for internship. Students are responsible for confirming with their advisors that they have met any course pre-requisites.

**Enrollment does not guarantee admittance to clinical experience.**

**Semester Calendar**

Clinical experience activities can only be scheduled during the academic semester. Hours must be scheduled throughout the semester to ensure that the student’s counseling skills develop and are supervised within a formative and developmental framework. In other words, students cannot work overtime so that he/she finishes in 10 or so weeks. **There are no exceptions.**

**Faculty Supervisor Assignment**

Students enroll in any available section of practicum or internship. Limited numbers of students in each section often require that students may be assigned to a faculty member other than the one selected. Final supervision assignments are made by the Clinical Coordinator and other faculty based on geographical location of the sites and students and type of site.
Locating a Clinical Site

Learning about Clinical Experience Sites
When selecting potential clinical experience sites to request interviews from, students should consider the following factors:

- The type of client served by the site: will there be exposure to a diverse group of clients or a specific population (individuals with disabilities, adolescents, adults) and will the presenting problems of these clients be of clinical interest?
- The type of services provided: Does the site provide a sufficient variety and depth of services required to meet the fieldwork requirements? What type of interventions/services do student interns typically provide? Is there a sufficient client base to ensure that students can more than meet the fieldwork requirements?
- The facilities: Is there adequate, appropriately equipped office space?
- Supervision: Will there be a qualified master’s prepared supervisor on site? What is the supervisor’s theoretical orientation? In the absence of the supervisor, who provides supervision? What are the procedures for onsite audio/videotaping?

Students can learn more about potential clinical experience placements by:

- Reviewing the list of previously used clinical experience sites provided on the program website: [http://rehab.wvu.edu](http://rehab.wvu.edu) under Practicum & Internship.
- Discussing potential options with the clinical coordinator, faculty and other students.
- Reviewing site websites.
- Reviewing previous site evaluations that are made available by contacting the Program Assistant.

Applying to Clinical Experience Sites Not on the Approved List
Students who are interested in applying to sites that are not on the list must communicate with the Clinical Coordinator BEFORE contacting the sites. All new clinical experience sites must be approved by the Clinical Coordinator in conjunction with other faculty. A minimum of two weeks is required to review these requests.

Clinical sites and associated supervisors must be willing to:

- Provide (1) hour of scheduled weekly supervision by a master’s prepared supervisor who is on site who has at least a Master's Degree in Counseling. Rehabilitation Counseling or a related field and two years’ experience as a counselor with clinical counseling supervision training.
- Provide the depth and range of experiences required for a practicum or internship. This includes assistance with locating a group counseling experience.
- Be willing to communicate regularly with program representatives.
- Be willing to participate in an onsite interview.
- Engage in clinical practices and conduct which are consistent with and/or exceed those required by the ACA and/or CRCC Code of Professional Ethics.
- Sign a clinical site agreement with the department.
- Review and sign semester hour logs.
- Participate in ongoing evaluation of students.
- Provide a written description of the site’s goals, characteristics of client populations, proposed activities for the practicum or internship student, and the name of the designated clinical experience supervisor.
- Encourage the student to engage in site-sponsored activities such as continuing education and consultation with other professional agencies.
Clinical Site Logistics and Requirements

Professional Liability Insurance
Students in the Clinical Rehabilitation and Mental Health Counseling graduate program of study at West Virginia University who are engaged in practicum or internship experiences designated by the Clinical Rehabilitation and Mental Health Counseling Program are covered by a state insurance policy to the amount of $1,000,000. (Copies of this insurance policy can be made available to practicum and internship sites if site personnel wish to review the policy.)

However, students are required to obtain their own professional liability insurance. Master’s level students who are members of the American Counseling receive liability insurance coverage as part their membership. Student membership (2016) is priced at $96 and professional engagement is important to your development as a counselor. You can find information at https://www.counseling.org/membership/aca-and-you/students

Professionalism
Students are expected to adhere to agency standards and expectations regarding professionalism. Prior to the first day of practicum and internship it is especially important for students to be familiar with policies regarding dress, conduct, use of titles and contact with clients. During practicum and internship, students will be transitioning into professional roles. Sites will expect students to dress and conduct themselves accordingly. Operationally, this means student’s must be especially mindful of their attire and personal presentation, strictly adhere to work/lunch hour time frames, and consider how their conduct at the site and in public may impact how clients and their colleagues perceive them.

