

**DEPARTMENT OF COUNSELING
CLINICAL TRAINING HANDBOOK
Fall 2023**

CLINICAL MENTAL HEALTH COUNSELING PROGRAM

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Policies and Procedures

I. INTRODUCTION

History of California State University, Fullerton and the Department of Counseling

In 1957, Cal State Fullerton became the 12th State College in California to be authorized by the Legislature. The following year a site was designated in northeast Fullerton and subsequently purchased in 1959. That year Dr. William B. Langsdorf was appointed as founding president and Orange County State College started classes for 452 students in September. In the fall of 1960, the college opened classes on its own campus, where it occupied 12 temporary buildings. The name changed to Orange State College in July 1962, to California State College at Fullerton in July 1964, to California State College, Fullerton in July 1968 and to California State University, Fullerton in June 1972. The first permanent building, the six-story Letters and Science Building (now known as McCarthy Hall), was occupied in 1963.

In May 1971, Dr. L. Donald Shields, who had served as acting president for seven months, was appointed the second president of Cal State Fullerton. Dr. Miles D. McCarthy became acting president in January 1981; Dr. Jewel Plummer Cobb took office as the third president in October 1981; Dr. Milton A. Gordon was appointed the fourth president in August 1990; and in February 2013, Dr. Mildred Garcia became the fifth president of CSUF. Framroze Virjee is the sixth President, and he joined the Titan family in 2018. Dr. Sylvia Alva became the seventh and current Interim President.

Within the University, the Department of Counseling is located in the College of Health and Human Development (HHD). The mission of the College of Health & Human Development is to prepare students to thrive in a globalized era in their chosen field. The College provides education, conducts research, and engages in diverse communities to advance human health, development, and well-being.

The Counseling Department was begun in the late 1960's by David Keirse and Marilyn Bates, both famous for their work with Myers-Briggs Temperament Theory. The program prepared graduates for the Marriage Family & Child Counselor (MFCC) license (now LMFT) and/or the California Pupil & Personnel Services credential (PPS). The PPS credentialing program option was later removed as fewer and fewer jobs were available for graduates. As the marriage and family therapy profession expanded, so did the Counseling program's length and scope, becoming a full-fledged Department in 1973. Counseling students serve the communities in Southern California in their practicum sites, dedicating many thousands of service-learning hours to the well-being and mental health of their clients. Graduates of the Counseling Program serve in community agencies, schools, industry, and in private practice all over the state and beyond, sharing their knowledge of communication skills and personal growth honed during their training.

The Counseling Department became a 60-unit degree program in 2005, with a focus on training students for entry into the counseling profession as clinical mental health counselors. With the awarding of CACREP accreditation in 2007 the Counseling program at CSUF achieved national recognition in the preparation of skilled counselors ready to affect their communities in positive ways, for the sake of increasing social justice. In 2011, the Department became an early adopter of the new curriculum required by the Board of Behavioral Sciences (BBS), infusing the concepts of the Recovery Orientation to Wellness throughout the curriculum for both licensure disciplines. And in 2013, the program expanded to 63 units, encompassing the entire core curriculum for clinical mental health counseling.

Department of Counseling

As mentioned above, the Department of Counseling is housed in the College of Health and Human Development (HHD). Counseling is a special relationship which develops between a person skilled in the art and science of helping a person or group of persons desiring support with educational, career, emotional, behavioral, and/or relationship problems. Clinical mental health counselors understand that personal development is essential to effective professional development. The faculty focus on personal growth is balanced with their desire to facilitate individual, group, and family movement through the process of change. Counselors encourage personal development in clients who are facing difficult tasks or are experiencing personal problems in life.

Master of Science in Clinical Mental Health Counseling

The Department of Counseling at California State University, Fullerton meets the challenges of the changing dynamics of the field of professional counseling by offering a Master of Science degree in Clinical Mental Health Counseling leading to potential licensure in Professional Clinical Counseling (LPCC). [Note: the program also meets requirements for Marriage and Family Therapy (LMFT) in California only].

The philosophical orientation of the Counseling program is humanistic and community-centered, and we seek to dismantle systems of oppression so that all communities experience liberation. It is a fundamental belief of the program that individuals and communities have their own inner wisdom, desire to grow, and capacity for solving life's challenges. Further, the counseling program is based on the belief that counselors can most effectively assist people by understanding the relationship of emotional distress to intra- and interpersonal dynamics and the broader social and cultural forces that shape life in their respective communities.

The Counseling program at CSUF is guided by the principle that professional development requires clinical skills, theoretical knowledge, cultural competence, ethical practice, and the capacity for continual self-reflection. Please see the Department Homepage for more information on the Department of Counseling Program, <http://hhd.fullerton.edu/counsel/>.

Goal of Practicum Field Training in the Master of Science in Counseling Program

The goal of practicum field training is to prepare graduate students to become competent and ethically mature professionals through practical training guided by the integration of classroom instruction and hands-on clinical/counseling work in a variety of settings. These training objectives including the following:

1. To enhance the ability to apply theoretical constructs to the practical aspects of training.
2. To consolidate a knowledge base of the critical aspects in the practice of clinical mental health counseling in the domains of clinical evaluation, crisis management, treatment planning, treatment, human diversity, law, and ethics.
3. To become knowledgeable and skilled in working in a wide range of settings with diverse populations.
4. To confront current issues and controversies in the field and to provide effective solutions through a process of exploring one's own theoretical perspective, utilizing/applying the legal and ethical guidelines in the field, and consulting with supervisors and other key participants.
5. To become engaged with positive role models in the field who will contribute to each student's professional identity as clinical mental health counselors.

This Clinical Training Handbook

This Clinical Training Handbook is available to all students enrolled in COUN 530 A/B, COUN 584 A/B, COUN 590 and COUN 591, and the content of the handbook will be discussed in the Practicum Orientation that takes place each Fall and Spring semester before students enroll in the respective practicum courses. This handbook will also be available to practicum supervisors at the various sites where students will complete their training requirements and can be found at: <http://hhd.fullerton.edu/counsel/current-students/clinicalhandbook/index.php>

The purpose of this handbook is to provide information necessary for students to successfully complete the practicum field training requirements that have been established by the Department of Counseling at California State University, Fullerton, and the California State Board of Behavioral Sciences (BBS).

The instructions and procedures in this Handbook are based on the laws, regulations, and ethical standards most recently cited by the Board of Behavioral Sciences (BBS), the Council on Accreditation for Counseling and Related Educational Programs (CACREP), the American Counseling Association (ACA), and the California Association for Licensed Professional Clinical Counseling (CALPCC). The Chair of the Department of Counseling and the Clinical Training Director are in continual contact with the BBS, CACREP, CALPCC & CAMFT and students will be updated regarding changes and/or amendments to the current rules and regulations pertaining to the training component of the program.

This Handbook also provides pertinent information regarding the requirements and expectations of the Department of Counseling concerning clinical/counseling training, supervision, and professional development. Both students and practicum supervisors are encouraged to comply with the requirements and procedures which are defined and discussed in this handbook, along with any amendments that are forwarded to students and agencies at a later date. Any requests for exceptions to the rules, guidelines, and procedures of this Handbook must be made in writing. All such requests must be reviewed by the Counseling Faculty at their next departmental meeting. The Counseling Faculty will notify students, in writing, of their decision within fifteen (15) working days from the date of that departmental meeting.

BBS Composite Board and Terminology

The clinical practice of psychotherapy by unlicensed practitioners in California is permitted under the State Department of Consumer Affairs through the Board of Behavioral Sciences (BBS) Statutes and Regulations, a composite board of four professions: Licensed Professional Clinical Counseling (LPCC), Licensed Marriage and Family Therapy (LMFT), Licensed Clinical Social Worker (LCSW), and Licensed Educational Psychologist (LEP). The legislation for Licensed Professional Clinical Counselors (LPCCs) was passed in October 2009, and the first licenses were issued in 2012. The BBS members are appointed by the governor and are either public representatives or licensed members of one of the professions. The BBS is in the continuous process of interpreting and implementing legislative amendments.

The California Board of Behavioral Sciences (BBS) distinguishes between two types of non-

licensed individuals in clinical training. The department requires that students use the appropriate terminology in all written and verbal communications.

1. Trainee: A **trainee** means an unlicensed person who is currently enrolled in a master's or doctoral degree program that is designed to qualify the person for licensure, and who has completed no less than 12 semester units of coursework in any qualifying degree program.
2. Associate: An **associate** means an unlicensed person who has earned a master's or doctorate degree qualifying the person for licensure and is registered with the board as an associate.

For purposes of clarity, an additional term is utilized:

- Trainee Experience: Trainee experience, trainee counseling/clinical experience, experience(s) of trainees are terms utilized in this Handbook to designate counseling experiences gained by a student in the Department throughout their program of study. Specifically, this timeframe begins with the date of the first class and ends with the satisfaction of all degree requirements. The intent of this designation is to alert students that during their trainee experience (etc.), they are always under the jurisdiction of the requirements delineated in this Handbook. This term differs from the BBS term trainee.

II. SUMMARY OF BBS LICENSURE REGULATIONS

[NOTE: Please visit the BBS website, subscribe to the email list, and watch for new developments. This will be the fastest route to the new information. BBS Website: www.bbs.ca.gov]

BBS SUPERVISED EXPERIENCE REQUIREMENTS FOR LPCC APPLICANTS EFFECTIVE JANUARY 1, 2016

This section describes requirements for licensure according to BBS guidelines. However, the program's requirements (due to accreditation standards) during traineeship is more rigorous than the BBS requirements.

BBS Pre-Degree Requirements

- 280 direct clinical counseling hours as trainee, and these hours do not count toward post-degree 3000 Associateship hour requirement.

104 Supervised Weeks Required:

- These 104 weeks must contain no less than:
 - One (1) hour of individual or triadic supervision, or two (2) hours of group supervision during ***any*** week in which experience is claimed
- Of the 104 weeks, 52 weeks must be one (1) hour of individual or triadic supervision

Total Post-Degree Hours to sit for licensure exam: 3,000 hours post degree performed over a period of not less than two years with weekly supervision (no less than 104 weeks).

Direct counseling experience (Minimum 1,750 hours): Direct clinical counseling with individuals, groups, couples, or families using a variety of psychotherapeutic techniques and recognized counseling interventions.

Non-clinical experience (Maximum 1,250 hours): May consist of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences directly related to the profession that have been approved by the applicant's supervisor.

NOTE: An applicant for licensure cannot be approved to sit for the clinical exam without completing both the 3,000 post-degree hours of experience AND 104 supervised weeks.

How do I account for hours gained under different supervisors for the same group of clients?

When working with two or more supervisors, you should have two or more sets of weekly logs and experience verification forms, as well as a signed responsibility statement from each supervisor. When recording your hours, it is recommended that you do the following:

1. Record all clinical and non-clinical supervised experience hours under one supervisor (the primary supervisor) and have them sign for the hours.
2. Hours of face-to-face supervision provided by the additional supervisor should be recorded separately, and that supervisor should only sign for those hours.
3. When the forms are turned in together, the Board's evaluator will see that the additional supervisor is signing for a portion of the hours.

What BBS requirements are different for the LMFT (in comparison to the LPCC)?

- Pre-degree hours can count toward the minimum of 3,000 hours, but a minimum of two years post-degree is still required. Some limitations apply:
 - Maximum 1,300 total hours gained pre-degree, including:
 - Maximum 750 hours of direct clinical counseling and direct supervisor contact gained pre-degree
 - Maximum 40 hours of experience earned in any week between all settings
 - Maximum six (6) hours of individual, triadic or group supervision in any week.
- A minimum of 500 direct clinical counseling hours of couples, families, and/or children are required to be eligible to take the licensure exam for marriage and family therapy. These hours can be obtained pre- and/or post-degree.

III. ORGANIZATIONAL STRUCTURE

The Department Chair, Clinical Training Director, Fieldwork Coordinator, and Faculty are responsible for the fieldwork training components of the Department of Counseling preparation program at California State University, Fullerton.

Department Chair

The Department Chair is responsible for administering the Counseling program, and as such, the Clinical Training Director reports directly to the Chair. The Chair consults with and makes recommendations to the Clinical Training Director relative to training issues.

Clinical Training Director

The Clinical Training Director oversees the field-training component of the Counseling program. The Clinical Training Director is responsible for anticipating the needs and concerns of students relative to training, reporting on training issues and concerns at departmental meetings, meeting regularly with the department chair and dean as appropriate, and representing California State University, Fullerton and the Counseling program at the Regional Consortium meetings, which consist of community agency clinical directors and university clinical training directors.

The Clinical Training Director also serves as an agency liaison, which includes the following responsibilities:

1. Make initial contact with potential agencies and conduct site visits to ascertain appropriateness of the particular site for practicum training needs.
2. Work with agencies to meet the clinical training requirements for Trainees as set forth by the Department of Counseling, the Council on Accreditation for Counseling and Related Educational Programs (CACREP) and the Board of Behavioral Sciences (BBS).
3. Engage with practicum placement sites by informing them of CSUF's policies and procedures, responding to agency and student needs when issues are not resolved by practicum instructors, and providing consultation to agencies to enhance their clinical training programs.
4. Facilitate the Student Practicum Orientation each semester for students to assist Trainees in their preparation for practicum.
5. Ensure that students and clinical training sites are in compliance with BBS rules and regulations, including legal and ethical guidelines.
6. Review all student evaluations of agencies and agency evaluations of students, and make recommendations as appropriate.
7. Evaluate feedback from practicum instructors about clinical training sites and students, and follow up as appropriate.
8. Conduct exit interviews and evaluations with each graduating student.

9. Facilitate the Internship Preparation Workshop (part of the Exit Interview event) for students during their last semester in the program to inform them about the Associate registration process with the BBS.
10. Develop new practicum field placements for the Clinical Training Site Directory.

Fieldwork Coordinator

The Fieldwork Coordinator provides 20 hours per week of administrative, clerical and advisement responsibilities. The Fieldwork Coordinator has the following duties and responsibilities:

1. Assist the Clinical Training Director as needed.
2. Distribute COUN 530 A/B Selection Forms during Practicum Orientation in the Fall and Spring to all students planning to enroll in COUN 530 A/B the following semester. Note: COUN 530 A/B is not available in Summer.
3. Distribute COUN 584 A/B Selection Forms to all faculty teaching 530 A/B so they can distribute the forms to students planning to enroll in 584 A/B. Note: COUN 584A/B is not available in Summer.
4. Meet with students who are preparing to enroll in COUN 530 A/B by reviewing the Clinical Training Site Directory, providing each student with information on the basic requirements before enrollment, and surveying their scheduling needs for the upcoming semester.
5. Meet with students who are preparing to enroll in COUN 584 A/B, 590, or 591 if they have been approved by the Clinical Training Director to change their practicum site.
6. Ensure that each agency where trainees are placed has an up-to-date file in the Clinical Training office, including (but not limited to) the External Clinical Training Site application, and accompanying copies of current licenses of all community-based supervisors.
7. Maintain Clinical Training files for all those enrolled in COUN 530 A/B, 584 A/B, 590, and 591 including student's proof of malpractice insurance, "four-way agreements," and responsibility statements showing supervisors' names and license numbers.
8. Ensure sure that the Clinical Training Handbook is routinely updated and available on the web at: <http://hhd.fullerton.edu/counsel/current-students/clinicalhandbook/index.php>
9. Assist the Clinical Training Director in surveying and distributing information to all instructors teaching COUN 530 A/B, 584 A/B, 590, or 591 in order to track students in agencies and disseminate the latest

information on teaching and licensure regulations.

10. Assist in the coordination of the Student Practicum Orientation, Practicum Instructors' Workshop, Practicum Agency Faire, and Exit Interview each Fall and Spring Semester.
11. Attend meetings as directed.
12. Maintain an accurate listing of practicum students including Clinical Training Site placement on the Departmental database.
13. Maintain the highest level of professionalism.

Faculty

Each full-time faculty member is encouraged to teach one of five (5) practicum courses (COUN 511 A/B, 530 A/B, 584 A/B, 590, or 591). Faculty who teach COUN 511 A/B, 530 A/B, 584 A/B, 590, or 591 are expected to provide students with training in the following areas:

1. The ongoing procedures of the counseling setting, including the intake process, assessment/evaluation, case conceptualization, case management, record-keeping, and legal and ethical issues;
2. The effective use of supervision sessions;
3. Supervision for the development of self in the counseling process;
4. Experience in meeting the mental health needs of individuals, couples, families, and groups who come from culturally/ethnically diverse backgrounds;
5. Review of counseling modalities, strategies, and interventions, with an emphasis on evidence-based practices in the Recovery Orientation to wellness;
6. Continual awareness of one's own personal strengths and limitations, and methods of self-monitoring;
7. Expanding awareness of one's personal, ethical, ethnic and cultural biases and boundaries in clinical work.

Both full and part-time Faculty who teach COUN 530 A/B, 584 A/B, 590, or 591 are expected to adhere to the following guidelines:

1. Ensure that the following documents are submitted to the Clinical Training office **no later than the second week** of fall and spring semester, (or in the case of COUN 584 A/B, 590, and 591 documents must already be contained in the students' files unless the Clinical Training Director authorized a change of site, necessitating new documents).

- a. Declaration Statement (e-form document verifying that students have read and understand the practicum guidelines set forth in the Clinical Training Handbook)
- b. Participation Consent e-form
- c. Transportation/Storage Confidential Client Data e-form
- d. 4-Way Agreement (e-form with all appropriate signatures and dates)
- e. **Copy** of Supervision Agreement (BBS form)
- f. **Copy** of Proof of Insurance for the students' own malpractice coverage. (Note: Agency coverage alone is not sufficient.)

NOTE: After the 2ND week of COUN 530 A/B, students will not be allowed to continue in their Clinical Training Site unless the Clinical Training Director has signed their paperwork, and all of the aforementioned documents are on file. Please contact the Fieldwork Coordinator at, clinicaltraining@fullerton.edu, for assistance if needed.

NOTE: Students beginning Practicum at a site that is not listed in the Clinical Training Site Directory, may not begin performing clinical hours until their 4-Way Agreement is signed by the Clinical Training Director.

2. Provide a syllabus that meets the standards and criteria as required in UPS 300.004. A copy of all syllabi must be submitted to the Chair of the Counseling Department.
3. In accordance with the CSUF Faculty Handbook, “faculty are expected to devote the amount of time to formal instruction that the course requires. In the event that a faculty member is unable to meet a class, the Department Chair must be notified, normally before the class meeting, and in any case, as soon as possible.”
4. Provide clear criteria for grading and deadlines for all assignments.
5. Provide clear written instructions and guidelines for videos, case presentations, and other assignments.
6. Require students to bring a minimum of two (2) videos of their sessions with clients for COUN 530 A/B and a minimum of three (3) videos of their sessions with clients for COUN 584 A/B to class during the semester and provide appropriate feedback regarding videos and case presentations.

7. Make one (1) introductory telephone call to site supervisors within the first two weeks of the semester, have email contact [see e-Form, Appendix B] every other week during the semester, and make one (1) site visit with the supervisor and student at the end of the semester of COUN 530 A/B. At the end of COUN 584 A/B, make one (1) site visit with both supervisor and student to discuss the student's progress and experience at the agency, unless a student has changed agencies after completion of COUN 530 A/B. In such case, an introductory telephone call should be made to the supervisor within the first three (3) weeks of COUN 584 A/B. Maintain agency contact during COUN 590 and 591.
8. Contact the Clinical Training Director immediately if problems arise that the instructor and student cannot resolve.
9. Verify students' direct client contact (DCC) hours, and other practicum hours.
10. Assist students with case management.
11. Confirm student's completion of Assessment of Clinical Training Site, Evaluation of Site Supervisor, and Practicum Summary Log and submit a completed End of Semester Check-Out form [see Appendix B] to the specified Dropbox folder within two weeks after grades are due.
12. Provide individual feedback to students twice: at the mid-point and at the end of the semester based on the Site Supervisor Mid-Semester and Final Evaluations of students. Instructors are responsible for monitoring the completion of each e-form evaluation, including ensuring that all signatures have been obtained, and reviewing with students.
13. Provide individual feedback, both orally and in writing, to students at the end of each semester by completing the **Professor Evaluation of Counseling Student Clinical Skills and Professor Evaluation of Counselor Student/Trainee Dispositions & Professionalism [see Appendix B]**. Instructors are to ensure that students have reviewed and signed each evaluation and submit a completed End of Semester Check-Out form [see Appendix B] to the specified Dropbox folder within two weeks after grades are due.

NOTE: Students must submit (or have on file) the following documents: 4-Way Agreement, Participation Consent Form, Transportation/Storage of Confidential Client Data Form, Supervision Agreement(s), Proof of Malpractice Insurance, Practicum Summary Log/Semester Accounting Form, and Evaluations of Supervisor and Agency as outlined in the syllabus, and all instructor/supervisor evaluations [see Appendix B] in order to receive a grade of Credit in the practicum course. Faculty should track students' compliance with this documentation requirement and notify the Clinical Training Director of any deficiencies in a timely way. Final semester Credit/No Credit (C/NC) grades

should **not** be assigned until all required documentation has been presented.

IV. STUDENT RIGHTS AND RESPONSIBILITIES

Rights

Each student in the Counseling program has the following rights:

1. To know the criteria for evaluation in the course and to receive progress evaluations from the instructor on a regular, systematic basis.
2. To know the expectations and procedures established by the practicum instructor.
3. To expect supervision and feedback in the management of cases on both regularly scheduled and case need bases, as conforms to the ethical standards of ACA and the regulations outlined by the BBS.
4. To know the procedure for handling emergencies.
5. To ask questions regarding the counseling process and the correct handling of cases.
6. To have the rules and regulations of the BBS explained fully.

Responsibilities

Each student is expected to know and follow the contents of the guidelines contained in this handbook. Should an issue arise that is not covered in the handbook, the student should consult with the Fieldwork Coordinator or the Clinical Training Director for assistance. Failure to follow the guidelines as set forth in this handbook may affect the student's progress through the program. More specifically, students are expected to:

1. Attend the mandatory Practicum Orientation one semester prior to enrolling in COUN 530 A/B.
2. Complete **Counseling 530 A/B and 584 A/B Selection** Qualtrics surveys, indicating course preferences, by the specified due date and requested information in order to register for COUN 530 A/B or COUN 584 A/B.
3. If necessary, meet with the Fieldwork Coordinator or the Clinical Training Director to discuss approved practicum sites.
4. Contact clinical training sites from our approved list and apply according to the guidelines of the agency. [See **Appendix A for Clinical Practicum Training Sites**]
5. Join ACA or CALPCC (and CAMFT if interested in seeking the LMFT), and become familiar with the licensure rules and guidelines as set forth by the BBS.

6. Maintain regular attendance in practicum classes (COUN 530 A/B, 584 A/B, 590, and 591 if needed).
7. Remain open to feedback.
8. Be willing to provide videos of sessions with clients. These will be needed for presentations in class. **NOTE:** As stated on the Transportation/Storage of Confidential Client Data Form [see **Appendix B**] client confidentiality must be maintained, so transport of client videos in locked or encrypted storage must be demonstrated, in compliance with ethical codes and professional practice.
9. Comply with the guidelines as set forth in the Clinical Training Handbook and the course syllabi for COUN 530 A/B, 584 A/B, 590, and 591.
10. Submit the required paperwork to practicum instructor by the second class session for COUN 530 A/B:
 - a. 4-Way Agreement [e-form] Upload a photo (face only) of student and complete/e-sign per instructions. Students must confirm that all e-signatures have been obtained and download the completed pdf.
 - b. Participation Consent Form [e-form]
 - c. Declaration Statement [e-form]
 - d. Transportation/Storage of Confidential Client Data form [e-form]
 - e. Proof of student's own individual malpractice insurance coverage uploaded to student web-based practicum application [Copy]
Note: Agency coverage alone is not sufficient.
 - f. Supervision Agreement(s) (each supervisor must sign a separate form) [Copy] uploaded to student practicum portal
[See **Appendix B** for all forms. Check BBS website for updated versions of BBS forms].
11. Provide services that are within the student's scope of practice.
12. Be accountable for legal, ethical, and professional conduct at CSUF and all clinical training sites.
13. Advise the practicum instructor when placement conditions differ from those contracted for by the agency, student, and the school, or which interfere with proper training. Examples of such conditions may include the following:
 - a. Supervision that does not comply with the requirements of this handbook and the signed 4-way contract;
 - b. Insufficient training opportunities (e.g., in-service, case conferences, client load, supervision) to meet student's training goals;
 - c. Any agency changes (e.g., financial or administrative problems, changes in personnel) that may adversely affect the professional standards and/or clinical or administrative functioning of the agency;

- d. Any form of exploitation, which includes sexual harassment, workload, or any and all inappropriate requests, such as tasks that are unrelated to the training of a professional clinical counselor or marriage and family therapist;
- e. Discriminatory practices based on race/ethnicity, color, national origin, age, gender, gender orientation, sexual orientation, religion, or physical disability.

Note: Since students are approved to go into agencies based on a goodness-of-fit with their specific training needs, information regarding the above issues (if they arise) should be brought to practicum instructors and the Clinical Training Director immediately.

- 15. Have clinical training site supervisors complete an evaluation of student's training progress at the end of each semester using the Agency Supervisor Final Evaluation of Trainee form (primary supervisor). [See Appendix B].
- 16. Review the completed evaluations with student's supervisor and submit them to the Practicum Instructor by stated deadlines.
- 17. Complete the **Student Evaluation of Supervisor** and **Student Assessment of Agency** forms. [See Appendix B].
- 18. Keep track of hours by using the BBS form titled "**Weekly Summary of Hours of Experience**". [See Appendix B]. Hours must be signed by the supervisor(s) and should be maintained by the student for submission to the BBS at the appropriate time. **NOTE:** Keep a copy of this log to facilitate calculating cumulative totals as practicum processes.
- 19. Have supervisor sign **Practicum Summary Log/Semester Accounting Form** [See Appendix B], and submit a copy to practicum instructor at the end of COUN 530 A/B, 584 A/B, 590, and 591. **NOTE:** Keep a copy of this log to facilitate calculating cumulative totals as practicum progresses.
- 20. Maintain confidentiality both in the classroom and out in the field.

V. CONFIDENTIALITY

Any communication between a student and the Program Chair, Clinical Training Director, and Faculty regarding training issues is not viewed as confidential. However, the welfare and training of the student as well as the needs of the profession, the public, and the university will be taken into consideration when determining how to use any shared information. The student may participate in discussions regarding the dissemination of information.

The supervision experience is generally considered open for discussion between supervisors, practicum instructors, and the Clinical Training Director. Supervisors will be instructed to

use their discretion regarding the form and content of what they communicate, and students may request that certain personal information be treated as confidential by supervisors. However, each supervisor must consider whether the disclosure of information may be beneficial to the training of the student, as well as for the good of the public. It is recommended that the student and supervisor discuss these issues prior to the disclosure of sensitive information to the practicum instructors and the Clinical Training Director.

Practica placement evaluations are only available to the Counseling Faculty and are to be treated similarly to course evaluations. Disclosure of information is to be done among the Counseling Faculty, if deemed necessary for evaluation and Classification/Advancement to Practicum purposes, and to protect the university, student, and the public. Any other release of information requires that student's request and consent.

As a function of the selection process, clinical training sites have the right to contact former supervisors at previous placement agencies. It is broadly assumed that the student's listing of these placement agencies on their applications and vitae constitutes a tacit release of information.

VI. CLINICAL TRAINING SITE SELECTION PROCESS

Students are approved for placement sites on an individual basis, depending on their specific training needs and the site's requirements (e.g., being bilingual). All students participating in their practicum experience year must choose a community setting that meets the following requirements:

1. The agency must be one of the following settings:
 - a. Governmental entity;
 - b. School, college, or university;
 - c. A nonprofit and charitable corporation;
 - d. A licensed health facility;
 - e. A social rehabilitation facility or a community treatment facility;
 - f. A pediatric day health and respite care facility;
 - g. A licensed alcoholism or drug abuse recovery or treatment facility;
2. The agency must be devoted to training students to become professional clinical counselors and/or marriage and family therapists and must have a training program in place to meet this goal.
3. The agency must have the appropriate documentation necessary to verify to the BBS that the placement is one that is named in law as appropriate for a trainee, and that the trainee is employed in the manner required by law. This documentation must be kept on file in the office of the Fieldwork Coordinator.
4. The agency must provide the highest quality of supervision, and supervision and supervisors must meet the minimum requirements set forth by the BBS for trainees.
5. The agency must have an orientation process for trainees, as well as an emergency response plan for when supervisors are unavailable.

6. The agency must be able to comply with the minimum requirements regarding hours of counseling and other practicum duties each semester, which are in accordance with the Department of Counseling guidelines, CACREP accrediting standards, and BBS regulations.
7. The agency must allow students to video record clients. An exception to this requirement is made in cases such as a domestic violence shelter program where there may exist legal mandates against any photographing or videoing of clients. Exceptions to the video rule must be processed through the Clinical Training Director such that videos may be replaced by audio taping.

Appendix A provides a directory of Clinical Training Sites that meet these requirements and where previous CSUF Trainees have gained practicum experience hours. Evaluations of the sites and supervisors (filled out by these former trainees) are kept on file in the COUN Clinical Training Office in EC 479 where they are available for reference. Students are strongly encouraged to make use of these feedback tools in forming their perceptions about potential training sites.

Students are responsible for selecting their own placement site; however, the Clinical Training Director must approve their selection by reviewing the application and signing the 4-Way Agreement. **Note:** Students are approved to go into sites that are mutually appropriate. Questions about the matching process should be referred to the Fieldwork Coordinator and the Clinical Training Director.

If a student wishes to gain practicum experience hours at a site that is not listed in the Clinical Training Site Directory, they may meet with the Clinical Training Director to determine if that site meets the student's training needs. If so, the site must fill out and return appropriate documentation (e.g., site application). Please note that this process takes time to navigate, so ensure requests are made well ahead of planned enrollment in COUN 530 A/B.

VII. CLINICAL TRAINING COURSES

The four (4) practica courses totaling twelve (12) units listed and described below are designed to assist students in maximizing their counseling/clinical skills. An optional 5th class is available (591) for students who have completed their full practicum year but have not completed their required 280 DCC hours.

COUN 511 A/B (3) Pre-Practicum

This course will prepare students for conducting initial interviews and establishing therapeutic relationships in their practicum. Specifically, the course will introduce students to the initial phase of the counseling process, including forming a relationship with culturally diverse clients, facilitating client self-exploration, helping to establish client goals, and assessing for crisis (“red flag”) situations.

COUN 530 A/B (3) Beginning Practicum

This course provides Part I of the supervised counseling fieldwork experience (practicum) in appropriate community settings. This course will provide students with opportunities to: (1) acquire counseling experiences and competencies with a diverse clientele consisting of groups, families, couples, children, and individuals, (2) develop a personal counseling style, (3) develop an understanding of and skill in writing case summaries and treatment plans, (4)

participate in group supervision of cases, (5) participate in peer support groups (6) explore professional issues and development, (7) develop case presentation skills, (8) discover personal issues and triggers in counseling, including gaining an awareness of interpersonal processes that might impact therapeutic relationships, and (9) attend to legal and ethical issues.

