Licensed Professional Clinical Counselor (LPCC) and/or Marriage and Family Therapy (LMFT) Program

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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.

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 provide exemplary education, research, and community outreach related to the health, development, and well-being of all people. Emphasis is placed on both theory and practice, with special attention to the development of critical thinking, leadership, and humanistic skills needed to function in a widely diverse and ever-changing society.

The Counseling Department was begun in the late 1960’s by David Keirsey 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 LMFTs and LPCCs. 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) for future LMFTs and LPCCs, 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 LPCCs and LMFTs.

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 and a person or group of persons desiring help with educational, career, emotional, behavioral, and/or relationship problems. Counselors understand that personal development is essential to effective professional development. Their 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 facing difficult tasks or experiencing personal problems in life.

Master of Science in Counseling: Marriage & Family Therapy (LMFT) & Licensed Professional Clinical Counselor (LPCC) Program
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’s of Science degree in Clinical Mental Health Counseling with a Specialty in Marriage and Family Therapy, leading to potential licensure in either Marriage and Family Therapy (LMFT), Professional Clinical Counseling (LPCC) or both.

The philosophical orientation of the Counseling program is humanistic, systemic and community-centered. It is a fundamental belief of the program that individuals, families, 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 therapists can most effectively assist people by understanding the relationship of emotional distress to family dynamics and the broader social and cultural forces that shape life in their respective communities.

The LMFT/LPCC 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/LMFT-LPCC 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 marriage and family therapy (LMFT) and professional clinical counseling (LPCC) 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 a licensed marriage and family therapist (LMFT) and/or licensed professional clinical counselor (LPCC).

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 A/B and COUN 591 A/B, 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/CurrentStudents/Handbooks/ClinicalHandbook/default.htm.

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 American Counseling Association (ACA), the California Association for Marriage and Family Therapists (CAMFT), and the California Association for Professional Clinical Counseling (CALPCC). The Chair of the Department of Counseling and the Clinical Training Director are in continual contact with the BBS, CAMFT & CALPCC and students will be updated regarding changes and/or amendments to the current rules and regulations pertaining to the training component of the LMFT/LPCC 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.

**Terminology**

The clinical practice of psychotherapy by unlicensed practitioners in California is permitted through the Board of Behavioral Sciences (BBS) Statutes and Regulations for Marriage and Family Therapists. California has regulated the practice of marriage and family therapy since 1963. The BBS, under the State Department of Consumer Affairs, issues the license for Marriage and Family Therapist (LMFT) and as of November 2009 legislation was passed for Licensed Professional Clinical Counselors (LPCCs) to be licensed and regulated by the BBS. The BBS also issues the license for Licensed Clinical Social Workers (LCSW) and Licensed Educational Psychologists (LEP). 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.

- **Trainee:** An individual gaining experience in professional clinical counseling and/or marriage and family therapy, who is enrolled in a graduate program, has completed 12 units and become “classified”, but has not yet received their degree, is designated by the BBS as a **trainee**.
- **Associate:** The BBS designates an individual working toward licensure, who has completed the M.S. degree and is registered with the BBS, as an **associate (AMFT or APCC)**.

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 CSUF LMFT/LPCC student 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.

### II. SUMMARY OF BBS LMFT/LPCC LICENSURE REGULATIONS

(See the following pages – for a summary or go to the BBS Website: [www.bbs.ca.gov](http://www.bbs.ca.gov))

[NOTE: Due to the recent passage of State legislation, this chart is about to be revised. Please visit the BBS website and watch for new developments. This will be the fastest route to the new information.]
<table>
<thead>
<tr>
<th>EXPERIENCE</th>
<th>MINIMUMS AND MAXIMUMS</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual Counseling or Psychotherapy (performed by you)</td>
<td>No Minimum or Maximum</td>
<td>No pre- or post-degree hours are required performing individual psychotherapy, though many people gain hundreds of hours in this area due to the limitations of other categories.</td>
</tr>
<tr>
<td>2. Couples, Family and Child Psychotherapy (performed by you)</td>
<td>Minimum 500 hours</td>
<td>May be completed pre- or post-degree or a combination of both. Up to 150 hours of conjoint couples and family therapy may be double-counted.</td>
</tr>
<tr>
<td>3. Group Therapy or Counseling (performed by you)</td>
<td>Maximum 500 hours</td>
<td>May be completed pre- or post-degree or a combination of both.</td>
</tr>
<tr>
<td>4. Telehealth Counseling (performed by you)</td>
<td>Maximum 375 hours</td>
<td>May be completed pre- or post-degree or a combination of both.</td>
</tr>
</tbody>
</table>

**DIRECT COUNSELING**

**NOTE - PRE-DEGREE HOURS:** A maximum of 750 hours of clinical experience (1-4 above), including direct supervisor contact (7, 8, next page), can be counted pre-degree.

**EXAMPLE:** A trainee earns 625 hours of clinical experience comprising a combination of categories 1, 2, 3 and 4. In addition, the trainee earns 125 hours of individual supervision pre-degree, for a total of 750 hours.

<table>
<thead>
<tr>
<th>MINIMUMS AND MAXIMUMS</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Non-Counseling Experience (A-C below)</td>
<td>Maximum 1,000 hours combined</td>
</tr>
<tr>
<td>A. Attending Workshops, Seminars, Training Sessions or Conferences</td>
<td>Maximum 250 hours</td>
</tr>
<tr>
<td>B. Personal Psychotherapy (received by you)</td>
<td>Maximum 100 hours X 3</td>
</tr>
<tr>
<td>C. Direct Supervisor Contact</td>
<td>Maximum 1,000 hours Minimum 52 weeks/hours</td>
</tr>
<tr>
<td>6. Administering and Evaluating Psychological Tests, Writing Clinical Reports, Progress Notes, or Process Notes, and Client Centered Advocacy</td>
<td>Maximum 500 hours</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS**
<table>
<thead>
<tr>
<th>EXPERIENCE TYPE</th>
<th>MINIMUMS AND MAXIMUMS</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Supervision, Individual (One-on-One)</td>
<td>Minimum 52 Weeks/Hours</td>
<td>May be completed pre- or post-degree or a combination of both. Note: These may be non-consecutive weeks.</td>
</tr>
<tr>
<td>8. Supervision, Group</td>
<td>No Minimum or Maximum</td>
<td>No pre- or post-degree hours are required in this area. Not more than eight (8) supervisees are permitted per group. Must be provided in one two-hour session or two one-hour segments.</td>
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**NOTE:** A TOTAL MINIMUM of 104 hours/weeks of supervision is required. Persons gaining hours pre- or post-degree must have a minimum of one (1) hour of individual supervision, OR two (2) hours of group supervision during each week in which experience is claimed, for each work setting (see ratios required below). A maximum of five (5) hours of supervision may be credited per week.

**SUPERVISION RATIOS REQUIRED FOR DIRECT COUNSELING EXPERIENCE**

<table>
<thead>
<tr>
<th>Ratio - Hours of Clinical Experience to Units of Supervision</th>
<th>Trainees</th>
<th>Post-degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(One unit of supervision is equal to one (1) hour of individual or two (2) hours of group supervision)</td>
<td>Minimum one (1) unit of supervision for every five (5) hours of client contact in each setting</td>
<td>Minimum one (1) unit of supervision each week in each setting; AND one additional unit during any week in which more than ten (10) hours of client contact is gained in each setting</td>
</tr>
</tbody>
</table>

For trainees, ratios can be calculated based on the average number of hours gained over the entire period of time a trainee works in a particular setting. Supervision ratios cannot be averaged for persons gaining hours post-degree. For examples of how to apply supervision ratios, see “Answers to Most Frequently Asked Questions Relating to MFT Associates and Trainees.”

**WEEKS OF EXPERIENCE REQUIRED**

<table>
<thead>
<tr>
<th>TOTAL HOURS OF EXPERIENCE REQUIRED</th>
<th>Minimum 104 weeks</th>
<th>Completed pre and post degree.</th>
</tr>
</thead>
</table>

**TOTAL HOURS OF EXPERIENCE REQUIRED**

<table>
<thead>
<tr>
<th>PRE-DEGREE</th>
<th>POST-DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum 1,300 hrs</td>
<td>Minimum 1,700 hrs</td>
</tr>
</tbody>
</table>

1,300 maximum pre-degree hours = 750 maximum counseling and supervision (categories 1-4, 7, 8) + all remaining hours categories

**TOTAL**

Minimum 3,000 hours

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The information provided in this publication is general and intended to serve as a quick answer guide for common questions. The *Statutes and Regulations Relating to the Practice of Professional Clinical Counseling, Marriage and Family Therapy, Educational Psychology, and Clinical Social Work* contains the official legal code sections and language. The Board of Behavioral Sciences encourages you to thoroughly read the *Statutes and Regulations* and refer to it in cases that require official legal language.
A new streamlined option for the categories of supervised experience that can be claimed will be available effective January 1, 2016* for LMFT and LPCC applicants.

Hours gained after January 1, 2010 can now qualify under either Option 1 (new streamlined categories) or Option 2 (pre-existing multiple categories) as described below. Applicants must fully qualify under Option 1 OR Option 2. There is no “mixing and matching” between the two categories.

Individuals who wish to qualify under Option 2 must submit an Application for Licensure and Examination postmarked no later than December 31, 2020. Otherwise the applicant must qualify under Option 1.

*Per Senate Bill 620, Chapter 262, Statutes of 2015

LMFT OPTION 1 (new streamlined categories)

Under the new option, the supervised work experience categories break down into just two overall types:

- **Direct counseling experience (Minimum 1,750 hours)** o A minimum of 500 of the above hours must be gained diagnosing and treating couples, families and children.

- **Non-clinical experience (Maximum 1,250 hours)** o 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.
**LMFT OPTION 2 (pre-existing multiple categories)**

a. Individual Psychotherapy  *(No minimum or maximum hours required)*

b. Couples, Families, and Children  *(Minimum 500 hours - up to 150 hours may be double-counted)*

c. Group Therapy or Counseling  *(Maximum 500 hours)*

d. Telehealth Counseling  *(Maximum 375 hours)*

e. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling  *(Maximum 250 hours)*

f. Personal Psychotherapy Received  *(Maximum 100 hours, triple counted)*

g. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes  **| 2010 & 2011** Max 250 hours  **| 2012 & Later** Max 500 hours combined

h. Client-Centered Advocacy  **|** Max 1,250 hours

i. Direct Supervisor Contact  **|** Combined Max 1,250 hours  **|** Max 1,000 hours

**LPCC OPTION 1 (new streamlined categories)**

Under the new option, the supervised work experience categories break down into just two overall types:

- **Direct counseling experience (Minimum 1,750 hours)**  o Must include minimum of 150 hours of clinical experience in a hospital or community mental health setting

- **Non-clinical experience (Maximum 1,250 hours)**  o 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
LPCC OPTION 2 (pre-existing multiple categories)

a. Direct Counseling with Individuals, Groups, Couples or Families *(Minimum 1,750 hours)*

b. Group Therapy or Counseling *(Maximum 500 hours)*

c. Telehealth Counseling *(Maximum 375 hours)*

d. Maximum 1,250 hours that include all of the following:
   • Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling *(Maximum 250 hours)*
   • Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes *(Maximum 250 hours)*
   • Client-Centered Advocacy
   • Direct Supervisor Contact
III. ORGANIZATIONAL STRUCTURE

The Department Chair, Clinical Training Director, Fieldwork Coordinator - Counseling, and Faculty are responsible for the fieldwork training components of the Department of Counseling, LMFT/LPCC 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 MFT Trainees and Professional Clinical Counseling (PCC) Trainees as set forth by the Department of Counseling 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 LMFT/LPCC clinical training programs.

4. Facilitate the Student Practicum Orientation each semester for students to assist MFT/PCC 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 PCC/MFT registration process with the BBS.

10. Develop new practicum field placements for the LMFT/LPCC Clinical Training Site Directory.

**Fieldwork Coordinator**

The Fieldwork Coordinator - Counseling 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.

4. Meet with students who are preparing to enroll in COUN 530 A/B by reviewing the LMFT/LPCC 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 A/B, or 591 A/B 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 A/B, and 591 A/B including student’s proof of malpractice insurance, “four-way agreements,” and responsibility statements showing supervisors’ names and license numbers.

9. Assist the Clinical Training Director in surveying and distributing information to all instructors teaching COUN 530 A/B, 584 A/B, 590 A/B, or 591 A/B 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 A/B, or 591 A/B). Faculty who teach COUN 511 A/B, 530 A/B, 584 A/B, 590 A/B, or 591 A/B 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 adults, couples, families, and children 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 511 A/B, 530 A/B, 584 A/B, 590 A/B, or 591 A/B 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 A/B, and 591 A/B documents must already be contained in the students’ files unless the Clinical Training Director authorized a change of site, necessitating new documents).
   a. **Original** Declaration Statement (document verifying that students have read and understand the practicum guidelines set forth in the Clinical Training Handbook)
   b. **Original** Participation Consent Form
   c. **Original** Transportation/Storage Confidential Client Data Form
   d. **Original** 4-Way Agreement (with all appropriate signatures and dates)
   e. **Copy** of Supervisor Responsibility Statement (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- Counseling at ext. 7454 for assistance if needed.

   **NOTE:** Students beginning Practicum at a site that is not listed in the LMFT/LPCC 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 Program 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/591 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 A/B and 591 A/B.

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. Distribute the COUN 584 A/B Selection Form to students currently enrolled in COUN 530 A/B, and return the completed form to the Fieldwork Coordinator – Counseling’s mailbox in EC 405.

12. Collect student’s Assessment of Clinical Training Site, Evaluation of Site Supervisor, and Practicum Summary Log and return with a completed End of Semester Check-Out form [see Appendix B] to the Clinical Training Director’s mailbox in EC 405 within two weeks after grades are due.

13. Provide individual feedback to students twice: at the mid-point and at the end of the semester. The midterm and end-of-semester feedback should be both oral and written. Please complete and sign the Practicum Instructor’s Final Evaluation of Student form (in consultation with the site supervisor) [see Appendix B] and submit it to the Clinical Training Director, along with the documents in #12.