Clinical Experience Hours
Scheduling clinical experience hours, required coursework and personal responsibilities can be challenging particularly, during internship. In our experience, this process is less stressful and complicated when expectations are clearly communicated with site supervisors.

Clinical Experience Compensation
Unfortunately, practicum and internship students are not guaranteed a position that compensates monetarily for the many contributions they make to their clinical experience sites. However, a paid practicum or internship is not prohibited.

The Fair Labor Standards Act (FLSA) governs how interns must be compensated under federal law. An employer may legally hire an unpaid intern if the following six criteria are met:
1. The internship, even though it includes actual operation of the facilities of the employer, is similar to training that would be given in an educational environment.
2. The experience is for the benefit of the intern.
3. The intern does not displace regular employees but works under close supervision of existing staff.
4. The employer providing the training derives no immediate advantage from the activities of the intern and on occasion its operations may actually be impeded.
5. There is no guarantee of a job at the conclusion of the internship.
6. Both parties understand that the intern is not entitled to wages for the internship.
Illness/Emergency
Infrequent illness and other emergencies may cause students to be absent from their clinical experience site. In the event of illness or emergencies, students are expected to contact their site supervisor.

Faculty supervisors should be notified of absences that extend beyond two days or which occur frequently. Plans for making up extended absences must be discussed with the site and faculty supervisors. Extended or frequent absences from fieldwork may result in a student removal from the site and/or an unsatisfactory grade.

Inclement Weather/Snow Days
During inclement weather, students should make every effort to report to their clinical experience site and should follow the site’s policies regarding closings. When it is impossible for students to get to a site that remains open, the hours will need to be made up. Students are responsible for developing a plan for making up missed clinical experience hours with their site supervisors. When a site is closed due to inclement weather, students must make every attempt to reschedule those hours.

University Holidays and Breaks
During clinical experience placements, students will experience many of the advantages and some of the disadvantages of being part of an agency. One of the disadvantages however, is that students are expected to adhere to the agency holiday schedule unless alternative arrangements are made with the site supervisor. Students should not plan Thanksgiving or Spring Break trips without their site supervisor’s approval.

Agency Holidays/Other Closings
Students may take any holiday or other closing but the required clinical experience hours must be completed.

Employment during Internship
Employment during internship is highly discouraged. With that said, we are aware that personal circumstances may require that students continue to be employed during internship. Students who must work during internship may wish to consider applying to sites that have expanded or more flexible operational hours. Students who are employed during internship must keep in mind that in almost all cases their employment hours must be scheduled around their required internship hours. Site supervisors will (and should) expect students to put the needs of the agency and clients as their top priority.

Clinical Experience Placement in Student’s Place of Employment
Practicum and internship placements by their very design are educational not employment experiences. Placements are meant to give students new, challenging experiences. Therefore, students who would like to complete their clinical experience at their employment must submit a new learning proposal to the Clinical Coordinator (who will bring the request to the faculty) a full semester before the proposed placement. The new learning proposal will only be approved if there is evidence that at least 60% of the student’s duties will be “new learning” and the duties are deemed as adhering to the goals and objectives of the practicum/internship experience. The submitted proposal must be signed by the student’s supervisor.

Supervision
Supervision is one of the most essential components the clinical experience process. During supervision students will have opportunities to discuss ethical/professional concerns, client issues and interventions,
application and integration of theories, practicum procedures and policies, and professional and personal development issues. Current and former students have consistently described the supervision experience as among the most valuable of their graduate training.

Supervision sessions are critical. Students are expected to be on time. During each session students should be prepared to discuss the progress of ongoing counseling, to present cued audio/video tapes of counseling sessions and review session notes (on site supervision only). Many on-site supervisors will also augment these individual sessions by electing to have students sit in on sessions with clients as a co-counselor or by observing sessions or interactions with clients. The format for individual supervision sessions is at the discretion of the on-site and faculty supervisor and may vary from student to student, depending on his or her developmental needs, client issues and the demands or requirements of the site.

Supervisors have liability and responsibility for the counseling and counseling related responsibilities performed by their supervisees. This means that they are ethically and legally responsible for the cases and activities they supervise. Supervisors must act to ensure that their supervisees (practicum and internship students) perform their responsibilities in an ethical, legal manner and which promotes the well-being of clients. On-site supervisors have many more opportunities to observe, support and evaluate a student’s on-site work. They, in fact, have the most oversight for a practicum and intern student. Accordingly they also have the primary ethical and legal responsibility for a practicum and or intern student’s work.