COUN 584 A/B (3) Advanced Practicum

This course continues the supervised counseling fieldwork experience (practicum) in appropriate community settings. In addition to the opportunities provided in Counseling 530 A/B, students will become skilled in (1) making case conceptualizations that demonstrate the ability to integrate theory with practice; (2) conducting cultural formulations to ensure appropriate strategies and techniques are used; (3) appropriately using the current DSM in making treatment plans (when applicable); (4) formulating case conceptualizations; (5) complying with current BBS regulations and ACA ethical standards.

COUN 590 (3) Case Conceptualization and Advanced Counseling Techniques

Prerequisites: enrollment in either COUN 530 A/B or 584 A/B. This course focuses on case conceptualization and the integration of advanced techniques into the student's repertoire of counseling skills. Case presentations and analysis of video recorded sessions will be emphasized. This course must be taken as part of the year-long practicum experience and may precede or follow COUN 584 A/B, depending on the semester COUN 530 A/B is taken. (Ex: Spring COUN 530 A/B, Summer 590, Fall 584 A/B; Fall COUN 530 A/B, Spring 584 A/B, Summer 590). **Note:** Following the practicum year, COUN 590 may be repeated for credit. Students who complete their practicum experience ***must*** continue to enroll in COUN 590 until they graduate if they desire to continue performing/earning trainee experience hours. All experience hours earned before graduation must be gained under the provision of a 4-Way Agreement, which includes registration in a practicum class.

COUN 591 (3) Advanced Practicum II

Prerequisites: Completion of COUN 530 A/B, 584 A/B & 590. COUN 591 is required if, after completing the full practicum year a student has not yet gathered all of the 280 required DCC hours. Students who have completed these hours would register for 590 instead (see Note above). Topics from COUN 584 A/B & 590 are continued in greater depth and complexity in 591. Students must enroll for the entire semester, even if they complete the 280 DCC hours before then.

Grading Policy for Practicum Students

The Department of Counseling faculty at CSUF is responsible for serving as gatekeepers to the profession of counseling and has therefore set high standards for the delivery of quality care to consumers of counseling services. Practicum is a performance-based course. Students are evaluated according to *demonstrated learning* of developmentally appropriate professional, ethical, and culturally sensitive counseling skills. The standards for credit/no credit grades based on this demonstration of learning follows:

Credit: A grade of "Credit" indicates that a student is making competent and appropriate progress in their development of counseling skills, professionalism, and legal and ethical behavior, as well as gaining sufficient Direct Client Contact (DCC) hours. The student is also engaged in a process of becoming culturally sensitive/responsive to clients' needs. Examples of performance for which "Credit" is appropriate include the consistent integration of feedback into counseling performance, the use of questioning and self-reflection, and the ability to form a therapeutic relationship with clients within which the client can be

understood and valued. As noted in the following Presentations Evaluation Rubric, in order to receive a grade of “Credit” students must score at a ranking of 3 or higher by the end of the semester in the areas being demonstrated in their presentations.

Note: The timely completion of all required class work may not necessarily result in the grade of “Credit”. Course credit will be based on the combination of participation, presentations, depth and quality of writing, and overall evaluation of therapeutic skills and professionalism.

No Credit: A grade of “No Credit” indicates that a student is making unsatisfactory progress in her or his development of counseling skills, professionalism, and legal and ethical behavior, or is unable to gain sufficient Direct Client Contact (DCC) hours. Additionally, examples of concern may include—but are not limited to—the over-anxious or over-timid student, the opinionated or domineering student, or the student who is unable to hear and incorporate feedback from supervisors, instructors, and fellow students. As noted in the following Presentations Evaluation Rubric, a student would earn a grade of “No Credit” if they are not able to merit a ranking of 3 or higher by the end of the semester in the areas being demonstrated in the presentations.

Practicum Presentations Evaluation Rubric

The following scale will be used in providing feedback on your presentations:

- 1 unacceptable performance
- 2 needs improvement in performance
- 3 appropriate performance **(expected level)**
- 4 good demonstrated performance
- 5 outstanding clinical performance
- N/A not applicable or insufficient evidence to make a rating

Note that all skills demonstrated must reach the level of 3 (expected level) or higher by the end of the semester. Also, not all clinical skills are required for each presentation as some skills may not have a chance to be demonstrated—these are just possibilities—do not feel that you need to show all of these skills in your presentation.

| | | | | | | |
|---|---|---|---|---|---|-----|
| Preparation/timeliness | 1 | 2 | 3 | 4 | 5 | N/A |
| Professionalism | 1 | 2 | 3 | 4 | 5 | N/A |
| Openness to supervisor and peer feedback | 1 | 2 | 3 | 4 | 5 | N/A |
| Appropriate consultation with supervisor and/or colleagues | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of strengths/growth areas for client | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of strengths/growth areas for counselor | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of identity as a clinical mental health counselor and marriage and family therapist | 1 | 2 | 3 | 4 | 5 | N/A |
| Active listening skills, verbal/non-verbal | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to develop/maintain therapeutic relationship | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of relevant legal/ethical issues | 1 | 2 | 3 | 4 | 5 | N/A |
| Counselor presence, non-verbals | 1 | 2 | 3 | 4 | 5 | N/A |
| Use of silence | 1 | 2 | 3 | 4 | 5 | N/A |
| Timing of interventions | 1 | 2 | 3 | 4 | 5 | N/A |
| Use of open-ended questions | 1 | 2 | 3 | 4 | 5 | N/A |
| Being non-judgmental | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to explore affect | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to explore cognitions | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to explore behavior | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of crisis issues | 1 | 2 | 3 | 4 | 5 | N/A |
| Appropriate action regarding crises | 1 | 2 | 3 | 4 | 5 | N/A |
| Balance of process and content comments | 1 | 2 | 3 | 4 | 5 | N/A |
| Appropriate use of process comments and/or immediacy | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to be aware of and utilize | 1 | 2 | 3 | 4 | 5 | N/A |

| | | | | | | |
|---|---|---|---|---|---|-----|
| interpersonal process between client and counselor | | | | | | |
| Awareness of countertransference/bias issues | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to use countertransference awareness in the session | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of any boundary issues between counselor and client | 1 | 2 | 3 | 4 | 5 | N/A |
| Appropriate use of self-disclosure | 1 | 2 | 3 | 4 | 5 | N/A |
| Appropriate use of assessment/DSM diagnosis | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to develop appropriate case conceptualizations through use of theory that accounts for human development perspective | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to develop treatment planning responsive to assessment, conceptualization, and cultural factors [including Severe Mental Illness (SMI) and/or co-occurring disorders] | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to utilize evidence-based practices in clinical work | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to link interventions to case conceptualization and treatment goals | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to use diversity awareness in all aspects of the clinical work | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to empathically and appropriately challenge client | 1 | 2 | 3 | 4 | 5 | N/A |
| Maintains timely and professional clinical records | 1 | 2 | 3 | 4 | 5 | N/A |
| Provides advocacy for client when appropriate | 1 | 2 | 3 | 4 | 5 | N/A |
| Provides appropriate referral sources when needed | 1 | 2 | 3 | 4 | 5 | N/A |

Comments:

VIII. PRACTICUM GUIDELINES

Practicum Defined

Practicum is field experience taken for academic credit that provides students with the opportunity to learn counseling skills under supervision. This experience may be with groups, individuals (children and adults), and families.

Minimum Practicum Experience Defined

Students should plan to devote approximately 15-20 hours per week for three (3) consecutive semesters of supervised practicum. Please refer to **Section II, Summary of BBS Licensure Regulations** or the BBS website for minimum/maximum experience requirements.

The Department of Counseling requires that students have a total of 700 Practicum hours (defined below) during their practicum year, with a minimum of 280 direct client contact hours during the course of COUN 530 A/B, 584 A/B, and 590. These totals meet or exceed the BBS regulations and CACREP accreditation standards.

Direct client contact (DCC) hours are accrued through providing counseling services to clients in the following categories: individual children and/or adults, couples, families, and groups*.

*Groups should be facilitated by two clinicians (including, but not limited to, student trainees) as co-leaders whenever possible. **NOTE: *co-leaders for groups are mandatory during COUN 530 A/B and all students must lead a group at some point during their practicum year.***

Students will gather all 280 of their direct client contact (DCC) hours during the (minimum of) 3 semesters in which they are enrolled in practicum courses COUN 530 A/B, 584 A/B, and 590. DCC hours may be performed and counted as of the date the semester begins [Note: Non- DCC hours may be counted from the date listed in the 4-Way Agreement.] Students in their first semester of practicum (COUN 530 A/B) need to earn 40 DCC hours of the 280 required for graduation (by CACREP, not the BBS). An additional 240 DCC hours must be gathered after COUN 530 A/B while enrolled in COUN 584 A/B and COUN 590. If necessary, students will enroll in COUN 591 as they finish gathering their DCC hours. Students who have completed their required 280 DCC hours but wish to gain further practicum experience will enroll in COUN 590. Students doing any clinical hours must be enrolled in practicum. Students enrolling in COUN 591 or extra semesters of COUN 590 may: 1) stay at their original site beyond the calendar year commitment: or 2) seek placement in another approved site. Either scenario requires consultation with the Clinical Training Director. In **NO** circumstances may a student change sites/begin at a new site without the express PRIOR knowledge of and permission from the Clinical Training Director.

The remaining 420 non-DCC practicum hours (of 700 total practicum hours) are made up of educational and service activities that further the student's clinical knowledge and practical experience in the counseling field. These activities may include (but are not limited to) supervision, trainings, client-centered advocacy, staff meetings, readings and/or using multimedia for professional development, consuming and conducting research, record keeping, administrative tasks, case reviews, and case management, interdisciplinary team meetings, community outreach, etc. Of the total 420 non-DCC hours required for

graduation, the first 60 hours are to be obtained during COUN 530 A/B, while the remaining 360 hours must be obtained during COUN 584 A/B and COUN 590 (and 591 if applicable).

The appropriateness of these ancillary activities (for 420 practicum hours) will be determined by the Site Supervisor based on the student's training goals and approved by the Practicum Instructor and Clinical Training Director.

Students are responsible to keep their practicum instructors informed regarding the number of hours (DCC and total) being accumulated throughout the year. Students are highly encouraged to maintain a tracking system to calculate the accrued hours, and maintain a COPY of any logs turned in to the Practicum Instructor or Clinical Training Director.

Note: Remember the practicum experience lasts one full year, and even though CSUF may be on break, obligations at the agency remain. Students must adhere to the guidelines of the agency regarding holidays and breaks.

There are two (2) kinds of **COUNTABLE HOURS** you may earn as a trainee that count toward licensure:

1. **Direct counseling experience** (counseling actually provided by you; no-shows do not count) of individuals (adults/children), groups, couples and families.
2. **Non-clinical experience**, defined as:
 - a. Supervision you receive (individual and/or group).
 - b. Administering and evaluating psychological tests, writing clinical reports, and writing progress or process notes.
 - c. Client-centered Advocacy [CCA is defined in Business and Professions Code (BPC) Section 4980.34(h) as including, but not limited the "researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services."]
 - d. Professional enrichment hours (training, conferences, and workshops attended that are authorized and counter signed by your supervisor).

Note: Hours **CANNOT BE COUNTED** until students have completed 12 units and have been **CLASSIFIED/ ADVANCED TO PRACTICUM**. After the Classification/Advancement to Practicum process is complete (**note:** this is not automatic) and the trainee has a supervisor, these hours may be counted toward BBS licensure requirements. The Site Supervisor is always the one with discretion as to whether training hours listed in categories 1 and 2 are acceptable and may be counted.

Reminder: For trainees, per the BBS, for purposes of enrollment in Beginning Practicum (COUN 530 A/B), direct client service hours may NOT be performed or counted for fulfillment of the required hours until the official start of the semester (i.e., late August or late January).

Supervision

To meet BBS licensure requirements, students (trainees) must obtain supervision at a 5:1 ratio, receiving 1 unit of supervision for every 5 client contact hours per week on the average. A unit of supervision consists of either 1 continuous hour of individual or triadic (one supervisor with two supervisees) or 2 hours (with no less than 1 continuous hour) of group supervision (with no

more than 8 supervisees) per week. During the practicum year, students are required to schedule both individual/triadic and group supervision every week of each semester (even when this exceeds the 5:1 BBS minimum ratio), while they are accruing their required hours toward graduation. For limitations on who can/cannot serve as your agency supervisor (e.g., your personal psychotherapist), please refer to the BBS website. In addition, students participate in practicum class in a discussion with their practicum instructor each week, to which students are required to bring a minimum of two videos for COUN 530A/B and three videos for COUN 584A/B during the semester reflecting their current counseling sessions with clients at their agency.

The BBS has established the following requirements for supervisors:

1. Has been licensed by a state regulatory agency for at least two years as a licensed professional clinical counselor, licensed marriage and family therapist, licensed clinical social worker, licensed psychologist, or licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology.
2. Has not provided therapeutic services to the trainee or associate.
3. Has a current and valid license that is not under suspension or probation.
4. Complies with supervision requirements established by their professional organization's ethical codes and by BBS regulations.
5. Has completed the appropriate training (6 hours pre-2020; 15 hour post-2020) in supervision within 60 days of beginning supervision.
6. Obtains no less than six hours of continuing education activities in supervision each licensure cycle.

Volunteer Supervision

If the Site Supervisor is a volunteer (i.e., a licensed professional who is not self-employed or a paid employee) extra documentation is needed. Specifically, there needs to be an original written agreement that states the supervisor is a volunteer and has access to client records. Attach the original written agreement between the parties (trainee/associate, volunteer supervisor and the agency) to the BBS Experience Verification Form (for later hours verification –trainees only). The supervisor is asked on the Verification Form to declare if they worked as the student's supervisor on a voluntary basis, as opposed to a self-employed basis in private practice or on a paid basis as an agency employee.

This letter of agreement is needed any time the trainee's (or associate's) supervisor **is not paid by agency (trainees) or employer (associate)** for the provision of supervision. The trainee/associate should maintain the **original** of this letter of agreement to submit with the application for licensure. Contact the BBS at www.bbs.ca.gov for additional clarification as to the requirement for this letter. This is one of the most overlooked pieces of documentation in the application for licensure. Please do not overlook this requirement.

Change of Agency

Students will interview for and sign a 4-Way Agreement with their clinical training site that encompasses a full calendar year. It is expected that students will remain in their clinical training site for the entire year. Commitments to community clinical training sites (with whom reciprocal trust is an essential ingredient), are to be honored except in the most extreme circumstances. In the rare case where it may be in the best interest of the student, agency or public to change agencies, students must contact the Clinical Training Director before any changes are made, to discuss possible resolutions to the situation. A change of agency would involve a student's written request and would be considered by the full faculty. It is understood that any potential problems between a student trainee and their site would be immediately and continually discussed with the practicum instructor, who will then make the Clinical Training Director aware of the situation, as appropriate.

NOTE: If a student extends their time at an agency or changes agencies (for any reason) a new 4-Way Agreement is required. 4-Way extensions must be completed prior to the expiration of the initial contract and new 4-Way Agreements are due within two weeks of starting with the agency. Students do NOT need to re-submit a new 4-way agreement when they change supervisors, only a new BBS Supervision Agreement.

IX. PRACTICUM PLACEMENT PROCESS

Students must go through the following practicum placement process:

- 1) Students must have achieved "Classified Standing/Advancement to Practicum" before they are eligible to enroll in Beginning Practicum, COUN 530 A/B. [**Note: Classified Standing/Advancement to Practicum is a departmental process, as specified by the BBS. It is not the same as the University's Classified Standing, which refers to accepting one's study plan.**] Students are eligible to Advance to Practicum after they have completed 12 units with a "B" or better average; however, it is recommended that they wait until the semester before they take COUN 530 A/B to apply to Advance to Practicum.

A student begins the Advancement to Practicum process by scheduling an appointment with the designated faculty advisor during office hours. If the advisor agrees the student is ready to Advance to Practicum, they represent the student at a Counseling Department faculty meeting set aside for that purpose, usually held twice per semester. The full faculty votes on the student's application for Classification/Advancement to Practicum. If the student's application is accepted, they will receive an email verifying their Classified Standing/Advancement to Practicum. If the faculty feels that the student is not suited for placement in an agency for practicum at that time, the student will be asked to meet again with their faculty advisor, to receive feedback and form a plan for remediation of any issues identified. Upon completing this remediation, the student may re-apply for Advancement to Practicum. Classified standing/Advancement to Practicum must be achieved before COUN 530 A/B begins, usually during the semester prior. [**Note: Do not wait to apply for a clinical training site until you are Classified/Advanced to Practicum. Instead, apply for Classification/Advancement to Practicum and proceed with interviews, etc.**]

- 2) Students must have successfully completed 500, 511 A/B, 518, 520, 522 A/B, 523,

524, 526 and 527 A/B prior to enrollment in COUN 530 A/B. COUN 528 is a pre- or co-requisite for COUN 530 A/B. **Note:** COUN 526 must be completed with a grade of “B” or better.

- 3) Students must attend Practicum Orientation the semester before they plan to enroll in COUN 530 A/B. The Clinical Training Handbook must be read prior to this orientation to facilitate questions. It is available on the web at:
<http://hhd.fullerton.edu/counsel/current-students/clinicalhandbook/index.php>
- 4) Prior to Practicum Orientation, students will receive the Practicum Orientation Packet, Counseling Practicum Application Instructions, and link to the Counseling Practicum web-based application: <http://hhdapps.fullerton.edu/CounApps/DefaultDept.aspx> Students will be formally trained on how to access the Counseling Practicum web-based application and the processes for completing all practicum forms. Following Practicum Orientation, students will have access to a shared Dropbox folder where these and other important documents are saved.
- 5) Students must complete the electronic Consent, Declaration and Transportation/Storage of Confidential Information forms within 24-hrs of attending Practicum Orientation
- 6) The Clinical Training Handbook is revised specifically for the Practicum Orientation and therefore contains any updated information on policy and procedure changes, so please download about one month before the Practicum Orientation and do not rely on earlier versions.
- 7) When students are ready to enroll in COUN 530 A/B, they must complete the **530 Selection Form**. Following the Practicum Orientation, this form is distributed via Qualtrics survey by the Fieldwork Coordinator to the student’s campus email address. Students must complete the form by the listed due date in order for the student’s class preferences to be taken into consideration. **NOTE:** This form must be submitted by the end of October in the Fall to enroll in COUN 530 A/B for the Spring Semester, and the end of March in the Spring to enroll in COUN 530 A/B in the Fall Semester. Students will be assigned a practicum class registration number and notified via email of that number before registration begins.
- 8) Students must secure an agency placement following the Clinical Training Site Selection Process (**see Section VI**). Placements must be secured no later than the first day of class in COUN 530 A/B. [**Note: It is important to get an early start on this process as most sites will be interviewing a semester ahead to choose their trainees and associates, and many will want students to begin their training prior to the beginning of COUN 530 A/B class. It is also important to apply at more than one agency, since the process can be highly competitive.**]
- 9) Once students have secured a site, they must meet with the agency director and supervisor to confirm the trainees contract dates and have the following documents reviewed and signed:
 - a) 4-Way Agreement
 - i) Students are to complete the steps outlined during Practicum Orientation and in

the Counseling Practicum application instructions to initiate the electronic 4-Way Agreement. **NOTE: E-forms are not considered complete until all signatures have been obtained, and it is the student's responsibility to ensure that ALL signatures are obtained no later than the 2nd week of class.**

- b) Supervision Agreement for all supervisors, separate form for each. [See Appendix B].
 - i) Signed Supervision Agreements must be uploaded to the "Document Upload" section of the student's file within the Counseling Practicum application no later than the 2nd week of class.

NOTE: Students must have all paperwork on-file with the Clinical Training Office by the 2nd class session (Fall & Spring semesters) which include, Declaration Statement, Participation Consent Form, Transportation/Storage of Confidential Client Data Form, 4-Way Agreement, BBS Supervision Agreement and Proof of Student's Malpractice Insurance [copies]. Failure to submit the aforementioned by the 2ND class session may prevent students from continuing to participate in counseling activities at their sites, until the documentation is accurately submitted. Beginning Fall 2020 all CSUF practicum forms will be completed and signed on-line via the Counseling Practicum web-based application. Copies of non-CSUF forms (BBS Supervision Agreement and Proof of Student's Malpractice Insurance) are to be uploaded to the Counseling Practicum web-based application.

X. CHECKLIST FOR CLINICAL TRAINING SITE PROCESS

1. _____ Apply for Classification/Advancement to Practicum (prior to Practicum Orientation (SEPT/FEB).
2. _____ Attend Practicum Orientation (SEPT/FEB).
3. _____ Complete the on-line Declaration, Participation Consent, and Transportation/Storage of Confidential Client Data Forms within 24 hrs. of attending Orientation.
4. _____ If necessary, make appointment with the Fieldwork Coordinator - Counseling and/or Clinical Training Director (SEPT/FEB).
5. _____ Create resume (SEPT/FEB) [See Sample in Appendix B].
6. _____ View agency and supervisor evaluations for sites you may be considering.
7. _____ Contact (and make appointments with) several sites (beginning SEPT/FEB).
8. _____ Attend Practicum Agency Fair (SEPT/OCT [fall] or FEB/MAR [spring])
9. _____ “Go on” interviews.
10. _____ Submit your COUN 530 Selection Form (OCT/MAR).
11. _____ Join ACA, CALPCC, and/or CAMFT (by beginning of DEC/AUG).
12. _____ Obtain your own Malpractice Insurance through these organizations by beginning of DEC/AUG. Student Malpractice insurance coverage is automatically provided with your membership – be sure to keep your membership active while in practicum so your insurance coverage is continuous.
13. _____ **Have a site secured no later than the start of COUN 530.** Once placement is secured, students must email both the Clinical Training Director and Fieldwork Coordinator indicating the agency with which they have been placed.
14. _____ Have the following documents signed and submitted PRIOR to acquiring hours:
 - a. 4-Way Agreement
 - b. BBS Supervision Agreement(s).
 - c. COVID-19 Release Forms
15. _____ Upload Proof of Coverage for Malpractice Insurance (Verification or Declaration page) and copies of each BBS Supervision Agreement to practicum student portal by 2nd class session.
16. _____ Maintain all original BBS forms in a safe place for future reference.
17. _____ Read and understand ethical standards and the BBS regulations for trainees.

XI. EVALUATION PROCESS

Practicum Instructor Evaluation of Student

Faculty evaluates students both orally and in writing at the end of each semester of COUN

1. 530 A/B, 584 A/B, 590, and 591 by using the e-forms entitled **Professor Evaluation of Counselor Practicum Trainee Clinical Skills; Case Conceptualization & Treatment Planning; Diversity and Professor Evaluation of Counselor Student/Trainee Dispositions & Professionalism [See Appendix B]**. In addition, faculty conducts ongoing evaluations throughout the semester, both orally and in writing. During 530 A/B, this includes email contact with the student's site supervisor [see e-Form in Appendix B] every other week.
2. Professor Evaluation forms are completed via e-form at the end of each semester. Once completed and saved by the instructor, students will receive a link via email (to their campus email address) to the e-form for review and electronic signature. Forms are considered complete once all required signatures have been obtained. Along with email alert, students may also view completed instructor evaluations under the "Document Review" tab of the Counseling Practicum web-based application.

Supervisor Evaluation of Student

1. Site supervisors evaluate students in mid-semester in COUN 530 A/B, 584 A/B, 590, and 591. The **Site Supervisor Mid-Semester Evaluation of Student** form [See Appendix B] is sent electronically to supervisors on week-8. The supervisor will evaluate the student, both orally and in writing, and submit the e-form by clicking "Submit Evaluation." Once the evaluation has been submitted by the site supervisor, an electronic signature is added to the form and the e-form is automatically sent to the student's campus email address for review and e-signature. Once e-signed by the, by clicking "Student Confirm." Students may also review and e-sign the completed form under the "Document Review" tab of the Counseling Practicum web-based application.
2. Site supervisors will also provide an oral and written evaluation [See **Site Supervisor Final Evaluation of Trainee in Appendix B**] of students at the end of COUN 530 A/B, 584 A/B, 590, and 591. E-forms for the supervisors' final evaluations of students are sent out electronically to all site supervisors on week-11. The supervisor completes the evaluation and clicks "Submit Evaluation" which adds the supervisor's electronic signature to the e-form. An email with hyperlink to the completed evaluation is immediately sent to the student's campus email address for final review/e-signature. Once reviewed and e-signed by the student, by clicking "Student Sign," the e-form is automatically sent to the instructor and, finally, the Clinical Training director via email to their campus email addresses requiring e-signatures from each party. The evaluation is considered complete once all signatures have been obtained, and it is the responsibility of the student to ensure that all e-forms have been signed by all parties.

A student who believes that they have been evaluated unfairly or inaccurately by the faculty and/or supervisor should first attempt to discuss her or his concerns directly with the faculty and/or agency supervisor. If that process does not provide satisfactory resolution, the student should then discuss their concerns with the Clinical Training Director.

Student Evaluation of Agency

Students evaluate their clinical training site by completing the **Student Assessment of Clinical Training Site [See Appendix B]** at the end of COUN 530 A/B, 584 A/B, 590, and 591.

Students also evaluate their supervisor by using a form entitled **Student Evaluation of Site Supervisor [See Appendix B]**. The student evaluation forms for the site and site supervisor are completed via Qualtrics surveys. Links to the anonymous evaluations/surveys are sent to the student's campus email address at the end of each semester by the Fieldwork Coordinator.

These evaluations are taken seriously and are kept on file for future use; therefore, students are encouraged to give open and honest feedback. The Clinical Training Director will follow up on the information supplied on the evaluations, as appropriate. Students are expected to have completed these evaluations each semester and, due to the anonymous nature, provide verbal confirmation of completion to their practicum instructor during the student's final meeting with the instructor.

XII. PROFESSIONAL, ETHICAL, & LEGAL CONDUCT

Students are responsible for behaving in a professional, ethical, and legal manner in their practicum classes and sites. To fulfill this requirement, students are expected to be familiar with the professional guidelines established in the field, as well as the ethical and legal guidelines as set forth by the BBS and ACA. (Note: students seeking the marriage and family credential should be familiar with CAMFT as well.)

Students are expected to exhibit professional behavior at all times, both inside and outside of class. Unprofessional behavior includes but is not limited to: using electronics during class time, except for taking lecture notes; arriving late to class; returning late from break; missing classes for non-medical reasons; and turning in assignments late (even one minute late). Students are also expected to be professional in both written and verbal communication with each other, the department/university staff members, faculty members, and all practicum site personnel while in practicum. Students are advised to demonstrate sensitivity to all people from diverse cultural or political backgrounds, even with personal social media; one's social media presence can be observed by others and therefore impact them.

In cases where a student fails to exhibit professional behavior, faculty members will document in their student file the date, class, specific behavior, and any reasoning the student provided for engaging in these behaviors. A single incident over the course of a year may not be a concern, depending on its severity. However, students who engage in patterns of unprofessional behavior may be subject to disciplinary action. Professional behavior is evaluated as part of each student's continuation in the program, advancement to practicum, and eligibility for graduation.

Students may not engage in any unprofessional, unethical, or illegal practices at their placements even if such practices are condoned, expected, or encouraged by site supervisors and/or staff. Students must promptly notify their supervisors of any such practices that they observe at the site by staff or other trainees. The Practicum Instructor and the Clinical Training Director must also be notified immediately regarding these issues. In cases where the supervisor is suspected of unprofessional, unethical, or illegal practices, the student must directly notify the Clinical Training Director immediately.

Students who feel they would be in jeopardy or punished for reporting unprofessional, unethical, or illegal behavior to the site itself, must report these concerns to the Clinical Training Director immediately.

Students who engage in unprofessional, unethical, and/or illegal conduct may be removed from their practicum site, and in some cases, placed on departmental notice or dismissed from the Counseling Program (see **Section XIII**).

In addition, students are expected to maintain a professional and responsible demeanor at their training sites, including appropriate dress, good grooming, and courtesy. Students are expected to arrive on time for scheduled counseling appointments and other duties at their sites (e.g., staff meetings or trainings), and to familiarize themselves with the ACA code of ethics <https://www.counseling.org/knowledge-center/ethics>.

Characteristics of a Counselor

According to Schneider-Corey and Corey (2010) and Kottler, (2010) there are certain qualities, traits, attitudes, values, and convictions that are critical for counselors to possess:

- Sensitivity
- Personal presence
- Compassion and empathy
- Flexibility
- Integrity
- Ability to model functional human behavior and coping processes
- Insight
- Growth orientation for self and others
- Responsibility

NOTE: Professionalism, personal growth, and the development of these qualities must be demonstrated, both in the classroom and out in the field, for a successful practicum experience year.

XIII. UNACCEPTABLE AND/OR UNPROFESSIONAL BEHAVIORS AND THEIR CONSEQUENCES

While the range of unacceptable and/or unprofessional behaviors is practically limitless, certain behaviors are worth specifying as automatically problematic, unacceptable and unprofessional in class and in the field:

- Violence or harm to self, others or property;
- Aggressive, threatening or harassing behaviors;
- Unwanted and/or inappropriate sexual or personal touching of clients, fellow students, faculty or any other person;
- Excessive performance anxiety;
- Discomfort with clients' diverse lifestyles and racial/ethnic backgrounds;
- Inappropriate response to feedback;
- Poor interpersonal skills in placement;
- Poor attendance;
- Excessive tardiness;

- Inappropriate attire;
- Lack of preparation;
- Lack of appreciation of clinical training site norms;
- Inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- Inability to acquire professional skills and reach an accepted level of competency;
- Inability to control personal stress, psychological dysfunction, or emotional reactions that may affect professional functioning;
- Disruptions of classes, activities, events, or other appropriate and sponsored functions at California State University, Fullerton, and/or sites off-campus;
- Inappropriate, illegal or dysfunctional use of drugs and alcohol that leads to either personal or professional impairment or are present and contribute to disruption in academic or professional settings;
- Continual failures to meet academic, scholastic, professional, or personal commitments when such failures suggest an essentially unprofessional approach to the field of counseling;
- Continued demonstration of either inappropriate behaviors and/or the absence of the attributes, which generally lead to the development of a quality counselor (**see Section XII**).

These unacceptable/unprofessional behaviors may fall into one of three categories: inappropriate behaviors, lack of competence, and student impairment, defined below.

Inappropriate Behaviors

Students that demonstrate behaviors, attitudes, or characteristics in the class and/or in the field where remediation becomes necessary fit into this category. These behaviors may not be considered excessive or unusual for Master's level students in counseling programs. Therefore, inappropriate behavior may be successfully corrected through feedback from faculty and/or supervisors.

Lack of Competence

Students who continually fail to demonstrate acceptable knowledge, skill, and practice as it relates to counseling fit into this category. Attempts to provide services beyond the student's scope of practice may also be a lack of competence issue.