NOTE: Students must submit (or have on file) the following documents: 4-Way Agreement, Participation Consent Form, Transportation/Storage of Confidential Client Data Form, Supervisor Responsibility Statement(s), Proof of Malpractice Insurance, Practicum Summary Log/Semester Accounting Form, and Evaluations of Supervisor and Agency as outlined in the syllabus, [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, CAMFT & CALPCC 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-Counseling 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. Submit Counseling 530 A/B/584 A/B Selection form to Counseling Field Placement Office in order to register for COUN 530 A/B or COUN 584 A/B.

3. If necessary, meet with the Fieldwork Coordinator-Counseling 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, CAMFT or CALPCC, and become familiar with the LMFT and/or LPCC rules and guidelines as set forth by the BBS.


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 A/B, and 591 A/B.

10. Submit the required paperwork to practicum instructor by the second class session for COUN 530 A/B:
   a. 4-Way Agreement [Original] Attach a photo (face only) of student, approx. 2” x 3”.
   b. Participation Consent Form [Original]
   c. Declaration Statement [Original]
   d. Transportation/Storage of Confidential Client Data form [Original]
   e. Proof of student’s own individual malpractice insurance coverage. [Copy] Note: Agency coverage alone is not sufficient.
   f. Responsibility Statement (each supervisor must sign a separate form) [Copy]  
      [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, color, national origin, age, gender, 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 progresses.

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 A/B, and 591 A/B. **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 marriage and family therapists and/or professional clinical counselors 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 an MFT/PCC 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-Counseling.

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 MFT/PCC Trainees.

5. The agency must have an orientation process for trainees, as well as an emergency response plan.

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 for LMFT/LPCCs.

7. The agency must allow students to video 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 LMFT/LPCC Clinical Training Sites that meet these requirements and where previous CSUF MFT/PCC 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 - Counseling and the Clinical Training Director.

If a student wishes to gain practicum experience hours at a site that is not listed in the LMFT/LPCC 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 A/B) 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 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 DSM 5 in making treatment plans (when applicable); (4) formulating case conceptualizations; (5) complying with current BBS regulations and ACA, CAMFT & CALPCC ethical standards.

COUN 590 A/B (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 A/B, Fall 584 A/B; Fall COUN 530 A/B, Spring 584 A/B, Summer 590 A/B). Note: Following the practicum year, COUN 590 A/B may be repeated for credit. Students who complete their practicum experience must continue to enroll in COUN 590 A/B until they graduate if they desire to continue performing/earning MFT/PCC 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 A/B (3) Advanced Practicum II**

Prerequisites: Completion of COUN 530 A/B, 584 A/B & 590 A/B. COUN 591 A/B 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 A/B instead (see Note above). Topics from COUN 584 A/B & 590 A/B are continued in greater depth and complexity in 591 A/B. 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 her or his 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 she or he is 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.

<table>
<thead>
<tr>
<th>Preparation/timeliness</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>Professionalism</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Openness to supervisor and peer feedback</td>
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<tr>
<td>Appropriate consultation with supervisor and/or colleagues</td>
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<tr>
<td>Awareness of strengths/growth areas for client</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Awareness of strengths/growth areas for counselor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Awareness of identity as a clinical mental health counselor and marriage and family therapist</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>N/A</td>
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<tr>
<td>Active listening skills, verbal/non-verbal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Ability to develop/maintain therapeutic relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Awareness of relevant legal/ethical issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Counselor presence, non-verbals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Use of silence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Timing of interventions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Use of open-ended questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Being non-judgmental</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Ability to explore affect</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Ability to explore cognitions</td>
<td>1</td>
<td>2</td>
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<td>N/A</td>
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<tr>
<td>Ability to explore behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>N/A</td>
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<tr>
<td>Awareness of crisis issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Appropriate action regarding crises</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>N/A</td>
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<tr>
<td>Balance of process and content comments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Appropriate use of process comments and/or immediacy</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Ability to be aware of and utilize</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>N/A</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>interpersonal process between client and counselor</td>
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<tr>
<td>Awareness of countertransference/bias issues                                                                                                                                                    1</td>
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<td>3</td>
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<td>N/A</td>
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<tr>
<td>Ability to use countertransference awareness in the session                                                                                                                                       1</td>
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<td>3</td>
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<td>N/A</td>
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<tr>
<td>Awareness of any boundary issues between counselor and client                                                                                                                                    1</td>
<td>2</td>
<td>3</td>
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<td>N/A</td>
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<tr>
<td>Appropriate use of self-disclosure                                                                                                                                                                   1</td>
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<td>N/A</td>
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<tr>
<td>Appropriate use of assessment/DSM diagnosis                                                                                                                                                         1</td>
<td>2</td>
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<td>N/A</td>
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<tr>
<td>Ability to develop appropriate case conceptualizations through use of theory that accounts for human development perspective                                                                       1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Ability to develop treatment planning responsive to assessment, conceptualization, and cultural factors [including Severe Mental Illness (SMI) and/or co-occurring disorders] 1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Ability to utilize evidence-based practices in clinical work                                                                                                                                          1</td>
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<td>3</td>
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<tr>
<td>Ability to link interventions to case conceptualization and treatment goals                                                                                                                          1</td>
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<tr>
<td>Ability to use diversity awareness in all aspects of the clinical work                                                                                                                               1</td>
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<td>3</td>
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<tr>
<td>Ability to empathically and appropriately challenge client                                                                                                                                              1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>N/A</td>
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<tr>
<td>Maintains timely and professional clinical records                                                                                                                                                   1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>N/A</td>
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<tr>
<td>Provides advocacy for client when appropriate                                                                                                                                                         1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>N/A</td>
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<tr>
<td>Provides appropriate referral sources when needed                                                                                                                                                     1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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</table>
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 individuals, children, adults, and families. Consistent with BBS regulations for LMFTs, the focus will be on relationship problems/issues specifically. For sites training LPCCs, the focus will be on identifying and remediating cognitive, mental, and emotional issues.

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 LMFT/LPCC 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 A/B. These totals meet or exceed the BBS regulations for LMFT/LPCCs 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.

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 A/B. 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 a maximum of 40 DCC hours of the 280 required for graduation (by CACREP, not the BBS). The remaining 240 DCC hours will be gathered in COUN 584 A/B and COUN 590 A/B. If necessary, students will enroll in 591 A/B 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 590 A/B. Students doing any clinical hours must be enrolled in practicum. Students enrolling in 591 A/B or extra semesters of 590 A/B 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. 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. **Note:** Of the 420 practicum hours that are not direct client contact hours, only those hours for supervision, client-centered advocacy, record keeping, and professional (CEU) workshops (authorized by Site Supervisor) count towards the BBS required 3,000 experience hours for LMFT licensure. Recall that no pre-graduation hours of experience may be counted toward LPCC licensure.

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 seven (7) kinds of **COUNTABLE HOURS** you may earn as a MFT/PCC trainee that count toward licensure:

1. Your own personal psychotherapy with a licensed therapist. Your therapy is counted at a three-to-one ratio (1 hour of therapy counts as 3 hours for licensure).

2. Direct client service hours (counseling actually provided by you; no-shows do not count).

3. Supervision you receive (individual and/or group).

4. Professional enrichment hours (training and workshops attended that are authorized and counter signed by your supervisor).

5. Telemedicine [For a full definition of telemedicine, see the BBS website] A **telephone conversation or email message is not considered telemedicine except when services are being delivered to the client.** For example, telemedicine is **not** provided when a telephone call is made to schedule an appointment with the client. A telephone conversation in which the client is being provided with services by the associate or trainee is considered telemedicine.

6. Administering and evaluating psychological tests, writing clinical reports, and writing progress or process notes.

7. 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.”]
**Note:** Only personal therapy can be counted upon admission to the program (from the date the letter of acceptance is received). The other six (6) categories **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), these hours may be counted toward BBS licensure requirements once the MFT trainee has a supervisor. The Site Supervisor is always the one with discretion as to whether the training hours in categories 2-7 are acceptable and may be counted.

**Reminder:** For both MFT and PCC 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 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 hour of individual face-to-face supervision or 2 hours of group supervision (with no more than 8 supervisees) per week. [Note: a minimum of 52 weeks of individual supervision must be included in the 3,000 hours of supervised experiences for licensure.] During the practicum year, students are required to schedule both individual and group supervision every week of each semester (even when this exceeds the 5:1 minimum ratio), while they are accruing their required CACREP hours toward graduation. Once student completes CACREP-required hours, BBS minimums for supervision may apply. 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 three videos 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 marriage and family therapist, licensed professional clinical counselor, 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.
**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. 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 – MFT/PCC Trainees only). The supervisor is asked on the Verification Form to declare if he or she 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 LMFT/LPCC 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 beyond the calendar year, only the “dates from and to” page (#7 of 8) of the 4-Way Agreement will need to be resubmitted to the Clinical Training Director, keeping the original start date and noting the “extended to” date. If the student changes agencies (for any reason) a new 4-Way Agreement is required, within two weeks of starting the agency. Students do NOT need to re-submit a new 4-way agreement when they change supervisors, only a new Supervisor Responsibility Statement.
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, he or she will receive a letter 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/CurrentStudents/Handbooks/ClinicalHandbook/default.htm

4. 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.

5. When students are ready to enroll in COUN 530 A/B, they must complete the 530 Selection Form. This form is distributed at the Practicum Orientation and can be submitted to the Fieldwork Coordinator - Counseling in EC 479 or her mailbox in EC 405.
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.

6. 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.

7. Once students have secured a site they must meet with the agency director and supervisor to have the following documents reviewed and signed:
   a. 4-Way Agreement
   b. Responsibility Statement for all supervisors, separate form for each.
   [See Appendix B].

NOTE: Students must place the original Declaration Statement and 4-Way Agreement (bearing the signatures of all parties except the Clinical Training Director) in the Clinical Training Director’s box in EC 405 for the appropriate signature(s). After the Clinical Training Director signs the Declaration and 4-Way Agreement, those documents will be forwarded to the Fieldwork Coordinator - Counseling to be placed in the student’s practicum file. All other documents (Participation Consent Form [original], Transportation/Storage of Confidential Client Data Form [original], Supervisor Responsibility Statement and Proof of Student’s Malpractice Insurance [copies], can be submitted to the student’s practicum instructor on the first day of class. Failure to submit the aforementioned by the 2nd class session (Fall & Spring semesters) may prevent students from continuing to participate in counseling activities at their sites, until the documentation is accurately submitted.
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. _______ Submit your COUN 530 A/B/584 A/B Selection Form (OCT/MAR).

4. _______ Join ACA, CALPCC, and/or CAMFT (by beginning of DEC/AUG).

5. _______ Obtain your own Malpractice Insurance through ACA, CALPCC or CAMFT by beginning of DEC/AUG. Student Malpractice insurance coverage is automatically provided with your ACA or CAMFT membership – be sure to keep your membership active while in practicum so your insurance coverage is continuous.

6. _______ If necessary, make appointment with the Fieldwork Coordinator - Counseling and/or Clinical Training Director (SEPT/FEB).

7. _______ View agency and supervisor evaluations for sites you may be considering (Located in EC-479).

8. _______ Create resume (SEPT/FEB) [See Sample in Appendix B].

9. _______ Contact (and make appointments with) several sites (beginning SEPT/FEB).

10. _______ Go on interviews.

11. _______ **Have a site secured no later than the start of COUN 530 A/B.** Once placement is secured, students must email both the Clinical Training Director and Fieldwork Coordinator indicating the agency with which they have been placed.

12. _______ Go to site to get the following documents signed before acquiring hours:
   a. 4-Way Agreement
   b. Supervisor Responsibility Statement(s).

13. _______ Place original (signed and stapled, please!) 4-Way Agreement in the Clinical Training Director’s mailbox (EC 405) for signature(s) any time prior to the first week of school [NOTE: Originals of the Declaration, Participation Consent, and Transportation/Storage of Confidential Client Data Forms are usually completed during the Practicum Orientation.]

14. _______ Submit copies of Proof of Coverage for Malpractice Insurance (Verification or Declaration page) and stapled copies of each Supervisor Responsibility Statement(s), to practicum instructor by 2nd class session.

15. _______ Maintain all original BBS forms in a safe place for future reference.

16. _______ Read and understand CAMFT and/or ACA ethical standards and the BBS regulations for MFT/PCC 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 530 A/B, 584 A/B, 590 A/B, and 591 A/B by using the form entitled Practicum Instructor Final Evaluation of Student [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.

Supervisor Evaluation of Student
Site supervisors evaluate students in mid-semester in COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B. Students must submit the Mid-Semester Evaluation by Supervisor form [See Appendix B] to their supervisor. The supervisor will evaluate the student, both orally and in writing, and the student then returns the form to the practicum instructor promptly.

Site supervisors will also provide an oral and written evaluation [See Supervisor Final Rating of Student in Appendix B] of students at the end of COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B.

A student who believes he or she has 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 using the form entitled Student Assessment of Site [See Appendix B] at the end of COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B. Students also evaluate their supervisor by using a form entitled Student Evaluation of Supervisor [See Appendix B]. These evaluations are taken seriously and are put 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.

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, CAMFT and the ACA.

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 probation 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).

**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 human being;
  • Excessive performance anxiety;
  • Discomfort with clients’ diverse lifestyles and 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 that 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, he or she is requested to clearly define the behaviors of concern. Students who are the subject of these concerns are asked to speak with their practicum instructor, Clinical Training Director and/or Department Chair, 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) probation 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. In order for personal psychotherapy to count toward LMFT licensure, the therapist must be licensed in the State of California as a LMFT, LPCC, LCSW, Psychologist, or Physician who is certified in psychiatry. [Note: LPCCs may not count their own psychotherapy in their licensure hours.]

**NOTE:** Personal psychotherapy hours of experience for LMFT trainees are counted at 1=3 up to a maximum of 100=300 hours [See Section II].