Practicum and intern students must be provided with back-up supervision when the supervisor is out of for any extended period (vacation, prolonged illness, etc.). Cancelled supervision times should be rescheduled and students must be provided with clear instructions on how to contact their supervisor (and/or his/her designee) in case of an emergency.

**Responsibilities of All Parties in Clinical Experiences**

There are a number of responsibilities that apply to both counseling practicum and internship. Many (but not all) of these responsibilities are provided below:

**Student Responsibilities**

1. Complete course requirements prior to practicum and internship.

2. Be familiar with departmental and agency fieldwork policies, procedures, and deadlines.

3. Select potential sites in consultation with his/her advisor and the Clinical Coordinator.

4. Schedule and participate in interviews with potential fieldwork supervisors.

5. Participate in webinars scheduled by the Clinical Coordinator. A webinar regarding potential practicum sites and fieldwork procedures and policies will be scheduled in the fall semester of each academic year. The date and time of this required webinar will be provided to students via email. Practicum students will participate in a similar event to discuss Internship.

6. Participate in agency orientation/training prior to the start of internship (or before seeing clients). At a minimum, students should be familiar with site operations/procedures/policies, resources, professional literature, computer systems, referral procedures, and assessment instruments.
7. Obtain liability insurance and provide a copy of insurance verification to the faculty supervisor prior to the start of their fieldwork.


9. Prompt and regular attendance at the clinical experience site and participation in all the practicum or internship course and supervision meetings.

10. Dress appropriately and conduct themselves in a professional manner.

11. Clearly communicate with clients regarding their status as a clinical rehabilitation & mental health counseling student/trainee.

12. Communicate problems and concerns in a timely manner to the site and/or faculty supervisor. Client emergencies, conflicts with agency/staff, and/or ethical concerns must be communicated immediately to the site and/or faculty supervisor.

13. Provide audio or video recordings of counseling sessions to their faculty supervisor (and site supervisor as required). Students must obtain permission to tape from their site supervisor, written permission from clients as well as adhere to the rules and regulations of the site and ethical guidelines related to recording sessions.

14. Notify the Clinical Coordinator in a timely way should emergency circumstances or illness prevent him/her from keeping to an agreed upon schedule.

15. Seek out, prepare for, and utilize supervision. This means being prepared to discuss cases, concerns, and questions when attending weekly supervision.

16. Complete all case records and progress notes in such a manner as to fully comply with Federal and state law, ethical codes, and site policies (For some students this means completing all required HIPAA training).

17. Maintain accurate and timely logs of their clinical experience activities.

18. Complete Site and Supervisor Student Evaluation forms and submit them to the faculty supervisor no later than the end of finals week.

19. Fill-out clinical experience log forms accurately, regularly, and complete and submit them to the Faculty Supervisor weekly.

Site Supervisor Responsibilities

1. Provide students and the Clinical Rehabilitation & Mental Health Counseling program with updated contact information (including email address and site web address).

2. Communicate with interviewed students (and the department) regarding their outcome of the selection process.
3. Clearly communicate expectations, requirements, and evaluation criteria and work with students to develop goals for their fieldwork training.

4. Engage in ongoing professional development in the area of supervision.


6. Provide a safe location and appropriate space to work. Counselor trainees are not permitted to do home visits unless accompanied by their field site supervisor. Counselor trainees are also not permitted to work alone in a building or without consultation services.

7. Provide training, to orient students to agency mission, goals, internal operating procedures, staff, emergency procedures and available related agency and community resources.

8. Assign clinical and site responsibilities which consider student’s learning needs, the ongoing development of their skills, and the needs of the agency.

9. Supervise student’s on-site clinical experience. Logistically this means that the on-site supervisor is responsible for supervising all client activities that are pertinent to the site.

10. In their absence, ensure that back-up supervision is provided to students by a supervisor with appropriate credentials.

11. Assess student’s counseling skills by observing sessions, co-counseling and/or reviewing video/audio tapes of the student’s work.