Student Impairment

Students occasionally have difficulties beyond those expected for those in a Master's program. When these difficulties are reported by a faculty member and/or supervisor, they are requested to clearly define the behaviors of concern. Students who are the subject of these concerns are asked to speak with their practicum instructor or Clinical Training Director, depending on the severity of the problem.

Consequences

The range of responses open to the faculty when confronted with a student who, in the faculty's opinion, lacks appropriateness at a given time for the field of counseling is qualified by legal, university, professional, and ethical standards. That range, however, does include, but is not limited to, the possibilities of (a) advice and counsel leading to a recommendation that the student seek therapy, medical intervention, or remediation in academic skills training, as needed; (b) advice and counsel leading to a recommendation that a student leave

the counseling program and/or seek another profession; (c) notice for academic deficiency or a lack of personal/professional fitness; (d) a decision not to advance a student to Practicum/Classified Status and/or to candidacy; or (e) a decision to revoke a student's Advancement to Practicum/Classified Status within the Counseling program.

The appeals process for students is outlined in the **CSUF Student Handbook, UP 300.030**.

XIV. PERSONAL PSYCHOTHERAPY

While not required, students who are undergoing training as a counselor can greatly benefit from experiencing their own personal psychotherapy. Personal psychotherapy can be individual, group, marital, conjoint, or family. Please contact resources through your own health insurance plan or through CSUF Counseling & Psychological Services (CAPS; <https://www.fullerton.edu/caps/>; 657-278-3040).

XV. MALPRACTICE INSURANCE

Students are required to purchase their own individual professional malpractice insurance coverage while in their practicum placements. The program recommends that students join ACA (www.counseling.org) and CALPCC (www.calpcc.org) (and CAMFT (www.camft.org) if planning to seek the LMFT) where student malpractice insurance is an automatic benefit of membership, and purchase the separate malpractice/liability insurance. Students who do not submit proof of insurance will not be eligible to provide counseling services, and therefore will not be eligible to count practicum hours for the BBS. **Note:** While many clinical training sites offer “umbrella” coverage to all their staff (including trainees), such group coverage alone is **not** sufficient.

XVI. SEXUAL HARASSMENT

Students are advised that sexual harassment is a violation of federal law and may violate the civil and criminal laws of the State of California. The following behavior may constitute sexual harassment: Lewd remarks, whistles, or personal reference to one's anatomy, unwanted physical contact such as patting, pinching, or constant brushing against a person's body; subtle or overt pressure for sexual favors, persistent and offensive sexual jokes and comments. Students should refer to the CSUF catalog for guidelines in handling alleged sexual harassment, in addition to bringing such behavior to the attention of the faculty in the Department of Counseling.

XVII. DUAL ROLE RELATIONSHIPS

Students must avoid dual role relationships, as engaging in such relationships is considered ethical misconduct and may affect a student's status in the program.

Students may not be supervised by the following:

1. Student's current or past psychotherapist.
2. Anyone with whom they have, or have had in the past, a business relationship outside the site.
3. Anyone with whom they have, or have had in the past, a sexual relationship or an emotional relationship.
4. A relative.

Students may not provide counseling/clinical services to the following:

1. Anyone with whom they have, or have had in the past, a business relationship outside the site.
2. Anyone with whom they have, or have had in the past, a sexual relationship or an emotional relationship.
3. A relative.

Bibliography

Kottler, J.A. (2010). *On being a therapist* (4th ed.). San Francisco: Jossey-Bass.

Schneider-Corey, M., & Corey, G. (2016). *Becoming a helper* (7th ed.). Pacific Grove, CA: Cengage Learning.

Appendix A

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ALIANZA TRANSLATINX

Contact Person: Khloe Rios-Wyatt, CEO

Clinical Supervisor I: Nancy Paloma Collins, LMFT

Site Location: 206 W. Fourth St. Suite 420 Santa Ana, CA 92701

Phone: (714) 760-4465

E-mail: krios-wyatt@alianzatranslatinx.org

Website: www.alianzatranslatinx.org

Student Requirements Therapy sessions are provided by M-F from 9am to 5pm. Our current intern has chosen to provide therapy two days out of the week (Monday and Tuesday). Supervision hours will be discussed between intern and supervisor. There is flexibility with interns and providing services as we understand they have other school commitments. Trainees will be responsible for the following learning/practice psychotherapeutic techniques, assessment, diagnosis, prognosis and treatment of couples, family and child relationships, to promote healthy functioning relationships. Understanding cases with complex trauma and dual diagnosis.

Operating Hours M-F: 9am – 5pm

Agency Description Alianza Translatinx is the only Transgender-led organization in OC and staff have extensive experience providing services to Latinx TGNC individuals, particularly those who are marginalized. Our mission is to protect, defend and advocate for the needs and rights of the Transgender Latinx community as well as other marginalized communities in Orange County, CA. Currently, ATL provides patient and housing navigation, health education, linkages to care, gender marker and name change supporting services, and referrals to medical and prevention services. We work to improve the quality of life for TGNC people of color, inclusive of undocumented and low-income individuals, and people living with HIV. The organization serves a BIPOC population that is 100% low-income and 90% Latinx. Additionally, ATL is reaching a population of Spanish-speakers, with approximately 70% of our clients speaking Spanish as their primary language.

A core component of this project is the provision of client-centered behavioral health therapy. At the moment, there are two staff on this program with one licensed clinician in a supervisory capacity and one Master's-level intern who directly treats clients. Under the supervision of the licensed clinical marriage and family therapist, our interns will provide one-on-one therapy services to treat and uncover mental health barriers. The behavioral health program is trauma-informed and culturally attuned to the unique needs of Translatina women. Clients will meet with the therapist, via appointment, to conduct a comprehensive assessment to understand their specific needs related to their mental health and other issues that may serve as barriers to obtain behavioral health.

Agency Description (Cont.) Upon completing the assessment, the client and the intern will develop an Individualized Action Plan, which will include measurable, feasible goals that address each participant's priorities to stabilize their lives, thus helping them access other health related services and social services. Every client will have access to an inclusive environment where they feel comfortable being themselves and receiving behavioral health services. They will also identify and address barriers to achieving the goals set in their Individualized Action Plan. The frequency of one-on-one therapy visits will depend on the client's needs and level of acuity but will average once per week. Additionally, the program will also refer participants to social services to address other barriers oftentimes complex for example; requests for housing, medical services, treatment for substance misuse, STD/STI testing, immigration services, and sex re-affirming surgeries. To help alleviate the struggles brought by the COVID-19 pandemic the proposed program will offer support via a stipend to help cover for basic needs such as shelter, food or clothing to those participants who express the need. The program uses industry best practices of evidence-based models that address PTSD, anxiety, depression, substance misuse, and gender dysphoria. The desire for equity is what drove the establishment of Alianza Translatinx and is what continues to drive our work.

Theoretical Orientation CBT, Solution Focused, Mindfulness, Couple/Conjoint, Resourcing EMDR

Stipend None

Added 06/2023

BOYS & GIRLS CLUBS OF GARDEN GROVE

Family and Youth Outreach Program (FYOP)

Contact Person: Vanessa Leong, Director
Clinical Supervisor I: Catherine Castillo, LCSW
Clinical Supervisor II: Sal Garcia, LMFT
Clinical Supervisor III: Callie Kirk, LMFT
Site Location: 11301 Acacia Pkwy, Garden Grove, CA 92840
Mailing Address: 10540 Chapman Ave, Garden Grove, CA 92840
Phone: (714) 366-4691
E-mail: vleong@bgcgg.org
Website: www.bgcgg.org

Student Requirements Minimum commitment of 10 hours per week. Bilingual preferred. Students will need to complete BGCGG volunteer orientation and training prior to onboarding. Mandatory program training is held on Friday 4-8pm and Saturday 9am-1pm, three times a year. Students will have several supervision days/times to choose from.

Operating Hours M-Th: 11am – 8pm; F: 9am – 6pm.; Sat: 9am – 5pm

Agency Description The Boys & Girls Clubs of Garden Grove’s mission is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. Students will support youth and their families through the Family and Youth Outreach Program (FYOP). FYOP provides sliding scale services to youth and their families. Services provided include: individual, group, and family counseling, youth education classes, anger management, and parenting education.

Theoretical Orientation CBT, TF-CBT, Narrative, Solution Focused, Family Systems

Possible Stipend No

CALIFORNIA FAMILY INSTITUTE

Contact Person: Chris Hoff, Director, LMFT
Clinical Supervisor I: Chris Hoff
Address: 2900 Bristol St. Suite C-208 Costa Mesa, CA 92626
Phone: (949) 381-1510
Email: chrishoffmft@gmail.com
Web site: www.californiafamilyinstitute.org

Student Requirements Trainees will typically be assigned 10 DCC hrs./week. Group supervision is held Thursdays from 10am-12pm, individual supervision to be arranged. Trainees will also need to attend monthly trainings-scheduled on weekends. Students are required to send resume, references, and cover letter to apply.

Operating Hours 8am to 8pm; 7 days/week.

Agency Description CFI provides comprehensive sliding-scale mental health services to individual adults and children, couples, and families and work in response to a wide range of concerns including, anxiety, depression, life transitions, substance misuse, spiritual issues, and relational health.

CFI operates on the principle that the people who come to us for help are embedded in relational systems and larger social contexts that influence their overall health and well-being.

At CFI we have a strong commitment to ensuring our counseling services can respond to the diverse contexts of people's lives. All our counselors are mindful of how societal ideas about family, sexualities, genders, age, class, and cultural background significantly influence people's experiences of life.

Theoretical Orientation Narrative and other collaborative methodologies

Possible Stipend No

CASA YOUTH SHELTER

Contact Person: Sarahi Gutierrez, LCSW, Clinical Director

Clinical Supervisor I: Same as above

Site Location: 10911 Reagan St., Los Alamitos, CA 90720

Mailing Address: P.O. Box 216, Los Alamitos, CA 90720

Phone: (562) 719-5311

Fax: (562) 594-9185

Email: sgutierrez@casayouthshelter.org

Web site: www.Casayouthshelter.org

Student Requirements 5 hours per week of supervision: Two 2-hours group supervisions (Mondays and Wednesdays 4pm-6pm) and 1 hour of individual supervision. Regular in-services and training. Must be able to pass California background investigation. Twelve months obligation: Students can start anytime. 20 hours required per week with two evenings till 9 p.m. as part of the total overall program.

Operating Hours Graduate Student Trainees can work anytime from: 9 am – 9pm, Monday – Friday

Agency Description Crisis intervention youth shelter and counseling agency. Trainees provide crisis intervention, individual, family and group and after care counseling and educational classes.

Theoretical Orientation Structural, Solution Focused, Family Systems

Possible Stipend Yes - \$1,000 per year (English)
\$2,000 per year (Bilingual Spanish/English)

CATHOLIC CHARITIES OF ORANGE COUNTY

Contact Person: Sharon St. Pierre, LCSW

Clinical Supervisor: same as above

Address: 1820 E. 17th St, Santa Ana, CA 92705

Phone: (714) 347-9625

Fax: (714) 542-3020

E-mail: sstpierre@ccoc.org

Web site: www.ccoc.org

Student Requirements Group supervision on Thursday, 3:00-5:00 pm and 1-hour individual (TBS). Preference for Spanish speakers.

Operating Hours 8:00 a.m. – 8:00 pm

Agency Description Catholic Charities is dedicated to strengthening individual and family life by providing clinical services that affirm personal growth and preserve the integrity of relationships. Services provided: Individual, family, marital/conjoint, premarital, and child counseling. Group counseling includes (anger management, personal empowerment, bereavement/grief, and adolescent self-esteem)

Theoretical Orientation Humanistic, Existential, Cognitive Behavioral, & Solution Focused

Possible Stipend No

Revised: 01/2019

THE CENTER FOR INDIVIDUAL AND FAMILY COUNSELING dba THE CENTER FOR PROFESSIONAL COUNSELING

Contact Person: Cami Elen, LMFT, Clinical Program Manager
Supervisor I: Depends on placement.
Address: 5445 Laurel Canyon Blvd. North Hollywood, CA 91607
Phone: 818-761-2227 x229
Fax: 818-761-2959
Email: celen@thecenterpro.org
Website: www.thecenterpro.org

Student Requirements 15 month commitment. Minimum 7 hours per week plus 2 hrs. group supervision, 1 hr. individual supervision (as needed). Mandatory training, (2-3) 3 hour sessions upon start; trainings are scheduled outside of work hours. Malpractice insurance.

Operating Hours Monday – Thursday 9a.m.-9p.m., Fridays 9a.m.-5p.m., Saturdays & Sundays 9a.m. – 6p.m.

Agency Description Individual, couple, family, and child counseling. Issues include abuse, personal relationships, grief and loss, sexual identity, orientation, bisexual, homosexual, transgender. Other issues may include eating disorders and divorce. Population is very diverse. Groups include parenting classes and substance support education groups.

Theoretical Orientations Family Systems, Humanistic, Structural, Psychodynamic, Cognitive Behavioral, Narrative, Couple/Conjoint, Crisis Intervention.

Possible Stipend Yes. **PLEASE NOTE:** This agency charges \$100 per month fee for group supervision and \$100 per month for individual supervision.

Revised 01/2022

CHINO COMMUNITY SERVICES

Human Services Department

Contact Person: June Sano, Clinical Specialist or Kari Franco, Program Coordinator

Address: 13201 Central Avenue, Chino, CA 91710

Phone: (909) 334-3259

Fax: (909) 334-3717

E-mail: jsano@cityofchino.org; kfranco@cityofchino.org

Web: www.cityofchino.org

Student Requirements

A minimum of 15-20 hours per week of contact, supervision, and paperwork. 1-year commitment required. One evening block of time for agency clients required. Group supervision held on predetermined days/times. Individual supervision to be determined between supervisor and supervisee. Students must be a member of CAMFT, carry liability insurance, provide fingerprint clearance, and provide one videotaped session per quarter. Video equipment available on site.

Operating Hours

Monday – Thursday, 8am to 8 pm. Friday, 8am – 6 pm. Closed on weekends.

Agency Description

Community based counseling services serving individuals, couples, and families. School based counseling program serving elementary, middle, and high school settings. Trainings and workshops provided throughout the year. Opportunities to participate in additional programs such as Choices Batterers' Treatment.

Theoretical Orientation

Family systems, structural, Adlerian, CBT, communication.

Possible Stipend

No

Other Information

We have supervisors who are approved with AAMFT and CAMFT.

Revised 02/2022

CITRUS COUNSELING SVCS FKA CHRISTIAN COUNSELING SVCS

Contact Person: David Davamony, Ph.D.

Address: 101 E. Redlands Blvd. Suite 215 Redlands, CA

Phone: (909) 793-1078

Fax: (909) 335-7330

E-mail: ddavamony@ccs-cares.org

Web: www.ccs-cares.org

Student Requirements 20 hrs/week - approximately 8-10 hrs. of direct client contact, plus additional hours consisting of training, supervision, documentation, assessment etc. Students are required to attend weekly staff meetings Wed. from 9am-10am, Wed. group supervision from 10am-12pm and clinical training every 2nd Friday from 10am-12pm. Individual supervision days/times will be determined between supervisor and trainee. Trainees must attend training two weeks prior to seeing clients There will be occasions when the trainee will be requested to accompany an experienced Associate or a Licensed Clinician to a community or school setting to provide outreach and education.

Operating Hours Monday-Friday 8a.m.-8p.m.

Agency Description Christian Counseling Service (CCS) provides training in several areas:

1. Screening, Assessment, Referral and Treatment (SART) and Early Identification and Intervention Services (EIIS) are two programs contracted with the San Bernardino County to provide clinical services to children between the ages of 0 and 8.
2. The Military Family Support provides counseling services to Active Duty, Reservists, National Guard and their families who have experienced trauma.
3. Child Abuse Treatment (ChAT) program provides intensive therapeutic counseling services on an outpatient basis to children under 18 years of age who have been victims of a crime.
4. Other programs on a sliding scale to meet the needs of those who do not have private insurance or do not meet the criteria for the above mentioned programs.

Our mission is to serve families and individuals in the Inland Empire through professional, compassionate and evidence-based mental health services which are rooted in community and faith.

Theoretical Orientation Motivational Interviewing, Floortime (DIR), CBT, Emotionally Focused Couples Therapy, Cognitive Processing Therapy (CPT), Sandtray/Art Therapy, Narrative, Solution Focused, Brief Therapy, Psychodynamic, Mindfulness, Structural Family Therapy, Positive Psychology, PCIT, Crisis Intervention, Strategic, Humanistic /Existential, Equine Assisted Tx.

COUNSELING PARTNERS OF LA (CPLA)

Contact Person: Therese Funk, Executive Director

Clinical Supervisor: Jen Vitanza, LMFT

Address: 206 West Washington Blvd., Los Angeles, CA 90018

Additional Locations: 48 partner school sites through LA County

Phone: (310) 459-2752

E-mail: apply@counselingpartnersofla.org

Website: <https://www.counselingpartnersofla.org/>

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| Student Requirements | <p>To apply send resume, cover letter and list of references.</p> <p>Initial 3-day training, plus 6 more throughout the year. 19 hours total/week, including supervision. Students can expect a caseload of 16-20 student clients and expect to accrue approximately 700- 900 total hours, with 250-300 being direct client hours. You will accrue approximately 60 to 120 supervision hours. Each counselor is set up with the number of supervisions required for caseload. Total hours also include client centered advocacy hours, workshop hours, and note taking hours.</p> <p>Responsibilities include assessing and diagnosing mental health issues. writing treatment plans and weekly progress notes, referring clients to community resources, Implementing specific marriage and family therapy theories and techniques. Diagnostic categories include: performance and social anxiety, generalized anxiety, mild to moderate depression, ADHD, trauma-based diagnosis, adjustment disorders, oppositional defiant, peer and family relational problems.</p> |
| Operating Hours | <p>M-F 7:30am-3pm (practicum school sites)</p> |
| Agency Description | <p>CPLA is a 501C3 non-profit organization founded in 2012 to provide at-risk students in underserved communities of Los Angeles with high quality, school-based mental health support services, provided by exceptional clinician "counselors" who build relationships with and work collaboratively in partnership with student clients, parents and school administrators. The foundation of CPLA's work is individual mental health counseling services for elementary and high school students and thier families. CPLA counselors provide free mental health services and crisis support, open to all students with parental consent. CPLA's service philosophy is to support students at school and includes working with family members and the school community to have the greatest impact. CPLA's highly committed and compassionate volunteer counselors deliver on-site services during the school day, throughout the school year. Each elementary school receives 4 days of service, provided by 2 counselors on alternate days. Each high school receives 5 days of service, provided by 2 or 3 counselors. Counselors are matched to one school site. They quickly become an important and trusted partner in the school community.</p> <p>CPLA counselors provide true mental health services students need and, for the majority, cannot access outside of school. CPLA counselors work with students facing serious stressors and mental health challenges. Almost every day CPLA supports students who are expressing suicidal thoughts and students who report</p> |

situations that require consultation about possible physical or sexual abuse. In doing so, they support faculty and administrators as well as families to meet the needs of these students in crisis. Our ability to collaborate with and support administrators is extremely valuable at our partner schools.

Students are referred when teachers and parents are concerned about a student's emotional well-being, behavior, attitude and/or motivation. Students are also encouraged to self-refer. Counselors provide one-on-one counseling to support students experiencing difficulties, some of which may include Depression, Anxiety, Low Social Skills, Anger Management Difficulties, Attention Difficulties, Difficulty Adjusting to School/Classroom, Impulsive Behaviors, Trauma Recovery, Grief & Loss, Parental Divorce, Blended Family Issues, and Peer Relationships. In individual counseling sessions CPLA counselors support students mental health needs in many ways, including: Improving communication and coping skills, strengthening students' sense of self, self-esteem and self-efficacy, promoting positive behavior changes, identifying goals and effective paths to achieve them, helping parents to support their children's needs, emotionally process and grieve loss and painful family changes.

The CPLA counselors are a source of support for the entire school community. They promote student success in the classroom by focusing on the critical connection between a student's mental health and their ability to effectively take advantage of opportunities to learn. They create partnerships with students, parents, and teachers to help students achieve their goals. They work with parents to improve communication and provide interventions and guidance. Counselors empower students to become their own advocates. CPLA believes that consistent oversight and strong supervision of counselors are critical components in achieving success for students served and to best support the training and growth of our counselors.

Message to Applicants:

We wish you the best in pursuing your goals and completing your education. If you join the CPLA team, we promise that we will be as committed to your success as clinicians every day as much as we are for the students you will serve. We believe we offer an excellent training experience, we also realize that there are many opportunities with other great agencies and organizations, so we thank you for considering CPLA. - The CPLA Team.

Theoretical Orientation

Humanistic, CBT, Sand Tray, Expressive Arts, Solution Focused, Mindfulness, Crisis Intervention

Possible Stipend No

Added 06/2023

FIVE ACRES - PASADENA MENTAL HEALTH CENTER

Contact Person: Kate McGevna, Program Supervisor

Clinical Supervisor: Rudy DeAsis, LMFT

Address: 704 Mountain View Street, Altadena, CA 91001

Phone: (626) 773-3945

E-mail: kmcgevna@5acres.org

Website: www.5acres.org

Note: To apply, email contact for application.

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| Student Requirements | 18-20 hours per week. - Individual Supervision 1 hour per week, Group Supervision 2 hours per week with up to 10 client contact hours/week. Monthly Clinical Training, first Friday of each month from 10am – 12pm. One-hour weekly of phone intake and front desk coverage. |
| Operating Hours | 10am – 6pm M-F |
| Agency Description | Counseling services are office based including individual, couples and family counseling. Student will also provide parent education and domestic violence support counseling in evidence-based practices. All students go through a 3 day orientation and on-line trainings during first 2 weeks of traineeship. Opportunity to gain first-hand clinical experience in a Department of Mental Health (DMH) setting through Five Acres PMHC Intern Training Program. |
| Theoretical Orientation | Evidence Based Practices |
| Possible Stipend | No |

Revised 02/2021

FOOTHILL FAMILY

Contact Person: Margot Stueber, LMFT
Clinical Supervisor I: same
Address: 11429 Valley Blvd., El Monte, CA 91731
Phone: (626) 993-3075; Fax: (626) 993-3083
Website: www.foothillfamily.org
Email: MStueber@foothillfamily.org

NOTE: Option to begin traineeship at the end of May or mid-August. Interviews start in February, so students must send resumes prior to February in order to be considered.

Student Requirements Commitment of 20hrs a week required. Attend mandatory orientation and training beginning at the end of May or mid-August. Trainees are typically assigned 10hrs a week of direct client contact hours. Weekly individual and group supervision.

Desirable Skills Flexibility, curiosity, empathy, self-awareness, openness and ability to integrate feedback. Professional boundaries, integrity, proven time management skills and ability to consistently meet rigorous paperwork deadlines. Due to the language needs of our communities, bilingual Spanish, Cantonese and Mandarin skills are highly desired, but not required.

Operating Hours Monday – Thursday 8:00am – 8:00pm; Friday 8:00am-5:00pm

Agency Description Since 1926, Foothill Family builds brighter futures – empowering children and families in our community to overcome challenges and achieve success in relationships, school and work. We provide counseling, social services, mental health treatment for children, education, and outreach. Our programs and services are available at our six Family Center locations in the San Gabriel Valley as well as at preschools, elementary, middle and high schools, community centers, and in-home visits. Ninety-one percent of children who receive our clinical services are from poverty-level or low-income families.

Learning Opportunities Trainees provide individual, couples, and family therapy to address a variety of issues including ADHD, Depression, Anxiety, disruptive behavior, trauma, grief and loss, child abuse, domestic violence, parenting and divorce related issues. Practice clinical skills: complete initial assessments, diagnose, treatment plan, learn about EBPs, and try out a variety of clinical interventions. Attend in-service, online, and on site DMH trainings.

Theoretical Orientation Brief Therapy, CBT, Rogerian, Strengths Based, Family Systems, Solution Focused, Integrated Developmental Model and Reflective Supervision

Possible Stipend: \$1,000 stipend for bilingual trainees with satisfactory performance, only, paid at end of traineeship.

Revised 01/2019

FULLERTON SCHOOL DISTRICT

Contact Person: Veronica Maciel

Clinical Supervisor: TBD

Address: 1401 W. Valencia Dr. Fullerton, CA 92833

Phone: (714) 447-7500

Fax: (714) 447-7793

Website: <https://www.fullertonsd.org/>

Email: veronica_maciel@myfsd.org

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| Student Requirements | A minimum of 8 hours per week of client contact. 1 hour of individual and 2 hours of group supervision are provided, usually on Wednesday or Friday. Supervision times to be set with supervisor. Trainees will work at school sites as assigned based on needs within the district or at specific school sites. |
| Operating Hours | Monday – Friday 8:00 am – 4:00 pm |
| Agency Description | Fullerton School District provides education to children, ages 3 to 14, and grades, preschool to eighth grade. Trainees would have the opportunity to counsel children kindergarten age to junior high age. Children would be from both general education and special education populations. Trainees may do individual or group counseling. Trainees will have opportunities to work with the parents and teachers, in addition to the students, teaching more effective discipline and building positive relationships in school and home. The children come from all backgrounds, having a variety of needs. Trainees will have training opportunities. Counseling tends to be short term, goal focused, and related to improved academic performance and social interaction. |
| Theoretical Orientation | Cognitive-Behavioral, Brief Therapy, Solution Focused, and Crisis Intervention |
| Possible Stipend | No |

Revised 01/2022

HELPLINE YOUTH COUNSELING, INC.

Contact Person: Rocio Herrera, Director of Programs

Supervisor I: Same

Address: 14181 Telegraph Road Whittier, CA 90604

Phone: (562) 329-7440

Fax: (562) 946-3641

Email: RHerrera@hycinc.org

Website: www.hycinc.org

Student Requirements

Students are required to work 10 to 20 hours a week for a one year commitment. Trainees are expected to attend the following: individual and group supervision, individual program supervision, program meetings, staff meetings, and required meetings. Group supervision meets weekly on Thursdays from 1:00-3:00 pm.

Operating Hours

Monday through Thursday 8 am – 8 pm. Friday 8am-6 pm; Saturday 9am-1pm

Agency Description

Helpline Youth Counseling provides counseling and assistance to at-risk, low income children, youth and their families. This is accomplished through education, therapeutic approaches, advocacy, and the utilization of community resources.

Trainees are placed on-site or off-site at the following three school districts: ABC School District, Norwalk-La Mirada School District, and Whittier School District. Trainees are also provided with opportunities to provide in-home services.

Theoretical Orientations

Bowenian, Brief Therapy, Cognitive-Behavioral, Control Mastery, Couple/Conjoint, Crisis Intervention, Expressive Arts, Existential, Family, Motivational Interviewing, Narrative, Psychodynamic, Sand Tray, Structural and Strategic.

Possible Stipend No

Revised 01/2020

HEMET UNIFED SCHOOL DISTRICT

Contact Person: Hope Anderson, MFT

Supervisor: Same

Address: 1791 West Acacia Ave. Hemet, CA 92545

Phone: (951) 765-5100 ext. 3230

Fax: (951) 765-5119

Email: handerson@hemetusd.k12.ca.us

Website: www.hemetusdk.k12.ca.us

Student Requirements A minimum of 3 hours per week of client contact. 1 hour of individual and 2 hours of group supervision are provided, usually on TBA. Supervision times to be set with supervisor. Trainees will work at school sites as assigned based on needs within the district or at specific school sites.

Operating Hours M-F, 8:00 am – 5:00 pm.

Agency Description The service provide by Student Assistant Program (SAP) is individual, family, group counseling, and also Family conferences. Crisis intervention as needed. The services are for all students (children and adolescents) that attend school at HUSD.

Theoretical Orientation All orientations are covered as needed.

Possible Stipend No

HILLSIDE WELLNESS CENTER

Contact Person: Dr. Irene Yaymadjian, PsyD, LMFT, Clinical Director
Supervisor I: Same
Supervisor II: Steven Granbard, PhD, Clinical Psychologist
Supervisor III: Carla Helene Litto, LMFT
Address: 4521 N. Sherman Oaks Ave. #101
Phone: (818) 849-6888
Email: info@hillsidewellnesscenter.org
Website: www.hillsidewellnesscenter.org

NOTE: All services, training, and supervision are conducted via ZOOM during COVID19

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| Student Requirements | Group supervision: Tuesdays 11am-1pm or 1pm-3pm and Wednesdays 10am-12pm; Staff meetings every Friday from 11am-1pm. Students are typically assigned 10-15 clients. |
| Operating Hours | M-F 9am-9pm & Sat-Sun 9am-3pm |
| Agency Description | At Hillside Wellness Center, we strive to provide high quality affordable inclusive mental health services to individuals, couples, and families who reside in Sherman Oaks and the surrounding areas. In addition to services for residents, Hillside strives to provide comprehensive training and supervision for interns who are working towards licensure in the mental health field. We offer therapy sessions for individuals, families, couples, children, and groups. We collaborate and offer referrals to psychiatrists, nutritionists, Acupuncturists, and other health practitioners. |
| Theoretical Orientation | Jungian, Psychodynamic/Psychoanalytic, Brief-Psychodynamic, Family Systems |
| Possible Stipend | No |

Added 01/2021

HILLVIEW MENTAL HEALTH CENTER, INC.

Contact Person I: Jack Avila, LCSW

Contact Person II: Melissa Cervantes, Psy.D.

Supervisor I: Jack Avila, LCSW

Supervisor II: Melissa Cervantes, Psy.D

Supervisor III: Julie Jones, LMFT

Address: 12450 Van Nuys Blvd., Ste. 200 Pacoima, CA 91331

Phone: (818) 896-1161 Fax: (818) 896-5069

Email: javila@hillviewmhc.org

Website: www.hillviewmhc.org

Student Requirements Students are required to work 16 hours (2 full days/week) for 50 weeks. Students will need to work 8 of the 16 hours on Mondays, which includes mandatory group and individual supervision.

Operating Hours Monday through Friday 9am – 5:30pm.

Agency Description Hillview Mental Health Center is a Community Health Center that has been providing mental health services (including therapy, medication, and targeted case management) to individuals with severe and chronic mental illness in the San Fernando Valley since 1966. Practicum students will have the opportunity to work throughout our current programs including AB109, Adult Residential, CalWORKS, FCCS (Adult, and Older Adult), FSP (TAY, Adult and Older Adult), Outpatient (TAY and Adult), and Wellness Center. These programs provide innovative and structured settings for adults with mental illness who are working to improve their quality of living and functioning in the community. Clients are composed of transitional aged youth, adults and older adults with an Axis I diagnosis (predominantly mood and psychotic disorders) with possible co-occurring anxiety, substance abuse and Axis II disorders. The clients are ethnically diverse. Many clients are monolingual non-English speaking.

Direct/indirect services will include completing intake assessment interviews, case management, collateral/family consultations, individual therapy, facilitating group therapy, and crisis intervention.