**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](http://www.counseling.org)) or CAMFT ([www.camft.org](http://www.camft.org)) where student malpractice insurance is an automatic benefit of membership, or CALPCC ([www.calpcc.org](http://www.calpcc.org)) 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


Appendix A

Clinical Training Sites
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<th>CLINICAL TRAINING SITES - I</th>
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<td>1. Alhambra Unified School District – Gateway to Success</td>
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<td>2. Boys &amp; Girls Club of Garden Grove</td>
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<td>3. Casa Youth Shelter</td>
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<td>4. Catholic Charities</td>
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<td>5. (The) Center for Individual and Family Counseling</td>
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<td>6. Chino Community Services</td>
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<td>7. City of Brea Family Resource Center</td>
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<td>8. Covenant Hills Treatment Center</td>
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<td>9. Family Service Association</td>
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<td>10. Foothill Family</td>
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<td>11. Fullerton School District</td>
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<td>12. Helpline Youth Counseling, Inc.</td>
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<td>13. Hemet Unified School District</td>
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<td>14. Hillview Mental Health Center, Inc.</td>
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<td>15. Hope Counseling Center</td>
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<td>16. Hope House Inc.</td>
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<td>17. Human Services Association</td>
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<td>18. ICNA Relief - Crescent Counseling Center</td>
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<td>19. Institute of Advanced Studies</td>
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<td>20. Kaiser - Ontario</td>
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<td>21. Laura’s House</td>
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<td>22. LBCC – Student Health Center</td>
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<td>23. LGBT Center OC</td>
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<td>24. Living Success Center</td>
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<td>25. Miracle Mile Community Practice</td>
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<td>26. Murrieta Valley Unified School District</td>
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<td>27. North County Lifeline</td>
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<td>28. North Orange County Vet Center</td>
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<td>29. OC Health Care Agency/Children and Behavioral Health (CYBH)</td>
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<td>30. Omid Multicultural Institute for Development</td>
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<td>31. Orange Coast College – Student Health Center</td>
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<td>32. Outreach Concern</td>
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<td>33. Pasadena Mental Health Center</td>
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<td>34. Pathways Community Services</td>
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<td>35. Plan-it Life, Inc.</td>
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<td>36. St. Jude Neighborhood Health Center-Santa Ana</td>
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<td>37. St. Jude Neighborhood Health Center (La Amistad) - Orange</td>
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<td>38. Salvation Army – Long Beach</td>
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<td>39. SPARE Counseling Center</td>
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<td>40. Spiritt Family Services</td>
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<td>41. Straight Talk – La Mirada</td>
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CLINICAL TRAINING SITES – II

42. Turning Point Center for Families
43. Valley Community Healthcare
44. West Covina Unified School District
45. West End Family Counseling Services
46. Western Youth Services
47. Western Youth Services-Family Oasis Resource Center
48. Women’s Transitional Living Center (WTLC)
ALHAMBRA UNIFIED SCHOOL DISTRICT – GATEWAY TO SUCCESS

Contact Person: Hannah Lee, LCSW
Clinical Supervisor I: Dr. Jacob Palm, Clinical Psychologist
Clinical Supervisor II: Hannah Lee, LCSW
Clinical Supervisor III: Lizette Canales LMFT
Address: 1515 W. Mission Rd., Alhambra, CA 91803
Phone: (626) 943-3410  Fax: (626) 943-8036
E-mail: gateway@ausd.us
Web site: ausdgateway.com

Student Requirements
Trainees will typically be assigned 8-10 hours of direct client contact per week. Staff meetings, individual and group supervision times will vary depending on assigned school site. Trainees are required to participate in a 1 day orientation and 5 days of training before being assigned clients.

Operating Hours
Monday – Friday 7:30 – 4:00 pm

Agency Description
Trainees will be assigned clients through a systematic referral process and will be trained on how to engage in all phases of the therapeutic process. Trainees will conduct a full child/adolescent assessment required by Los Angeles County DMH. The trainee’s will be guided on assessment and parent/client engagement techniques to be able to appropriately assess client needs and identify a provisional diagnosis and develop a mutually agreed upon treatment plan with both parent and client. The trainee will also learn the value of the clinical loop and appropriate documentation to the DMH standard including GIRP note format and providing treatment that meets the objectives of the treatment plan to address the client’s diagnosis. Trainees receive both 3 full days of training prior to being assigned clients as well as a training manual with all training content and policy and procedures for working with clients in our setting. Trainees will be encouraged to engage the parent through the entire therapeutic process beginning in the assessment phase and frequent updates with collateral sessions when appropriate. Trainees will also have the opportunity to collaborate and consult with a multidisciplinary team of school personnel including the school nurse, school psychologist and others.

Theoretical Orientation
Client Centered, Interpersonal, Eclectic – students will also be encouraged to explore different orientations such as: Gestalt, Solution Focused and CBT

Possible Stipend
N/A

Revised 01/2019
BOYS & GIRLS CLUB OF GARDEN GROVE
Contact Person: Callie Kirk
Clinical Supervisor I: Jill Hogan, LMFT
Clinical Supervisor II: Connie Kingsland, LMFT
Clinical Supervisor III: Janice Zieke, LMFT
Address: 11301 Acacia Pkwy, Garden Grove, CA 92840
Phone: (714) 530-0430
E-mail: ckirk@bgcgg.org
Web site: www.bgcgg.org

Student Requirements
Minimum requirement of 10 hours per week. 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

Revised 06/2018
CASA YOUTH SHELTER
Contact Person: Hollis Hettig, Clinical Director
Clinical Supervisor I: Hollis Hettig
Site Location: 10911 Reagan St., Los Alamitos, CA 90720
Mailing Address: P.O. Box 216, Los Alamitos, CA 90720
Phone: (714) 995-8601
Fax: (562) 594-9185
Email: HollisHettig@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

Revised 7/2016
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**
Contact Person: Alina Neiman, LMFT, CIFC Clinical Coordinator  
Supervisor I: Sherry Winston, LMFT  
Supervisor II: Hannah Weinstein, LMFT  
Address: 5445 Laurel Canyon Blvd. North Hollywood, CA 91607  
Phone: 818-761-2227  x240  
Fax: 818-761-2959  
Email: aneiman@thecenterpro.org  
Website: www.cifc1.org

<table>
<thead>
<tr>
<th><strong>Student Requirements</strong></th>
<th>One year commitment. Minimum 10 hours per week plus 2 hrs. group supervision, 1 hr. individual supervision (as needed). Mandatory training 8-10 weeks upon start on Fridays, 2-4pm. Malpractice insurance.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Hours</strong></td>
<td>Monday – Thursday 9a.m.-9p.m., Fridays 9a.m.-5p.m., Saturdays &amp; Sundays 9a.m. – 6p.m.</td>
</tr>
<tr>
<td><strong>Agency Description</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Theoretical Orientations</strong></td>
<td>Family Systems, Humanistic, Structural, Psychodynamic, Cognitive Behavioral, Narrative, Couple/Conjoint, Crisis Intervention.</td>
</tr>
<tr>
<td><strong>Possible Stipend</strong></td>
<td>Yes. <strong>PLEASE NOTE:</strong> This agency charges $100 per month fee for group supervision and $100 per month for individual supervision.</td>
</tr>
</tbody>
</table>

Revised 01/2018
CHINO COMMUNITY SERVICES
Human Services Department
Contact Person: June Sano, Clinical Specialist or Ana Ordonez, Coordinator
Address: 13201 Central Avenue, Chino, CA 91710
Phone: (909) 334-3259
Fax: (909) 334-3717
E-mail: jsano@cityofchino.org; AOrdonez@cityofchino.org
Web: www.cityofchino.org

**Student Requirements**
A minimum of 18 hours per week of contact/supervision/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 and PC 1000 Drug Diversion Program.

**Theoretical Orientation**
Family systems, structural, Adlerian, CBT, communication.

**Possible Stipend**
No

**Other Information**
We have supervisors who are approved with AAMFT and CAMFT.

Revised 01/2019
Student Requirements
Trainee will be responsible for performing psychosocial assessments, providing therapy through a treatment plan and maintaining progress notes for each session. Family Resource Center collects info from client then trainee will receive referral from the supervisor. One hour of individual supervision, 1 time a week and two hours of group supervision weekly.

Operating Hours
M-TH 9 am – 6 pm, and Friday 9 am – 5 pm

Agency Description
The Brea Family Resource Center, in partnership with its community, addresses the varied and personal concerns of modern life to produce sustainable change in the individual.

We serve Brea residents with programs ranging from parenting classes to job assistance workshops. Through individual meetings and creation of personalized action plans, staff assesses the client’s immediate needs and works with local Brea businesses to meet those needs.

Theoretical Orientations
None specified

Possible Stipend
No

Revised 02/2016
COVENANT HILLS TREATMENT CENTERS
Contact Person: Rigo Brueck, Ph.D.
Supervisor I: Same
Phone: (760) 846-4688
Address: 32236 Paseo Adelanto Suite G
San Juan Capistrano, CA 92675
E-mail: DRBrueck@covhills.com
Web Page: www.covenanthillstreatment.com

Student Requirements
6 months minimum commitment. 16-20 hours per week. 1 hour individual and 2 hours of group supervision.
Staff meetings – Wed 12:30-2 Dana Point, Thurs 9-11:30 San Clemente

Operating Hours
Prefer students to be available:
Tuesdays and Wednesdays 8:00 a.m. - 4:00 p.m.
Fridays and Saturdays 9a.m. - 12p.m.

Agency Description
Covenant Hills is a private Christian faith-focused addiction treatment facility that provides a unique alternative to traditional substance abuse treatment. Covenant Hills specializes in treating individuals struggling with co-occurring disorders. Opportunity to work with court-referred/probation-referred adults. Students will provide brief therapy, educational therapy, general psychological testing and academic/education/cognitive testing.

Theoretical Orientation
12 Step Recovery. Motivational Interviewing, CBT, DBT, EBT, Family Systems.

Possible Stipend
No
FAMILY SERVICE ASSOCIATION
Contact Person: John Robles
Clinical Supervisor I: Same
Clinical Supervisor II: Laura Ransdell, LCSW
Clinical Supervisor III: Linda Helsper, LCSW
Address: 21250 Box Springs Rd., Moreno Valley CA 92557-8712
Phone: (951) 369-8036
Fax: (951) 686-7267
Website: www.fsaca.org
Email: jrobles@fsaca.org

Student Requirements
One-hour individual supervision required. Two-hour Group supervision. 10-15 hours schedule usually in the main Riverside site and one satellite site. Clients are scheduled around trainee’s school schedule. Monthly Friday, 10-12 staff meeting, and Quarterly Friday 8:00 am – 12:00 pm training/staff meeting (if this conflicts with employment, discuss with supervisor).

Operating Hours
Monday – Thursday 8:00 am – 9:00pm, Friday 8:00am – 12:00 pm.

Agency Description
Non-profit agency, multiple sites throughout Riverside and San Bernardino Counties. Community based mental health service delivery to various populations. We provide services to children, adolescents, adults, older adults, couples and families. We attempt to address varying languages and culture’s needs. Staff represent a wide variety of culture and language backgrounds.

Theoretical Orientation
Solution focused psychotherapy, CBT, Family Systems, Evidenced Based Treatments, and case management. The needs of our clients are our first priority.

Possible Stipend
None

Revised 02/2016
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: Sue Khalili
Clinical Supervisor: Same
Address: 1401 W. Valencia Dr. Fullerton, CA 92833
Phone: (714) 447-7504
Fax: (714) 447-7793
Website: www.fsd.k12.ca.us/index.html
Email: sue_khalili@fullertonsd.org

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 09/2013
HELPLINE YOUTH COUNSELING, INC.
Contact Person: Sara Pili, LPCC
Supervisor I: Same
Address: 14181 Telegraph Road Whittier, CA 90604
Phone: (562) 273-0722
Fax: (562) 946-3641
Email: spili@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 07/2017
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
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 COUNSELING CENTER**
Contact Person: Verena Gabriel, Clinical Training Assistant
Supervisor I: Jason Odegaard
Supervisor II: Teressa Wilcox
Supervisor III: Carrie Hanson
Address: 2400 E. Katella Ave., #900, Anaheim, CA 92806
Phone: (714) 879-3901 x 3564
Fax: (714) 681-7226
Email: vmgabriel@hiu.edu
Website: www.hiu.edu/hcc

**NOTE: Not accepting trainees until Fall (August) 2018**

**Student Requirements**
Students are expected to work 10 to 15 hours a week for a one year commitment. 1 hour of individual and 2 hours of group supervision are provided weekly. Friday supervision is required (either 8-10 am or 12-2 pm). Friday staff meeting is held from 10-11 am. One supervision and staff meeting are required.

**Operating Hours**
Monday through Friday 9am – 7pm.

**Agency Description**
Hope Counseling Center provides low-cost counseling to Hope International University students and the surrounding community. All populations are served. Individual adults are the majority, but we see plenty of couples, families, children and college students also.

**Theoretical Orientations**
All orientations are covered as needed.

**Possible Stipend**
No

Revised 07/2018
HOPE HOUSE INC
Contact Person: Nay Ung, LMFT
Supervisor I: Same
Address: 707 N. Anaheim Blvd
Phone: 714-776-7490 ext 405
Email: nung@hopehouseoc.com
Fax: 714-776-8650
Web site: www.hopehouseoc.com

Student Requirements
Minimum 10 hours/week. Trainees are expected to carry a caseload of 5-10 clients, and are expected to complete a psychosocial and treatment plan for each client in addition to weekly SOAP notes. Supervision Tuesday 9-11am

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 7/2017
**Student Requirements**
Work between 10-16 hours per week. Attend case conferences on Mondays 1:00 – 3:00pm and staff meetings on Wednesdays 1:00 – 2:00pm.

**Operating Hours**
- Monday 8:00am – 5:00pm
- Tuesdays & Thursdays 8:00am – 7:00pm
- Wednesdays 8:00am – 6:00pm
- Fridays 8:00am – 4:30pm

**Agency Description**
Community-based agency providing comprehensive services to all residents of southeast Los Angeles County. Agency consists of 3 main divisions: Family & Community Services, Youth Services, and Senior Services.

**Theoretical Orientation**
Cognitive-Behavioral, Family Therapy.

**Possible Stipend**
No

Revised 02/2018
ICNA RELIEF - CRESCENT COUNSELING CENTER

Contact Person: Deana Helmy
Supervisor I: Kathy Klein
Phone: (714) 399-4572
Address: 2180 W. Crescent Ave #C
Anaheim, CA 92801
E-mail: dhelmy@icnarelief.org
Web Page: www.icnarelief.org

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
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.

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.

Theoretical Orientation
CBT, Humanistic, Solution Focused with attention to building multicultural competencies.

Possible Stipend
No

Revised 04/2016
INSTITUTE OF ADVANCED STUDIES
Contact Person: Burt Winer
Site Location: 112 E. Chapman A-5, Orange, CA  92866
Mailing Address: PO Box 631, Tustin, CA  92781
Phone: (714) 921-1383
Email: burtwiner@ix.netcom.com
Website: instituteofadvancedstudies.org

Student Requirements
The student is required to work a minimum of 10 to 15 hours a week, plus attend two hours of group and one hour of individual supervision. There are 3 group supervision times available for the trainee to select from: Monday 9am, or 1:30 pm, and Thursday at 4pm. All times are subject to change. Individual supervision is scheduled around the group times or can be arranged with the clinical director.