12. Ensure that students are assigned appropriate responsibilities and clients within their approved counseling site.

13. Provide students with regular opportunities to audio/video tape clients. If the agency does not allow this, the student should be made aware of this policy. In some cases, the faculty supervisor and the student can come up with alternative ways for taping.

14. Contact the faculty supervisor at any point in the semester in the event the student is not performing satisfactorily.

15. Inform students of the legal and ethical issues pertinent to counseling and our profession.

16. Regularly review case records kept by student to ensure that these case records are kept according to site requirements, ethical codes, and federal and state laws.

17. Adhere to a weekly individual supervision schedule with students.

18. Assume ultimate responsibility for client issues.
19. Provide ongoing feedback to students regarding their skill development and thoughtfully complete the required midterm and final evaluation of students.

20. Review and sign student’s clinical experience and supervision logs within a week of the completion of the hours.

21. Support student’s professional development by providing them with supervision, training, and in the case of interns, time away from the site to participate in the required Internship Seminar which takes place during March.


**Faculty Supervisor Responsibilities**

1. Provide the student and the site supervisor with contact information (email and phone #).

2. Arrange to meet with students for group sessions weekly and individual sessions weekly, if the site supervisor is not available.

3. Contact the site supervisor every two weeks for a check in regarding student progress.

4. Engage in ongoing professional development in the area of supervision, ethics, clinical rehabilitation counselor education and mental health counseling.


6. Clearly state expectations, requirements, and evaluation criteria to clinical experience students and clinical site supervisors.

7. Provide supervision (individual, dyadic, or group) as outlined in the Rehab. 672 or 675 syllabi.

8. Inform and monitor students’ adherence to the ethical standards and responsibilities of both the clinical rehabilitation counseling & mental health counseling professions.

9. Inform and monitor students’ adherence to aspects of legal issues related to the clinical rehabilitation & mental health counseling professions (e.g., confidentiality, privileged communication, duty to warn and protect, malpractice, and negligence).

10. Ensure that the student is maintaining case records on each client, according to the site requirements, ethical codes, and pertinent state and federal laws (in conjunction with the site supervisor).

11. Review audio/video tapes of the student's counseling sessions utilizing the live text membership site to ensure confidentiality.
12. Provide ongoing feedback to students regarding his/her skill development and professional growth.

13. Help students recognize and navigate problems related to interpersonal dynamics/conflicts between the intern and professionals at the clinical experience site.

14. Help students regularly and accurately evaluate their professional development and growth during the fieldwork experience.

15. Inform students at the earliest opportunity if their progress is not satisfactory and when appropriate, work with on-site supervisor to develop a remediation plan.

16. Facilitate and develop discussions, lectures, and/or other training experiences to meet the learning needs of their students.

17. Review student’s clinical experience logs, evaluations, and performance in class and assign fieldwork grades in a manner consistent with the guidelines outlined in this manual.

18. Notify the Clinical Coordinator of the existence of conflicts which could necessitate the removal of a student from a site.

**Clinical Coordinator Responsibilities**

1. Regularly update the fieldwork site list.

2. Schedule and facilitate Clinical Experience meetings/webinars (orientation to practicum in the fall, 1st year and practicum information meeting in the spring) and (orientation to internship in the fall 2nd year).

3. In conjunction with other faculty, review clinical experience applications and deny or approve them. Submit to Program Coordinator for final approval.

4. Communication with sites regarding the availability of clinical experience opportunities.

5. Develop and evaluate new clinical experience opportunities.

6. Maintain appropriate contact with students, faculty advisors, program coordinator and university and site supervisors.

7. Consult with site and university supervisors regarding problems with student’s fieldwork placements.

8. Ensure that contracts and evaluations are received from clinical experience sites.

9. Update clinical experience manual, site list, and forms.

10. Help students obtain an appropriate practicum and internship site.

11. Serve as a liaison between the site personnel, faculty, and students.

12. Develop supervision training and resource materials for on-site supervisors.
13. Invite sites to employer fair portion of the internship seminar and manage employer fair portion of the internship seminar.

14. Provide an annual summation on May 15 of all activities done during the academic year for the use in program evaluation.

Student Evaluations & Grading

Mid-term and Final Evaluations
Evaluation of student performance is an ongoing, or formative, process. What this means is that students should receive feedback about their performance as the semester progresses, not just at the mid and final points. Ideally, students should be getting continuous feedback and not be surprised by midterm or final evaluations.