Theoretical Orientations Hillview Mental Health Center practices an eclectic orientation based on clients' needs, using the psychosocial rehabilitation model to focus on each individual's strengths instead of their weaknesses and their pathology. We utilize evidence-based treatments, specifically the Cognitive-Behavioral perspective.

Possible Stipend No

Revised 02/2017

HOPE HOUSE INC

Contact Person: Nay Ung, LMFT

Supervisor I: Same

Address: 707 N. Anaheim Blvd

Phone: 714-776-7490 ext 405

Fax: 714-776-8650

Email: nung@hopehouseoc.com

Web site: www.hopehouseoc.com

Student Requirements 1-year commitment, must be able to carry up to 8 clients. You will only be given 1 client when you first start and gradually increase as time permits; must be able to pass a probation clearance be willing to facilitate groups; must register as a drug and alcohol counselor (Hope House will reimburse for any fees)

If you are in recovery, we ask that you have 2 years of sobriety

Must able to attend group supervision Tuesday from 9am-11am

Operating Hours 24-hour facility

Agency Description Private, non-profit, in-patient organization for adults with substance abuse problems. Hope House's mission is to provide Orange County adults with supportive and comprehensive treatment for chemical dependency. Hope House addresses the behaviors and emotions behind addiction. Clients learn a variety of tools to help them control behaviors within themselves instead of relying on others. The program's primary focus is to have clients work through the resident hierarchy. Clients must respect authority, take on responsibilities, and work with fellow clients in a team environment. Treatment includes individual therapy, group therapy, and education about addiction.

Theoretical Orientation No specific theoretical orientation.

Possible Stipend N/A

Revised 06/2023

ICNA RELIEF - CRESCENT COUNSELING CENTER

Contact Person: Deana Helmy

Supervisor I: Maryam Rasouli

Phone: (714) 399-4572

Address: 505 E. Commonwealth Ave, Fullerton, CA 92832

E-mail: dhelmy@icnarelief.org

Web Page: www.icnarelief.org

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| Student Requirements | 7-13 hours per week. 1 hour individual and 2 hours of group supervision. Staff meetings – Saturdays 10am-12pm |
| Operating Hours | Friday and Saturday 10 a.m. - 5 p.m. - currently (Potentially, center will be open Mon-Sat. 10 a.m. to 5 p.m.) |
| Agency Description | <p>ICNA Relief – Crescent Counseling Center provides services to the general population, many of whom are referred from 211. The agency works strongly with local masjids and refugee populations, and see many clients who are mandated for anger management and domestic violence. Most direct client contact hours will be spent providing individual and group psychotherapy to adults, with additional opportunities to work with children, adolescents, couples and families. In addition to performing psychotherapy and attending supervision and staff meetings, trainees will also conduct phone intakes and maintain complete/accurate client records.</p> <p>As a part of supervision, students will prepare and share client case formulations. All trainees are expected to comply with the agency's code of conduct, including notifying their supervisor immediately in the event of a client emergency.</p> |
| Theoretical Orientation | CBT, Humanistic, Solution Focused with attention to building multicultural competencies. |
| Possible Stipend | No |

Revised 04/2022

LAURA'S HOUSE

Contact Person: Theresa Black, Clinical Director
Clinical Supervisor: Theresa Black, LMFT
Address: 33 Journey, Ste. 150, Aliso Viejo, CA 92656
Phone: (949) 361-3775 ext. 229
Fax: (949) 240-8622
Email: tblack@laurashouse.org
Website: www.laurashouse.org

NOTE: Interviews held in March for May/August start date.

Emergency Shelter

Student Requirements 40 hr. State certified training in domestic violence provided.
Group supervision for both Emergency Shelter and Counseling and Resource Center - Wednesdays, 12:15-2:15pm

Operating Hours Daytime and evening hours available. No weekend hours available.
Clients reside at the shelter.

Agency Description Domestic Violence Emergency shelter for women and children.
Group and individual counseling for women and children.

Theoretical Orientation Diverse

Possible Stipend No

Counseling and Resource Center

Student Requirements Group Supervision: Wednesdays, 1pm-3pm
40 hr. State certified training in domestic violence provided

Operating Hours Daytime and evening. No weekend hours available.

Agency Description Domestic Violence Counseling Center providing psycho-educational & process-oriented groups and individual counseling for men, women and children. Family & couples sessions available.
Focus: Prevention, education, and treatment.

Theoretical Orientation Diverse

Possible Stipend No

Revised 09/2021

LGBTQ CENTER OC

Contact Person: Kel Williams, Director of Mental Health

Supervisor I: Anne Cameron, LMFT

Supervisor II: Brooklyn Kendall, LMFT

Address: 1605 N. Spurgeon St. Santa Ana, CA 92701

Phone: 714-953-5428 ext. 202

Fax: 714-246-8907

Email: kel.williams@lgbtqcenteroc.org

Website: www.lgbtqcenteroc.org

Student Requirements Ten-month commitment. Minimum 12 hours per week; this includes supervision. Malpractice insurance. Live Scan. Willingness to increase knowledge of HIV issues, LGBTQ Community. Four group supervisions available and individual supervision arranged with individual supervisors.

Email resume and cover letter to:

Kel.Williams@lgbtqcenteroc.org

Operating Hours Monday – Friday 9:00a.m. – 9:00p.m. Saturdays 9:00a.m. – 5:00p.m. Sundays 10:00 am-4:00 p.m. Also, trainees may provide Telehealth appointments, arranged per trainee and client schedules.

Agency Description Individual, couple, family, and group therapy opportunities. All age ranges. Issues include coming out, transgender, addictions, abuse, dysfunctional relationships, grief, parent-child conflict, adoption, and family of origin issues. Referrals provided. Orientation provided prior to trainees starting with clients.

Theoretical Orientation Existential, Solution Focused, Psychodynamic, Trauma-Focused CBT, Internal Family Systems, Family Systems, Narrative

Possible Stipend No

LIVING SUCCESS CENTER

Contact Person: Ryan Watanabe, LMFT

Supervisor I: same

Address: 1560 Brookhollow Drive, Suite 216, Santa Ana, CA 92705

Phone: (949) 645-4723

Fax: (949) 423-7728

Email: ryan@livingsuccesscenter.org

Website: www.livingsuccesscenter.org

Student Requirements Trainees and associates are expected to do intakes, assessments, diagnose, plan, and carry out therapeutic interventions based on appropriate theoretical orientation. Group supervision hours: Monday 2pm-4pm, Tuesday 4pm-6pm, Thursday 1pm-3pm. Individual supervision TBD based on supervisor and clinician schedules.

Operating Hours Monday - Friday 9:00am – 9:00pm and Saturday 9:00 am – 5:00 pm

Agency Description Agency provides individual, couple, family or group therapy for adults and children. Our mission is to provide counseling services regardless of social or economic status. If you are interested in applying, please fill out an application [here](#).

Theoretical Orientation CBT, Psychodynamic, Experiential, etc.

Possible Stipend none

Revised 04/2022

MAPLE COUNSELING

Contact Person: Marianne Callahan, Ph.D., LMFT Clinical Director

Supervisor I: Same

Address: 439 N Canon Dr, Suite 209 Beverly Hills, CA 90210

Phone: (310) 271-9999

E-mail: mcallahan@tmcc.org

Web site: www.maple4counseling.org

NOTE: Application deadlines: October (Spring) or March (Fall)

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| Student Requirements | <p>Adult Program: Provide 10 clinical hours per week. Attend a two-hour group supervision and one-hour individual (outside) supervision weekly. Participate in the Intake and Assessment Track, conducting psychosocial assessments with new clients and attend the two-hour weekly Assessment Training (Wednesdays 2:00pm – 4:00pm). Attend weekly Clinical Trainings (Tuesdays, 10:00 am – 12:00 noon) on a broad range of clinical topics. General orientation of the Adult Program is psychodynamic or insight-oriented. Psychotherapy may be long term.</p> <p>Adolescent Program: Provide 10 clinical hours per week. Attend a two-hour group supervision and one-hour individual (outside) supervision weekly. Attend weekly training (Tuesdays between 10:00am and noon). Attend a weekly one-hour supervision group specific to the group therapy you are providing in the schools. Seeing clients on three different days in the week, including within school hours, is required. A minimum of one evening per week seeing clients until 9:00pm is required, and an additional evening or Saturday shift may be required. Clients will be seen in school settings or in the clinic. General orientation of the Adolescent Program is attachment focused family therapy and individual adolescent therapy.</p> |
| Operating Hours | M-Th 9:00am - 9:00pm; Fri 9:00am - 5:00pm; Sat 9:00am - 2:00pm |
| Agency Description | <p>Maple Counseling is a non-profit community clinic whose mission is to provide low-cost mental health services to individuals of all ages, couples, and families throughout Los Angeles County, and to provide clinical training for graduate and postgraduate students. Maple Counseling aspires to be the premier training site in Los Angeles for pre-licensed mental health clinicians. The Trainee experience includes excellent supervision and plenty of training. The development of your clinical skills at the center of our focus. A variety of clients to challenge you and further your growth as a therapist. A strong sense of community with your colleagues and the prospect of joining our impressive Alumni network when you finish your internship. The Adult Program: Interns in the Adult Program treat a caseload of individuals age 18 and older. Our adult clients present a broad range of diagnoses and problems. Supervision groups focus on developing your clinical skills, formulating case conceptualization, and building your ability to form effective therapeutic relationships with clients. Diagnostic assessment skills are emphasized as part of the Intake and Assessment Track. The ACT Program (Adolescent and Child Therapy): This training program is focused on the treatment of children and adolescents age 12 and up. Interns see adolescents at Beverly Hills High School and pre-teens at Beverly Vista Middle School, as well as children and adolescents at the clinic. Parents may be included in the treatment with family sessions or as parent consultation.</p> |
| Theoretical Orientation | Family Therapy, Narrative, and Couple/Conjoint |
| Possible Stipend | No |

New 01/2022

MIRACLE MILE COMMUNITY PRACTICE

Contact Person: David Marsten

Supervisor: Same

Address: 5055 Wilshire Boulevard, Suite 310 Los Angeles, CA 90036

Phone: (323) 936-3965

Fax: (323) 936-3988

E-mail: davidmarsten@att.net

Web site: www.mmcpa.org

Student Requirements Trainees are involved at both the micro and macro level at Miracle Mile Community Practice. Micro: 8 face-to-face hours per week with clients; 1 hour of training per week in Narrative practice; progress notes. Macro: a project to be determined between supervisor and trainee (e.g. outreach project to build agency profile and referral sources; web-site re-design; event planning). Clinical supervision held on Fridays from 10:00 am – 12 noon. Training is held on Fridays from 9-10 am.

Operating Hours Monday-Friday, 8:00am-8:00pm
Saturday - 8:00am-4:00pm

Agency Description Miracle Mile Community Practice is committed to social justice. This commitment informs both our theoretical worldview and all program development. We are concerned with equitable distribution of power as it manifests in our engagement with clients and in clients' engagement in the broader social context. Psychotherapy services are offered at affordable rates, on a sliding scale, or at no fee. Clients are from the local surrounding community and come in for individual, couple and family therapy.

Theoretical Orientation Family Therapy, Narrative, and Couple/Conjoint

Possible Stipend No

MISSION HOSPITAL- South Orange County Family Resource Center; CHEC Family Resource Center

Contact Person: Irma R. Garcia, LCSW, Clinical Supervisor, Intern Program Mgr.

Supervisor I: Same as above

Address: 22481 Aspan St. Lake Forest, CA 92630

Phone: (949) 951-2417

E-mail: irma.garcia@stjoe.org

Web site: <https://www.factoc.org/>

Student Requirements Minimum 10 hrs./week required for trainees with mandatory one evening a week on a Wed. or Thurs. from (10:30 a.m. - 8 p.m.). Group supervision: Wed.10:30 a.m. - 12:30 p.m. or Fri. 10 a.m. - 12 p.m. Individual/Triadic Supervision to be determined. Optional staff meetings are held 3rd Monday of each month from 11 a.m. - 12 p.m. Students can expect to spend 15 hrs./week on site with 10-12 client hours, individual/triadic and group supervision, and training. Please note that there is limited clinical support available on Tuesdays.

Operating Hours M/T/F 8:30 a.m. - 5:30 p.m. & W/TH 11:30 a.m. - 8 p.m.

Agency Description Our agency Mission Statement is: As expressions of God's Healing Love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable. Our core values are compassion, dignity, justice, excellence, integrity. The Interns at our Family Resource Centers: provide short term therapy services for children, teens, adults, seniors, couples, families; needed groups (psychoeducational groups and support groups); case management; provide light assistance to the front desk when needed (answering phones, attending to walk in clients), mostly once or twice a month; as time permits, participate in case management team meetings (with FRC/community agency team members including, social workers, therapists, parent educators, case managers, clinical supervisors, nurses) to brainstorm ideas for family resource referral; ;participate in weekly group supervision & individual/triadic supervision. If the trainee is interested in macro level work, there are managers who have projects for trainees i.e. creating organizational charts, helping with the creation of the FRC handbook, creating pre and post-tests, creating PowerPoint slides reflecting FRC services to share with the community.

Theoretical Orientation CBT - EMDR - Solution Focused Therapy - Systems Theory - Positive Psychology - Motivational Interviewing

Possible Stipend Yes - \$3,000 total; \$1500 Fall/Spring

New 08/2022

MONARCH SCHOOL

Contact Person: Carmen Guerrero, Clinical Supervisor, Mgr. of Clinical Services

Supervisor I: Same as above

Address: 1625 Newton Ave, San Diego, CA 92113

Phone: (619) 652-4100 x 1120

E-mail: cguerrero@monarchschoools.org

Web site: www.monarchschoools.org

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| Student Requirements | <p>Minimum 20-25 hrs./week and select an 8am-4:30pm or 8:30am-5pm schedule. Trainees will provide individual, family, couple, and group (co-facilitated) therapy; complete behavioral health assessments, diagnose, and develop treatment plans; attend weekly treatment team meetings, individual and group supervision. Attend and participate in staffing meetings and trainings as scheduled.</p> <p>Staff meetings are currently held Thursdays 1pm-3pm (not every week); Group supervision is held Wed/Thurs during business hours; Treatment teams are held Tuesdays and individual supervision is scheduled with trainee/supervisor.</p> |
| Operating Hours | M-F 8am-6pm |
| Agency Description | <p>Monarch School serves unhoused students and families. and provides academic, social, emotional, and social supports. Monarch provides psychotherapy and behavior intervention supports, family support (resources for housing, food, employment, medical, legal, transportation), onsite NP and Health Tech, school psychologist provides assessments, academic tutoring, after school program.</p> <p>Monarch School is committed to social justice and recognizes and cherishes the dignity of everyone regardless of age, culture, faith, ethnicity, race, gender, sexual orientation, language, disability or social class. Our program emphasizes the importance of diversity and multicultural influences on development throughout training.</p> <p>Our focus is to give all trainees a strong clinical experience that promotes their training as mental health professionals. The goal of the practicum is to provide an opportunity for you to synthesize, integrate, and apply practical skills, knowledge, and training learned through courses, to gain professional experience in a public-school setting.</p> |
| Theoretical Orientation | CBT, DBT, Brief Therapy, Crisis intervention, Expressive Arts, Mindfulness, Motivational Interviewing, Narrative, Solution Focused |
| Possible Stipend | No |

Updated 02/2023

NORTH COUNTY LIFELINE

Contact Person: Halima Martelli, LCSW

Supervisor I: Same

Supervisor II: James Goethel, MFT

Phone: (760) 726-4900

Address: 200 Michigan Ave., Vista, CA 92084

E-mail: hmartelli@nclifeline.org

Web Page: www.nclifeline.org

Student Requirements 15-20 hours per week, M – Th, including both group and individual supervision. Group supervision meets Wednesday from 2:00 to 4:00 pm. The time may change occasionally. Individual supervision times depend on availability of supervisor on M-W from 9am -6pm. Once the trainee establishes a schedule, a set time is maintained each week.

Operating Hours Monday – Thursday, 8:00 am – 8:00 pm
Friday, 8:00 am – 5:00 pm

Agency Description The agency is a non-profit human care agency providing a wide range of services to North San Diego County residents. Individual, couple, family, and group counseling services are provided on a sliding scale fee basis. Teen groups, domestic violence intervention, and parenting classes are also offered to the community.

Theoretical Orientation Cognitive-Behavioral, Family Therapy, Strategic, Brief Therapy, and Motivational Interviewing.

Possible Stipend No

Revised 04/2019

OCAPICA Project Hope/Project FOCUS

Contact Person: Mary Lu, Program Mgr.

Supervisor I: Amy Tran, LMFT

Phone: (714) 636-6286

Address: 12912 Brookhurst St. Suite 480, Garden Grove, CA 92840

E-mail: mlu@ocapica.org

Web Page: <https://www.ocapica.org>

Student Requirements 16-20hrs/week. Trainees are required to attend monthly team meeting (3rd Friday of the month from 11AM-12PM), group supervision and trainings (time and date scheduled with Clinical Supervisor), and weekly check-ins with the Program Manager (scheduled with Program Manager). We ask that trainees be flexible and we will try to accommodate as best we can. Trainees will conduct the assessment, care plan development, diagnosis, case management, and prognosis and treatment of family and child relationships. Trainees may also provide presentations and workshops about relevant mental health topics, and run support groups/group therapy as needed.

Operating Hours Monday – Friday, 9:00 am – 5:30 pm

Agency Description **Project HOPE** is a community-based mental health program under OCAPICA (Orange County Asian & Pacific Islander Community Alliance). OCAPICA is a nonprofit organization with the mission to build a healthier and stronger community through inclusive partnerships in the areas of service, education, advocacy, organizing, and research. Project HOPE services the following: Children and adolescents (between the ages of 0 and 18 years) who are underserved and at risk of OR currently experiencing distress, low mood, social isolation and withdrawal, environmental stressors, life transitions, changes in behavior, onset of mental illness, and other risk factors; Parents of children and adolescents (above criteria) who are overwhelmed, stressed, and do not know where to turn to help; Children, adolescents, and their families who present with stigma and shame surrounding receiving mental health-related services. Additionally, based on need, you may be able to gain experience at **Project FOCUS** (For Our Children's Ultimate Success), our sister program located in the same suite, is a full-service wraparound program that serves clients aged 0-25 years old who qualify with symptoms that are moderate to severe, serious mental illness (SMI), and/or severe emotional disturbance (SED).

Theoretical Orientation Psychodynamic, Cognitive-Behavioral, PCIT, Solution Focused, Motivational Interviewing, Brief Therapy, Mindfulness, Crisis Intervention, Trauma-Informed, Person-Centered, Attachment focused, Multicultural

Possible Stipend No

New: 01/2020

OC HEALTH CARE AGENCY/CHILDREN AND YOUTH BEHAVIORAL HEALTH (CYBH)

Contact Person: Nathaniel Lopez, Ph.D.

Supervisor I: Veronica DeFernandez, LMFT

Supervisor II: Janice Coniglio, LCSW

Supervisor III: Erika Hayden, LMFT

Supervisor IV: Nidia Moran, LMFT

Supervisor V: Jenny Ramirez, LMFT

Supervisor VI: Niyati Roy, PsyD. (Probation)

Phone: (714) 834-5678 Fax: (714) 834-4595

Address: 405 W. 5th Street, Suite 590, Santa Ana, CA 92701

Other Locations **North Region** – Anaheim, Brea; **South Region** – Laguna Hills, Mission Viejo, CA; **Costa Mesa**; **East Region** – Santa Ana, Orange, Tustin; **West Region** – Westminster; Probation Youth in Custody (Youth Guidance Center/Youth Leadership Academy) – Orange;

Student Requirements 16-20 hrs. /week including DCC, mandatory staff meetings - times vary, group/individual supervision - times to be arranged between student and supervisor, and training 1x/month - times/dates tbd.

Operating Hours Administration: Monday – Friday, 8 am to 5 pm.

Agency Description This position is with the Children and Youth Services (CYS). The CYC purpose is to identify, evaluate and treat mental, emotional, and behavioral disorders in children and adolescents ranging in age from zero to 21. Regional CYC clinics serve children and adolescents experiencing behavior disorders, mood disorders, anxiety disorders, sleep and eating disorders, or other severe emotional disorders, and family problems. Clients are referred by their families, schools, health care providers, etc.; or who are wards or dependents of the Juvenile Court. The CYC Specialized Services include in custody and day program for children in specialized situations including Social services and Juvenile Justice. The Social Services Program, Orangewood is an emergency shelter and group home setting focusing on children 0-18 who have been removed from their home due to allegations of abuse. The Juvenile Justice programs include Youth Leadership Academy (YLA) and Youth Reporting Center (YRC). YLA is an in custody program focusing on clients 14-18 year old males in custody. The YRC is an outpatient all day program for 12-18year old clients on probation where the client come from 9:30-4pm every day and attend school, mental health services and probation requirements on group. Trainees can provide a mix of individual therapy, group therapy, family therapy, detailed intakes with families and case management at all these sites.

Theoretical Orientation Varies depending on site

Updated 06/2023

OMID MULTICULTURAL INSTITUTE FOR DEVELOPMENT (O.M.I.D.)

Contact Person: Maryam Sayyedi, Ph.D.

Supervisor I: Same

Supervisor II: Tsai-Ling Fraher, LMFT #113344

Phone: (949) 502-4721

Fax: (949)502-4725

Address: 2101 Business Center Dr. Ste 150 Irvine, CA - 92612

E-mail: msayyedi@omidinstitute.org

Web Page: www.omidinstitute.org

Student Requirements 1 hour individual and 2 hours of group supervision. Monday, Wednesdays, and Friday are group supervision and at least one is mandatory.

Operating Hours Monday – Friday 9 am – 6 pm

Agency Description O.M.I.D. provides mental health services (i.e., assessment, psychotherapy, counseling, group therapy, psycho-educational and skill building classes), training and education of mental health professionals, outreach and research, as well as social services (i.e., housing, food stamp, and Medical) to an underserved multicultural immigrant population of South and Central Orange County.

Theoretical Orientation Diverse

Possible Stipend No

Revised 06/2022

ORANGE COAST COLLEGE – STUDENT HEALTH CENTER

Contact: Larry Valentine, LMFT

Supervisor I: same as above

Supervisor II: Laura Rothafel, LMFT

Phone: (714) 432-5808

Address: 2701 Fairview Ave.

Costa Mesa, CA 92626

E-mail: lvalentine6@occ.cccd.edu

Web Page: www.orangecoastcollege.edu

Student Requirements 14 hours per week required. 1 hour individual and 2 hours of group supervision. Individual is set-up based on student's schedule. Group is Wednesday, 12-2 pm.

Operating Hours Monday – Friday 8 am – 4 pm

Agency Description The Student Health Center is located on campus at Orange Coast College. Students will perform short-term therapy and crisis intervention for a student population, 8 sessions.

Theoretical Orientation Brief Therapy, Narrative Therapy, Cognitive Behavioral and Solution Focused.

Possible Stipend No

OUTREACH CONCERN

Contact Person: Luciana Puyo, M.S., Regional Field Supervisor-Orange County Areas
Supervisor: Same

Mailing Address: 400 N. Tustin Ave., Suite 360
Santa Ana, CA 92705

Phone: 714-319-7672

Fax: 714-547-4578

E-mail: information@outreachconcern.org; luciana@outreachconcern.org

Website: www.outreachconcern.org

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| Student Requirements | 2 days a week at a school site. Receive 3 days of training prior to placement in school site. 2 additional days of training will occur throughout the year. Supervision provided. |
| Operating Hours | Hours designated at school site, usually 8am-3pm. |
| Agency Description | Non-profit, school-based counseling agency to elementary, middle and high schools throughout Orange and Los Angeles counties. Provides individual and group counseling and family support services to focus on the mental health, academic, behavioral, emotional and social issues impacting performance. |
| Theoretical Orientation | Cognitive-Behavioral, Family, Brief, Couple/Conjoint Therapy, and Crisis Intervention. |
| Possible Stipend | Volunteer |

Revised 07/2022

PATHWAYS COMMUNITY SERVICES– GARDEN GROVE

Contact Person: Kristin Testo, LMFT, Clinical Supervisor

Clinical Supervisor I: same

Address: 12966 Euclid Street, Ste 280 Garden Grove, CA 92840

Phone: (714) 823-4770

Email: Kristin.Testo@pathways.com

Website: <https://www.pathwaysofcalifornia.com/children---youth.html>

Student Requirements Minimum 16 hours per week for one year. Staff meeting required. 1 hour individual, 2 hour group supervision provided. 1 year commitment. Spanish speaking preferred.

Operating Hours Monday – Friday 8:30a.m. – 5:30p.m. After hours by appointment. Home and school services.

Agency Description The clinic is an outpatient/community based program designed to meet the mental health needs of Medi-Cal eligible children ages 0-21. Serves children and adolescents with serious emotional disturbances, including parent instruction. Individual/family, group therapy, mediation management, and psychological testing.

Theoretical Orientation Family Systems, Cognitive Behavioral Therapy, Solution-Focused, Play Therapy, Trauma Focused CBT, PCIT, FIT

Possible Stipend Yes – small stipend available

Revised 08/2021

PHOENIX HOUSE-SANTA ANA-DRUG AND ALCOHOL REHABILITATION

Contact Person: Eric Jones, LMFT, Clinical Director

Supervisor I: Same

Address: 1207 E Fruit St Santa Ana, CA 92701

Additional Locations: Venice, CA & Lake View Terrace, CA

Phone: 714-953-9373

E-mail: ejones@phoenixhouseca.org

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| Student Requirements | Trainees will be assigned 8-12 DCC hours/week including running weekly EBP (Evidence Based Practice) group(s). Trainees are also required to attend ind/group supervision along with mandatory trainings throughout the year including: documentation standards, cultural competency (6hr County mandated training), and provider legal obligations. |
| Operating Hours | Office - Monday through Friday, 9:00 am – 5:00 pm. Facilities 24/7. |
| Agency Description | Phoenix House is a residential substance abuse treatment facility that provides the following services to clients: drug and alcohol counseling; group counseling; individual therapy; couples and family therapy; support groups. We are passionate about healing individuals, families, and communities challenged by substance use disorders and related mental health conditions. Trainees on site will focus mainly on individual, group and couple/family therapy, but may also assist in assessment and crisis intervention. |
| Theoretical Orientation | Motivational Interviewing, Psychodynamic, Strategic, Systems (Bowenian), Experiential, Attachment, Narrative, and CBT. |
| Possible Stipend | No |

Revised 01/2021

PHOENIX HOUSE-SANTA ANA-SCHOOL-BASED SERVICES PROGRAM

Contact Person: Katherine Womack, M.S., LMFT, Clinical Supervisor

Supervisor I: same as contact

Address: 1901 E. 4th Street, Ste. 350 Santa Ana, CA 92705

Additional Locations: Venice, CA & Lake View Terrace, CA

Phone: (714) 486-0940

E-mail: kwomack@phoenixhouseca.org

Student Requirements Trainees will be assigned 12-15 hours per week of direct service hours to meet with students in need of social emotional support. Services will be provided on school sites in collaboration with school staff and the district student health services clinician. Trainees will provide therapy services, assessment, crisis intervention and case management. Trainees are also required to attend weekly groups and individual supervision.

Operating Hours Monday – Friday, 7:30am-5pm

Agency Description Phoenix House California provides services to men, women and adolescents that span across the continuum of care including; prevention, outpatient services, residential care and aftercare. PHCA partners with local health care agencies, managed care companies, DHCS, local school districts, probation and the California Department of Corrections. Our programs consist of groups, individual therapy, support groups, case management, psycho-education, community advocacy and community education. We are passionate about healing individuals, families and communities challenged by substance abuse and related mental health conditions. Trainees for our school based programs will focus mainly on individual, group and family therapy.

Theoretical Orientation CBT, Motivational Interviewing, Psychodynamic, Family Systems, Attachment, Experiential, Narrative, Systems.

Possible Stipend No

Revised 01/2021

PHOENIX HOUSE-LAKEVIEW TERRACE-SCHOOL-BASED SERVICES PROGRAM

Contact Person: Nely Meza-Andrade
Supervisor I: Rima Hodaly, LMFT
Address: 11600 Eldridge Ave. Lake View Terrace, CA 91342
Additional Locations: Santa Ana & Venice, CA
Phone: (818) 686-3000
E-mail: nmeza@phoenixhouseca.org

Student Requirements Trainees must be available 3 times a week for a minimum of 16 hours per week. Trainees must be available for 2 weeks' worth of onboarding training, ranging from 30-40 hours both weeks. Trainees must be available every Wednesday 10am-12pm for clinical group supervision.

Operating Hours Monday to Thursday 8am-6:30pm & Fridays 8am- 5:30pm

Agency Description Phoenix House California is a nonprofit corporation passionate about healing individuals, families, and communities challenged by substance abuse disorder and related mental health conditions. Since 1979, Phoenix House has been providing addiction, behavioral health and family services to anyone who needs our help, often offering the only chance of recovery to the underserved and uninsured in our communities. Phoenix House has provided Mental Health Services to Los Angeles area youth in the San Fernando Valley since 2003. Phoenix House offers outpatient mental health services to children, adolescents, and young adults (ages 0-24). Our clinical team provides individual, family, group therapy, case management, in addition to medication support services by our medical director. These services have been offered both at the Phoenix Academy at Lake View Terrace, and in local elementary, middle and high schools in north-east San Fernando Valley. In addition to mental health services, our Lake View Terrace location also offers therapeutic behavioral services (TBS), Wraparound services, and Outpatient Substance Abuse services (youth & adults). Trainees have the opportunity to provide field-based services such as client's homes and within our contracted community-based schools (elementary, middle, and high schools). All field-based services are provided during business hours.

Theoretical Orientation Solution Focused, CBT, Family Systems, Liberation Psychology

Possible Stipend No

Updated 01/2023

PLAN-IT LIFE, INC.

Contact Person: Shelia C. Marshall-McLean, LMFT

Supervisor I: Same

Supervisor II: Dr. Roslyn Turner-Clark, LMFT

Address: 6235 River Crest Dr., Ste O

Riverside, CA 92507

Phone: (951) 742-7561

Fax: (951) 272-0748

E-mail: office@planitlife.org

Student Requirements 16 hours/week. This includes one hour of individual supervision 1-2 times a week and two hours of group supervision weekly. Afternoon and evening work as clients are in school. Flexible weekends; meeting weekly with clinical supervisor.

Operating Hours Office - Monday through Friday, 9:00 am – 5:00 pm. Facilities 24/7.

Agency Description Plan-it Life is a diagnostic, assessment and stabilization program. We provide therapeutic services to youth in the foster care system who are 12-17 years of age. Goals of the program are to provide food, shelter, clothes, and a sense of psychological security. Complete a thorough psychological evaluation, assessing needs. Provide instruction in the development of coping skills, self-confidence & self-esteem, communication, anger management, decision making, and conflict resolution.