Operating Hours
Hours of operation vary depending on the program(s) with which the trainee is involved. There are no specific office hours.

Agency Description
The agency provides training and education to the healthcare profession. Services are provided to the community on a collaborative and contract basis, providing a sliding scale, low fee alternative to higher cost forms of counseling and related services for children and adults as individuals, couples, families or groups.

Theoretical Orientation
Cognitive-Behavioral, Structural, Family Therapy, Strategic, Brief Therapy, Bowenian, and Crisis Intervention

Possible Stipend
Yes

Revised 8/2007
Kaiser Permanente Behavioral Health – San Bernardino County
Contact Person: Lupe Alle-Corliss, LCSW
Address: Ontario Mental Health – 3330 Centre Lake Drive
Ontario, CA 91761
Phone: (909) 974-4707
Email: Lupe.a.alle-corliss@kp.org

Other Locations
Montclair, Chino Hills, Fontana, San Bernardino (Redlands and Hesperia coming soon).

Student Requirements
20 hrs./week; 2nd Thursday @1pm - Case Conference; 3rd Thursday @1pm - Staff Meetings. Individual/group supervision days/times tbd.

Operating Hours
7am to 7pm Mon-Thurs; 7am to 5:30pm Fri; 8:30am to 5:00pm Sat.

Agency Description
Kaiser Permanente's Mission: KP exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. In all the Behavioral Health clinics across the Inland Empire mental health services are provided to members from ages 4 to 100. Individual, family, and group counseling are provided to individuals with a myriad of mental health issues. Trainees begin by shadowing licensed seasoned clinicians on Intakes (Assessments) and, when comfortable, begin to conduct Intakes on their own. Eventually, trainees begin taking on individual and family cases to provide various psychotherapeutic services. Trainees will be trained to handle crisis calls. They will also co-lead a group therapy of their choice and eventually be able to develop and implement their own group. Most work will be provided at the Mental Health Clinic the trainee is placed at. Trainees will also have the opportunity, if desired, to be a part of a collaboration between Behavioral Health and OB-GYN in the Women’s clinic which is located in the Fontana OB-GYN Department. If trainees are to be involved in OB-GYN Department Postpartum groups, they will co-lead with a licensed therapist.

Theoretical Orientation
Psychodynamic, CBT, Expressive Arts, Structural Family Therapy, Narrative, Brief Therapy, Couple/Conjoint, Bowenian, Crisis Intervention.

Possible Stipend
No

Revised 07/2018
LAURA’S HOUSE
Contact Person: Greg Young, Clinical Supervisor
Address: 999 Corporate Dr., Ste. 225, Ladera Ranch, CA 92694
Phone: (949) 240-0363
Fax: (949) 240-8622
E-mail: gyoung@laurashouse.org
Website: www.laurashouse.org

Emergency Shelter

Student Requirements 40 hr. State certified training in domestic violence provided.
Group supervision: Wednesdays, 1:00 – 3:00 pm.

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 09/2017
Student Requirements
10-15 hours per week required. 1 hour individual and 2 hours of group supervision. Individual is set-up based on student’s schedule. Group supervision meets weekly on Wednesday, 10:30am-12pm.

Operating Hours
Monday – Thursday 8am – 6pm and Friday 8am – 12pm

Agency Description
LBCC is a diverse campus whose student population is 46% Latino, 18% African American, 17% White and 14% Asian Pacific. In addition, a majority of students are low-income, first generation college attendees. Trainees will perform short-term therapy, 6 sessions, and crisis intervention services to students presenting with a wide range of behavioral health issues such as academic stress, anxiety, depression and adjustment. Trainees will be trained on assessment techniques utilizing CCAPS-62 and CCAPS-36 Assessment Instruments and will also be involved in developing an “Active Minds” chapter on the LBCC campus whose purpose is to destigmatize mental illness among college students.

Theoretical Orientation
Brief Therapy, Crisis Intervention, Cognitive-Behavioral, Expressive Arts, and Solution-focused, CCAPS-62 and CCAPS-36 Assessment

Possible Stipend
No

Revised 07/2017
LGBT Center OC
Contact Person: Ann Mason, Associate Director/Director of Mental Health
Supervisor I: Ann Mason, MFT
Supervisor II: Anne Cameron, MFT
Address: 1605 N. Spurgeon St. Santa Ana, CA 92701
Phone: 714-953-5428 ext. 202
Fax: 714-246-8907
Email: ann.mason@lgbtcenteroc.org
Website: www.lgbtcenteroc.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, LGBT Community. Two supervisions available. MFT, LCSW and some imago training for those interested.
Email resume and cover letter to ann.mason@lgbtcenteroc.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.

Agency Description
Individual, couple, family, and group therapy opportunities. Issues include coming out, transgender, addictions, abuse, dysfunctional relationships, parent-child conflict, adoption, and family of origin issues. Referrals provide, one outreach per 10 month commitment required. Orientation prior to starting with clients.

Theoretical Orientation
Object relations, imago, psychodynamic

Possible Stipend No

Revised 2/2015
LIVING SUCCESS CENTER
Contact Person: Annette Smith, LMFT
Supervisor I: same
Address: 445 E. 17th St., Costa Mesa, CA 92627
Phone: (949) 645-4723
Fax: (636) 444-6530
Email: contact@livingsuccesscenter.org
Website: www.livingsuccesscenter.org

**Student Requirements**
Trainees are expected to do intakes, assessments, diagnose, plan and carry out therapeutic interventions based on appropriate theoretical orientation. Group supervision hours – Monday 4:00 – 6:00 pm, Tues., 4:00 – 6:00 pm, Thurs., 1:00 -3:00 pm, and Saturday 3:00-5:00 pm. Individual supervision TBA.

**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 to all regardless of their ability to pay. No one is turn away for financial reasons.

**Theoretical Orientation**
Cognitive Behavioral and others

**Possible Stipend**
none

Revised 07/2018
MIRACLE MILE COMMUNITY PRACTICE
Contact Person: David Marsten
Supervisor: Same
Address: 7461 Beverly Blvd. Ste., 405
Los Angeles, CA 90036
Phone: (323) 936-3965
Fax: (323) 936-3988
E-mail: davidmarsten@att.net
Web site: www.mmcpla.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

Revised 07/2018
**MURRIETA VALLEY UNIFIED SCHOOL DISTRICT**

Contact Person: Linda Lucas, LMFT  
Supervisor I: same  
Phone: (951) 696-1600 ext. 1184  
Address: 41870 McAlby Ct, Murrieta  
E-mail: llucas@murrieta.k12.ca.us  
Web Page: Murrieta.k12.ca.us

<table>
<thead>
<tr>
<th><strong>Student Requirements</strong></th>
<th>10-24 hours/ week. 1 hour of individual supervision and 2 hours of group supervision per week. Approximately 10-15 hrs/month of training.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Hours</strong></td>
<td>Monday – Friday 8:00am-3:30pm</td>
</tr>
<tr>
<td><strong>Agency Description</strong></td>
<td>Individual and group counseling in the school setting- with children and adolescents from Kindergarten to 12\textsuperscript{th} grade, and some family supports.</td>
</tr>
<tr>
<td><strong>Theoretical Orientation</strong></td>
<td>Cognitive-Behavioral, Family therapy, Brief therapy, Crisis Intervention</td>
</tr>
<tr>
<td><strong>Possible Stipend</strong></td>
<td>No</td>
</tr>
</tbody>
</table>
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 09/2015
NOTE: Students interested in applying for this site must first meet with the Clinical Training Director to receive approval.

Student Requirements
20 hours per week. This includes one-hour individual supervision and one-hour group supervision. Mandatory staff meeting on Fridays at 2:00 pm. Didactic modules and clinical interactions will prepare you to effectively assess and treat PTSD through individual and group therapy, case conferences and seminars.

Operating Hours
Monday through Thursday 8:00 am – 8:30 p.m.
Friday and Saturday 8:00 am to 4:30 p.m.

Agency Description
U. S. Department of Veterans Affairs, Readjustment Counseling Services. The Department of Veterans Affairs has identified its Vets Center program as the front line in assessment and treatment of combat-induced PTSD and military sexual trauma. Family members can also receive assistance, for veteran-related issues. All services are provided at no cost to the veteran or family. The goal of the program is to deliver a broad range of counseling, outreach, benefits, employment and referral services, helping veterans to make a satisfying post-war readjustment to civilian life.

Theoretical Orientation
Psychodynamic, Cognitive Behavioral, Family Therapy, Narrative, Brief Therapy, Couple/Conjoint, and Crisis Intervention.

Possible Stipend
No

Revised: 09/2017
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
Phone: (714) 834-5678
Fax: (714) 834-4595
Address: 405 W. 5th Street, Suite 590, Santa Ana, CA 92701
E-mail: NLopez@ochca.com
Web: http://ochealthinfo.com/bhs/

Other Locations
South Region – Laguna Hills, Mission Viejo, CA; Costa Mesa; East Region – Santa Ana; West Region - Westminster

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
Children and Youth Behavioral Health (CYBH) provides mental health assessments and treatment in a variety of modalities, individual, collateral, family and group. Case management, crisis intervention and psychiatric services are also provided as needed. Referrals can be made to adjunctive services such as Therapeutic Behavioral Coaches, mentors, and Wraparound teams when appropriate. The population served is children and adolescents and their families, as well as transitional age youth up to age of 21. Trainees, under the supervision of a licensed clinician, will be responsible for providing mental health assessment including diagnosis and treatment, adhering to county policies and Medi-Cal regulations/timelines, managing required documentation standards related to the utilization of an electronic health record, and working with a multidisciplinary staff. Trainees may also be assigned to offsite locations i.e. homes, schools, etc. depending on client need and therapist readiness.

Theoretical Orientation
Cognitive-Behavioral, Family Therapy.

Possible Stipend
No

Revised 07/2018
OMID MULTICULTURAL INSTITUTE FOR DEVELOPMENT (O.M.I.D.)
Contact Person: Maryam Sayyedi, Ph.D.
Supervisor I: Same
Supervisor II: Sara Clancy, Ph.D.
Phone: (949) 502-4721
Fax: (949)502-4725
Address: 4199 Campus Drive, Ste. #300, Irvine, CA  92612
2nd location: 2601 E. Chapman Ave., Ste 116, Fullerton, CA  92831
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 – Saturday 9 am – 7 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
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

Revised 09/2017
NOTE: Students interested in applying for this site must first meet with the Clinical Training Director to receive approval.

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 03/2017
PASADENA MENTAL HEALTH CENTER
Contact Person: Wendy Gutierrez
Supervisor:
1495 N. Lake Ave.
Pasadena, CA  91104
Phone: 626-798-0907, ext.  3132
Fax: 626-798-9043
E-mail: wgutierrez@5acres.org
Website: www.pmhc.org

Student Requirements
20 hours per week. Individual supervision is provided for the first unit of supervision then students enter group supervision.

Operating Hours
9 am – 5 pm   M-F

Agency Description
Counseling services are community based including individual and family counseling to deaf children or to hearing children with deaf parents. Student will also provide parent education and group counseling in evidence-based practices. All students go through a community based safety training. Initially community based visits are with senior staff.

Theoretical Orientation
Evidence Based Practices

Possible Stipend
No

Revised 10/2016
### PATHWAYS COMMUNITY SERVICES (fka PROVIDENCE) – ANAHEIM/GARDEN GROVE

Contact Person: Kristin Testo, LMFT, Clinical Supervisor  
Clinical Supervisor I: same  
Address: 711 East Ball Rd., Ste 201 Anaheim, CA 92805/12966 Euclid Street, Ste 280 Garden Grove, CA 92840  
Phone: (714) 254-8473 ext. 128  
Email: Kristin.Testo@pathways.com

<table>
<thead>
<tr>
<th><strong>Student Requirements</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Hours</strong></td>
<td>Monday – Friday 8:30a.m. – 5:30p.m. After hours by appointment. Home and school services.</td>
</tr>
<tr>
<td><strong>Agency Description</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Theoretical Orientation</strong></td>
<td>Family Systems, Cognitive Behavioral Therapy, Solution-Focused, Play Therapy, Trauma Focused CBT, PCIT, FIT</td>
</tr>
<tr>
<td><strong>Possible Stipend</strong></td>
<td>Yes – small stipend available</td>
</tr>
</tbody>
</table>

Revised 07/2018
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 9/2014
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

Revised 04/2016
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
THE SALVATION ARMY – ADULT REHABILITATION CENTER

Contact Person: Victoria L Scott, Program Director
Clinical Supervisor I: Walter E. Lathy, LMFT
Clinical Supervisor II: Sohelia Ferdowsian, LMFT
Address: 1370 Alamitos Ave.
Long Beach, CA 90813
Phone: (562) 218-2355 ext. 13
Fax: (562) 591-8171
E-mail: victoria.scott@usw.salvationarmy.org

Student Requirements
Trainee will be expected to provide individual and group counseling for program beneficiaries. This includes one-hour individual supervision and one two-hour group supervision. A minimum of 5 or more hours per week are required. Staff meetings held on Mondays.

Operating Hours
7:30am – 9:00pm – M-F

Agency Description
The Salvation Army Rehabilitation Centers (ARC’s) are residential facilities whose purpose is to assist individuals with identified chemical dependency and alcohol abuse and other dysfunctional problems. The ARC’s provides housing, meals, clothing, counseling and various other rehabilitation services free of cost to program participants. It is the desire of The Salvation Army’s ARC’s to provide program participants with the opportunity to stabilize their lives, regain a sense of confidence and self-respect, develop a responsible work ethic and awaken a sense of spirituality which can create a sense of hope, purpose and meaning within their lives.

Theoretical Orientation
Addiction, Cross-Cultural, Dual Diagnosis, General, Domestic Violence, Affective Disorders, Crisis Intervention, Men’s Issues, Grief, and Anxiety, Phobia, Panic.