During the 7th or 8th week of the semester site supervisors will complete mid-semester evaluations with their students. Final evaluations are completed during the last week of the semester. Student evaluation forms are available in the appendix.

Site supervisors will complete these evaluations in a number of different ways. Some supervisors ask students to complete a self-evaluation and then complete the student evaluation collaboratively. Other supervisors complete the evaluations independently and submit them to the Clinical Rehabilitation & Mental Health Counseling program. All site supervisors however, are encouraged to share evaluations with students and indeed students have the right to request to review them.

NOTE: Practicum and Internship grades will not be assigned until the evaluations (and all student logs) are received. Ultimately, it is the student’s responsibility to ensure that their evaluations were completed and sent to the department.

Grading
Students will be assigned a grade by their Faculty Supervisor in consultation with the student's Site Supervisor in accordance with the following guidelines.

P-Pass: assigned by the on-campus faculty member supervising a particular student when the student has reached an acceptable level of competency, for the internship that is defined as achieved proficiency in all areas. A counseling practicum student can receive up to 20% of their evaluations as being emerging, the rest must reflect proficient by the end of the semester. Students must have adhered to participation in ALL group sessions unless the absences were approved by the faculty supervisor. You can only receive approval to miss a group session for 1 week. Students must have received an average of one hour of individual supervision each week.

I-Incomplete: The following is a statement directly from the University policy:

“When a person requests an incomplete from an instructor in a course, an agreement for completion of the coursework must be done. Please note that the policy is that the coursework must be completed within the following semester. A grade of ‘incomplete’ (‘I’) should be given to a student when the instructor believes the course work is unavoidably incomplete (e.g. due to illness, family emergency, etc.) or a supplementary examination is justifiable. Incomplete grades should not be given to students who have
stopped attending class, who have never attended class, or who are trying to improve their grades by being granted additional time to complete the work of the course, particularly students who are earning grades of D or F. Neither should an incomplete be given unless the student has contacted the instructor to explain the circumstances of the unavoidable delay or absence. A grade must be recorded each time a student registers for a class. Therefore, should a student be given an incomplete, he/she must not register for the same class in a subsequent semester in order to remove the incomplete. If the student does register for the class again, the original incomplete will automatically become an F. You must make specific arrangements with the instructor regarding how and when the work will be completed."

W-Withdraw: assigned when the student appears unlikely to complete most of the competencies within the time allowed.

F-Fail: assigned when the student has not, in the opinion of the supervising faculty member, demonstrated sufficient skills, has demonstrated serious lapses in ethical judgment, or has demonstrated personal deficits that preclude recommendation of the person to function as a professional counselor.

Any students who fail to adhere to the laws governing the rehabilitation counseling and mental health counseling professions as well as to the guidelines established in the ACA Code of Ethics and/or CRCC Professional Code of Ethics may be dismissed from their Clinical Experience site and/or receive a Failing grade. They may also be dismissed from the program.

See Appendix 9: Taping Consent Form Adult
See Appendix 10: Parent Consent Form
See Appendix 11: Student Counselor Self Evaluation
See Appendix 12: Counseling Tapes Consulting Form
See Appendix 13: WVU Tape Review Form
See Appendix 14: Group Process Report
See Appendix 15: Clinical Experience Evaluation Form - Student
See Appendix 16: Clinical Summative Evaluation
Other Clinical Policies and Procedures

Endorsement Policy
All endorsements by representatives of the Clinical Rehabilitation and Mental Health Counseling program will be made by following the guidelines related to student endorsement cited in the CRCC Code of Professional Ethics and Standards of Practice (2010) and the ACA Code of Ethics (2014). These are as follows:

“Rehabilitation Counselor supervisors or educators endorse supervisees for certification, licensure, employment, or completion of an academic or training program based on satisfactory progress and observations while under supervision or training. Regardless of qualifications, supervisors or educators do not endorse supervisees or trainees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.” (CRCC Code of Professional Ethics and Standards of Practice, 2010).

“Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.” (ACA Code of Ethics, 2014).

Given this commitment, members of the clinical rehabilitation and mental health counseling faculty will only provide endorsement for students who have met the requirements of the program of study at the proficient level. Additionally, representatives of the clinical rehabilitation and mental health counseling program will only provide endorsement consistent with a graduate's program and clinical placement experience.