Theoretical Orientation Cognitive-Behavioral, Expressive Arts, Family Therapy, Brief Therapy, and Crisis Intervention

Possible Stipend Yes

Revised 11/2019

RIO HONDO COLLEGE, STUDENT HEALTH & PSYCHOLOGICAL SVCS

Contact Person: Denna Sanchez, PhD, Coordinator

Supervisor I: Same

Supervisor II: Glenn Heap, LMFT

Address: 3600 Workman Mill Rd Whittier, CA 90601

Phone: (562) 908-3438

E-mail: dsanchez@riohondo.edu

Website: <https://www.riohondo.edu/student-health-services/psychological-services/>

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| Student Requirements | In addition to both individual and group supervision, trainees must attend mandatory group training on Wednesdays from 10:30am-12:30pm. Trainees will provide individual therapy, crisis intervention, and group counseling for a diverse college student population. Trainees will also conduct clinical assessments, diagnosis, treatment planning and apply psychotherapeutic interventions. |
| Operating Hours | Monday-Thursday 8am-6:30pm and Friday 8am-3pm. |
| Agency Description | <p>Psychological services are available to currently enrolled students attending Rio Hondo College. SHPS provides the following services:</p> <ul style="list-style-type: none">• Short-term Individual Therapy, up to 8 sessions or so• Group Therapy• Suicide prevention• Parent, Faculty, & Staff Consultations• Classroom workshops and presentations• Mental Health & Wellness Events• Community partnerships & Referrals• Outreach and support groups to vulnerable populations:<ul style="list-style-type: none">- RISE Scholars (formerly incarcerated or system-impacted)- Guardian Scholars (experienced foster care)- Dreamers (undocumented students)- Queer Initiative (LGBTQIA)- CARE/EOPS (Single parents)- Veterans- Rio Recovery (for those struggling with addiction) <p>Student Health and Psychological Services' goal is to contribute to the educational and health objectives of students by promoting their physical, emotional, mental, and social well-being. These actions will promote lifelong learning and expand the educational and personal achievements of our students.</p> |
| Theoretical Orientation | Varies |
| Possible Stipend | No |

Revised 02/2022

S.A.G.E Holistic Health and Wellness Center

Contact Person: Emily Celis, LMFT, Director

Supervisor I: Same

Address: 14081 Yorba Street, Suite 105, Tustin CA 92780

Phone: (714) 391-3853

E-mail: emilycelis@sagewellnessctr.org

Website: <https://sagewellnessctr.org>

Student Requirements

In addition to both individual and group supervision, trainees must attend mandatory group training the last Friday of every month from 2pm-3:30pm (subject to change in 2023). Group supervision is held in person Wednesdays from 8:30am-10:30am and individual supervision is on T/W/TH by appointment. Trainees will apply psychotherapeutic techniques, assessment, diagnosis, prognosis and treatment of couple, family and child relationships, to promote healthy functioning, document said contacts/sessions, attend any required meetings, groups, supervision.

Operating Hours

Sunday – Saturday (7 days/week) 8am-9pm

Agency Description

S.A.G.E. Holistic Health & Wellness Center is built upon the belief and evidence that we do best when we integrate various parts of wellbeing into our lives: nutrition, body movement, mental health and spirituality. Our mission is to make holistic education and services accessible and available to the public so that they may experience the fullness of living a whole and balanced life. Our mental health pillar is currently our most utilized resource and our team works integratively with other practitioners at our practice as well as those outside our practice who are part of clients' wellness team. We offer individual therapy for adolescents/teens and adults as well as provide support for couples and families. Our therapists provide a vast array of therapeutic approaches and all of our therapists are highly trained in trauma-informed practices; many of our therapists are trained in EMDR as well. We aim to build community through these efforts and hope to bring other S.A.G.E. Family members on board who are passionate about how the body, mind and spirit all work together for holistic wellness.

Theoretical Orientation

Multiple

Possible Stipend No

Updated 02/2023

SPARE COUNSELING CENTER

Contact Person: Sharon Barnes, Executive Dir.
Clinical Supervisor I: John Walthart, Clinical Dir., LMFT
Clinical Supervisor II: Karen Chalmers, LMFT
Clinical Supervisor III: Michelle Ng, LMFT
Mailing Address: 1240 N. Van Buren St., Suite 205
Anaheim, CA 92807
Phone: (714) 345-4938
Fax: (714) 630-8359
Email: Sharon.barnes555@gmail.com
Website: spareministries.org

Student Requirements 8-10 hours per week are required. Students will most likely work on-site at the Orange Office but may also work in the Brea Office and/or at a satellite working with residents at Come to Him – a residence for men, women, and children trying to become self-sufficient. This includes one hour of individual supervision 1 time a week and two hours of group supervision weekly. Staff meetings held on Fridays 10 am – 12 noon.

Operating Hours Varies

Agency Description SPARE Counseling Center provides individual, couples, family and marriage therapy, as well as groups. We work on a sliding scale in order to provide services to those in need even when they cannot afford our standard fee. We partner with other local agencies in order to offer a multi-faceted approach to healing, recovery, and support.

Theoretical Orientation Psychodynamic, Cognitive-Behavioral, Sand Tray, Expressive Arts, Family Therapy, Brief Therapy, Couple/Conjoint, and Crisis Intervention

Possible Stipend No

Revised 9/2015

SPIRITT FAMILY SERVICES

Contact Person: Norma Yoguez, Program Manager
Clinical Supervisor I: Sally Michael, LMFT Clinical Supervisor
Clinical Supervisor II: Alfonso Garcia LMFT, Clinical Supervisor
Address: 2000 Tyler Ave. So. El Monte, CA 91733
Phone: (562) 236-5043
Fax: (562)903-7000
Email: Normay@spiritt.org
Website: Website: <https://www.spiritt.org/>

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| Student Requirements | 12 to 15 hour a week. Will need a criminal clearance. Trainee will work for the CARINO Program which is funded by Dept. of Children and Family Services for a child abuse and neglect prevention, intervention and treatment program. Trainees will conduct intakes, assignments and develop a treatment plan with clients. Target population is children, adolescents and parents. 1 hour of individual; 2 hours of group supervision. Trainees could be placed in schools program, family preservation, and mental health. |
| Operating Hours | Monday – Friday 8:30a.m. – 5:00p.m. Some Sites Open till 8 pm |
| Agency Description | Spiritt Family Services provides individual, family and group counseling to referrals from Dept. of Children and Family Services, Department of Probation, First 5 LA, local schools and other community agencies. |
| Theoretical Orientation | Systems Approach, Structural, and CBT |
| Possible Stipend | No |

Revised 07/2020

ST. JUDE NEIGHBORHOOD HEALTH CENTER

Contact Person: Xenia Marshall
Clinical Supervisor I: same
Address: 731 S. Highland Ave
Fullerton, CA 92835
Phone: (714) 446-5288
Email: xenia.marshall@stjoe.org

NOTE: Bilingual Spanish Speaking, Only.

Student Requirements Minimum 10 hours per week for a one year commitment. Group supervision held Tuesday/Thursday 8:00am-10:00am. Mandatory two hours of group supervision on either Tuesday/Thursday, plus one hour of individual supervision per week. In addition, trainees will be required to perform intake assessments, administer diagnostic tests, review patient records, develop a treatment plan and diagnosis, help facilitate workshops and groups on various topics and implement counseling sessions in both English and Spanish, with goal directed treatment in mind.

Operating Hours Monday – Saturday 8:00a.m. – 5:00p.m.

Agency Description The clinic is a faith-based community program designed to meet the mental health needs of undocumented, low income and marginalized individuals, families, couples, teens, and children, and provides complete psycho-social evaluations, psychotherapy (individual, couples, family and group) community referrals, psychiatric evaluations and medication management services.

NOTE: Therapy services will be performed at 320 Elm Ave Fullerton CA 92832, in a small building adjacent to the Neighborhood Health Center (approximately 50 feet away).

Theoretical Orientation/Training Psychodynamic, Cognitive-Behavioral, Structural, Family Therapy, Strategic, Brief Therapy, Couple/Conjoint, Bowenian, Crisis Intervention. In addition to training utilizing various theoretical methods, students will also receive specific training on clinic protocol, crisis management, diagnosis, use of electronic medical records and documentation.

Possible Stipend Yes

ST. JUDE NEIGHBORHOOD HEALTH CENTER (LA AMISTAD)- ORANGE

Contact Person: Xenia Marshall
Clinical Supervisor I: same
Address: 363 South Main Street, Suite 217
Orange, CA 92868
Phone: (714) 771-8000 Ext.15821
Email: xenia.marshall@stjoe.org

NOTE: Bilingual Spanish Speaking, Only.

Student Requirements Minimum 10-15 hours per week for a one year commitment. Group supervision held Tuesday mornings/Thursday afternoons, alternating plus one hour of individual supervision per week, Wednesday or Thursday. Trainees will be required to attend electronic health record computer training and emergency preparedness. Trainees will perform intake assessments, administer diagnostic tests, review patient records, develop a treatment plan and diagnosis, and implement counseling sessions in both English and Spanish.

Operating Hours Monday – Friday 8:00a.m. – 5:00p.m.

Agency Description The clinic is a faith-based community program designed to meet the mental health needs of undocumented, low income, and marginalized individuals, families, couples, and provides complete psycho-social evaluations, psychotherapy (individual, couples, and family), community referrals, psychiatric evaluations and medication management services.

Theoretical Orientation/Training Psychodynamic, Cognitive-Behavioral, Structural, Family Therapy, Structural, Brief Therapy, Couple/Conjoint. Students will also receive specific training on clinic protocol, crisis management, diagnosis, goal directed treatment and proper documentation.

Possible Stipend Yes

Revised 09/2016

STRAIGHT TALK COUNSELING

La Mirada

Contact Person: Mercedes Zazueta, Program and Outreach Manager

Supervisor I: Carole Arlt, LMFT

Supervisor II: Celia Garcia, LMFT

Address: 13710 La Mirada, La Mirada, CA 90638

Phone: (562) 943-0195

Fax: (562) 902-2962

Email: stclm@straighttalkcounseling.org

Website: www.straighttalkcounseling.org

Santa Ana

Contact Person/Supervisors – SAME as above

Address: 3785 S. Plaza Drive, CA 92704

Phone: (714) 828-2000

Fax: (714) 828-2004

Email: info@straighttalkcounseling.org

Student Requirements 3 hours per week of supervision: 2 hours of group supervision, 1 hour of individual supervision per week (must attend all supervision). Students will be individually interviewed by program manager and clinical supervisor. Minimum 15 hours per week, including supervision. Minimum of 8 clients per week. Students are required to work one evening until 9pm.

Operating Hours **La Mirada** Monday – Thursday, 9a.m. – 9p.m.
Santa Ana Monday – Thursday, 9a.m. – 9p.m.; Friday 9am-5pm

Agency Description Individual, family, couples, child, adolescent, group therapy. Opportunities to work with school system available. Additionally, agency offers professional development classes which trainee has opportunity to lead (lectures/ workshops) on various topics including bereavement, parenting, anger management, seeking safety, teen substance, etc.

Theoretical Orientation Eclectic mix of theoretical approaches

Possible Stipend N/A

TURNING POINT CENTER FOR FAMILIES

Contact Person: Sheila Diskin, MFT

Supervisor I: Mary Greenberg, MFT

Supervisor II: Sheila Diskin, MFT

Address: 3151 Airway Ave, Ste F-206A, Costa Mesa, CA 92626

Phone: (714) 547-8111

Fax: (714) 547-7905

E-mail: tpcff@sbcglobal.net

Student Requirements One-year commitment. Minimum 15 - 20 hours per week. Group and individual supervision. Weekly training meetings: Tuesdays 1:00-3:00p.m. Particular interest in Spanish speaking students.

Operating Hours Monday - Friday, 8:00a.m. - 9:00p.m.
Saturday, 8:00a.m. – 6:00p.m.
Sunday, 8:00a.m. - 6:00p.m.

Agency Description Affordable counseling for varied population of adults and children, both male and female. Counseling services includes depression, grief, single parenting, pregnant teens, and at-risk youth, pre-marital, marriage, divorce recovery and play therapy. Groups include Teen Mom, Parenting (both English and Spanish), Teen Relationship Group, and Anger Management, including Adult, Teen, and Pre-Teen groups. Also an opportunity to work in schools providing counseling to students. Sliding Fee Scale.
NOTE: We are school based and place students 1 to 2 days per week. We are using telehealth of course at this time

Theoretical Orientation Family Systems, Psychodynamic

Possible Stipend No

Revised 02/2021

TUSTIN UNIFIED SCHOOL DISTRICT

Contact Person: Cindy Ficken, Education Related Mental Health Specialist

Supervisor I: Same as above

Supervisor II: Gloria Rodriguez, LMFT

Address: 1171 El Camino Real Tustin, CA 92780

Phone: (714) 547-8111

E-mail: cficken@tustin.k12.ca.us

Student Requirements 15 hrs./week, including: 8-10 DCC hours, supervision and required staff meeting
1 Mon. per month, 1:30-3:30pm.

Operating Hours Monday - Friday, 8:30 a.m. – 3:30 p.m.

Agency Description Tustin Unified School District (TUSD) has 18 elementary schools, 5 middle schools, and 4 high schools. The mission statement is to enhance the quality of life in Tustin through collaboration, compassion, and connection. The Special Education Department provides Mental Health Counseling as part of a students Individualized Education Program (IEP). Counseling is provided to students that qualify for these services through a Multi Disciplinary Assessment process. As part of this assessment a social/emotional assessment is conducted. The trainee's will learn to conduct a social/emotional assessment, write goals, and understand how to counsel students that may have Autism and Learning disabilities in addition to their mental health concerns. They will be part of the students IEP team. The trainee will receive training in Individual therapy for school age children, parent and group counseling, understanding of students with various disorders and learning disabilities, how to conduct a social/emotional assessment and create measurable goals, work as an IEP team providing the mental health prospective on the student. Trainees will also be trained on how to use the various school based/special education tools i.e. SEIS, Aeries and on the district's Risk Assessment process and when to call the Crisis Assessment Team (CAT). Other areas of focus are: Group and Parent Counseling

Theoretical Orientation Client Centered, CBT, DBT, Solution Focus, and Family Systems.

Possible Stipend No

Added 06/2023

VALLEY COMMUNITY COUNSELING CLINIC

Contact Person: Dina Dean, Operations Mgr./Dr. Calle Walcott-Rounds, Ph.D., Director
Supervisor I: Yana, Sercarz, LMFT

Supervisor II: Eliane.hary@gmail.com, Clinical Psychologist

Address: 6400 Laurel Canyon Blvd. Ste 260., North Hollywood, CA 91606

Phone: (818) 763-2084; Fax (818) 763-2084

Email: contact@valleycommunitycounselingclinic.org (general)

cwalcottrounds@gmail.com (applications)

Website: <https://www.valleycommunitycounselingclinic.org/overview>

Students interested in applying must download the on-line application from the clinic's website and mail/email to Dr. Walcott. Clinic accepts trainees/interns in March/Sept.

Student Requirements One-year commitment-15 hours per week-including case load of 8-10 clients, 1 hour of individual/2 hours of group supervision weekly, 1.5 hrs. weekly training (3 hrs/weekly for first 9 weeks), and case conferences on Wednesdays, from 2:30 pm to 4:00 pm. Students must attend orientation training and scheduled seminars/workshops. Students are expected to familiarize themselves with the structure, goals and philosophy of the clinic, maintain accurate and timely case files and be involved in their own personal psychotherapy.

Operating Hours Mon-Fri: 8 am - 9 pm; Sat.: 9 am – 5 pm

Agency Description Valley Community Counseling Clinic is a non-profit community organization. It was established nearly 50 years ago as part of the Valley Community Healthcare (VCH) network but established itself as an independent non-profit clinic in 2016. The clinic's mission is to provide low-cost, sliding scale mental health services to the those in the San Fernando Valley and surrounding areas who are unable to afford private practice care. Valley Community Counseling Clinic offers psychotherapy services for adults, adolescents, children, couples, and families. Therapists treat patients struggling with a wide variety of mental health concerns

Theoretical Orientation *Psychodynamic, with an emphasis on object relations theory.* Through supervision and case conference, interns will learn about the application of psychoanalytic concepts and technique to the clinical setting. Interns bring process notes to their supervisory sessions. The patient's material, along with the therapist's interventions, are explored in depth. Students also receive on-going training in multi-cultural counseling.

Possible Stipend Students pay a monthly administrative fee of \$60. After 1 year and upon graduation, associates may receive 30% of their patients' fees.

Revised 02/2020

WEST COVINA UNIFIED SCHOOL DISTRICT

Contact Person: Montserrat Gomez, LCSW

Supervisor I: Montserrat Gomez, LCSW

Supervisor II: Lili Florez, LCSW

Address: 1717 W. Merced Ave., West Covina, CA 91790

Phone: (626) 939-0600 x6259 or (626) 931-1810 x5015

Email: montserrat.gomez@wcusd.org

Student Requirements 16 hours per week. This includes one hour of individual supervision 1 time a week and/or two hours of group supervision weekly. Staff meetings are to be determined.

Operating Hours 7:30 am - 4:00 pm

Agency Description WCUSD schools serve students from pre-K through high school and MFT students will be providing counseling services to at-risk students including educationally-related Mental Health services. Trainees will identify the counseling needs of at-risk students, provide individual and group counseling to students, provide family counseling or consultation when applicable, participate in Student Study Team (SST) meetings and IEP meetings, maintain records, monitor student progress towards successful utilization of services, participate in individual and group Supervision, and communicate with on-site Supervisor, school staff, and parents. A Three-Tier Model of services will be implemented.

Theoretical Orientation Cognitive-Behavioral, Solution-Focused Brief Therapy, and Crisis Intervention

Possible Stipend Yes, TBD

WEST END FAMILY COUNSELING SERVICES

Norton-Fischer Child & Family Center

Contact Person: Jodi Smith, Program Director

Address: 7165 Etiwanda Ave., Rancho Cucamonga, CA 91739

Phone: (909) 983-2020 x5002

Email: jodismith@wefcs.org

NOTE: Submit resume and letter of interest via email.

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| Student Requirements | One-year commitment from September to May, with a minimum commitment of 16 hours per week. Mandatory 2 day orientation in late August. TB test and live scan required. Weekly individual supervision and mandatory group supervision on Wednesdays from 3:00 – 5:00pm. |
| Operating Hours | 8:00am - 5:00pm |
| Agency Description | Private, non-profit community based mental health agency. Trainees work in the school based counseling program which provides high quality mental health services to children and their families at local school sites. Opportunities provided for interns include: individual and group counseling, family therapy, case management, assessment, information and referral, charting and documentation, inter-agency communication, staff consultation, classroom and/or staff educational presentations and in-services, parent training, crisis intervention and case presentations. Ongoing trainings focus on play therapy and childhood disorders. |
| Theoretical Orientation | Family Systems, strong emphasis on Play Therapy. |
| Possible Stipend | No |

Revised 07/2019

WESTERN YOUTH SERVICES – NORTH (ANAHEIM)

Contact Person: Ryan Sandburg, LMFT, Program Director

Contact email: ryan.sandburg@wysoc.org

Contact Phone: 714 871-5646 ext 4222

Clinical Supervisor: Steve Sproule, LCSW; Danika Kasky, LMFT

Address: 505 N. Euclid St., Ste. 300, Anaheim, CA 92801

Phone: (714) 871-5646 Fax: (714) 817-7368

Website: www.westernyouthservices.org

Student Requirements Twenty hours per week of availability is preferred, over 3 days. Group supervision is held weekly on Tuesdays 9:00 am-11:00 currently (subject to change); Individual supervision is arranged directly with your supervisor. Staff meetings are held Thursdays 11am-12pm. Bilingual skills are a plus.

Operating Hours Monday - Thursday, 8:00a.m. – 8:00p.m
Friday, 8:00a.m. - 5:00p.m

Agency Description We are a youth MediCal clinic serving children ages 2-21 with a full range of DSM diagnoses. We use evidence-based practices such as PCIT, FFT, TF-CBT, Seeking Safety and the Incredible Years parenting group. Opportunities to do individual therapy, family/collateral therapy, parent sessions (as indicated), group counseling, and learning evidence-based modalities are available, as well as learning MediCal paperwork requirements. Some elementary school-based counseling is also offered. Collaboration with our multidisciplinary staff is encouraged, which includes: MFTs, LCSWs, LPCCs, Psy.D.s, MDs, TBS coaches, staff in the licensure process, and trainees from various counseling programs. APA Accredited internship site.

Theoretical Orientation No orientation is mandated, though much of our work is best described through CBT language that is measurable and observable. Various orientations and evidence-based practices are utilized.

Possible Stipend No stipend, however mileage and parking fees are reimbursed for treatment and other work-related travel

Revised 01/2022

WESTERN YOUTH SERVICES- FAMILY OASIS RESOURCE CENTER

Contact Person: Jennifer Eich LCSW, Program Director

Address: 131 W. Midway Dr., Anaheim, CA 92805

Phone: (714) 517-7107

Fax: (714) 956-1990

E-mail: Jennifer.Eich@westernyouthservices.org and/or smartin@westernyouthservices.org

Website: www.westernyouthservices.org

Student Requirements 20hrs/week availability, over 3 days per week preferred. Weekly group supervision, Wednesdays from approximately 1:30pm-3:30pm. Individual supervision is arranged directly with your assigned supervisor. Staff meetings are held Thursdays from 2:30-3:30pm. **Bilingual (Spanish) skills are a plus.**

Operating Hours Monday-Friday, 7:00am-5:00pm

Agency Description WYS is a public non-profit agency which provides mental health services to children, youth and families. Our Family Oasis location in Anaheim houses our JS4K school-based mental health program.

JumpStart4Kids (JS4K) – provides school-based counseling services, character building, and parenting support to students and their families at each of the 23 school sites in Anaheim Elementary School District (AESD). Services are provided to students and their families from preschool through 6th grade. Practicum students go to different campuses based upon referral(s)/ need. JS4K is a strength-based program which focuses on buffering children from the adversity of trauma (Adverse Childhood Experiences) and toxic stress, the 40 Developmental Assets as the building blocks of healthy development. Services include, but are not limited to, individual counseling, group counseling, family/collateral counseling, consultation with teachers and administrators, crisis intervention, case management, classroom presentations on mental health related topics, etc. JS4K providers are seen as providing a refreshing, strength-based, approach to dealing with complicated behavioral problems.

Theoretical Orientation Various orientations and evidence-based practices are utilized.

Possible Stipend No stipend, however, mileage and parking fees are reimbursed for treatment and other work-related travel.

Revised 02/2023

WESTERN YOUTH SERVICES- MHSA/SAUSD

Contact Person: Jackie Girgis, LCSW, Program Director

Supervisor I: Same as above

Supervisor II: Jonathan Lucero, LMFT

Address: 18350 Mt. Langley Street, Suite 220 Fountain Valley, CA 92708

Office: (949) 899-2172

Fax: 714.861.6430

E-mail: Jackie.Girgis@westernyouthservices.org

Website: www.westernyouthservices.org

Student Requirements 16-20/wk., over 2-3 days. Group supervision, Wednesdays from 12:30-2:30pm. Individual supervision is arranged directly with your supervisor. Staff meetings are held Fridays 11-12 (may change to Wednesdays). **Bilingual (Spanish) skills are a plus.**

Operating Hours Monday, Wednesday, and Friday, 8:00am-5:00pm; Tuesday and Thursday, 8:00am-8:00pm

Agency Description WYS-MHSA/SAUSD provides school-based counseling services on school campuses within the Santa Ana Unified School District. The district has K-12; the practicum students have the opportunity to work with a variety of age ranges. The student will be stationed at 1 or 2 campuses. Services are provided to students and their families with a wide range of presenting problems.

Theoretical Orientation Various orientations and evidence-based practices are utilized.

Possible Stipend No – However, reimbursements for work-related travel are available

Revised 07/2021

THE WHOLE CHILD

Contact Person: Sherlyn Fish, LMFT, Outpatient Program Manager

Supervisor I: Same as above

Supervisor II: Renee Davis, LCSW

Supervisor III: Ana Mejia, LCSW

Address: 10155 Colima Road Whittier, CA 90604

Office: (562) 692-0383

E-mail: sfish@thewholechild.org

Website: www.thewholechild.org

Student

Requirements 16 hrs/week, including 8 DCC hrs., supervision and training. Trainees are on boarded with learning material related to providing services under DMH contracted facility. Before seeing clients, trainees review training in crisis evaluation, child abuse, theory, interventions documentation and agency history. Training for students continues after face-to-face sessions commence.

Operating Hours Monday-Thursday 8am-7pm, Fridays 8am-5pm

Agency Description The Whole Child is a 65-year-old non-profit organization providing Mental Health, Family Housing, Parent Enrichment and Nutrition Education services to some of the most vulnerable families in Los Angeles County. Our team provides a comprehensive array of interventions to families with children and youth in under-served populations. We have the unique capability to seamlessly cross-refer our clients to applicable programs within the agency as needed. This allows us to quickly and effectively stabilize families and help them find resilience in their most challenging times.

Theoretical Orientation The Whole Child supports use of a variety of theoretical orientations including CBT, Crisis Intervention, family systems, psychosomatic, solution focused, MAP, TFCBT (Trauma Focused Cognitive Behavioral Therapy) and Seeking safety.

Possible Stipend No

Added 06/2023

Appendix B

Forms and Information

APPENDIX B

FORMS & INFORMATION

1. Declaration
2. Consent Form for Participation in Counseling Practicum
3. Transportation/Storage of Confidential Client Data
4. 4-Way Agreement
5. CHHD In-person Internship Practicum Clinical Sites COVID19 Agreement
6. CHHD In-person Internship Practicum Clinical Sites COVID19 Agreement_SAMPLE
7. In-Person Internship Student Acknowledgement – Spring 2022
8. In-Person Internship Student Release of Liability
9. In-Person Internship Student Release of Liability _SAMPLE
10. BBS Supervision Agreement
11. BBS Weekly Summary of Hours of Experience
12. BBS MFT Experience Verification
13. BBS MFT Sample Letter of Agreement – Volunteer Supervision
14. Beginning Practicum Summary Log/Semester Accounting Form
15. Advanced Practicum Summary Log/Semester Accounting Form
16. Site Supervisor Mid-Semester Evaluation of Student
17. Counseling 530: Beginning Practicum - Practicum Presentations Evaluation Rubric
18. Counseling 584, 590 & 591: Advanced Practicum - Practicum Presentations Evaluation Rubric
19. Counseling 511, 530 & 584: Professor Evaluation of Counselor Student/Trainee Dispositions & Professionalism
20. Counseling 511: Professor Evaluation of Counseling Student Clinical Skills in COUN 511
21. Counseling 530: Professor Evaluation of Counselor Practicum Trainee Clinical Skills; Case Conceptualization & Treatment Planning; Diversity
22. Counseling 584, 590 & 591: Professor Evaluation of Counselor Practicum Trainee Clinical Skills; Case Conceptualization & Treatment Planning; Diversity
23. Site Supervisor Final Evaluation of PCC/MFT Trainee
24. Student Assessment of Clinical Training Site
25. Student Evaluation of Site Supervisor

26. End of Semester Check-Out

27. COUN 530 e-Form

28. Sample Resume

29. Quick Notes

CWID # _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

DECLARATION

****Online Form Effective Fall 2020****

I, _____, hereby certify that I have read and understand the rules,
Print Name

guidelines, and procedures relative to the practicum experience as set forth by the Department of Counseling at California State University, Fullerton.

I hereby agree to abide by the aforementioned rules, guidelines, and procedures, and I understand that failure to do so could result in disciplinary actions taken against me as set forth in this Handbook and the policies of the Department of Counseling in the College of Health and Human Development at California State University, Fullerton.

I understand that any requests to make any exceptions to the rules, guidelines, and procedures of this Handbook must be made in writing, and that all such requests must be reviewed and approved by the Counseling Faculty.

I further understand that this Declaration will be contained in my clinical training file, in the Clinical Training office.

Student Signature

Date

Department Chair

Date

Clinical Training Director

Date

CWID # _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Consent Form For Participation in Counseling Practicum

****Online Form Effective Fall 2020****

PLEASE READ CAREFULLY

1. I agree to act in a responsible manner while at the Activity Site and abide by all rules and regulations governing the Activity Site.
2. I understand and acknowledge that participation in this Activity creates risks, some of which include: potentially working in a high-crime area, working at night, working in an unsupervised area, depending on the Practicum Agency's requirements.
3. I am voluntarily participating in this Activity. I understand and acknowledge that I am free to take back my consent and stop taking part at any time.
4. I am in good health and able to participate in this Activity. I voluntarily assume the risk of possible injury, death or property damage my participation in this Activity may cause. If I need emergency medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I understand and acknowledge that Cal State Fullerton does not provide health or accident insurance for students. I have been advised to carry medical and hospital insurance of my own.
5. In consideration of my participation in this Activity and the benefits I will receive from my participation, on behalf of myself, my heirs and assigns, I release and hold harmless the State of California, the California State University Trustees, Cal State Fullerton, and their officers, agents, volunteers and employees from liability and responsibility for any claims against any of them by reason of any injury to person or property, or death, in connection with my participation in this Activity.
6. I have carefully read, and I understand, the terms used in this Consent Form and their significance. I am fully competent to sign this Consent Form. No oral representations or inducements have been made to me to sign this Consent Form.

Print Name: _____

Participant's Signature: _____ Date: _____

CWID # _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Transportation/Storage of Confidential Client Data

****Online Form Effective Fall 2020****

PLEASE READ CAREFULLY

In recognition of my professional, ethical and legal duty to safeguard the confidentiality of my clients' records, I agree to store and/or transport client data only in locked or encrypted containers. This includes (but is not limited to) transporting video files to practicum class for presentation purposes. To this end, I will demonstrate to my agency supervisor(s) and practicum instructor(s) that I am in compliance with this professional responsibility by showing them the means I have chosen for client data storage and transportation. I further agree to destroy any confidential client materials in a secure manner (e.g., shredding DVDs) as soon as possible after their use for practicum, unless those records belong to and reside in the community agency.

It is my responsibility to assure that anything identifying my clients (names on paperwork, faces or voices on video or audio recordings) is kept under lock and key or encryption protocols at all times, to ensure client privacy is maintained. This means, in part, that I will not use clients' full names on any paperwork I transport outside the community agency, and that I will not email client records or videos to myself or others, as the confidentiality of email cannot be assured.

I understand and agree that failure to ensure client confidentiality in the above ways would constitute a breach of professional conduct and could therefore be subject to disciplinary action by the Department of Counseling (see Clinical Training Handbook for further information).