Possible Stipend
No

Revised 01/2016
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

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
None

Revised 9/2013
STRAIGHT TALK - LA MIRADA
Contact Person: Meg Kalugin, Manager of Outpatient Services
Supervisor I: Jean Penilla, LMFT
Supervisor II: Terry Anderson, LMFT
Address: 13710 La Mirada, La Mirada, CA 90638
Phone: (562) 943-0195
Fax: (562) 902-2962
Email: mkalugin@straighttalkcounseling.org
Website: www.straighttalkcounseling.org

Student Requirements
3 hours per week of supervision, including: 2 hours per week of group supervision (offered Wednesday 10-12, or Tuesday 4:00pm – 6:00pm); 1 hour per week of individual supervision. Attendance at four all day Saturday training workshops required (September-October). Students will be individually interviewed & are required to bring resume. Minimum of 10 hours per week, including supervision. Minimum of seven client hours per week. Students required to work one evening until 9 p.m.

Operating Hours
Monday – Thursday, 9:00a.m. – 9:00 p.m.

Agency Description
Individual, child, adolescent, group, parenting, marital & family therapy. Opportunities to work with school system available. Additionally, agency offers personal development classes which trainee has opportunity to lead (lecture/workshop environment) on various topics including bereavement, ADD, parenting, etc.…

Theoretical Orientation
Psychoanalytic, Object Relations, Family Systems

Possible Stipend
Available, not guaranteed

Revised 06/2018
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.

Theoretical Orientation
Family Systems, Psychodynamic

Possible Stipend
No

Revised 09/2017
Student Requirements 10-15 hours per week. 1 hour of individual and 2 hours of group supervision weekly. Case conference on Wednesday, 2:30 pm to 4:00 pm.

Operating Hours Mon-Thurs., 8 am - 9 pm; Friday, 8 am - 6 pm; Sat., 9 am – 5 pm

Agency Description The Counseling Department of Valley Community Healthcare offers psychotherapy services for adults, adolescents, children, couples, and families. Therapists treat patients struggling with a variety of issues, including depression, anxiety and stress; relationship difficulties; parenting difficulties; family conflicts; behavioral problems in children; work and school-related problems, grief and loss; eating disorders; sexual problems and sexual identity issues. Students work with adults, adolescents, children, couples, and families from a psychodynamic perspective.

Theoretical Orientation Psychodynamic, with an emphasis on object relations theory.

Possible Stipend Interns and trainees are required to pay a monthly administrative fee of $60. After 1 year and upon graduation, interns may receive 30% of their patients’ fees.

Revised 01/2016
**WEST COVINA UNIFIED SCHOOL DISTRICT**
Contact Person: Jose Juarez, LMFT, LPCC, LEP
Supervisor I: Same
Supervisor II: Lili Florez, LCSW
Supervisor III: Elaine Ruiz, LCSW
Address: 1717 W. Merced Ave., West Covina, CA 91790
Phone: (626) 332-0289 x2281
Email: jjuarez@wcusd.org

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**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

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Revised 01/2019
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

**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.  
**NOTE: Submit resume and letter of interest via email.**

**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 02/2016
WESTERN YOUTH SERVICES
Contact Person: Jennifer Kiser, Psy.D, MFT, Program Director
Address: 505 N. Euclid St., Ste. 300
Anaheim, CA  92801
Phone: (714) 871-5646 x 4222
Fax: (714) 817-7368
E-mail: jkiser@wysoc.org
Website: www.westernyouthservices.org

Student Requirements
Twenty hours per week of availability is preferred, over 3 days. Group supervision is held weekly on Tuesdays 8:30am-10:30am and Wednesdays 1:00pm-3:00pm; 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 and the Incredible Years parenting group. Opportunities to do individual, family, parent (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, 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 08/2016
WESTERN YOUTH SERVICES- Family Oasis Resource Center
Contact Person: Adriana Lopez, MA, LPCC, PPS, Program Supervisor
Supervisor I: same
Address: 131 W. Midway Dr., Anaheim, CA  92805
Phone: (714) 517-7107 x 2782
Fax: (714) 956-1990
E-mail: adriana.lopez@wysoc.org
Website: www.westernyouthservices.org

Student Requirements
16-20/wk., over 2-3 days. Group supervision, Wednesdays from 1:30-3:30pm. Individual supervision is arranged directly with your supervisor. Staff meetings are held Wednesdays from 12:30-1:30pm. **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- Family Oasis Resource Center is composed of three community based programs that treat a full range of mental health diagnoses: JumpStart4Kids (JS4K), Family Resource Center (FRC) and Outreach & Engagement (O& E). Practicum students provide services in all programs.

**JumpStart4Kids (JS4K)** – provides school-based counseling and parenting support services to students and their families through the Anaheim Elementary School District (AESD). Services are provided to students and their families from preschool through 6th grade with a wide range of presenting problems. Based upon referral and need, practicum students may be assigned to a particular school site, or travel to different campuses to provide service.

**Family Resource Center (FRC)** – FRC serves those at risk due to lack of insurance, poverty, homelessness, and domestic violence and provides short-term counseling services to community members of all ages who struggle with a variety of mental health issues. Our services can include individual, family, and couples counseling, and range from 10-20 sessions per client.

**Outreach & Engagement (O& E)** – O&E provides prevention and early intervention services to individuals of all ages throughout Orange County. Our providers support the North region of the county including, Anaheim, Buena Park, Fullerton, and La Habra. O&E services include case management, support groups, educational workshops, events, referral and linkage to community resources. Practicum students would provide individual, group or family counseling, and would work with clients struggling with various mental health issues. As a community-based program services are often provided outside of the office in homes, schools, clinics and other community settings.

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

Possible Stipend
No – However, reimbursements for work-related travel are available
WOMEN’S TRANSITIONAL LIVING CENTER (WTLC)
Contact Person: Yuriana Tapia, LMFT
Clinical Supervisor I: Same
Address: P.O. Box 916, Fullerton, CA 92832
Phone: (714) 992-1939 x123
Fax: (714) 992-0525
Email: ytapia@wtlc.org
Website: www.wtlc.org

Student Requirements

Students are required to provide agency service at 16 hours/week. 40 hours of mandatory domestic violence training is required and provided. Weekly individual supervision provided. Weekly Group Supervision required. Bilingual preferred.

Operating Hours

Open 24 hours a day, seven days a week.

Agency Description

Shelter for victims of domestic violence (including men, women, and transgender survivors) and their children. Multi-ethnic population, all socioeconomic levels; Spanish, Vietnamese & Korean speaking personnel and clientele. Client-centered approach using behavioral strategies, cognitive reframe, & crisis counseling, as well as Play Therapy. Provide individual, child, family, and group counseling, and substance abuse groups and treatment.

Theoretical Orientation

Client-centered with behavioral strategies; cognitive reframe; crisis counseling; trauma-informed cognitive behavioral; and Play Therapy.

Possible Stipend

No

Revised 01/2019
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. BBS Supervisor Responsibility Statement
6. BBS Weekly Summary of Hours of Experience (Option 1)
7. BBS Weekly Summary of Hours of Experience (Option 2)
8. BBS MFT Experience Verification (Option 1)
9. BBS MFT Experience Verification (Option 2)
10. BBS MFT Sample Letter of Agreement – Volunteer Supervision
11. Beginning Practicum Summary Log/Semester Accounting Form
12. Advanced Practicum Summary Log/Semester Accounting Form
13. Site Supervisor Mid-Semester Evaluation of Student
14. Counseling 530: Beginning Practicum - Practicum Presentations Evaluation Rubric
15. Counseling 584, 590 & 591: Advanced Practicum - Practicum Presentations Evaluation Rubric
16. Counseling 511, 530 & 584: Professor Evaluation of Counselor Student/Trainee Dispositions & Professionalism
17. Counseling 511: Pre-Practicum - Practicum Instructor Final Evaluation of Student
18. Counseling 530: Beginning Practicum - Practicum Instructor Final Evaluation of Student
19. Counseling 584, 590 & 591: Advanced Practicum - Practicum Instructor Final Evaluation of Student
20. Site Supervisor Final Evaluation of MFT/PCC Trainee
21. Student Assessment of Clinical Training Site
22. Student Evaluation of Site Supervisor
23. End of Semester Check-Out
24. COUN 530 e-Form
25. Sample Resume
26. Quick Notes

Revised 07/18
CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

DECLARATION

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

Revised 02/09
Consent Form For Participation in Counseling Practicum

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: __________________________

Revised 02/09
Transportation/Storage of Confidential Client Data

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: __________________

Revised 03/11
Please attach a photograph of yourself (passport size) 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 MFT/PCC 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 LMFT and LPCC license. Under penalty of perjury, supervisors attest that they are legally suitable to supervise 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 agency director. Approval of hours is, and always has been, the purview of the Board of Behavioral Sciences (BBS). NOTE: Trainee hours, while required for graduation, do not count toward LPCC licensure as they are earned pre-degree.

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California State University, Fullerton
Clinical Mental Health Counseling with a Specialty in Marriage and Family Therapy

Agreement between the QUALIFYING DEGREE PROGRAM, CLINICAL TRAINING DIRECTOR, SITE SUPERVISOR, AND MFT TRAINEE/PROFESSIONAL CLINICAL COUNSELOR (PCC) TRAINEE

“4-Way Agreement”

Trainee Name: _______________________________ Date: _______________________________

Street, City & Zip Code: _______________________________

E-mail Address: _______________________________

Phone (day): _______________________________ Phone (evening): _______________________________

Agency Name: _______________________________

Street Address: _______________________________ Phone: _______________________________

City: _______________________________ Zip: _______________________________

Agency E-mail Address: _______________________________

4-Way Agreement 8/22/2018
MFT LAW: The California legislature would like the educators and supervisors of LMFT and LPCC 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 she or he learns to become an effective psychotherapist/counselor.

Instructions to the Student: First, read and sign this document. Second, take it to the director of your practicum site and to your clinical supervisor(s) to read and sign. Finally, take it to the CSUF Clinical Training Director (CTD). After the CTD has signed your agreement, the original will be placed in your file. If you would like a signed copy or copies of the original, please make an appointment with the Fieldwork Coordinator – Counseling (FCC) to arrange to pick up your original so you can make copies. Note: The completed "4-Way Agreement" must be turned in before supervised clinical hours are begun, in order to count for practicum experience hours.

Clinical Training Director | Office | Phone# | Mailbox Location
--------------------------|-------|--------|-----------------|
Mary M. Read, Ph.D.       | EC-484| (657) 278-2167 | EC-405

Fieldwork Coordinator - Counseling
Nicole Folmer, M.S.       | EC-479C| (657) 278-7454 | EC-405

Please note: You are responsible for retaining the original of this and all documents described within this agreement, should the BBS request them. CSUF cannot be responsible for providing you with additional copies. 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. You are required to have evaluations and Experience Verification forms completed and turned into the CTD for placement in your file.

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

CSUF, Department of Counseling, the QUALIFYING DEGREE PROGRAM:

a. Shall approve the placement of each trainee at the supervised practicum setting;

b. 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;

c. Shall provide forms for regular evaluations of the student's performance at each supervised practicum setting;

d. Shall coordinate the terms of this agreement with each of the named parties;

e. 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) or a Marriage and Family Therapist (LMFT) as set forth in the California Business and Professions Code;

f. Shall require that each student gaining clinical hours in a supervised practicum setting procure their own individual professional malpractice liability insurance coverage;
g. 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.

______ Initials of the Clinical Training Director, CSUF, Department of Counseling

THE SUPERVISED PRACTICUM SITE/AGENCY DIRECTOR

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 an MFT Trainee or Professional Clinical Counselor Trainee and that the trainee is employed in the manner required by law. Such documentation, specified by the LMFT Experience Verification Form and by the BBS regulations for PCC 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 MFT or Clinical Counselor 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. one (1) hour of individual supervision per five (5) hours of client contact and two (2) hours of group supervision, with no more than 8 trainees or one (1) hour of individual supervision for client contact hours that exceed five (5) hours but do not exceed ten (10) client contact hours. If client contact hours exceed ten (10) hours per week, student will be provided appropriate supervision as stipulated by BBS regulations;

3. additional activities may include: additional group supervision, staff meetings, case conferences, case management, seminars, and documentation (note writing);

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 MFT or PCC 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 the Representative of the Practicum Site

THE SUPERVISOR

a. Shall sign and abide by the "Responsibility Statement for Supervisors of the MFT License" 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. [NOTE: There is no equivalent form for LPCC supervision, being pre-degree.];

b. Shall be responsible for assuring that all clinical experience gained by the trainee is within the parameters of 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 and remained current with the appropriate “supervisor” continuing education requirements required by the BBS;

e. Shall review and sign the "Weekly Summary of Hours of Experience" log on a weekly basis;

f. Shall complete the "LMFT 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;

g. Shall describe in writing on Section II of this document the methods by which supervision will be provided;

h. Shall provide regular process reports and evaluation of the student's performance at the site to the qualifying degree program at the middle and end of each semester;

i. Shall provide the trainee with one (1) hour of individual for five (5) hours of client contact provided by the trainee and one (1) hour of individual or two (2) hours of group supervision for client contact hours that exceed the five (5) hours but do not exceed ten (10) hours. If client contact hours provided by student exceed ten (10) hours, then supervision will be provided as stipulated by BBS regulations. This may be averaged over a period of 14 weeks;

IMPORTANT: Although client contact hours may be averaged across each semester, supervision may not. In other words, trainees must have either one hour of individual 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 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.
j. Shall abide by the ethical standards promulgated by the professional association to which the supervisor belongs (e.g., AAMFT, CALPCC, CAMFT, ACA, NASW, APA, AMA etc.);

k. Shall provide the agency with a current copy of his or her current license and resume and notify the qualifying degree program and the trainee immediately of any action that may affect his or her license;

l. 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 MFT or PCC trainee;

m. 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.);

n. 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;

o. Shall complete all the required trainee evaluation forms (due at mid-semester and finals week) by their prescribed time.

_____ Initials of Clinical Site Supervisor

THE TRAINEE

a. Shall have each supervisor complete and sign the "Responsibility Statement for Supervisors of the LMFT License" 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 contacting the BBS by telephone or via the Internet. The BBS website address is http://www.bbs.ca.gov. Click on “verify license” for LPCCs, LMFTs, or LCSWs and check that the supervisor’s license is current. For a Licensed Psychologist, contact the Board of Psychology via phone or the Internet at http://www/dca.ca.gov/psych.