Representatives of the clinical rehabilitation and mental health counseling program also maintain strict endorsement standards regarding credentialing. Members of the faculty will not endorse or recommend any graduates to function as psychologists. We will also provide language regarding the appropriate accreditation designation of the student’s program of study.

Professional Affiliation
Our students are being trained in two professional areas of counseling: clinical rehabilitation counseling and clinical mental health counseling. Professionals are expected to engage in ongoing learning and advocacy within their respective fields. As such, we are recommending that students join the main professional organization, the American Counseling Association (ACA).

Membership to the ACA divisions of the American Rehabilitation Counseling Association and American Mental Health Counseling Association are also important. There are associated benefits regarding liability insurance as well as training and updates on the profession.

Licensure and Certification

A state license in counseling provides permission from a particular state to practice counseling or to call oneself a licensed counselor. Some states have a single license and some have a two-tiered system. The names of state licenses vary from state to state. Some examples are LPC, LCPC, LPCC, LMHC, LCMHC, LPC_MH. All require some combination of Master’s degree, experience in counseling experience and supervision post award of graduate degree and a passing score on the CRC examination and/or the NCE/NCMHCE. Some require mental health laws exam of that state.

Do not confuse licensure with certification by the Commission on Rehabilitation Counselor Certification or the National Board of Counselor Certification. Your license must be awarded by the state in which you plan to practice.

The requirements vary from state to state and we advise you explore those in the state(s) you would like to practice in the future. The best source of information is the website of the state licensing board. To start, go to the American Counseling Association’s Knowledge Center and visit Licensing Requirements located at https://www.counseling.org/knowledge-center/licensure-requirements

Students who wish to obtain licensure in West Virginia must pass the CRC or NCE examination, receive post masters supervision within an agency and be supervised by an Approved Licensed Professional Supervisor. Six hundred hours of internship may be counted as part of these hours even if a licensed person did not conduct the on-site supervision. Information on licensure is available at: http://www.wvbec.org/

CRC Examination

Satisfactory performance on the Certified Rehabilitation Counselor Examination (CRC) is required for West Virginia state licensure and National Certification. Note that the CRC examination is not the only examination approved for the process of obtaining licensure. If you are exploring licensure in a state other than West Virginia, you must contact the state board. The CRC may be required by some employers or it may allow for a higher salary level.

The CRC is composed of 150 multiple-choice questions and is scheduled over a 3.5 hour period. It is designed to assess the knowledge, skills, and abilities that are required to provide effective rehabilitation counseling services. It assesses the following content areas:

- Assessment, Appraisal and Vocational Evaluation
- Job Development, Job Placement, and Career and Lifestyle Development
- Vocational Consultation and Services for Employers
- Case Management, Professional Roles and Practices, and Utilization of Community Resources
- Foundations of Counseling, Professional Orientation and Ethical Practice, Theories, Social and Cultural Issues, and Human Growth and Development
- Group and Family Counseling
- Helping Relationships
- Group Work
- Career and Lifestyle Development
- Mental Health Counseling
- Medical, Functional, and Psychosocial Aspects of Disability
- Disability Management
- Research, Program Evaluation, and Evidence Based Practice

Three testing dates - in March, July and October are generally available.

More information and application forms can be obtained at: http://www.crccertification.com
**NCE Examination**

The National Counselor Examination for Licensure and Certification tests knowledge derived from the eight content areas of the Council for Accreditation of Counseling & Related Educational Programs (CACREP) and the work behaviors determined by NBCC’s job analysis, ensuring content is based in both academic knowledge and current professional practice. The exam is composed of 200 multiple-choice questions. It assesses the following content areas:

- Human growth and development
- Social and cultural diversity
- Helping relationships
- Group work
- Career development
- Assessment
- Research and program evaluation; and
- Professional orientation and ethical practice

It also includes the following work behaviors:

- Fundamental counseling issues
- Counseling process
- Diagnostic and assessment services
- Professional practice; and
- Professional development, supervision and consultation

More information can be obtained at: [http://www.nbcc.org/Exam](http://www.nbcc.org/Exam)

**Exam Preparation**

As is the case with most certification and licensure exams, there are a number of workshops, test question banks and printed/web-based study guides. Students are strongly urged to utilize these materials to prepare for the examinations. More information about these materials is available on the websites.
APPENDICES

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