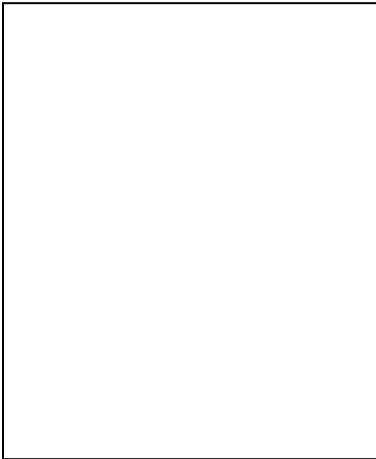
Print Name: _____

Student's Signature: _____ Date: _____

Clinical Training Director: _____ Date: _____

****Online Document Effective Fall 2020****

Please upload a head and shoulder photograph of yourself at the time you submit this to the Counseling Department, Clinical Training Director



This document must be completed and on file in the Clinical Training Director's (CTD) office before the Trainee's hours may count towards PCC/MFT licensure. *California State University, Fullerton (CSUF) Department of Counseling has no authority to approve hours.* CSUF is only responsible for coordinating students' clinical experience and approving students to go into sites. Thus, we do our best to find sites whose clientele and methods of practice fall within the scope of the LPCC and LMFT licenses. Under penalty of perjury, supervisors attest that they are legally suitable to supervise PCC/MFT Trainees, and that they will insure that their Trainees practice within the law. We approve students' choices of sites and supervisors based upon the information provided to us by the site supervisor. *CSUF assumes no responsibility for the loss of hours caused by misstatements, incorrect information*

and/or negligence on the part of a supervisor and/or program supervisor. Approval of hours is, and always has been, the purview of the Board of Behavioral Sciences (BBS).

NOTE: Students seeking the LPCC will need to complete all 3,000 hours post-degree. Trainee hours do not count towards LPCC licensure.

California State University, Fullerton

Clinical Mental Health Counseling with a Specialty in Marriage and Family Therapy

Agreement between the

**QUALIFYING DEGREE PROGRAM, PRACTICUM SITE PROGRAM SUPERVISOR,
PRACTICUM SITE CLINICAL SUPERVISOR, AND PROFESSIONAL CLINICAL COUNSELOR
(PCC)/MARRIAGE AND FAMILY THERAPY (MFT) TRAINEE**

"4-Way Agreement"

Trainee Name: _____ Date: _____

Street, City & Zip Code: _____

CSUF E-mail Address: _____ Personal E-mail Address: _____

Phone (day): _____ Phone (evening): _____

Agency Name: _____

Clinical Site Supervisor Name: _____

Agency Address: _____ Supervisor Phone: _____

City: _____ Zip: _____

Supervisor E-mail Address: _____

BBS LAW: The California legislature would like the educators and supervisors of LPCC and LMFT students to work cooperatively in training their student/trainees. Therefore, all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular process reports and evaluations of the student's performance at the site. "Process reports" refers to the monitoring of the student, as they learn to become an effective counselor/psychotherapist.

Instructions to the Student: First, read and sign this document. Once signed, the form will then be forwarded to your clinical supervisor, the program supervisor and, finally, the CSUF Clinical Training Director (CTD). After the CTD has signed your agreement, the completed (fully signed) pdf form will be available to you in your student portal. Please also download and save the completed pdf for your future reference.

Note: The "4-Way Agreement" must be completed and saved to your student portal by the second week of classes.

| Clinical Training Director | Office | Email | Mailbox Location |
|---|---------------|--|-------------------------|
| David Hart, Ph.D. | EC-484 | dhart@fullerton.edu | EC-405 |
| Fieldwork Coordinator - Counseling | | | |
| Nicole Folmer, M.S. | EC-479C | nmfolmer@fullerton.edu | EC-405 |

Please note: The "4-Way Agreement" is proof to the BBS that CSUF and you have complied with state law. You **must** notify your CTD upon early termination at your agency should that circumstance arise.

SECTION I RESPONSIBILITIES OF THE PARTIES (Students are responsible for reading all sections of this agreement.)

CSUF, Department of Counseling, the QUALIFYING DEGREE PROGRAM:

- Shall approve the placement of each trainee at the supervised practicum setting;
- Shall have this written agreement with the supervised practicum setting, supervisor and trainee that details each party's responsibility, including the methods by which supervision will be provided;
- Shall provide forms for regular evaluations (biweekly in COUN 530A/B Practicum, and at midterm and finals of each semester for COUN 530A/B Practicum and COUN 584A/B Advanced Practicum) of the student's performance at each supervised practicum setting;
- Shall coordinate the terms of this agreement with each of the named parties;
- Shall evaluate the appropriateness of the supervised practicum experience for each trainee in terms of the educational objectives, clinical appropriateness and scope of the license of a Professional Clinical Counselor (LPCC) and a Marriage and Family Therapist (LMFT) as set forth in the California Business and Professions Code;
- Shall require that each student gaining clinical hours in a supervised practicum setting procure their own individual professional malpractice liability insurance coverage;
- Shall have a designated liaison to the practicum setting and clinical supervisors called the Clinical Training Director, who shall assume major responsibility for the coordination of this arrangement between students and clinical training sites in the Counseling Department's catchment area.
- Shall initiate an end-of-semester meeting with the faculty member, supervisor, and trainee for evaluation.

Initials of the Clinical Training Director, CSUF, Department of Counseling
4-Way Agreement

THE SUPERVISED PRACTICUM SITE/PROGRAM SUPERVISOR

- a. Shall provide the trainee and the supervisor with the documentation necessary to verify to the Board of Behavioral Sciences (BBS) that the placement is one that is named in law as appropriate for a Professional Clinical Counselor Trainee or MFT Trainee and that the trainee is employed in the manner required by law. Such documentation, specified by the BBS regulations for PCC and MFT trainees may include but is not limited to the agency's 501c3, 1250, 1250.2 or 1250.3. A copy of this documentation is kept on file in the CTD office;
- b. Shall evaluate the qualifications and credentials of any employee who provides supervision to Clinical Counselor or MFT trainees;
- c. Shall provide adequate resources to the trainee and the supervisor in order that they may provide clinically appropriate services to clients;
- d. Shall orient the trainee to the policies and practices of the agency;
- e. Shall notify the qualifying degree program in a timely manner of any difficulties in the work performance of the trainee;
- f. Shall provide the trainee and the supervisor with an emergency response plan which assures the personal safety and security of trainee, supervisor and trainee's clients in the event of a fire, earthquake or other disaster;
- g. Shall provide the trainee with experience within the scope of practice of a Professional Clinical Counselor or Marriage and Family Therapist;

Note: The minimum requirement is 280 hours of direct client contact (DCC) per practicum year, related to the following guidelines:

1. An average of eight (8) direct client contact hours per week, after the first semester;
2. Direct supervisor contact of one hour of individual/triadic and two hours of group supervision (with no more than eight (8) trainees) for ten (10) or less hours of direct clinical counseling. One additional hour of direct supervisor contact is required for trainees who exceed ten (10) hours of direct clinical counseling.
3. Additional activities may include: additional group supervision, staff meetings, case conferences, case management, seminars, and documentation (note writing);

IMPORTANT: Although client contact hours may be averaged across each semester, supervision may not. In other words, the BBS requires that trainees *must* have either one hour of individual/triadic or two hours of group each week that they see clients. No hours of *any* kind will count if supervision has not occurred during the week they were claimed. The Department of Counseling at CSUF requires that both individual/triadic and group supervision be provided every week (even when this exceeds the 5:1 minimum ratio), while students are accruing their required CACREP hours toward graduation. Once student completes CACREP required hours, BBS minimums for supervision may apply.

- h. Shall be familiar with the laws and regulations that govern the practice of licensed Professional Clinical Counselors or licensed Marriage and Family Therapists in the State of California, and in particular, those that directly affect the PCC or MFT trainee;
- i. Shall provide the qualifying degree program with a photocopy of the current license of each supervisor who will be supervising the degree program's trainees;
- j. Shall provide the qualifying degree program with whatever documents are necessary to assure that the trainee's performance of duties conforms to BBS laws and regulations;

- k. Shall notify the qualifying degree program and the trainee of change of address, phone, ownership, or any other status that may affect the ability of the trainee to count hours gained at the practicum setting;
- l. Permit in-vivo supervision by the practicum supervisor, as needed;
- m. Provide access for the trainee to video record current clinical cases for practicum class review.

_____ Initials of Program Supervisor

THE CLINICAL SITE SUPERVISOR

- a. Shall sign and abide by the "Supervision Agreement" as described in the California Code of Regulations (CCR); The supervisor is responsible to the BBS for the trainee's legal practice as a trainee;
- b. Shall be responsible for assuring that all clinical experience gained by the trainee is within the parameters of professional clinical counseling and marriage and family therapy;
- c. Will have been licensed for at least two years in California as a marriage and family therapist, professional clinical counselor, clinical social worker, psychologist or physician who is certified in psychiatry by the American Board of Psychiatry and Neurology;
- d. Will have completed appropriate supervision training within 60-days of the commencement of supervision.
- e. Will have completed and remained current with the appropriate "supervisor" continuing education requirements required by the BBS;
- f. Shall review and sign the "Weekly Summary of Hours of Experience" log on a weekly basis;
- g. Shall complete the "Experience Verification Form" upon termination of trainee's supervision, the totals of which should match the totals of the collected Weekly Summary of Hours of Experience;
- h. Shall describe in writing on Section II of this document the methods by which supervision will be provided;
- i. Shall complete all the required trainee evaluation forms (biweekly in COUN 530A/B Practicum and at mid-semester and finals week for 530A/B and 584A/B) by their prescribed time.
- j. Shall provide the trainee with direct supervisor contact as follows: one (1) hour of individual/triadic and two (2) hours of group supervision (with no more than eight (8) trainees) for ten (10) direct client contact hours or less. Trainees who exceed ten (10) hours of direct clinical counseling shall receive at least one additional hour of direct supervisor contact for that setting.

IMPORTANT: Although client contact hours may be averaged across each semester, supervision may not. In other words, the BBS requires that trainees *must* have either one hour of individual/triadic or two hours of group each week that they see clients. No hours of *any* kind will count if supervision has not occurred during the week they were claimed. The Department of Counseling at CSUF requires that both individual/triadic and group supervision be provided every week (even when this exceeds the 5:1 minimum ratio), while students are accruing their required CACREP hours toward graduation. Once student completes CACREP required hours, BBS minimums for supervision may apply.

- k. Shall abide by the ethical standards promulgated by the professional association to which the supervisor belongs (e.g., CALPCC, CAMFT, ACA, AAMFT, NASW, APA, AMA etc.);

- l. Shall provide the agency with a current copy of their current license and resume and notify the qualifying degree program and the trainee immediately of any action that may affect their license;
- m. Shall be familiar with the laws and regulations that govern the practice of Professional Clinical Counselor or Marriage and Family Therapy in the State of California, and in particular, those that directly affect the PCC or MFT trainee;
- n. Shall provide the trainee with a policy and procedure for crisis intervention and other client/clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.);
- o. Shall, if providing supervision on a voluntary basis attach the original written agreement between you (the supervisor), and the trainee's employer as required by the BBS;
- p. Shall participate in a final evaluation meeting with the faculty member and trainee.

_____ Initials of Clinical Site Supervisor

THE TRAINEE

- a. Shall have each supervisor complete and sign the "Supervision Agreement" before gaining supervised experience. Trainees are to retain this original, signed document in order to send this form to the BBS when required. All trainees, however, must file a copy of this form with the CSUF Clinical Training Director. The trainee must verify that the supervisors' license is current (see note);

Note: A supervisor's license can be verified by searching on <https://search.dca.ca.gov/>.

- b. Shall maintain a weekly log of all hours of experience gained toward licensure;
- c. Shall be responsible for learning those policies of the supervised practicum setting which govern the conduct of regular employees and trainees, and for complying with such policies;
- d. Shall be responsible for participating in the periodic evaluation at midterm and at the end of each semester of their supervised practicum experience and delivering it to the qualifying degree program;
- e. Shall participate in a final evaluation meet conjointly with the faculty member and supervisor at the end of each semester.
- f. Shall be responsible for notifying the qualifying degree program in a timely manner of any professional or personal difficulties which may affect the performance of their professional duties and responsibilities;
- g. Shall abide by the ethical standards of the Board of Behavioral Sciences and the professional association of which the student is a member (e.g., CALPCC, ACA, CAMFT) and the CSUF Department of Counseling ethical/legal guidelines (see the Clinical Training Handbook).
- h. Shall have completed all prerequisite courses for COUN 530 Beginning Practicum, before providing supervised psychotherapeutic services to clients. If the student has not completed all prerequisite courses, they shall obtain written permission from the Clinical Training Director and the Site Supervisor acknowledging this fact. This letter must be filed with the Clinical Training Director;
- i. Shall be aware that the qualifying degree program requires that they obtain individual professional liability insurance coverage while working in a clinical placement. Student rate malpractice coverage can be obtained through professional associations (e.g., ACA, CALPCC, CAMFT);

- j. Shall gain a total number of 280 direct client contact (DCC) hours as required for nine units of practicum. These hours shall be supervised during the week they were gained and supervision must average to a 5:1 ratio each week with no less than one hour of direct supervisory contact for individual/triadic supervision **and** two hours of direct supervisory contact for group supervision;
- k. Shall be aware that **practicum is a COURSE**, and to receive a grade of "Credit" for this course, the following criteria must be met:
1. the student must attend the practicum classes and gain hours at an approved clinical placement *concurrently*; that is, at the same time;
 2. the student must have earned the required number of hours (item i above);
 3. the supervisor's evaluations and progress reports must be favorable;
 4. the practicum instructor's evaluation must be favorable;
 5. no other data exists that questions the student's suitability for the counseling/psychotherapy profession and for the license of professional clinical counselors and license of marriage and family therapists.

_____ Initials of the Trainee

SECTION II METHODS OF SUPERVISION

From the BBS: The term "supervision" means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

1. Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
2. Monitoring and evaluating the supervisee's assessment, diagnosis, and treatment decisions and providing regular feedback.
3. Monitoring and evaluating the supervisee's ability to provide services at the site or sites where they are practicing and to the particular clientele being served.
4. Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.
5. Ensuring the supervisee's compliance with laws and regulations governing the practice of professional clinical counseling and marriage and family therapy.
6. Reviewing the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.
7. With the client's written consent, providing direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the supervisor.

Instructions to Supervisor: Section II of this agreement will serve to inform the trainee about the methods you will use to monitor the quality of their performance with clients. (Note: Supervision *must* include direct observation or audio or video recording).

Check all that apply:

_____ Direct Observation

_____ Video Recording

_____ Audio Recording

_____ Evaluate Trainee's Process and
Progress Notes

_____ Role Play

_____ Student Verbal Report

_____ Other (Describe) _____

SECTION III ADDITIONS

a. TERMINATION

The expectation of all parties is that this agreement will be honored mutually. Termination of this agreement *with cause* shall be in accordance with the academic policies of the qualifying degree program or the employment or volunteer policies of the supervised practicum setting. Any party may terminate this agreement *without cause* by giving all other parties 30 days' notice of the intention to terminate. Termination of the trainee's or supervisor's employment under terms of this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is an early termination of this agreement on the part of the trainee, the supervised fieldwork setting or the supervisor, such a decision must include prior consultation with the qualifying degree program.

b. CHANGES IN THE AGREEMENT

This agreement must be amended in writing and signed by each party.

c. INDEMNIFICATION

The qualifying degree program requires that each student trainee procure individual professional liability malpractice insurance coverage before working with clients in a supervised practicum setting. The supervised practicum setting assumes all risk and liability for the student's performance of services while at the supervised practicum setting.

SECTION IV ADDITIONAL TERMS AND COMMENTS

(This space is to be used for additional notes on the student's clinical training experience.)

SECTION V TERM OF THE AGREEMENT

Note to Trainee: Please enter the participation dates as discussed with and approved by your supervisor prior to signing this form.

Note to Agency: **Important: Clinical Supervisor,** please review with the trainee their time commitment to your agency and confirm the dates below by initialing the start and expected end date of this agreement.

FROM _____ TO _____
(Date this agreement is valid) (Initials) (Date trainee expected to leave agency) (Initials)

SECTION VI SIGNATURES

By signing this form, you are indicating that you have read, understood, and agreed to the terms specified.

| | |
|--|---------------------------|
| I. Program Supervisor: | |
| Name (please print) | Title |
| Signature | |
| II. Primary Clinical Site Supervisor: Initials of other supervisors: _____ | |
| Name (please print) | Title |
| Signature | Date |
| Note: Write license number for each license held: License(s) held: # | |
| _____ LMFT | _____ Psychologist* |
| _____ LPCC | _____ Psychiatrist (M.D.) |
| _____ LCSW | |
| III. Trainee: | |
| Name (please print) | CWID# |
| Signature | Date |
| IV. For qualifying degree program: CSUF Clinical Training Director | |
| Name (please print) | |
| Signature | Date |

*Please note that Licensed Educational Psychologists (LEPs) may only supervise PCC/MFT Trainees for education-related issues in a school setting for a max of 1,200 Direct Client Contact hours.

College of Health and Human Development
In-person Internship/Practicum/Clinical Placement Site Request (COVID-19)
(submit completed form to CHHD Dean)

Name of Clinical Site: _____

Address: _____

Point of Contact: _____

Phone: _____ email: _____

I, _____ (chair/director), confirm the following criteria are met:

Facility staff, campus faculty and students are being provided or have access to the necessary personal protective equipment; participants are required to wear a mask at all times.

Measures to prevent or reduce infection hazards have been implemented, such as those pursuant to the [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#).

The facility follows [CDC Guidelines](#) regarding safeguards (i.e., recommendations for physical distancing, methods of minimizing exposure, performing routine environmental cleaning, etc.)

Provides training on how to adhere to CDC Guidelines to mitigate exposure and spread of COVID-19.

A contract/MOU between the site and CSUF is current/valid.

Capacity to Fulfill Clinical / Learning Objectives

Provide a brief/succinct description on how each of the following is addressed.

Description of internship/clinical site experience; how proper supervision and evaluation of course objectives/assignments are achieved through supervision by faculty, preceptor, or assigned/coordinated supervision.

The continued progression of a student's learning objectives in relation to standards and curriculum; **list courses utilizing this site.**

The facilities' capacity to allow rotations in accordance with academic and regulatory requirements; **identify how many students accommodated and which academic terms/year involved.**

College of Health and Human Development
In-person Internship/Practicum/Clinical Placement Site Request (COVID-19)
(submit completed form to CHHD Dean)

Name of Clinical Site: _____

Address: _____

Point of Contact: _____

Phone: _____ email: _____

I, _____ (chair/director), confirm the following criteria are met:

Facility staff, campus faculty and students are being provided or have access to the necessary personal protective equipment; participants are required to wear a mask at all times.

Measures to prevent or reduce infection hazards have been implemented, such as those pursuant to the [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#).

The facility follows [CDC Guidelines](#) regarding safeguards (i.e., recommendations for physical distancing, methods of minimizing exposure, performing routine environmental cleaning, etc.)

Provides training on how to adhere to CDC Guidelines to mitigate exposure and spread of COVID-19.

A contract/MOU between the site and CSUF is current/valid.

Capacity to Fulfill Clinical / Learning Objectives

Provide a brief/succinct description on how each of the following is addressed.

Description of internship/clinical site experience; how proper supervision and evaluation of course objectives/assignments are achieved through supervision by faculty, preceptor, or assigned/coordinated supervision.

The continued progression of a student's learning objectives in relation to standards and curriculum; **list courses utilizing this site.**

The facilities' capacity to allow rotations in accordance with academic and regulatory requirements; **identify how many students accommodated and which academic terms/year involved.**



Academic Internship/Program Site Covid-19 Acknowledgement

I understand, acknowledge and agree with each of the following statements:

- My participation in an on-site academic internship/program is voluntary and not required by the University.
- The risk of the transmission of COVID-19 increases whenever work is done where contact with others is inevitable simply because of the close proximity and length of person-to-person interactions.
- Prior to determining whether to voluntarily pursue an on-site academic internship, I have considered the transmission rate and prevalence of COVID-19 at my site or sites similar to my on-site academic internship/program and how those rates compare with alternatives to achieve my required hours.
- My on-site academic internship/program may not test or have plans to test any of its employees or clients for COVID-19. Therefore, it is possible that one or more of my clients, fellow employees or other people who I come into contact with at my academic internship/program site are capable of transmitting COVID-19 to me or others, even if they themselves remain asymptomatic.
- The risks of transmission of COVID-19 during my on-site academic internship/program cannot be eliminated, but may be mitigated by practicing good prevention behaviors such as wearing a KN95 or N95 face covering whenever contact with another individual is possible, frequently washing my hands with soap and water, refraining from touching my face before sanitizing my hands, and practicing sufficient physical distancing.
- Notwithstanding any practices, measures or methods employed or adopted by my on-site academic internship/program, there will still be a risk and possibility of contracting or transmitting COVID-19 during my academic internship/program.
- While I am present at my on-site academic internship/program, I will follow all health & safety measures prescribed by the academic internship/program, including but not limited to wearing all required personal protective equipment, practicing good prevention behaviors such as wearing a face covering whenever contact with another individual is possible, frequently washing my hands with soap and water, refraining from touching my face before sanitizing my hands, and practicing sufficient physical distancing.
- If I voluntarily choose to participate in an on-site academic internship/program, I will receive no additional internship credit or benefit from the University for any additional hours worked beyond those required to complete the internship/program.”



Center for Internships & Community Engagement
Division of Student Affairs
800 N. State College Blvd; LH-206
Fullerton, CA 92831
657-278-3746
cice@fullerton.edu

- If the University determines that all on-site academic internships/programs must end and be completed remotely, I will end my on-site academic internship/program.
- I will promptly report to the University any changes in circumstances at my academic internship/program site, including the site’s decision to change my internship from on-site to virtual.
- If I contract COVID-19 and/or am exposed to COVID-19 during my on-site academic internship/program, I will report that to the University.

After considering the information above, I have decided to pursue an on-site academic internship/program. I have participated in an orientation related to the health & safety risks of participating in an on-site academic internship/program, and I am aware of the measures I can take to reduce my risks of transmission. My signature below acknowledges that I have read, understand and will abide by each of the statements included in this document.

Student’s Name (please print)

Student’s Signature

Date



Activity: _____

Activity Date(s) and Time(s): _____
Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I agree to provide for and be responsible for, the transportation and care of my child until and immediately following each class session.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name



Activity: Counseling Practicum - in-person counseling, client notes, and supervision

Activity Date(s) and Time(s): M/W 3pm-8pm

Activity Location(s): Site ABC: 1234 Nutwood Ave., Fullerton, CA 92831

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: 

Participant Name (print): Nicole Folmer

Date: 11/18/20

SUPERVISION AGREEMENT

Between the Supervisor and Supervisee

Required for NEW supervisory relationships entered into on or after January 1, 2022

Any licensed mental health professional who provides supervision (whether as a primary supervisor or other supervisor) to any person gaining hours of experience toward LMFT, LCSW or LPCC licensure is required by law, along with the supervisee, to complete all parts of this agreement within 60 days of the commencement of supervision. The supervisee shall retain the signed form and provide the original agreement when applying for licensure.

Note: This agreement does not contain an exhaustive list of all legal requirements pertaining to supervision. Full legal text is available in the [Statutes and Regulations](#). Legal citations are provided in the accompanying [Supervision Agreement – Index of Legal Citations](#).

| | | |
|---|-------|--------|
| Supervisee's Name: Last | First | Middle |
| Date Supervisory Relationship Established: | | |
| SUPERVISEE'S CURRENT STATUS <i>(as of the date this agreement is signed)</i> : | | |
| <input type="checkbox"/> MFT Trainee <input type="checkbox"/> AMFT <input type="checkbox"/> ASW <input type="checkbox"/> APCC | | |
| <input type="checkbox"/> Associate Applicant: Date applied: _____ BBS File No. (if known): _____ | | |
| <input type="checkbox"/> Registered Associate Number: _____ Date Issued: _____ | | |

PART I – TO BE COMPLETED BY SUPERVISOR

A. SUPERVISOR QUALIFICATIONS

| | | |
|--|---------------|------------------|
| Supervisor's Name: Last | First | Middle |
| License Type: <input type="checkbox"/> LMFT <input type="checkbox"/> LCSW <input type="checkbox"/> LPCC <input type="checkbox"/> LEP <input type="checkbox"/> Licensed Clinical Psychologist <input type="checkbox"/> Physician Board-Certified in Psychiatry by the American Board of Psychiatry and Neurology | | |
| California License Number: | Date Issued: | Expiration Date: |
| If licensed for less than two (2) years in California, provide your equivalent out-of-state license information: | | |
| State: | License Type: | License Number: |
| | | Date Issued: |

| | | |
|-------------------------|-------|--------|
| Supervisor's Name: Last | First | Middle |
| Supervisee's Name: Last | First | Middle |

A. SUPERVISOR QUALIFICATIONS (continued)

Have you been issued any of the following "approved supervisor" designations? Yes No

*If YES, • Mark the box next to the type of certification held; • List the date issued and
• SKIP questions 5 and 6 below.*

- American Association for Marriage and Family Therapy (AAMFT): Date Issued: _____
- American Board of Examiners in Clinical Social Work (ABECSW): Date Issued: _____
- California Association of Marriage and Family Therapists (CAMFT): Date Issued: _____
- Center for Credentialing and Education (CCE): Date Issued: _____

| | Supervisor Initials |
|--|------------------------|
| 1. I have and shall maintain a current and active California license that is in good standing and not under suspension or probation. | |
| 2. I will immediately notify the supervisee of any disciplinary action taken against my license or any lapse in licensure that affects my ability or right to practice or supervise as specified in law. | |
| 3. I have held an active license for at least two (2) of the past five (5) years immediately prior to commencing supervision. | |
| 4. I have either practiced psychotherapy (or psychological counseling if an LEP) or provided direct clinical supervision of qualifying supervisees who perform psychotherapy for at least two (2) years within the five (5) year period immediately prior to commencing supervision. | |
| 5. I have completed the initial supervisor training/coursework that was required at the time I began supervising (or will complete it within 60 days of commencing supervision).* | |
| 6. I have completed (or if not yet required, will complete) six (6) hours of continuing professional development (CPD) in supervision during each subsequent license renewal period.* | |
| 7. I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise individuals gaining experience toward licensure. | |

** Supervisors who are a Clinical Psychologist or Physician or who hold an approved supervisor certification are not required to comply with 5 and 6.*

| | | |
|-------------------------|-------|--------|
| Supervisor's Name: Last | First | Middle |
| Supervisee's Name: Last | First | Middle |

A. SUPERVISOR QUALIFICATIONS (continued)

| | Supervisor Initials |
|---|------------------------|
| 8. I have had sufficient experience, training, and education in the profession for which the supervisee is pursuing licensure, to competently practice that profession in California. | |
| 9. I know and understand the laws and regulations pertaining to supervision and the experience required for licensure. | |
| 10. I will keep myself informed about developments in the profession for which the supervisee is pursuing licensure and in California law governing its practice. | |
| 11. I shall be competent in the areas of clinical practice and techniques being supervised. | |
| 12. I have not ever provided therapeutic services to the supervisee, I am not a spouse, domestic partner or relative of the supervisee, and I do not currently have, nor previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of supervision. | |
| 13. I have submitted or will submit a <i>Supervisor Self-Assessment</i> report to the Board. | |

B. EMPLOYMENT AND WORK SETTING REQUIREMENTS

| | Supervisor Initials |
|--|------------------------|
| <p>14. I shall not provide supervision unless the supervisee works in a setting that meets all of the following:</p> <ul style="list-style-type: none"> • Lawfully and regularly provides mental health counseling or psychotherapy; • Provides oversight to ensure that the supervisee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession; and • If the supervisee has not yet been issued an associate registration, the setting shall not be a private practice or professional corporation. | |
| <p>15. I understand that my supervisee may not do any of the following:</p> <ul style="list-style-type: none"> • Receive any remuneration from patients or clients and only be paid by the employer; • Have a proprietary interest in the employers' business; or • Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of the supervisee's employer. | |

| | | |
|-------------------------|-------|--------|
| Supervisor's Name: Last | First | Middle |
| Supervisee's Name: Last | First | Middle |

B. EMPLOYMENT AND WORK SETTING REQUIREMENTS (continued)

| | Supervisor Initials |
|---|---------------------|
| 16. I shall ensure that the supervisee is employed as a W-2 employee or a volunteer, and not as an independent contractor. | |
| 17. I understand that my supervisee may only perform mental health and related services at the places where their employer permits business to be conducted. | |
| 18. If I am not employed by the same employer as my supervisee, or if I serve as a voluntary supervisor, a written agreement shall be executed between myself and the organization as specified in law and provided to the supervisee. | |
| 19. If the registered associate will be working in a private practice or professional corporation, I understand that I as the supervisor must (1) be employed or contracted by the associate's employer or be an owner of the practice, and (2) either provide psychotherapeutic services to clients for the associate's employer or have a written contract with the associate's employer that provides me with the same access to the associate's clinical records as is provided to employees of the associate's employer. | |
| 20. If my supervisee has been placed by a temporary staffing agency, I shall ensure compliance with the laws pertaining to temporary staffing agency placements. | |

C. SUPERVISION REQUIREMENTS

| | Supervisor Initials |
|---|---------------------|
| 21. I shall ensure my supervisee's compliance with the laws and regulations governing practice. | |
| 22. I understand that "Supervision" means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. | |
| 23. I understand that consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience | |
| 24. If supervising in a nonexempt setting, I shall not serve as an individual or triadic supervisor for more than six supervisees at any time. | |
| 25. I agree to provide the amount and type of direct supervisor contact as required by law. | |

| | | | |
|--------------------|------|-------|--------|
| Supervisor's Name: | Last | First | Middle |
| Supervisee's Name: | Last | First | Middle |

C. SUPERVISION REQUIREMENTS (continued)

| | Supervisor Initials |
|--|------------------------|
| 26. When conducting group supervision, I shall ensure that the amount and degree of supervision is appropriate to each supervisee's needs. | |
| 27. I shall sign the supervisee's experience log on a weekly basis, and shall verify the supervisee's completed experience hours at the completion of supervision. | |
| 28. I shall provide written procedures to the supervisee for contacting the supervisor and an alternative on-call supervisor to assist in handling crises and emergencies. | |
| 29. If I am an LEP, I agree to only supervise the provision of educationally related mental health services that are consistent with my scope of practice as an LEP. | |

D. OTHER SUPERVISOR REQUIREMENTS

| | Supervisor Initials |
|--|------------------------|
| 30. I shall obtain from the supervisee the name, address and telephone number of the supervisee's most recent supervisor and employer. | |
| 31. Upon written request of the Board, I shall provide to the Board any documentation which verifies my compliance with supervisor requirements. | |
| 32. I shall self-monitor for and address supervision dynamics such as, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect supervision. | |
| 33. I shall give at least (1) one week's prior written notice to a supervisee of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where required supervision was provided. | |

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing information and that I meet all criteria stated herein.

| | |
|------------------------|-------------|
| Supervisor's Signature | Date signed |
|------------------------|-------------|

| | | |
|-------------------------|-------|--------|
| Supervisor's Name: Last | First | Middle |
| Supervisee's Name: Last | First | Middle |

PART II - TO BE COMPLETED BY SUPERVISEE

| | Supervisee Initials |
|--|------------------------|
| 1. I understand that I must meet all requirements of the licensing law for the profession I am pursuing in order to engage in practice with clients. | |
| 2. I shall only provide services at the place(s) where my employer allows business to be conducted. | |
| 3. I understand that I must possess an active Associate registration to provide clinical services in a private practice or professional corporation. | |
| 4. I understand that I must possess an active Associate registration to earn postdegree experience in any setting unless the law provides an exception (see Index for specific exceptions). | |
| 5. I understand that my supervisor must maintain a current and active California license in good standing while supervising, and that any hours gained during the time my supervisor's license is lapsed will not count toward licensure. | |
| 6. I understand that I must be employed as either a W-2 employee or a volunteer, and not as an independent contractor, and must provide my W-2 or letter verifying volunteer status with my <i>Application for Licensure</i> . | |
| 7. I understand that my supervisor must sign my experience log on a weekly basis, and must also sign for my completed experience hours at the completion of supervision in order for my experience to count toward licensure. | |
| 8. I understand that all hours of experience must be completed within the six (6)-year period immediately preceding submission of my <i>Application for Licensure</i> (with the exception of 500 supervised practicum hours for LMFT applicants). | |
| 9. I understand that I may NOT do any of the following: <ul style="list-style-type: none"> • Receive any remuneration from patients or clients and only be paid by my employer; • Have a proprietary interest in my employers' business; or • Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of my employer. | |

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing information.

| | |
|------------------------|-------------|
| Supervisee's Signature | Date signed |
|------------------------|-------------|

| | | |
|-------------------------|-------|--------|
| Supervisor's Name: Last | First | Middle |
| Supervisee's Name: Last | First | Middle |

PART III – TO BE COMPLETED BY SUPERVISOR AND SUPERVISEE

Supervisory Plan

Within 60 days of commencing supervision, the supervisor and supervisee are required by law to collaboratively develop a supervisory plan that describes the goals and objectives of supervision. *If you are not the supervisee's primary supervisor, you may either develop a separate plan or use the same plan as the primary supervisor. Attach additional pages if needed.*

DESCRIBE THE GOALS AND OBJECTIVES OF SUPERVISION BELOW:

| | | |
|-------------------------|-------|--------|
| Supervisor's Name: Last | First | Middle |
| Supervisee's Name: Last | First | Middle |

PART III - Supervisory Plan (continued)

By signing below, I acknowledge that this Supervisory Plan was developed collaboratively with the supervisee. I also understand that I am required to do all of the following:

1. Complete an assessment of the ongoing strengths and limitations of the supervisee at least once a year and at the completion or termination of supervision, and provide a copy to the supervisee.
2. Ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
3. Monitor and evaluate assessment, diagnosis, and treatment decisions of the supervisee and provide regular feedback.
4. Monitor and evaluate the ability of the supervisee to provide services at the site(s) where the supervisee will be practicing and to the particular clientele being served.
5. Monitoring and addressing clinical dynamics, including, but not limited to, countertransference, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.
6. Review progress notes, process notes, and other treatment records.
7. Directly observe therapy, or review audio or video recordings of therapy, in an amount I deem appropriate, with the client's written consent.

| | |
|------------------------|-------------|
| Supervisor's Signature | Date signed |
|------------------------|-------------|

By signing below, I acknowledge that this Supervisory Plan was developed collaboratively with my supervisor.

| | |
|------------------------|-------------|
| Supervisee's Signature | Date signed |
|------------------------|-------------|



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
www.bbs.ca.gov



MARRIAGE AND FAMILY THERAPIST TRAINEE / ASSOCIATE WEEKLY SUMMARY OF EXPERIENCE HOURS

| | | | | | | | |
|--|--|---|--|---|---------------------------------|--|-----------------------------|
| Name of Trainee/Associate: Last | | First | | Middle | | | |
| Supervisor Name | | | Date enrolled in graduate degree program | | | | |
| Name of Work Setting (use a separate log for each) | | | Address of Work Setting | | | | |
| Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee | | | | | | | |
| <input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File No (if known): _____ | | | | | | | |
| <input type="checkbox"/> Registered Associate - AMFT Number: _____ | | | | | | | |
| YEAR _____ | A. Direct Counseling with Individuals, Groups, Couples or Families* | A1. Diagnosis and Treatment of Couples, Families, Children** | B. Non-Clinical Experience*** | B1. Supervision, Individual or Triadic** | B2. Supervision, Group** | C. Total Hours Per Week (A + B + C)**** | Supervisor Signature |
| Week of: | | | | | | | |
| Week of: | | | | | | | |
| Week of: | | | | | | | |
| Week of: | | | | | | | |
| Week of: | | | | | | | |
| Total Hours | | | | | | | |

* Includes telehealth counseling.