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 of his or her supervised practicum experience and delivering it to the qualifying degree program;

e. 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 his or her professional duties and responsibilities;

f. 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., AAMFT, CALPCC, ACA, CAMFT) and the CSUF Department of Counseling ethical/legal guidelines (see the Clinical Training Handbook).
g. 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, he or she 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;

h. Shall be aware that the qualifying degree program requires that she or he 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);

i. Shall gain a total number of 280 direct client contact (DCC) hours as required for nine units of practicum. These hours have been supervised during the week they were gained and supervision must average to a 5:1 ratio each week;

j. 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 process 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 psychotherapy/counseling profession and for the license of marriage and family therapist and/or license of professional clinical counselor.

_____ Initials of the Trainee

SECTION II METHODS OF SUPERVISION

The supervisor shall monitor the quality of counseling or psychotherapy performed by the trainee by direct observation, audio or video recording, review of progress and process notes or records or by any other means deemed appropriate by the supervisor, and furthermore that the supervisor shall inform the trainee prior to the commencement of supervision of the methods by which the supervisor will monitor the quality of counseling or psychotherapy being performed.

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 his or her performance with clients. (Note: Supervision must include direct observation or audio or video recording).

Check all that apply:

_____ Direct Observation
_____ Audio Recording
_____ Video Recording
_____ Evaluate Trainee’s Process and Progress Notes

_____ Student Verbal Report
_____ Role Play
_____ 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 Agency:* Please review with the trainee their time commitment to your agency. Fill in the dates below, using the date you and the trainee entered into this agreement and the approximate date you expect the trainee to leave. **Important:** Agency Director, please initial agreement next to commitment dates.

FROM _____ (Date this agreement is valid) (Initials) TO _____ (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.

<table>
<thead>
<tr>
<th>I. Representative of the Placement Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (please print)</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

| II. Primary 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*
- _______________ LCSW
- _______________ Psychiatrist (M.D.)
- _______________ LPCC

| III. Trainee:                            |
|                                          |
| Name (please print)                      |
| CWID#                                    |
|                                          |
| Signature                                |
| Date                                     |

<table>
<thead>
<tr>
<th>IV. For qualifying degree program: CSUF Clinical Training Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (please print)</td>
</tr>
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<td></td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

*Please note that Licensed Educational Psychologists (LEPs) cannot supervise MFT or PCC Trainees. REMINDER to the Trainee: Please distribute signed photocopies to those who sign above, filing the original with the Department of Counseling, Clinical Training office. The Original "4-Way Agreement" must be kept on file with the Department of Counseling, Clinical Training office, for practicum hours to count.
RESPONSIBILITY STATEMENT FOR SUPERVISORS
OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR INTERN

Title 16, California Code of Regulations (16 CCR) Section 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage and Family Therapist license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision.

<table>
<thead>
<tr>
<th>Name of MFT Trainee/Intern:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Qualified Supervisor:</th>
<th>Qualified Supervisor's Daytime Telephone Number:</th>
</tr>
</thead>
</table>

As the supervisor:

1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4999.12 (h))

   A. The license I hold is:
   - Marriage and Family Therapist
   - Licensed Clinical Social Worker
   - Licensed Professional Clinical Counselor
   - *Psychologist
   - *Physician certified in psychiatry by the American Board of Psychiatry and Neurology

   **B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California. (16 CCR § 1833.1(a)(2))

   C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))

2) I have and maintain a current and valid license in good standing and will immediately notify any trainee or intern under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1833.1(a)(1), (a)(4))

3) I have practiced psychotherapy or provided direct supervision of trainees, interns, associate clinical social workers, or professional clinical counselor interns who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1833.1(a)(5))

4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns. (16 CCR § 1833.1(a)(6))

5) I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision. (16 CCR § 1833.1(a)(6)(A)&(B))

6) I know and understand the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist. (16 CCR § 1833.1(a)(7))

7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern. (16 CCR § 1833.1(a)(8))
8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1833.1(a)(9))

9) I shall address with the trainee or intern the manner in which emergencies will be handled. (16 CCR § 1833.1(a)(10))

10) I agree not to provide supervision to a TRAINEE unless the trainee is a volunteer or employed in a setting that meets all of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02; (C) is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions. (BPC § 4980.43(d)(1))

11) I agree not to provide supervision to an INTERN unless the intern is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02. (BPC § 4980.43(e)(1))

12) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the intern or trainee, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the intern or trainee. (16 CCR § 1833(b)(4))

13) I shall give at least (1) one week’s prior written notice to a trainee or intern 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 I actually provided the required supervision. (16 CCR § 1833.1(c))

14) I shall obtain from each trainee or intern for whom supervision will be provided, the name, address, and telephone number of the trainee’s or intern’s most recent supervisor and employer. (16 CCR § 1833.1(d))

15) In any setting that is not a private practice, I shall evaluate the site(s) where a trainee or intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in 16 CCR Section 1833 and Section 4980.43 of the Code. (16 CCR § 1833.1(e))

16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR Section 1833.1. (16 CCR § 1833.1(f))

17) I shall provide the intern or trainee with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1833.1(b))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and that the information submitted on this form is true and correct.

Printed Name of Qualified Supervisor ___________________________ Signature of Qualified Supervisor ___________________________ Date ________________

Mailing Address: Number and Street ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

The supervisor shall provide the intern or trainee being supervised with the original of this signed statement prior to the commencement of any counseling or supervision.

The trainee or intern shall submit this form to the board upon application for examination eligibility.

* Psychologists and Physicians certified in psychiatry are not required to comply with #5.
** Applies only to supervisors NOT licensed as a Marriage and Family Therapist.
**MARRIAGE AND FAMILY THERAPIST TRAINEE / INTERN**

**WEEKLY SUMMARY OF HOURS OF EXPERIENCE**

**OPTION 1 – NEW STREAMLINED METHOD**

<table>
<thead>
<tr>
<th>Name of Trainee/Intern:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name</td>
<td></td>
<td>Date enrolled in graduate degree program</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Work Setting (use a separate log for each)</th>
<th>Address of Work Setting</th>
</tr>
</thead>
</table>

Indicate your status when the hours below are logged:

- [ ] Trainee
- [ ] Post-Degree / Intern Application Pending - BBS File No (if known): ________________
- [ ] Registered Intern - MFT Intern Number: ________________

<table>
<thead>
<tr>
<th>YEAR __________</th>
<th>WEEK OF:</th>
<th>Total Hours</th>
</tr>
</thead>
</table>

A. Direct Counseling with Individuals, Groups, Couples or Families

A1. Diagnosis and Treatment of Couples, Families, Children*  

B. Non-Clinical Experience**

B1. Supervision, Individual*  

B2. Supervision, Group*  

C. Total Hours Per Week  

(A + B = C) (Maximum 40 hours / week)

** Supervisor Signature  

* 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.
MARRIAGE AND FAMILY THERAPIST TRAINEE / INTERN
WEEKLY SUMMARY OF EXPERIENCE HOURS

OPTION 2 – PRE-EXISTING MULTIPLE CATEGORY METHOD

Use a separate log for each setting. For hours to qualify under Option 2, your Application for Licensure and Examination MUST be postmarked by December 31, 2020.

<table>
<thead>
<tr>
<th>Name of Trainee/Intern: Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name</td>
<td>Date enrolled in graduate degree program</td>
<td></td>
</tr>
<tr>
<td>Name of Work Setting</td>
<td>Address of Work Setting</td>
<td></td>
</tr>
</tbody>
</table>

Indicate your status when the hours below are logged:  
☐ Trainee  ☐ Trainee in Practicum  
☐ Post-Degree / Intern Application Pending - BBS File No (if known): ________________  
☐ Registered Intern - MFT Intern Number: ________________

<table>
<thead>
<tr>
<th>YEAR _________</th>
<th>WEEK OF:</th>
<th>TOTAL HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Individual Psychotherapy*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| B. Diagnosis / Treatment of Couples, Families, Children  
  B1. Conjoint Couple/Family Therapy** |
| C. Group Therapy |
| D. Telehealth Counseling |
| E. Workshops, Seminars, Training or Conferences |
| F. Psych Testing, Report Writing, Progress/Process Notes |
| G. Client Centered Advocacy |
| H. Supervision, Individual |
| I. Supervision, Group |

TOTAL HOURS PER WEEK

Supervisor Signature

* Performed by you  ** B1 is a sub-category of “B.” When totaling weekly hours do not include the sub-category.
LICENSED MARRIAGE AND FAMILY THERAPIST
IN-STATE EXPERIENCE VERIFICATION
OPTION 1 – NEW STREAMLINED METHOD

This form is to be completed by the applicant’s California supervisor and submitted by the applicant with his or her Application for Licensure and Examination. All information on this form is subject to verification.

- Use this “Option 1” form to report hours under the NEW streamlined method
- 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 your Weekly Summary forms unless specifically requested by the Board

APPLICANT NAME:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Intern Number IMF</th>
</tr>
</thead>
</table>

SUPERVISOR INFORMATION:

<table>
<thead>
<tr>
<th>Supervisor’s Last Name</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Number and Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

| License Type | License Number | State | Date First Licensed |

- If a Physician, were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?  
  - N/A  
  - Yes: Date Board Certified: ____________
  - No  
  - Certification #: ______________

- If a LPCC, did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law?  
  - N/A  
  - Yes: Date you met the qualifications: ______________
  - No  
  - ______________
Applicant:  Last   First   Middle

APPLICANT'S EMPLOYER INFORMATION:

<table>
<thead>
<tr>
<th>Name of Applicant’s Employer</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?  
☐ Yes  ☐ No

2. Was this experience gained in a private practice setting?  
☐ Yes  ☐ No

3. 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

4. For hours gained as an Intern ONLY: Was the applicant receiving pay?  
☐ Yes  ☐ No  ☐ N/A  (pre-degree experience)

EXPERIENCE INFORMATION:

<table>
<thead>
<tr>
<th>Dates of experience being claimed: From: __________________ mm/dd/yyyy</th>
<th>To: __________________ mm/dd/yyyy</th>
</tr>
</thead>
</table>

2. How many weeks of supervised experience are being claimed? __________ weeks

3. Hours of Experience:

<table>
<thead>
<tr>
<th>a. Total Direct Counseling Experience (Minimum 1,750 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (Minimum 500 of the 1,750 hours)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Total Non-Clinical Experience (Maximum 1,250 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Of the above hours, how many were Face-to-Face Supervision? Hours Per Week</td>
</tr>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Group (group contained no more than 8 persons)</td>
</tr>
</tbody>
</table>

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.

Signature of Supervisor: ____________________________ Date: __________
LICENSED MARRIAGE AND FAMILY THERAPIST
IN-STATE EXPERIENCE VERIFICATION
OPTION 2 – PRE-EXISTING MULTIPLE CATEGORY METHOD

This form is to be completed by the applicant’s California supervisor and submitted by the applicant with his or her Application for Licensure and Examination. All information on this form is subject to verification.

- Use this “Option 2” form for reporting hours under the PRE-EXISTING method (multiple categories)
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Make sure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes
- For your hours to qualify under “Option 2,” your Application for Licensure and Examination MUST be postmarked by December 31, 2020.

**APPLICANT NAME:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Intern Number</th>
</tr>
</thead>
</table>

**SUPERVISOR INFORMATION:**

<table>
<thead>
<tr>
<th>Supervisor’s Last Name</th>
<th>First</th>
<th>Middle</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Number and Street</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Type</th>
<th>License Number</th>
<th>State</th>
<th>Date First Licensed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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: ____________  Cert. #: ____________
- 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: Date you met the qualifications: ______________

**APPLICANT’S EMPLOYER INFORMATION:**

<table>
<thead>
<tr>
<th>Name of Applicant’s Employer</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMPLOYER INFORMATION (continued):

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?  
   Yes □ No □

2. Was this experience gained in a private practice setting?  
   Yes □ No □

3. 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 □

4. For hours gained as an Intern ONLY: Was the applicant receiving pay?  
   Yes □ No □ N/A □
   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 issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status.

EXPERIENCE INFORMATION:

1. Dates of experience being claimed: From: ____________ To: ____________

2. How many weeks of supervised experience are being claimed? ____________ weeks

3. Show only those hours of experience logged on the Weekly Summary of Hours of Experience form*:  
   Logged Hours
   a. Individual Psychotherapy (No minimum or maximum hours required)
   b. Couples, families, and children (Minimum 500 hours**)
   • Of the hours recorded on line 3.b, how many actual hours were gained providing conjoint couples and family therapy?
   c. Group Therapy or Counseling (Maximum 500 hours)
   d. Telehealth Counseling (Maximum 375 hours)
   e. Workshops, seminars, training sessions, or conferences*** (Maximum 250 hours)

For “f” and “g” below, list the number of hours earned during the time frames indicated:

2010 & 2011  2012 & Later

f. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes

g. Client-Centered Advocacy

4. Face-to-face supervision***:  
   Hours Per Week  Logged Hours
   a. Individual
   b. Group (group contained no more than 8 persons)

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.

Signature of Supervisor: _________________________________ Date: ____________

* Do not submit your “Weekly Summary” forms unless specifically requested by the Board
** Up to 150 hours treating couples and families may be double-counted toward the 500 total required
*** These categories when combined with credited Personal Psychotherapy shall not exceed 1,000 hours

37A-302 (Revised 12/2015)
Marriage and Family Therapist Trainee or Intern

SAMPLE LETTER OF AGREEMENT FOR SUPERVISION

Required when the Trainee or Intern’s supervisor is working as a volunteer

Date:
MFT Trainee or Intern’s name:
Supervisor name:
Employer name:

This letter serves as an agreement between the employer, (Employer’s name), the Marriage and Family Therapist Trainee or Intern, (Trainee or Intern’s name), and the Trainee or Intern’s supervisor, (Supervisor’s name).

(Supervisor’s name) is employed by (Employer’s name) on a VOLUNTARY basis. (Employer’s name) agrees to allow (Supervisor’s name) to supervise (Trainee or Intern’s name). (Supervisor’s name) agrees to supervise (Trainee or Intern’s name) for (Employer’s name).

(Supervisor’s name) agrees to take supervisory responsibility for the marriage and family therapy services provided by (Trainee or Intern’s name) as required by Chapter 13 of the California Business and Professions Code and Title 16, Division 18, Article 4 of the California Code of Regulations. (Supervisor’s name) shall ensure that the extent, kind and quality of services performed is consistent with (Trainee or Intern’s name) training, education, and experience and is appropriate in extent, kind and quality.