** Line A1 is a sub-category of "A" and Lines B1 and B2 are subcategories of "B." When totaling weekly hours do NOT include the subcategories - use the formula found in box "C."

*** Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.

**** A + B + C = Maximum 40 hours / week



Board of Behavioral Sciences
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 (916) 574-7830
 www.bbs.ca.gov



LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use separate forms for pre-degree and post-degree experience.
- Use separate forms for each supervisor and each employment setting.
- Ensure that the form is complete and correct prior to signing.
- Provide an original signature and have the supervisor initial any changes.
- Do not submit *Weekly Summary* forms unless specifically requested

The hours reported on this form were earned (mark one):

- Pre-Degree
 Post-Degree

APPLICANT NAME:

| | | | |
|------|-------|--------|-------------------------|
| Last | First | Middle | Associate Number AMF |
|------|-------|--------|-------------------------|

SUPERVISOR INFORMATION:

| | | |
|------------------------|--------------------------|----------------------|
| Supervisor's Last Name | First | Middle |
| Business Phone | Email Address (OPTIONAL) | |
| License Type | License Number | Date First Licensed* |

- **Physicians:** Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? N/A No Yes: Date Certified: _____
 Certification Number: _____
- **LPCCs:** Did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law? N/A No Yes
 If YES, date qualifications were met: _____

*If licensed in California for less than two years on the first date of experience claimed, attach out-of-state license information

APPLICANT'S EMPLOYER INFORMATION:

| | | | |
|------------------------------|-------------------|----------------|----------------|
| Name of Applicant's Employer | | Business Phone | |
| Address | Number and Street | City | State Zip Code |

| | | |
|-----------------|-------|--------|
| Applicant: Last | First | Middle |
|-----------------|-------|--------|

EMPLOYER INFORMATION (continued):

- Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
- Was this experience gained in a private practice setting? Yes No
- Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice? Yes No
- For hours gained as an Associate ONLY: Was the applicant receiving pay? Yes No
If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet been issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status. N/A (pre-degree experience)

EXPERIENCE INFORMATION:

| | | |
|--|---------------------------|-------------------------|
| 1. Dates of experience being claimed: | From: _____ mm/dd/yyyy | To: _____ mm/dd/yyyy |
| 2. How many weeks of supervised experience are being claimed? _____ Weeks | | |
| 3. Hours of Experience: | Logged Hours | |
| a. Total Direct Counseling Experience (Minimum 1,750 hours) | | |
| • Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (Minimum 500 of the 1,750 hours) | | |
| b. Total Non-Clinical Experience (Maximum 1,250 hours) | | |
| • Of the above hours, how many were Face-to-Face Supervision? | Hours Per Week | Logged Hours |
| Individual or Triadic | | |
| Group (group contained no more than 8 persons) | | |
| <p>NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation.</p> <p>Supervisor Signature: _____ Date: _____</p> | | |



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



SAMPLE WRITTEN OVERSIGHT AGREEMENT FOR SUPERVISION

***Required when the supervisor is not employed by
 the supervisee's employer or is a volunteer***

Date:

Supervisee name:

Supervisor name:

Employer name:

SAMPLE

This letter serves as an oversight agreement between (Employer name) and (Supervisor name). (Employer name) agrees to allow (Supervisor name), who (pick one: "is not employed by" or "is a volunteer for" (Employer name) to provide clinical supervision to (Associate or Trainee name).

(Supervisor name) agrees to take supervisory responsibility for the services provided by (Associate or Trainee name). (Supervisor name) shall ensure that the extent, kind and quality of services performed is consistent with (Associate or Trainee name)'s training, education, and experience and is appropriate in extent, kind and quality.

(Employer name) is aware of the licensing requirements that must be met by (Associate or Trainee name) and agrees not to interfere with (Supervisor name)'s legal and ethical obligations to ensure compliance with those requirements; and agrees to provide (Supervisor name) access to clinical records of the clients counseled by (Associate or Trainee name).

 Supervisor Printed Name

 Supervisor Signature

 Date

 Employer's Authorized Representative Printed Name and Title

 Employer's Authorized Representative Signature

 Date

NOTE:

This is a SAMPLE letter. It should be written on the letterhead of the employer and must be signed and dated PRIOR to gaining hours of experience.
 The supervisee shall submit this letter with the application for licensure.

****On-line Form Effective Spring 2021****

Beginning Practicum Summary Log/Semester Accounting Form Page | 1

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Course: 530 A B Semester: Spring Fall Year: _____

CWID # _____

Student's Name _____

Community Agency Site _____

Site Supervisor _____

University Practicum Instructor _____

**Direct Client Contact (DCC) Hours- MINIMUM/ MAXIMUM 40 hrs.
(Must complete at least, but no more than, 40 hrs. for 530 semester)**

I. Direct Client Contact (DCC) Hours-

1. Individual Adult Hours: _____
2. Individual Child Hours: _____
3. Conjoint Couple Hours: _____
4. Conjoint Family Hours: _____
5. Group Therapy Hours: _____

Types of Groups: _____

TOTAL Direct Client Contact (DCC) HOURS IN CATEGORY I: _____

**Non-DCC Hours- MINIMUM/ MAXIMUM 60 hrs for Categories II & III Combined
(Must complete at least, but no more than, 60 hrs. for 530 semester)**

II. Non-DCC - Supervision Hours:

1. Individual Supervision Hours: _____
2. Group Supervision Hours: _____

TOTAL HOURS IN CATEGORY II: _____

III. Non-DCC - Other:

1. Writing Case Notes & Reports/Recordkeeping: _____
2. Staff Meetings/Interdisciplinary Team Meetings: _____
3. Intake/Case Conference Meetings: _____

****On-line Form Effective Spring 2021****

Beginning Practicum Summary Log/Semester Accounting Form Page | 2

4. Community Outreach Activities: _____

III. Non-DCC - Other (Continued):

5. Staff Development/Staff Training: _____

6. Reading & Multimedia Use for Professional Development: _____

7. Professional Conferences/Continuing Education Seminars: _____

8. Consuming and/or Conducting Research: _____

9. Agency Service: _____

10. Other (please specify on reverse): _____

TOTAL HOURS IN CATEGORY III: _____

IV. TOTAL NUMBER OF PRACTICUM HOURS:

| Category | Hours | Max hrs. COUN 530 |
|---------------------------|-------|--|
| I. DCC | | 40 min/max DCC |
| II. Non-DCC - Supervision | | 60 min/max Non-DCC Combined II & III |
| III. Non-DCC - Other | | |
| Course Total | | 100 min/max Total Hrs. |

NOTE: Please retain a copy of this form in order to compute your cumulative totals for future practicum logs.

DATE: _____ Student's Signature: _____

Supervisor's Signature: _____ Credential/License#: _____

****On-line Form Effective Spring 2021****

Advanced Practicum Summary Log/Semester Accounting Form Page | 1

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Course: 584___ 590___ 591___ Semester: Spring___ Fall___ Sum___ Year:_____

CWID # _____

Student's Name _____

Community Agency Site _____

Site Supervisor _____

University Practicum Instructor _____

I. Direct Client Contact (DCC) Hours-

MINIMUM 240 DCC combined Advanced Practicum hrs. (584/590/591)

MINIMUM 280 combined total hrs., including Beginning Practicum required for graduation

1. Individual Adult Hours: _____
2. Individual Child Hours: _____
3. Conjoint Couple Hours: _____
4. Conjoint Family Hours: _____
5. Group Hours: _____

Types of Groups _____

TOTAL SEMESTER HOURS IN CATEGORY I: _____

Non-DCC Hours - Categories II & III Combined - MINIMUM 360 DCC combined Advanced Practicum hrs. (584/590/591)

MINIMUM 420 combined total hrs., including Beginning Practicum required for graduation

Non-DCC - Supervision Hours:

1. Individual Supervision Hours: _____
2. Group Supervision Hours: _____

TOTAL SEMESTER HOURS IN CATEGORY II: _____

****On-line Form Effective Spring 2021****

Advanced Practicum Summary Log/Semester Accounting Form Page | 2

III. Non-DCC – Other Hours:

1. Writing Case Notes & Reports/Recordkeeping: _____
2. Staff Meetings/Interdisciplinary Team Meetings: _____
3. Intake/Case Conference Meetings: _____
4. Community Outreach Activities: _____
5. Staff Development/Staff Training: _____
6. Reading & Multimedia Use for Professional Development: _____
7. Professional Conferences/Continuing Education Seminars: _____
8. Consuming and/or Conducting Research: _____
9. Agency Service: _____
10. Other (please specify on reverse): _____

TOTAL SEMESTER HOURS IN CATEGORY III: _____

TOTAL NUMBER OF PRACTICUM HOURS:

| Category | COUN 530* | COUN 584** | COUN 590** | COUN 591** | Cumulative TOTALS (Sum of all semesters) | Minimum Requirements for Graduation |
|----------------------------|--------------|---------------|---------------|---------------|---|---|
| I. DCC | | | | | | 280 hrs. |
| II. Non-DCC Supervision | | | | | | 420 hrs. Combined (II & III) |
| III. Non- DCC/Other | | | | | | |
| Course Total | | | | | | 700 hrs. 280 DCC + 420 Non-DCC |

*Min/Max 100 hrs. for COUN 530: 40 hrs. DCC + 60 hrs. Non-DCC (Categories II & III)

**Minimum 240 hrs. DCC/360 hrs. Non-DCC for COUN 584/590/591

DATE: _____ Student's Signature: _____

Supervisor's Signature: _____ Credential/License#: _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

NOTE: On-line form as of Spring 2021
Site Supervisor Mid-Semester Evaluation of Student

Class: 530_____ 584 _____ 590_____ 591 ___ Spring _____ Fall _____ Sum _____

Name of Student: _____

Name of Agency _____

Individual Supervisor: _____ Date: _____

The Supervisor and Trainee/Student have discussed this evaluation: Yes _____ No _____

This form is to be completed by individual supervisors and discussed with trainees/students during mid-semester. This form is to be submitted to the Practicum Instructor when completed. This form provides an overall assessment of the trainee/student's performance during this evaluation period.

I. RELATIONSHIP AND INTERVENTIONS WITH CLIENTS

| Concern | No Concern | |
|----------------|-------------------|---|
| _____ | _____ | Demonstrates empathic understanding of clients |
| _____ | _____ | Demonstrates non-judgmental acceptance of clients |
| _____ | _____ | Creates a trusting environment for clients |
| _____ | _____ | Is authentic and genuine in therapeutic encounters |
| _____ | _____ | Demonstrates awareness & acceptance of human diversity |
| _____ | _____ | Recognizes impact of own feelings & behavior on clients |
| _____ | _____ | Conveys a sense of warmth and caring |
| _____ | _____ | Maintains focus during sessions |
| _____ | _____ | Facilitates client's expression of affect |
| _____ | _____ | Avoids over-identifying with clients |
| _____ | _____ | Acknowledges therapeutic errors without undue anxiety |
| _____ | _____ | Opens and terminates sessions appropriately |
| _____ | _____ | Makes interventions in a timely and appropriate manner |

Site Supervisor Mid-Semester Evaluation of Student

| Concern | No Concern | |
|----------------|-------------------|---|
| _____ | _____ | Integrates counseling techniques with his/her own style |
| _____ | _____ | Can make process comments |
| _____ | _____ | Reflects on effectiveness of interventions |

II. PROFESSIONALISM

| Concern | No Concern | |
|----------------|-------------------|---|
| _____ | _____ | Conducts himself/herself ethically |
| _____ | _____ | Recognizes limitations and areas of weakness |
| _____ | _____ | Respects confidentiality of the counseling relationship |
| _____ | _____ | Aware of need for written consent for release of info |
| _____ | _____ | Is timely with written documentation (e.g., case notes) |
| _____ | _____ | Represents professional qualifications accurately |
| _____ | _____ | Open to feedback |
| _____ | _____ | Avoids establishing dual relationships with clients |
| _____ | _____ | Seeks out supervision for assistance |
| _____ | _____ | Efficient in use of time; organized |
| _____ | _____ | Is punctual and is not excessively absent |
| _____ | _____ | Gets along well with colleagues and supervisors |
| _____ | _____ | Presents case material in a cogent, coherent manner |

Additional Comments: _____

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

**Counseling 584, 590 & 591: Advanced Practicum
Practicum Presentations Evaluation Rubric**

Course: 584 590 591 **Semester:** Spring Fall Sum **Year:** _____

Student's Name: _____

CWID #: _____

The following scale will be used in providing feedback on your presentations:

- 1 unacceptable performance
- 2 needs improvement in performance
- 3 appropriate performance (**expected level**)
- 4 good demonstrated performance
- 5 outstanding clinical performance
- N/A not applicable or insufficient evidence to make a rating

Note that all skills demonstrated must reach the level of 3 (expected level) or higher by the end of the semester. Also, not all clinical skills are required for each presentation as students may not have a chance to demonstrate all skills—these are just possibilities—do not feel that you need to show all of these skills in your presentation.

| <i>Professionalism</i> | | | | | | |
|--|---|---|---|---|---|-----|
| <i>Student demonstrates appropriate utilization of or ability in:</i> | | | | | | |
| Preparation/timeliness | 1 | 2 | 3 | 4 | 5 | N/A |
| Openness to supervisor and peer feedback | 1 | 2 | 3 | 4 | 5 | N/A |
| Consultation with supervisor and/or colleagues | 1 | 2 | 3 | 4 | 5 | N/A |
| Strengths/growth areas for counselor | 1 | 2 | 3 | 4 | 5 | N/A |
| Identity as a clinical mental health counselor and marriage and family therapist | 1 | 2 | 3 | 4 | 5 | N/A |
| Relevant legal/ethical issues | 1 | 2 | 3 | 4 | 5 | N/A |
| Boundary issues between counselor and client | 1 | 2 | 3 | 4 | 5 | N/A |
| Timely and professional clinical records | 1 | 2 | 3 | 4 | 5 | N/A |
| Advocacy for client when appropriate | 1 | 2 | 3 | 4 | 5 | N/A |

| <i>Clinical Skills</i> | | | | | | |
|---|---|---|---|---|---|-----|
| <i>Student demonstrates appropriate utilization of or ability in:</i> | | | | | | |
| Active listening skills, verbal/non-verbal | 1 | 2 | 3 | 4 | 5 | N/A |
| Developing/maintaining therapeutic relationship | 1 | 2 | 3 | 4 | 5 | N/A |
| Counselor presence/engagement | 1 | 2 | 3 | 4 | 5 | N/A |
| Silence | 1 | 2 | 3 | 4 | 5 | N/A |
| Timing of interventions | 1 | 2 | 3 | 4 | 5 | N/A |
| Open-ended questions | 1 | 2 | 3 | 4 | 5 | N/A |
| Being non-judgmental | 1 | 2 | 3 | 4 | 5 | N/A |
| Exploring affect | 1 | 2 | 3 | 4 | 5 | N/A |
| Exploring cognitions | 1 | 2 | 3 | 4 | 5 | N/A |
| Exploring behavior | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of crisis issues | 1 | 2 | 3 | 4 | 5 | N/A |
| Action regarding crises | 1 | 2 | 3 | 4 | 5 | N/A |
| Balancing process and content comments | 1 | 2 | 3 | 4 | 5 | N/A |
| Immediacy | 1 | 2 | 3 | 4 | 5 | N/A |
| Interpersonal process between client and counselor | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of self/countertransference/bias | 1 | 2 | 3 | 4 | 5 | N/A |
| Self-awareness/countertransference in session | 1 | 2 | 3 | 4 | 5 | N/A |
| Self-disclosure | 1 | 2 | 3 | 4 | 5 | N/A |
| Empathically and appropriately challenging client | 1 | 2 | 3 | 4 | 5 | N/A |
| <i>Conceptualization and Treatment Planning</i> | | | | | | |
| <i>Student demonstrates appropriate utilization of or ability in:</i> | | | | | | |
| Strengths/growth areas of clients | 1 | 2 | 3 | 4 | 5 | N/A |
| Assessment/DSM diagnosis | 1 | 2 | 3 | 4 | 5 | N/A |
| Developing case conceptualizations through use of theory that accounts for human development perspective | 1 | 2 | 3 | 4 | 5 | N/A |
| Developing treatment planning responsive to assessment, conceptualization, and cultural factors [including Severe Mental Illness (SMI) and/or co-occurring disorders] | 1 | 2 | 3 | 4 | 5 | N/A |
| Evidence-based practices in clinical work | 1 | 2 | 3 | 4 | 5 | N/A |
| Linking interventions to case conceptualization and treatment goals | 1 | 2 | 3 | 4 | 5 | N/A |
| Anticipating and preparing clients for termination | 1 | 2 | 3 | 4 | 5 | N/A |
| Preparing self for termination | 1 | 2 | 3 | 4 | 5 | N/A |
| Providing appropriate referrals when needed | 1 | 2 | 3 | 4 | 5 | N/A |

| <i>Diversity Awareness and Sensitivity</i> | | | | | | |
|---|---|---|---|---|---|-----|
| <i>Student demonstrates appropriate utilization of or ability in:</i> | | | | | | |
| Awareness of diversity relative to self | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of diversity relative to client | 1 | 2 | 3 | 4 | 5 | N/A |
| Awareness of diversity relative to system/context/environment | 1 | 2 | 3 | 4 | 5 | N/A |
| Knowledge of diverse groups | 1 | 2 | 3 | 4 | 5 | N/A |
| Culturally responsive interventions | 1 | 2 | 3 | 4 | 5 | N/A |

Comments:

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

NOTE: Effective Fall 2020 this document became an on-line document

**Professor Evaluation of Counselor Student/Trainee
Dispositions & Professionalism**

Semester: Spring Fall Summer Year: _____

Student's Name: _____

Professor's Name: _____

Course: _____

Directions for faculty:

- Professors from any class are welcome to fill out the form for any student about whom they have concerns or want to note strengths and growth areas.
- 511, 530, and 584 professors must fill Table 1 (global evaluation) and include professor and student signatures at the bottom (even if there are no concerns).
- If there are any “needs improvement” or “concerns,” also complete the relevant section of Table 2. Provide comments about any concerns at the end of the form.

Table 1: GLOBAL EVALUATION: (circle the appropriate item):

Dispositions & Professionalism A – D

| | | | | |
|--|----------------------------------|--|-------------------------------------|------------------------------|
| A. Effective and Professional Communication and Collaboration | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| B. Emotional Maturity, Self-Awareness, and Counselor Presence | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| C. Dependability, Reliability, and Ethical Behavior | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| D. Respect for Diversity and Openness to Other World Views | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |

Table 2: Dispositions & Professionalism – A. Effective and Professional Communication and Collaboration

| | | | | |
|---|----------------------------------|--|-------------------------------------|------------------------------|
| Student has considerate and respectful written and verbal communication with peers, staff, professors, and supervisors (in person and email). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student works well on group projects and does their fair share. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student appropriately addresses areas of conflict or concern, including consultation with instructor and/or supervisor. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Other: | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |

Table 3. Dispositions & Professionalism - B. Emotional Maturity, Self-Awareness, and Counselor Presence

| | | | | |
|--|----------------------------------|--|-------------------------------------|------------------------------|
| Student presents appropriately for the situation (e.g., appropriate attire when seeing clients). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| If student is struggling emotionally or with a life situation, they take responsibility and appropriately inform professors and/or supervisors. They take appropriate steps to manage their course or client work and obtain any needed assistance (e.g., therapy, leave of absence, self-care). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student manages learning and performance anxieties appropriately. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student demonstrates self-awareness and commitment to personal growth (e.g., understands how one's words and actions impact others; identifies own strengths and areas of needed growth). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student provides constructive feedback and responds appropriately and flexibly to feedback. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student demonstrates appropriate boundaries (e.g., in class, with professors, with clients). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student has a good counselor presence (e.g., empathic, confident, good non-verbals, a therapeutic vocal style). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Other: | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |

Table 4. Dispositions & Professionalism - C. Dependability, Reliability, and Ethical Behavior

| | | | | |
|---|----------------------------------|--|-------------------------------------|------------------------------|
| Student appears to devote sufficient time and energy to the requirements of the program and manages their schedule and obligations appropriately. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student is prepared for class, attentive to lecture presentations, and engages in class discussions (taking into account students are diverse in their comfort level and cultural norms regarding speaking up). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student is on time for class and appointments (also supervision and training if in practicum). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student completes papers and assignments on time (also case notes and site paperwork). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| On the rare occasion that the student is late or misses class, it is for an appropriate reason, and they inform the professor and follow up appropriately. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student abstains from using electronic devices during class time, with the exception of approved note-taking. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student adheres to legal and ethical principles (e.g., ACA Code of Ethics, CAMFT Code of Ethics, BBS laws and regulations, the Counseling Student Handbook, CSUF academic integrity). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student demonstrates appropriate identity as a clinical mental health counselor and marriage and family therapist (e.g., scope of practice, scope of competence). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Other: | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |

Table 5. Dispositions & Professionalism - D. Respect for Diversity and Openness to Other World Views

| | | | | |
|--|----------------------------------|--|-------------------------------------|------------------------------|
| Student is respectful and empathic regarding the experience of others different from themselves. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student is willing to address areas of personal bias, prejudice, or “blind spots.” | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student does not impose personal values onto others (e.g., peers, clients). | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Student is committed to enhancing the well-being of others, regardless of their diverse identities and/or circumstances. | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |
| Other: | <input type="checkbox"/> Concern | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> No Concern | <input type="checkbox"/> N/A |

Comments (e.g., strengths, areas of improvement needed; context of the concern):

If the form and/or content of concern was discussed with the student in any way, please state how that process went:

Plan (if applicable):

Student Signature: _____
(Required for Practicum courses)

Date: _____

Professor Signature: _____

Date: _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

NOTE: Effective Fall 2020 this document became an on-line document

**Professor Evaluation of Counseling Student
Clinical Skills in Coun 511**

Year: _____

Student's Name: _____

Professor's Name: _____

How to use this evaluation form:

- Begin with page 2 and rate the student on each item and then come back to this page to provide a global evaluation and any comments.

GLOBAL EVALUATION: The students is generally able to use the 511 skills appropriately for this level of training (circle the appropriate item):

- Yes, meets or exceeds expectations
- Yes, meets minimal expectations
- No, does not meet minimal expectations (see comments and remediation plan)

NARRATIVE COMMENTS and remediation plan (if necessary):

Provide a rating from 0 to 2. Do not provide a higher rating; If you would like to elaborate on how advanced the student is here in 511, do so in the narrative comments option. If there are any concerns, explain them in the narrative as well. If you did not have an opportunity to evaluate a skill you can leave it blank.

Note: If students have a “0” rating on a crucial skill or on many skills, provide a global rating of “No, does not meet minimal expectations” and clarify in the comments with a remediation plan.

| | |
|--|---|
| <p>Concern Below expectations</p> <p>0</p> <p>The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course</p> | <p>No Concern 511 Meets expectations</p> <p>1 – 2</p> <p>The student uses skills <i>appropriately</i> for beginning level with practice “clients”</p> |
|--|---|

| Category | Clinical Skills | Score (0-2) |
|-----------------|---|--------------------|
| CS1 | Feeling reflections | |
| CS2 | Content reflections | |
| CS3 | Questions (e.g. frequency, open vs. closed) | |
| CS4 | Silence (e.g. client is processing vs. counselor stuck) | |
| CS5 | Verbal and non-verbal body language (e.g. eye contact, posture, gesturing, proxemics, head nodding) | |
| CS6 | Avoidance of providing praise (external evaluation of client or behavior) | |
| CS7 | Empathy (feelings combined with reasons for feeling or meaning) | |
| CS8 | Ability to sit with painful emotions | |
| CS9 | Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values) | |
| CS10 | Empathic confrontation (e.g., reflection of discrepancy in lieu of harsh confrontations) | |
| CS11 | Avoiding supportive statements that minimize client feelings | |
| CS12 | Therapeutic voice (e.g. tone, volume, rate of speech) | |
| CS13 | Identification of themes (reflection of a main point, theme, or general concern of client) | |
| CS14 | Countertransference awareness | |

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

NOTE: Effective Fall 2020 this document became an on-line document

**Professor Evaluation of Counselor Practicum Trainee
Clinical Skills; Case Conceptualization & Treatment Planning; Diversity**

Counseling 530 Beginning Practicum

Semester: Spring Fall **Year:** _____

Student's Name: _____

Professor's Name: _____

How to use this evaluation form:

- Begin on page 2 and rate the student on each item; then come back to page 1 to provide a global evaluation and any narrative comments.

GLOBAL EVALUATION: The students is generally able to use the 530 skills appropriately for this level of training (circle the appropriate item):

- Yes, meets or exceeds expectations
- Yes, meets minimal expectations
- No, does not meet minimal expectations (see comments and remediation plan)

NARRATIVE COMMENTS and remediation plan (if necessary):

For 530, the rating options are 0 – 4. If you would like to elaborate on how advanced the student is here in 530, do so in the narrative comments option. If there are any concerns, explain them in the narrative as well. If you did not have an opportunity to evaluate a skill you can leave it blank.