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

 Supervisor’s Signature  Date  MFT Trainee or Intern’s Signature  Date

Employer’s Authorized Representative Name  Employer’s Authorized Representative Signature  Date

NOTE:
This is a SAMPLE letter. It should be written on the letterhead of the employer and signed and dated prior to gaining hours of experience. See Title 16, California Code of Regulations section 1833(b)(4).

Revised 04/2015
CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Course: 530______ Semester: Spring _____ Fall ______ Year: __________

CWID #_____________________________________________________________
Student's Name _______________________________________________________
Community Agency Site _________________________________________________
Site Supervisor ________________________________________________________
University Practicum Instructor ___________________________________________

I. Direct Client Contact (DCC) Hours- **Maximum 40 hrs. for 530 semester**

   TOTAL HOURS IN CATEGORY I: ______

   Non-DCC Hours- **MAXIMUM 60 hours for Categories II & III Combined**

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: ____________________________
   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 HOURS IN CATEGORY III: _______________
IV. TOTAL NUMBER OF PRACTICUM HOURS:

<table>
<thead>
<tr>
<th>Category</th>
<th>Hours</th>
<th>Max hrs. COUN 530</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. DCC</td>
<td></td>
<td>40 max DCC</td>
</tr>
<tr>
<td>II. Non-DCC - Supervision</td>
<td></td>
<td>60 max Non-DCC Combined II &amp; III</td>
</tr>
<tr>
<td>III. Non-DCC - Other</td>
<td></td>
<td>100 max Total Hours</td>
</tr>
</tbody>
</table>

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#: __________________
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 280 hrs. 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: ____

Client Demographics:

Ethnic Groups Served: ____________________________________________________

Age Groups Served: (0-5) # ______ (6-10) # _____ (11-17) # _____ (18-64) # _____ (65+) # ______

Gender of Clients: Adult Women # _____ Adult Men # _____ Girls # _____ Boys # ______

Non-DCC Hours - Categories II & III Combined - MINIMUM 420 hrs. required for graduation

II. Non-DCC - Supervision Hours:

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

TOTAL SEMESTER HOURS IN CATEGORY II: _____

Revised 12/2018
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: _____**

III. **TOTAL NUMBER OF PRACTICUM HOURS:**

<table>
<thead>
<tr>
<th>Category</th>
<th>COUN 530*</th>
<th>COUN 584</th>
<th>COUN 590</th>
<th>COUN 591</th>
<th>Cumulative TOALS (Sum of all semesters)</th>
<th>Minimum Requirements for Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. DCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>280 hrs.</td>
</tr>
<tr>
<td>II. Non-DCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>420 hrs. Combined (II &amp; III)</td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Non-DCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>700 hrs. 280 DCC + 420 Non-DCC</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**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#: __________

Revised 12/2018
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

<table>
<thead>
<tr>
<th>Concern</th>
<th>No Concern</th>
<th>Demonstrates empathic understanding of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Demonstrates non-judgmental acceptance of clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Creates a trusting environment for clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is authentic and genuine in therapeutic encounters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrates awareness &amp; acceptance of human diversity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognizes impact of own feelings &amp; behavior on clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conveys a sense of warmth and caring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintains focus during sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitates client’s expression of affect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoids over-identifying with clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acknowledges therapeutic errors without undue anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Opens and terminates sessions appropriately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Makes interventions in a timely and appropriate manner</td>
</tr>
</tbody>
</table>
## Site Supervisor Mid-Semester Evaluation of Student

<table>
<thead>
<tr>
<th>Concern</th>
<th>No Concern</th>
<th>Concern</th>
<th>No Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>__________</td>
<td>_______</td>
<td>__________</td>
</tr>
<tr>
<td>Integrates counseling techniques with his/her own style</td>
<td>Can make process comments</td>
<td>Reflects on effectiveness of interventions</td>
<td></td>
</tr>
</tbody>
</table>

### II. PROFESSIONALISM

<table>
<thead>
<tr>
<th>Concern</th>
<th>No Concern</th>
<th>Concern</th>
<th>No Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>__________</td>
<td>_______</td>
<td>__________</td>
</tr>
<tr>
<td>Conducts himself/herself ethically</td>
<td>Recognizes limitations and areas of weakness</td>
<td>Respects confidentiality of the counseling relationship</td>
<td>Aware of need for written consent for release of info</td>
</tr>
<tr>
<td>_______</td>
<td>__________</td>
<td>_______</td>
<td>__________</td>
</tr>
<tr>
<td>Represents professional qualifications accurately</td>
<td>Open to feedback</td>
<td>Avoids establishing dual relationships with clients</td>
<td>Seeks out supervision for assistance</td>
</tr>
<tr>
<td>_______</td>
<td>__________</td>
<td>_______</td>
<td>__________</td>
</tr>
<tr>
<td>Efficient in use of time; organized</td>
<td>Is punctual and is not excessively absent</td>
<td>Gets along well with colleagues and supervisors</td>
<td>Presents case material in a cogent, coherent manner</td>
</tr>
</tbody>
</table>

Additional Comments: __________________________________________________________

________________________________________

________________________________________

________________________________________

Supervisor’s Signature ____________________________ Date _____________

Student’s Signature ______________________________ Date _____________
Counseling 530: Beginning Practicum

Practicum Presentations Evaluation Rubric

Semester:  Spring ☐  Fall ☐  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.

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

**Student demonstrates appropriate utilization of or ability in:**

<table>
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<tr>
<th>Aspect</th>
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<tr>
<td>Active listening skills, verbal/non-verbal</td>
<td></td>
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<tr>
<td>Developing/maintaining therapeutic relationship</td>
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<td>Counselor presence/engagement</td>
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<td>Silence</td>
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<td>Timing of interventions</td>
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<tr>
<td>Exploring affect</td>
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<tr>
<td>Self-awareness/countertransference in session</td>
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<tr>
<td>Self-disclosure</td>
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<tr>
<td>Empathically and appropriately challenging client</td>
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### Conceptualization and Treatment Planning

**Student demonstrates appropriate utilization of or ability in:**

<table>
<thead>
<tr>
<th>Aspect</th>
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<th>5</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Strengths/growth areas of clients</td>
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<td>Assessment/DSM diagnosis</td>
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<td>Developing case conceptualizations through use of theory that accounts for human development perspective</td>
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<td>Developing treatment planning responsive to assessment, conceptualization, and cultural factors [including Severe Mental Illness (SMI) and/or co-occurring disorders]</td>
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<tr>
<td>Evidence-based practices in clinical work</td>
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<tr>
<td>Linking interventions to case conceptualization and treatment goals</td>
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<td>Anticipating and preparing clients for termination</td>
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**Diversity Awareness and Sensitivity**  
*Student demonstrates appropriate utilization of or ability in:*

<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Awareness of diversity relative to self</td>
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<td>N/A</td>
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<tr>
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**Comments:**
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:

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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.

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### Conceptualization and Treatment Planning

**Student demonstrates appropriate utilization of or ability in:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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Revised 06/2016
### Diversity Awareness and Sensitivity

*Student demonstrates appropriate utilization of or ability in:*

<table>
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<tr>
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<tbody>
<tr>
<td>Awareness of diversity relative to self</td>
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<tr>
<td>Awareness of diversity relative to client</td>
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</table>

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

Semester:  Spring ☐  Fall ☐  Summer ☐  Year: ______

Student's Name: ____________________________________________________________

Professor’s Name: __________________________________________________________

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.
• 530 and 584 professors must fill out the entire form.
• 511 professors must fill out Table 1. If there are any “needs improvement” or “concerns,”
please 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

<table>
<thead>
<tr>
<th></th>
<th>A. Effective and Professional Communication and Collaboration</th>
<th>Concern</th>
<th>Needs Improvement</th>
<th>No Concern</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>B. Emotional Maturity, Self-Awareness, and Counselor Presence</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
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<tr>
<td></td>
<td>C. Dependability, Reliability, and Ethical Behavior</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>D. Respect for Diversity and Openness to Other World Views</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
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Table 2: Dispositions & Professionalism

<table>
<thead>
<tr>
<th>A. Effective and Professional Communication and Collaboration</th>
<th>Concern</th>
<th>Needs Improvement</th>
<th>No Concern</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has considerate and respectful written and verbal communication with peers, staff, professors, and supervisors (in person and email).</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>Student works well on group projects and does their fair share.</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>Student appropriately addresses areas of conflict or concern, including consultation with instructor and/or supervisor.</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>Other:</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Emotional Maturity, Self-Awareness, and Counselor Presence</th>
<th>Concern</th>
<th>Needs Improvement</th>
<th>No Concern</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student presents appropriately for the situation (e.g., appropriate attire when seeing clients).</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>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).</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>Student manages learning and performance anxieties appropriately.</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>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).</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>Student provides constructive feedback and responds appropriately and flexibly to feedback.</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>Student demonstrates appropriate boundaries (e.g., in class, with professors, with clients).</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>Student has a good counselor presence (e.g., empathic, confident, good non-verbals, a therapeutic vocal style).</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
<tr>
<td>Other:</td>
<td>Concern</td>
<td>Needs Improvement</td>
<td>No Concern</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### C. Dependability, Reliability, and Ethical Behavior

<table>
<thead>
<tr>
<th></th>
<th>Concern</th>
<th>Needs Improvement</th>
<th>No Concern</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student appears to devote sufficient time and energy to the requirements of the program and manages their schedule and obligations appropriately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student is on time for class and appointments (also supervision and training if in practicum).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student completes papers and assignments on time (also case notes and site paperwork).</td>
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<td></td>
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</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student abstains from using electronic devices during class time, with the exception of approved note-taking.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Student demonstrates appropriate identity as a clinical mental health counselor and marriage and family therapist (e.g., scope of practice, scope of competence).</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### D. Respect for Diversity and Openness to Other World Views

<table>
<thead>
<tr>
<th></th>
<th>Concern</th>
<th>Needs Improvement</th>
<th>No Concern</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is respectful and empathic regarding the experience of others different from themselves.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student is willing to address areas of personal bias, prejudice, or “blind spots.”</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Student does not impose personal values onto others (e.g., peers, clients).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student is committed to enhancing the well-being of others, regardless of their diverse identities and/or circumstances.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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's Signature: _______________________________________________________

Professor’s Signature: ____________________________________________________
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 student 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; the 3-6 ratings are only used in practicum. 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.

Students use the following skills commensurate with their level of training:

<table>
<thead>
<tr>
<th>Skills</th>
<th>Concern Below expectations</th>
<th>No Concern 511 Meets expectations</th>
<th>No Concern 530 Meets expectations</th>
<th>No Concern 584 Meets expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1 – 2</td>
<td>3 – 4</td>
<td>5 – 6</td>
</tr>
<tr>
<td></td>
<td>The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course</td>
<td>The student uses skills appropriately for beginning level with practice “clients”</td>
<td>The student uses skills competently in therapy with real clients</td>
<td>The student uses skills effectively and confidently in therapy with a higher level of awareness of the work</td>
</tr>
</tbody>
</table>

Feeling reflections

Content reflections

Questions (e.g. frequency, open vs. closed)

Silence (e.g. client is processing vs. counselor stuck)

Verbal and non-verbal body language (e.g. eye contact, posture, gesturing, proxemics, head nodding)

Avoidance of providing praise
<table>
<thead>
<tr>
<th>(external evaluation of client or behavior)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy (feelings combined with reasons for feeling or meaning)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to sit with painful emotions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathic confrontation (e.g., reflection of discrepancy in lieu of harsh confrontations)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding supportive statements that minimize client feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic voice (e.g. tone, volume, rate of speech)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of themes (reflection of a main point, theme, or general concern of client)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertransference awareness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student's Signature:** ____________________________________________________________

**Professor’s Signature:** _________________________________________________________
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.

**Students use the following skills commensurate with their level of training:**

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

**Feeling reflections**

<table>
<thead>
<tr>
<th>Content reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions (e.g. frequency, open vs. closed)</td>
</tr>
<tr>
<td>Silence (e.g. client is processing vs. counselor stuck)</td>
</tr>
<tr>
<td>Verbal and non-verbal body language (e.g. eye contact, posture, gesturing,</td>
</tr>
<tr>
<td>proxemics, head nodding</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Avoidance of providing praise (external evaluation of client or behavior)</td>
</tr>
<tr>
<td>Empathy (feelings combined with reasons for feeling or meaning)</td>
</tr>
<tr>
<td>Ability to sit with painful emotions</td>
</tr>
<tr>
<td>Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values)</td>
</tr>
<tr>
<td>Empathic confrontation (e.g., reflection of discrepancy in lieu of harsh confrontations)</td>
</tr>
<tr>
<td>Avoiding supportive statements that minimize client feelings</td>
</tr>
<tr>
<td>Therapeutic voice (e.g. tone, volume, rate of speech)</td>
</tr>
<tr>
<td>Identification of themes (reflection of a main point, theme, or general concern of client)</td>
</tr>
<tr>
<td>Countertransference awareness</td>
</tr>
<tr>
<td>Case Conceptualization and Treatment Planning</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1 – 2</td>
</tr>
<tr>
<td>3 – 4</td>
</tr>
<tr>
<td>5 – 6</td>
</tr>
</tbody>
</table>

- Assesses strengths/growth areas of clients
- Assesses using DSM
- Develops case conceptualizations through use of theory and biopsychosociocultural considerations
- Develops treatment plans responsive to assessment, conceptualization, and cultural factors
- Uses Evidence-based practices in clinical work
- Prepares for termination and provides adequate referrals and follow-up as needed
<table>
<thead>
<tr>
<th>Diversity Awareness and Sensitivity</th>
<th>Concern Below expectations</th>
<th>Concern Below expectations</th>
<th>530 Meets expectations</th>
<th>584 Meets expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course</td>
<td>1 – 2</td>
<td>The student uses skills and/or knowledge appropriately for 511 beginning level with practice “clients” but is struggling to apply them to real clients</td>
<td>530 Meets expectations</td>
</tr>
<tr>
<td></td>
<td>Demonstrates awareness of diversity relative to self</td>
<td>Demonstrates awareness of diversity relative to client</td>
<td>Demonstrates awareness of diversity relative to system/context/environment</td>
<td>Demonstrates culturally responsive interventions</td>
</tr>
</tbody>
</table>

**Student's Signature:**

_______________________________________________________

**Professor’s Signature:**

_______________________________________________________
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 student 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.*