Note: If students have a “0 - 2” rating on a crucial skill or on many skills, provide a global rating of “No, does not meet minimal expectations” and clarify in the comments with a remediation plan.

| Concern Well below expectations 0 | Concern Below expectations 1 – 2 | 530 Meets expectations 3 - 4 |
|---|--|---|
| The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course | The student uses skills appropriately for 511 beginning level with practice “clients” but is struggling with applying them to real clients | The student uses skills <i>competently</i> in therapy with real clients |

| Category | Description – Clinical Skills | Score (0-4) |
|-----------------|---|--------------------|
| CS1 | Feeling reflections | |
| CS2 | Content reflections | |
| CS3 | Questions (e.g. frequency, open vs. closed) | |
| CS4 | Silence (e.g. client is processing vs. counselor stuck) | |
| CS5 | Verbal and non-verbal body language (e.g. eye contact, posture, gesturing, proxemics, head nodding) | |
| CS6 | Avoidance of providing praise (external evaluation of client or behavior) | |
| CS7 | Empathy (feelings combined with reasons for feeling or meaning) | |
| CS8 | Ability to sit with painful emotions | |
| CS9 | Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values) | |
| CS10 | Empathic confrontation (e.g., reflection of discrepancy in lieu of harsh confrontations) | |
| CS11 | Avoiding supportive statements that minimize client feelings | |
| CS12 | Therapeutic voice (e.g. tone, volume, rate of speech) | |
| CS13 | Identification of themes (reflection of a main point, theme, or general concern of client) | |
| CS14 | Countertransference Awareness | |

| Concern Well below expectations 0 | Concern Below expectations 1 – 2 | 530 Meets expectations 3 - 4 |
|---|--|---|
| The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course | The student uses skills appropriately for 511 beginning level with practice “clients” but is struggling with applying them to real clients | The student uses skills <i>competently</i> in therapy with real clients |

| Category | Description – Case Conceptualization and Treatment Planning | Score (0-4) |
|-----------------|--|--------------------|
| CSCCTP1 | Assesses strengths/growth areas of clients | |
| CSCCTP2 | Assesses using DSM | |
| CSCCTP3 | Develops case conceptualizations through use of theory and biopsychosociocultural considerations | |
| CSCCTP4 | Develops treatment plans responsive to assessment, conceptualization, and cultural factors | |
| CSCCTP5 | Uses Evidence-based practices in clinical work | |
| CSCCTP6 | Prepares for termination and provides adequate referrals and follow-up as needed | |

| Category | Description – Diversity Awareness and Sensitivity | Score (0-4) |
|-----------------|--|--------------------|
| CSD1 | Demonstrates awareness of diversity relative to self | |
| CSD2 | Demonstrates awareness of diversity relative to client | |
| CSD3 | Demonstrates awareness of diversity relative to system/context/environment | |
| CSD4 | Demonstrates culturally responsive interventions | |

Student Signature: _____

Date: _____

Professor Signature: _____

Date: _____

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

NOTE: Effective Fall 2020 this document became an on-line document

**Professor Evaluation of Counselor Practicum Trainee
Clinical Skills; Case Conceptualization & Treatment Planning; Diversity**

**Counseling 584 Advanced Practicum
(and Counseling 590/591)**

Semester: Spring Fall **Year:** _____

Student's Name: _____

Professor's Name: _____

How to use this evaluation form:

- Begin on page 2 and rate the student on each item; then come back to page 1 to provide a global evaluation and any narrative comments.

GLOBAL EVALUATION: The students is generally able to use the 584 skills appropriately for this level of training (circle the appropriate item):

- Yes, meets or exceeds expectations (all scores are in the 5-6 range)
- Yes, meets minimal expectations (some skills are in the 3-4 range, but most are in the 5-6 range)
- No, does not meet minimal expectations (below a 2 on any skill and/or below a 5-6 on crucial skills or many skills)

NARRATIVE COMMENTS:

For 584/590/591, the rating options are 0 – 6. If you did not have an opportunity to evaluate a skill you can leave it blank.

Note: if a student has a 2 or below on any item at the end of the course, they cannot pass Counseling 584. Provide an explanation in the comments section and a remediation plan if appropriate.

| Concern Well below expectations 0 | Concern Below expectations 1 – 2 | 530 Meets expectations 3 - 4 | 584 Meets expectations 5 - 6 |
|---|--|---|--|
| The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course | The student uses skills appropriately for 511 beginning level with practice “clients” but is struggling with applying them to real clients | The student uses skills <i>competently</i> in therapy with real clients | The student uses skills <i>effectively and confidently</i> in therapy with a higher level of awareness of the work |

| Category | Description – Clinical Skills | Score (0-6) |
|-----------------|---|--------------------|
| CS1 | Feeling reflections | |
| CS2 | Content reflections | |
| CS3 | Questions (e.g. frequency, open vs. closed) | |
| CS4 | Silence (e.g. client is processing vs. counselor stuck) | |
| CS5 | Verbal and non-verbal body language (e.g. eye contact, posture, gesturing, proxemics, head nodding) | |
| CS6 | Avoidance of providing praise (external evaluation of client or behavior) | |
| CS7 | Empathy (feelings combined with reasons for feeling or meaning) | |
| CS8 | Ability to sit with painful emotions | |
| CS9 | Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values) | |
| CS10 | Empathic confrontation (e.g., reflection of discrepancy in lieu of harsh confrontations) | |
| CS11 | Avoiding supportive statements that minimize client feelings | |
| CS12 | Therapeutic voice (e.g. tone, volume, rate of speech) | |
| CS13 | Identification of themes (reflection of a main point, theme, or general concern of client) | |
| CS14 | Countertransference Awareness | |

| Concern Well below expectations 0 | Concern Below expectations 1 – 2 | 530 Meets expectations 3 - 4 | 584 Meets expectations 5 - 6 |
|---|--|---|--|
| The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course | The student uses skills appropriately for 511 beginning level with practice “clients” but is struggling with applying them to real clients | The student uses skills <i>competently</i> in therapy with real clients | The student uses skills <i>effectively and confidently</i> in therapy with a higher level of awareness of the work |

| Category | Description – Case Conceptualization and Treatment Planning | Score (0-6) |
|-----------------|--|--------------------|
| CSCCTP1 | Assesses strengths/growth areas of clients | |
| CSCCTP2 | Assesses using DSM | |
| CSCCTP3 | Develops case conceptualizations through use of theory and bio-psycho-sociocultural considerations | |
| CSCCTP4 | Develops treatment plans responsive to assessment, conceptualization, and cultural factors | |
| CSCCTP5 | Uses Evidence-based practices in clinical work | |
| CSCCTP6 | Prepares for termination and provides adequate referrals and follow-up as needed | |

| Category | Description – Diversity Awareness and Sensitivity | Score (0-6) |
|-----------------|--|--------------------|
| CSD1 | Demonstrates awareness of diversity relative to self | |
| CSD2 | Demonstrates awareness of diversity relative to client | |
| CSD3 | Demonstrates awareness of diversity relative to system/context/environment | |
| CSD4 | Demonstrates culturally responsive interventions | |

Student Signature: _____

Date: _____

Professor Signature: _____

Date: _____

****ONLINE FORM AS OF SPRING 2021****

**CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee**

Student Name: _____ CWID: _____

Evaluation Period: Fall 20__ Spring 20__ Summer 20__ Class: 530 584 590 591

Agency Name: _____ City: _____

Clinical Supervisor's Name: _____ Phone: _____

| | | | |
|--|---|---|--|
| How Competency was Assessed. Check all that apply. A. <input type="checkbox"/> Direct Observation B. <input type="checkbox"/> Video C. <input type="checkbox"/> Audio D. <input type="checkbox"/> Supervisory Discussion E. <input type="checkbox"/> Review of Written Reports F. <input type="checkbox"/> Feedback from others G. <input type="checkbox"/> Other (specify): _____ | | Competency Expectations: Fall: Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher. Spring: Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher. Summer: Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher. | |
| Performance Levels: <i>Check all boxes that apply within each Competency area and rank student 1 thru 6 based on where the majority of the boxes are checked for that competency.</i> 1: Fails to meet standard, needs improvement 2: Meets minimum standard, needs improvement 3: Meets minimum standard, would benefit from further training | | 4: Meets standard, appropriate to current level of training and experience 5: Meets standard, exceeds in some competencies 6: Exceeds performance standard in most competencies | |
| COMPETENCY 1: Clinical Evaluation | | | |
| Needs much guidance in identifying presenting problems, identifying client strengths, and identifying possible substance abuse, and in connecting presenting problem to DSM diagnoses. | <input type="checkbox"/> Can identify treatment unit, presenting problems, and patterns of behavior with guidance. <input type="checkbox"/> Does not always identify risks and self-destructive behaviors. <input type="checkbox"/> Sometimes misses client strengths and needs to be reminded to identify such strengths. <input type="checkbox"/> Does not always assess for substance abuse. <input type="checkbox"/> Needs help connecting DSM criteria to presenting problems. <input type="checkbox"/> Has little understanding of prognostic indicators. | <input type="checkbox"/> Generally good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Generally sufficient in using the DSM but sometimes needs help in identifying appropriate diagnoses. <input type="checkbox"/> Beginning to understand prognostic indicators. | <input type="checkbox"/> Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Connects presenting problem with DSM diagnosis and identifies possible comorbid disorders. <input type="checkbox"/> Can identify elements relevant to making proper prognosis. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
| Comments - required if student ranks 1 or 2 - optional for scores 3 and above: | | | |
| COMPETENCY 2: Crisis Management | | | |
| <input type="checkbox"/> Is inadequate in identifying indicators of abuse, danger to self, or danger to others. <input type="checkbox"/> Sometimes disputes supervisor's identifications of such indicators. <input type="checkbox"/> Inadequate in issues dealing with trauma. <input type="checkbox"/> Completely relies upon supervisor to develop and implement a plan to reduce the potential for danger and to report these incidents. | <input type="checkbox"/> Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor. <input type="checkbox"/> Mostly relies upon supervisor to develop and implement a plan to reduce the potential for danger. <input type="checkbox"/> Is uncertain in identifying and treating trauma. <input type="checkbox"/> Feels less confident in reporting such crises and defers to supervisor to complete reporting requirements. | <input type="checkbox"/> Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor. <input type="checkbox"/> Helps in the development and implementation of a plan to reduce the potential for danger. <input type="checkbox"/> Generally good at identifying and treating trauma with assistance from supervisor. <input type="checkbox"/> Manages reporting requirements with assistance from supervisor. | <input type="checkbox"/> Consistently observes and assesses for indications of abuse, danger to self, or danger to others. <input type="checkbox"/> Develops/implements a plan to reduce the potential for danger with appropriate input from supervisor. <input type="checkbox"/> Excellent at identifying and treating trauma. <input type="checkbox"/> Manages reporting requirements appropriately. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
| Comments required if student ranks 1 or 2: | | | |

****ONLINE FORM AS OF SPRING 2021****

**CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee**

| COMPETENCY 3: Treatment Planning | | | |
|---|---|---|---|
| <input type="checkbox"/> Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Difficulty in identifying stages of treatment and imposes treatment goals. <input type="checkbox"/> Does not understand the differences between short- and long-term treatment goals. <input type="checkbox"/> Does not recognize the need for referral and is not aware of appropriate referrals. | <input type="checkbox"/> Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. <input type="checkbox"/> Often needs help recognizing the need for referral for appropriate services and resources. | <input type="checkbox"/> Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. <input type="checkbox"/> Sometimes needs guidance on recognizing the need for referral for appropriate services and resources. | <input type="checkbox"/> Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. <input type="checkbox"/> Recognizes the need for referral and identifies appropriate services and resources. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
| Comments required if student ranks 1 or 2: | | | |
| COMPETENCY 4: Rapport Building | | | |
| <input type="checkbox"/> Inadequate in developing empathy and sometimes is not aware of empathy's importance. <input type="checkbox"/> Does not create a safe environment. <input type="checkbox"/> Is unaware of how one's own biases affect treatment outcomes. | <input type="checkbox"/> Often does not develop empathy. <input type="checkbox"/> Needs help in creating a safe environment and understanding the problem from the client's perspective. <input type="checkbox"/> Difficulties developing trust with clients; often imposes one's own biases. <input type="checkbox"/> Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance. <input type="checkbox"/> Is not aware of impact of self on clients. | <input type="checkbox"/> Generally good at developing empathy. <input type="checkbox"/> Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. <input type="checkbox"/> Is adequate in developing trust with clients but sometimes needs to keep biases in check. <input type="checkbox"/> Is developing the ability to control one's emotions. <input type="checkbox"/> Sometimes proceeds to treatment before trust is fully developed. <input type="checkbox"/> Is appropriately aware of impact of self on clients. | <input type="checkbox"/> Consistent demonstration of empathy. <input type="checkbox"/> Creates a safe environment by understanding the problem from the client's perspective. <input type="checkbox"/> Consistently in control of one's emotions and assesses for trust. <input type="checkbox"/> Is aware and uses impact of self on clients in treatment. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
| Comments required if student ranks 1 or 2: | | | |
| COMPETENCY 5: Treatment | | | |
| <input type="checkbox"/> Unable to apply any therapeutic principles. | <input type="checkbox"/> Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Needs help in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Needs guidance in modifying the treatment process based upon therapeutic progress. <input type="checkbox"/> Needs assistance in understanding transference and countertransference issues. <input type="checkbox"/> Poor at case management-related issues. <input type="checkbox"/> Needs help in identifying appropriate termination and transition from treatment. | <input type="checkbox"/> Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Is adequate at explaining treatments to clients. <input type="checkbox"/> Good in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Good in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Is gaining awareness of transference and countertransference issues. <input type="checkbox"/> Adequate at case management-related issues. <input type="checkbox"/> Good in developing a plan for termination with client to provide a transition from treatment. | <input type="checkbox"/> Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Very good skills in explaining treatments in ways clients can understand. <input type="checkbox"/> Consistent in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Consistent in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Has good awareness of transference and countertransference issues. <input type="checkbox"/> Good at case management-related issues. <input type="checkbox"/> Consistent in developing a plan for termination with client to provide a transition from treatment. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |

****ONLINE FORM AS OF SPRING 2021****

**CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee**

Comments required if student ranks 1 or 2:

| COMPETENCY 6: Human Diversity | | | |
|--|---|---|---|
| <input type="checkbox"/> Unable to understand the importance of issues of diversity. | <input type="checkbox"/> Needs help in identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Sometimes is unable to disentangle one's own values from client's values, which sometimes interferes with treatment strategies. | <input type="checkbox"/> Generally good at identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Is able to provide an unbiased therapeutic environment when client's values or beliefs are different from one's own views. <input type="checkbox"/> Can apply treatment strategies consistent with client's values, beliefs, and/or worldviews. | <input type="checkbox"/> Consistent at identifying issues of diversity which impact the therapeutic environment, including issues of gender, sexual orientation, culture, ethnicity, age, disability, and religious/faith beliefs on the therapeutic process. <input type="checkbox"/> Consistent at providing an unbiased therapeutic environment when client's values, beliefs, and/or worldviews are different from one's own views. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |

Comments required if student ranks 1 or 2:

| COMPETENCY 7: Law | | | |
|--|---|---|---|
| <input type="checkbox"/> Poor understanding of legal issues relevant to this clinical setting. | <input type="checkbox"/> Needs help in recognizing legal issues, managing mandated reporting requirements, and obtaining client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Does not always understand the reasoning behind the need for legal requirements. <input type="checkbox"/> Needs to be reminded of issues surrounding security of therapy records. <input type="checkbox"/> Is not very knowledgeable of laws relevant to practice. | <input type="checkbox"/> Adequately knowledgeable of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor. <input type="checkbox"/> Obtains client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of clinical records. <input type="checkbox"/> Is developing knowledge of and follows law in clinical practice. | <input type="checkbox"/> Consistent knowledge of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and understands and appropriately manages mandated reporting requirements. <input type="checkbox"/> Obtains and understands the need for client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of client therapy records. <input type="checkbox"/> Aware of and follows law in clinical practice. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |

Comments required if student ranks 1 or 2:

| COMPETENCY 8: Ethics | | | |
|--|---|---|--|
| <input type="checkbox"/> Poor understanding of ethical issues relevant to this clinical setting. | <input type="checkbox"/> Needs help in recognizing ethical issues arising in this clinical setting. <input type="checkbox"/> Needs reminders to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Is not aware of one's scope of practice and attempts to treat all problems. <input type="checkbox"/> Needs reminders of appropriate therapeutic boundaries. <input type="checkbox"/> Has difficulty in identifying personal reactions/countertransference issues that could interfere with the therapeutic process and sometimes denies or disputes these issues when pointed out by supervisor. | <input type="checkbox"/> Generally good knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Is able to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Is not always aware of one's scope of practice. <input type="checkbox"/> Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process, but can easily correct oversights in this area. <input type="checkbox"/> Together with supervisor, identifies personal limitations that require outside consultation. | <input type="checkbox"/> Demonstrates excellent knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Consistently informs clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Consistent at staying within scope of practice. <input type="checkbox"/> Consistent ability to identify personal reactions/countertransference issues that could interfere with the therapeutic process, and identifies personal limitations that require outside consultation. |

****ONLINE FORM AS OF SPRING 2021****

**CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee**

| | | | |
|---|---|--|--|
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
| Comments required if student ranks 1 or 2: | | | |
| COMPETENCY 9: Personal Qualities | | | |
| <input type="checkbox"/> Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Has demonstrated lapses in oral and written communication skills. | <input type="checkbox"/> Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Needs improvement in oral and written communication skills. | <input type="checkbox"/> Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Generally acceptable oral and written communication skills. | <input type="checkbox"/> Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Consistently demonstrated good oral and written communication skills. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
| Comments required if student ranks 1 or 2: | | | |
| COMPETENCY 10: Professional Documentation | | | |
| <input type="checkbox"/> Does not adhere to deadlines and professional documentation standards | <input type="checkbox"/> Does not always maintain timely and orderly paperwork and sometimes skirts agency policies. | <input type="checkbox"/> Maintains timely and orderly paperwork and adheres to agency policies. | <input type="checkbox"/> Consistent maintenance of timely and orderly paperwork, and adherence to agency policies. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
| Comments required if student ranks 1 or 2: | | | |
| COMPETENCY 11: Professionalism | | | |
| <input type="checkbox"/> Does not demonstrate professionalism in the work setting. | <input type="checkbox"/> Appearance and attire is frequently inappropriate for agency setting. <input type="checkbox"/> Is inconsistent in punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is not very aware of the need for self care. | <input type="checkbox"/> Appearance appropriate to agency setting. <input type="checkbox"/> Acceptable demonstration of punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is developing the understanding of the importance of self care. | <input type="checkbox"/> Consistently demonstrates proper appearance appropriate to agency setting. <input type="checkbox"/> Consistently demonstrates punctuality and responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Has the ability to understand the need for self care as it relates to effective clinical practice. |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
| Comments required if student ranks 1 or 2: | | | |
| COMPETENCY 12: Supervision | | | |
| <input type="checkbox"/> Resistant to supervision and does not make improvements after repeated input from supervisor. | <input type="checkbox"/> Needs to make better use of supervision. <input type="checkbox"/> Does not always come prepared to discuss cases or issues of concern. <input type="checkbox"/> Has difficulty in presenting full case conceptualizations. <input type="checkbox"/> Is somewhat resistant to supervisory input, and sometimes openly argues with supervisor's observations and/or suggestions. | <input type="checkbox"/> Does not always seek supervision when needed, preferring to wait until regularly scheduled supervisory sessions. <input type="checkbox"/> Comes prepared to supervision sessions, but sometimes needs prompting by supervisor to share concerns. <input type="checkbox"/> Is generally good at presenting full case conceptualizations but sometimes leaves relevant details out of presentation. <input type="checkbox"/> Is generally | <input type="checkbox"/> Seeks supervision when needed, comes prepared for supervision sessions, and openly shares concerns and ideas with supervisor. <input type="checkbox"/> Can present full case conceptualizations. <input type="checkbox"/> Consistently demonstrates openness to feedback and uses supervisory suggestions to make improvements when needed. |

****ONLINE FORM AS OF SPRING 2021****

**CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee**

| | | | |
|--|---|---|--|
| | | open to supervision and makes improvements when needed. | |
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |

Comments required if student ranks 1 or 2:

COMPETENCY 13: Group Facilitation

| | | | |
|--|--|---|---|
| Needs much guidance in demonstration of group leadership skills (e.g., scanning, linking, summarizing), and numerous opportunities are missed. <input type="checkbox"/> Inadequate demonstration of ethical and diversity-sensitive skills. <input type="checkbox"/> Inadequate organization and quality of materials (e.g., handouts) and content is inadequately communicated. | Adequate demonstration of a few group leadership skills (e.g., scanning, linking, summarizing), although a number of opportunities are missed. <input type="checkbox"/> Adequate demonstration of ethical and diversity-sensitive skills. <input type="checkbox"/> Adequate organization and quality of materials (e.g., handouts) and content is adequately communicated. | Good demonstration of a few group leadership skills (e.g., scanning, linking, summarizing), even though some opportunities may be missed. <input type="checkbox"/> Good demonstration of ethical and diversity-sensitive skills. <input type="checkbox"/> Good organization and quality of materials (e.g., handouts) and content is well-communicated. | Outstanding demonstration of multiple group leadership skills (e.g., scanning, linking, summarizing). <input type="checkbox"/> Outstanding demonstration of ethical and diversity-sensitive skills. <input type="checkbox"/> Outstanding organization and quality of materials (e.g., handouts) and content is well-communicated. |
|--|--|---|---|

| | | | |
|--|---|---|--|
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
|--|---|---|--|

Comments required if student ranks 1 or 2:

OVERALL ASSESSMENT

| | | | |
|--|---|---|--|
| 1 <input type="checkbox"/> Fails to Meet Standard | 2 <input type="checkbox"/> 3 <input type="checkbox"/> Meets Minimum Standard | 4 <input type="checkbox"/> 5 <input type="checkbox"/> Meets Standard | 6 <input type="checkbox"/> Exceeds Standard |
|--|---|---|--|

Note: If student ranks 1 or 2 in Overall Assessment, supervisor needs to complete the three sections below identifying the specific competencies in need of further development and a specific plan for developing those competencies. In addition, supervisor needs to consult with student's Practicum instructor or the Director of Clinical Training.

Areas of Strength:

Areas in Need of Further Development:

****ONLINE FORM AS OF SPRING 2021****
CALIFORNIA STATE UNIVERSITY FULLERTON
Site Supervisor Final Evaluation of PCC/MFT Trainee

Plans for Development or Remediation:

Consultation with school requested by clinical supervisor: No Yes Best day/time: _____

Signatures:

| | |
|--|------|
| Student's Signature | Date |
| Supervisor's Signature | Date |
| CSUF Instructor Signature | Date |
| CSUF Director of Clinical Training Signature | Date |

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Student Assessment of Clinical Training Site
***Effective Spring 2020 – Form is now an on-line survey**

Date: _____

Class: 530 _____ 584 _____ 590 _____ 591 _____ Spring _____ Fall _____ Sum _____

Agency Name: _____

Supervisor's Name: _____

On a scale of 1 to 5, (1 being poor and 5 excellent):

How would you rate your placement overall? (circle one)

1 2 3 4 5

How would you rate your learning experience? (circle one)

1 2 3 4 5

What would you most want to change about your placement, if anything?

Would you suggest this placement to other students in the future? Explain briefly.

What was the most valuable part of your experience at this placement?

How much contact did you have with individuals from various cultural backgrounds? How did you react?

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Student Evaluation of Site Supervisor
***Effective Spring 2020 – Form is now an on-line survey**

Class: 530 _____ 584 _____ 590 _____ 591 _____ Spring _____ Fall _____ Sum _____

Supervisor's Name: _____

Agency: _____ Date: _____

Directions: Please rate your supervisor on the following supervisory responsibilities according to the following scale: 5 = Outstanding; 4= Very good; 3= Acceptable; 2=Poor; 1=Unacceptable; or X=Insufficient information or not applicable.

These ratings will be anonymous unless you choose to sign your name. The information from these ratings will be used to provide feedback to supervisors when appropriate to facilitate as effective supervision a possible.

| | | | | | | | |
|---|--|---|---|---|---|---|---|
| 1 | Explains his/her goals for supervision | 1 | 2 | 3 | 4 | 5 | X |
|---|--|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | Explains his/her criteria for evaluating my performance | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3 | Provides freedom to develop my own counseling style | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4 | Helps me understand the theoretical approach I am using | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 5 | Helps me integrate theory and technique as needed | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|--|---|---|---|---|---|---|
| 6 | Provides suggestions for improving my therapeutic skills | 1 | 2 | 3 | 4 | 5 | X |
|---|--|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 7 | Encourages me to experiment with different techniques | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments:

Student Evaluation of Site Supervisor

| | | | | | | | |
|---|--|---|---|---|---|---|---|
| 8 | Helps me develop treatment goals and plans | 1 | 2 | 3 | 4 | 5 | X |
|---|--|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|---|--|---|---|---|---|---|---|
| 9 | Helps me with DSM-IV diagnosis when needed | 1 | 2 | 3 | 4 | 5 | X |
|---|--|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|----|--|---|---|---|---|---|---|
| 10 | Helps me understand my strengths and weaknesses as a therapist | 1 | 2 | 3 | 4 | 5 | X |
|----|--|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|----|--|---|---|---|---|---|---|
| 11 | Provides a comfortable setting for me to disclose my own concerns or “mistakes.” | 1 | 2 | 3 | 4 | 5 | X |
|----|--|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|----|---|---|---|---|---|---|---|
| 12 | Provides feedback in a clear and concise manner | 1 | 2 | 3 | 4 | 5 | X |
|----|---|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|----|--|---|---|---|---|---|---|
| 13 | Manages our supervision hour efficiently | 1 | 2 | 3 | 4 | 5 | X |
|----|--|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|----|------------------------------------|---|---|---|---|---|---|
| 14 | Treats me with dignity and respect | 1 | 2 | 3 | 4 | 5 | X |
|----|------------------------------------|---|---|---|---|---|---|

Comments:

15. Overall, how would you rate your supervision so far (circle one)?

Excellent Very good Average Poor Cannot rate at this time

16. What would you like your supervisor to do more of? Please be as specific as possible.

17. What would you like your supervisor to do less of? Please be as specific as possible.

Student Evaluation of Site Supervisor

Supervisor Name _____ Agency _____

18. Listed below are a variety of supervisory techniques. Please indicate which of these you have used and if used, how helpful they were in your supervision, using a rating from 1 to 5, with 5 being extremely valuable, 3 being of average value, and 1 being of little value. For one that have not been used, please indicate whether or not you would like to try that technique, conditions permitting.

- | | | |
|-------|---|--|
| A | Verbal report of my sessions | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |
| B | Video-recording therapy sessions | |
| | Used: | 1 2 3 4 5 |
| | Not used: | |
| <hr/> | | |
| C | Audio-taping therapy sessions | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |
| D | Co-therapy with my supervisor | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |
| E | Observations of my session through a 1-way mirror | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |
| F | Supervisor present in session (observation and feedback during session) | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |

Are there any other comments you have concerning your supervision?

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

End of Semester Check-Out

Class: 530 584 590 591 Spring Fall Year: [Click or tap here to enter text.](#)

Name of Student: [Click or tap here to enter text.](#)

Practicum Instructor: [Click or tap here to enter text.](#)

Date turned in to CTD*: [Click or tap here to enter text.](#)

(*within 2 weeks after grades are due)

Please check the following items off:

Student Evaluation of Supervisor

(Anonymous survey sent to students via email by CT-verbal student acknowledgment)

Student Evaluation of Agency

(Anonymous survey sent to students via email by CT-verbal student acknowledgment)

Signed Supervisor Final Eval of Student

(Portal e-form as of 04/2021-instructor to track via email at designated due date)

Signed Practicum Instructor Final Clinical Skills Eval

(Portal e-form as of 12/2020-students must review/sign on student portal)

Signed Practicum Instructor Dispositions & Professionalism Eval

(Portal e-form as of 12/2020-students must review/sign on student portal)

Signed Fieldwork Summary (Log) ____

(Electronic Form as of 05/2021-students must show completed PDF to instructor upon designated due date)

Discussed disposal of confidential material

Site visit completed Date of visit: [Click or tap here to enter text.](#)

NOTE: Please save the completed End of Semester Check-Out forms to the shared Dropbox folder. For ease of review/processing by the Fieldwork Coordinator, please use the following naming convention when saving your files to Dropbox: **Student Last Name, Student First Name, Name of Document (i.e. Folmer, Nicole End of Semester Check-Out).**

{Unsigned or inaccurate forms **cannot** be accepted by the Clinical Training Director and students should receive a grade of “Incomplete” for Practicum class until properly completed documentation has been received by the Practicum Instructor.}

CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

COUN 530 e-FORM – 2 WEEK PROGRESS REPORT

Student Name:

Instructor Name:

Supervisor Name:

Dates covered for this review period:

Today's date:

Semester/Year:

Instructions: Please check the areas you are working on in this 2-week period with this student.

Professionalism:

Please check the areas you are working on in this 2-week period with this student.

- Interpersonal Appropriateness
- Ethical Decision-making
- Responsibility & Dependability
- Taking Supervision Well/Openness to Feedback

Please comment as necessary:

Skills:

Please check the areas you are working on in this 2-week period with this student.

- Assessment & Diagnosis
- Relationship Building
- Case Conceptualization
- Treatment Planning
- Documentation
- Termination & Referral

Please comment as necessary:

Student Development:

- Student is performing exceptionally well for their level of experience
- Student is performing adequately for their level of experience
- Student performance is below average with a few minor concerns
- Student performance shows serious concerns

Please comment as necessary:

NOTE: Please state any concerns you may have, so further contact can be initiated.

Your Name

800 N. State College Blvd., Fullerton, CA, 90803
562.315.8582 | dhart@fullerton.edu

EDUCATION

Bachelor of Arts in Psychology

California State University, Fullerton | August 2018 - May 2021

- Cumulative GPA: 3.87
- College of Social and Behavioral Sciences: Dean's List
 - ◊ Fall 2018 - Spring 2021 (all semesters)

Master of Science in Counseling

California State University, Fullerton (CSUF) | August 2021 – May 2024

- Current GPA: 3.96

EXPERIENCE

Office Manager

Ropak, LLC | July 2022 – Present

Bookstore Attendant

Titan Shops | December 2021 – July 2022

Research Assistant

California State University, Fullerton | February 2019 - May 2021
Group Work Lab with Jeffrey Kottler, Ph.D.

Resident Advisor

California State University, Fullerton | July 2019 - May 2021

SKILLS/TRAINING

Documentation

- Transcribe provider-patient interactions using SOAP format while following HIPPA guidelines in Urgent Care and virtual settings
- Document patients' relevant history, provider exam findings, lab results, and other relevant information
- Conduct quality assurance for SOAP notes documented for medical providers
- Facilitate efficiency of provider-patient interactions while adhering to provider preferences
- Document progress of newly hired scribes in training

Community Building

- Foster a supportive working environment for a diverse population of newly hired scribes
- Attended "Oppression Reduction" trainings to better support underserved and marginalized populations
- Performed routine mental health checks for 60+ dormitory residents
- Coordinated and conducted personalized one-on-one meetings with 60+ residents

CLINICAL TRAINING ORIENTATION QUICK NOTES

Paperwork

Please Turn in the Following Paperwork:

| | |
|--|--------------------|
| 4-Way Agreement | CSUF On-line Form* |
| Declaration | CSUF On-line Form* |
| Participation | CSUF On-line Form* |
| Transportation/Storage of Confidential Client Data | CSUF On-line Form* |
| BBS Supervision Agreement | Copy** |
| Student Malpractice Insurance Proof of Coverage | Copy** |

*You are responsible to obtain signatures from agency personnel and provide your own; we will obtain CSUF signatures.

*Please download and save copies of on-line CSUF forms for your own files. This will become important when you apply for your intern number and MFT/PCC license.

**You must upload these documents to your student portal within the first two weeks of class. Students may not begin seeing clients until the BBS Supervisor Responsibility Statement is signed and malpractice insurance is active.

Website Information

American Counseling Association (ACA)
www.counseling.org

Board of Behavioral Sciences (BBS)
www.bbs.ca.gov

California Association for Marriage and Family Therapists (CAMFT)
www.camft.org

Handbook

The Clinical Training handbook is available on the Counseling Homepage
<http://hhd.fullerton.edu/counsel/>

Other Contacts

David Hart, Ph. D.
Clinical Training Director
dhart@fullerton.edu
EC-484

Nicole Folmer, M. S.
Fieldwork Coordinator
nifolmer@fullerton.edu
EC-479 B