**Students use the following skills commensurate with their level of training:**

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

<p>| Feeling reflections | | | | |
| Content reflections | | | | |
| Questions (e.g. frequency, open vs. closed) | | | | |
| Silence (e.g. client is processing vs. counselor stuck) | | | | |
| Verbal and non-verbal body language (e.g. eye contact, posture, gesturing) | | | | |</p>
<table>
<thead>
<tr>
<th><strong>proxemics, head nodding</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance of providing praise (external evaluation of client or behavior)</td>
<td></td>
<td></td>
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<td>Empathy (feelings combined with reasons for feeling or meaning)</td>
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<td>Ability to sit with painful emotions</td>
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<tr>
<td>Probing (going deeper into meaning of words, client behavior, feelings, beliefs, themes or values)</td>
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<td>Avoiding supportive statements that minimize client feelings</td>
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<td>Identification of themes (reflection of a main point, theme, or general concern of client)</td>
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<td></td>
</tr>
<tr>
<td>Countertransference awareness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Conceptualization and Treatment Planning</td>
<td>Concern Well below expectations</td>
<td>Concern Below Expectations</td>
<td>530 Meets expectations</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1 – 2</td>
<td>3 - 4</td>
</tr>
<tr>
<td>The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course</td>
<td>The student uses skills and/or knowledge appropriately for 511 beginning level with practice “clients” but is struggling to apply them to real clients</td>
<td>The student uses skills competently in therapy with real clients</td>
<td>The student uses skills effectively and confidently in therapy with a higher level of awareness of the work</td>
</tr>
<tr>
<td>Assesses strengths/growth areas of clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses using DSM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops case conceptualizations through use of theory and biopsychosociocultural considerations</td>
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</tr>
<tr>
<td>Develops treatment plans responsive to assessment, conceptualization, and cultural factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses Evidence-based practices in clinical work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepares for termination and provides adequate referrals and follow-up as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversity Awareness and Sensitivity</td>
<td>Concern Below expectations</td>
<td>Concern Below expectations</td>
<td>530 Meets expectations</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------</td>
<td>---------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1 – 2</td>
<td>3 - 4</td>
</tr>
<tr>
<td></td>
<td>The student does not use skills appropriate for level of training and does not show adequate improvement by the end of the course</td>
<td>The student uses skills and/or knowledge appropriately for 511 beginning level with practice “clients” but is struggling to apply them to real clients</td>
<td>The student uses skills <em>competently</em> in therapy with real clients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates awareness of diversity relative to self</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates awareness of diversity relative to client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates awareness of diversity relative to system/context/environment</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates culturally responsive interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Student's Signature:** _______________________________________________________

**Professor’s Signature:** ___________________________________________________
CALIFORNIA STATE UNIVERSITY FULLERTON  
Site Supervisor Final Evaluation of MFT/PCC 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. ☐ Direct Observation  B. ☐ Video
C. ☐ Audio  D. ☐ Supervisory Discussion
E. ☐ Review of Written Reports  F. ☐ Feedback from others
G. ☐ Other (specify): __________________________

Performance Levels:
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.
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 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.

<table>
<thead>
<tr>
<th>Competency 1: Clinical Evaluation</th>
<th>Competency 2: Crisis Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs much guidance in identifying presenting problems, identifying client strengths, and identifying possible substance abuse, and in connecting presenting problem to DSM diagnoses.</td>
<td>☐ Is inadequate in identifying indicators of abuse, danger to self, or danger to others. ☐ Sometimes disputes supervisor’s identifications of such indicators. ☐ Inadequate in issues dealing with trauma. ☐ Completely relies upon supervisor to develop and implement a plan to reduce the potential for danger and to report these incidents.</td>
</tr>
<tr>
<td>☐ Can identify treatment unit, presenting problems, and patterns of behavior with guidance. ☐ Does not always identify risks and self-destructive behaviors. ☐ Sometimes misses client strengths and needs to be reminded to identify such strengths. ☐ Does not always assess for substance abuse. ☐ Needs help connecting DSM criteria to presenting problems. ☐ Has little understanding of prognostic indicators.</td>
<td>☐ Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor. ☐ Mostly relies upon supervisor to develop and implement a plan to reduce the potential for danger. ☐ Is uncertain in identifying and treating trauma. ☐ Feels less confident in reporting such crises and defers to supervisor to complete reporting requirements.</td>
</tr>
<tr>
<td>☐ Generally good at identifying unit of treatment, presenting problems, and patterns of behavior. ☐ Identifies risks and self-destructive behaviors and implements appropriate intervention resources. ☐ Routinely assesses client strengths and coping skills, and possible substance use. ☐ Generally sufficient in using the DSM but sometimes needs help in identifying appropriate diagnoses. ☐ Beginning to understand prognostic indicators.</td>
<td>☐ Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor. ☐ Helps in the development and implementation of a plan to reduce the potential for danger. ☐ Generally good at identifying and treating trauma with assistance from supervisor. ☐ Manages reporting requirements with assistance from supervisor.</td>
</tr>
<tr>
<td>☐ Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. ☐ Identifies risks and self-destructive behaviors and implements appropriate intervention resources.</td>
<td>☐ Consistently observes and assesses for indications of abuse, danger to self, or danger to others. ☐ Develops/implies a plan to reduce the potential for danger with appropriate input from supervisor. ☐ Excellent at identifying and treating trauma. ☐ Manages reporting requirements appropriately.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to Meet Standard</td>
<td>Meets Minimum Standard</td>
<td>Meets Standard</td>
<td>Exceeds Standard</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:
<table>
<thead>
<tr>
<th>COMPETENCY 3: Treatment Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory. ☐ Difficulty in identifying stages of treatment and imposes treatment goals. ☐ Does not understand the differences between short- and long-term treatment goals. ☐ Does not recognize the need for referral and is not aware of appropriate referrals.</td>
</tr>
<tr>
<td>☐ Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory. ☐ Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. ☐ Often needs help recognizing the need for referral for appropriate services and resources.</td>
</tr>
<tr>
<td>☐ Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. ☐ Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. ☐ Sometimes needs guidance on recognizing the need for referral for appropriate services and resources.</td>
</tr>
<tr>
<td>☐ Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. ☐ Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. ☐ Recognizes the need for referral and identifies appropriate services and resources.</td>
</tr>
</tbody>
</table>

| 1 | Fails to Meet Standard |
| 2 | Meets Minimum Standard |
| 3 | Meets Standard |
| 4 | Meets Standard |
| 5 | Meets Standard |
| 6 | Exceeds Standard |

Comments required if student ranks 1 or 2:

<table>
<thead>
<tr>
<th>COMPETENCY 4: Rapport Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Inadequate in developing empathy and sometimes is not aware of empathy’s importance. ☐ Does not create a safe environment. ☐ Is unaware of how one’s own biases affect treatment outcomes.</td>
</tr>
<tr>
<td>☐ Often does not develop empathy. ☐ Needs help in creating a safe environment and understanding the problem from the client’s perspective. ☐ Difficulties developing trust with clients; often imposes one’s own biases. ☐ Is not always aware of one’s emotions and imposes treatment without much regard to therapeutic working alliance. ☐ Is not aware of impact of self on clients.</td>
</tr>
<tr>
<td>☐ Generally good at developing empathy. ☐ Is adequate in creating a safe environment and attempts to understand the problem from the client’s perspective. ☐ Is adequate in developing trust with clients but sometimes needs to keep biases in check. ☐ Is developing the ability to control one’s emotions. ☐ Sometimes proceeds to treatment before trust is fully developed. ☐ Is appropriately aware of impact of self on clients.</td>
</tr>
<tr>
<td>☐ Consistent demonstration of empathy. ☐ Creates a safe environment by understanding the problem from the client’s perspective. ☐ Consistently in control of one’s emotions and assesses for trust. ☐ Is aware and uses impact of self on clients in treatment.</td>
</tr>
</tbody>
</table>

| 1 | Fails to Meet Standard |
| 2 | Meets Minimum Standard |
| 3 | Meets Standard |
| 4 | Meets Standard |
| 5 | Meets Standard |
| 6 | Exceeds Standard |

Comments required if student ranks 1 or 2:

<table>
<thead>
<tr>
<th>COMPETENCY 5: Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unable to apply any therapeutic principles.</td>
</tr>
<tr>
<td>☐ Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Is adequate at explaining treatments to clients. ☐ Good in evaluating client’s coping skills to determine timing of interventions. ☐ Good in modifying the treatment process by monitoring therapeutic progress. ☐ Is gaining awareness of transference and countertransference issues. ☐ Adequate at case management-related issues. ☐ Good in developing a plan for termination with client to provide a transition from treatment.</td>
</tr>
<tr>
<td>☐ Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Very good skills in explaining treatments in ways clients can understand. ☐ Consistent in evaluating client’s coping skills to determine timing of interventions. ☐ Consistent in modifying the treatment process by monitoring therapeutic progress. ☐ Has good awareness of transference and countertransference issues. ☐ Good at case management-related issues. ☐ Consistent in developing a plan for termination with client to provide a transition from treatment.</td>
</tr>
</tbody>
</table>

| 1 | Fails to Meet Standard |
| 2 | Meets Minimum Standard |
| 3 | Meets Standard |
| 4 | Meets Standard |
| 5 | Meets Standard |
| 6 | Exceeds Standard |

Comments required if student ranks 1 or 2:
### COMPETENCY 6: Human Diversity

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Fails to Meet Standard</td>
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<td>5</td>
<td>Meets Standard</td>
</tr>
<tr>
<td>6</td>
<td>Exceeds Standard</td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Needs help in identifying issues of diversity which impact the therapeutic environment.
- Sometimes is unable to disentangle one's own values from client’s values, which sometimes interferes with treatment strategies.
- Generally good at identifying issues of diversity which impact the therapeutic environment.
- Is able to provide an unbiased therapeutic environment when client’s values or beliefs are different from one’s own views.
- Can apply treatment strategies consistent with client’s values, beliefs, and/or worldviews.

### COMPETENCY 7: Law

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<tr>
<td>5</td>
<td>Meets Standard</td>
</tr>
<tr>
<td>6</td>
<td>Exceeds Standard</td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Needs help in recognizing legal issues relevant to this clinical setting.
- Needs help in managing mandated reporting requirements, and obtaining client’s (or legal guardian’s) authorization for release to disclose or obtain confidential information.
- Does not always understand the reasoning behind the need for legal requirements.
- Needs to be reminded of issues surrounding security of therapy records.
- Is not very knowledgeable of laws relevant to practice.
- Adequately knowledgeable of legal issues relevant to this clinical setting.
- Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor.
- Maintains security of clinical records.
- Maintains security of client therapy records.

### COMPETENCY 8: Ethics

<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>6</td>
<td>Exceeds Standard</td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Needs help in recognizing ethical issues arising in this clinical setting.
- Needs reminders to inform clients of parameters of confidentiality and conditions of mandated reporting.
- Needs reminders of appropriate therapeutic boundaries.
- 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.
- Generally good knowledge of ethical issues arising in this clinical setting.
- Is able to inform clients of parameters of confidentiality and conditions of mandated reporting.
- Maintains appropriate therapeutic boundaries.
- Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process, but can easily correct oversights in this area.
- Together with supervisor, identifies personal limitations that require outside consultation.

- Demonstrates excellent knowledge of ethical issues arising in this clinical setting.
- Consistently informs clients of parameters of confidentiality and conditions of mandated reporting.
- Maintains appropriate therapeutic boundaries.
- Consistent at staying within scope of practice.
- Consistent ability to identify personal reactions/countertransference issues that could interfere with the therapeutic process, and identifies personal limitations that require outside consultation.
### COMPETENCY 9: Personal Qualities

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>Meets Minimum Standard</td>
</tr>
<tr>
<td>3</td>
<td>Meets Standard</td>
</tr>
<tr>
<td>4</td>
<td>Consistently demonstrates integrity, initiative, motivation, attitude, self-awareness. Consistently demonstrated good oral and written communication skills.</td>
</tr>
<tr>
<td>5</td>
<td>Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. Generally acceptable oral and written communication skills.</td>
</tr>
<tr>
<td>6</td>
<td>Consistently demonstrates proactivity and effectiveness in meeting personal and professional goals. Consistently demonstrates oral and written communication skills.</td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. Needs improvement in oral and written communication skills.
- Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. Needs improvement in oral and written communication skills.

### COMPETENCY 10: Professional Documentation

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
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<td>Meets Minimum Standard</td>
</tr>
<tr>
<td>3</td>
<td>Meets Standard</td>
</tr>
<tr>
<td>4</td>
<td>Consistently maintains and organizes paperwork, and adheres to agency policies.</td>
</tr>
<tr>
<td>5</td>
<td>Consistently demonstrates proper appearance appropriate to agency setting. Consistently demonstrates punctuality and adherence to agency policies.</td>
</tr>
<tr>
<td>6</td>
<td>Consistently demonstrates proactivity and effectiveness in meeting personal and professional goals. Consistently demonstrates oral and written communication skills.</td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Does not adhere to deadlines and professional documentation standards.
- Does not maintain timely and orderly paperwork and adheres to agency policies.

### COMPETENCY 11: Professionalism

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>3</td>
<td>Meets Standard</td>
</tr>
<tr>
<td>4</td>
<td>Consistently demonstrates proactivity and effectiveness in meeting personal and professional goals. Consistently demonstrates oral and written communication skills.</td>
</tr>
<tr>
<td>5</td>
<td>Consistently demonstrates proactivity and effectiveness in meeting personal and professional goals. Consistently demonstrates oral and written communication skills.</td>
</tr>
<tr>
<td>6</td>
<td>Consistently demonstrates proactivity and effectiveness in meeting personal and professional goals. Consistently demonstrates oral and written communication skills.</td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Does not demonstrate professionalism in the work setting.
- Appearance and attire is frequently inappropriate for agency setting.
- Appearance appropriate to agency setting. Acceptable demonstration of punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. Is not very aware of the need for self care.
- Appearance appropriate to agency setting. Acceptable demonstration of punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. Is developing the understanding of the importance of self care.

### COMPETENCY 12: Supervision

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>Meets Minimum Standard</td>
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<td>3</td>
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</tr>
<tr>
<td>4</td>
<td>Consistently demonstrates proactivity and effectiveness in meeting personal and professional goals. Consistently demonstrates oral and written communication skills.</td>
</tr>
<tr>
<td>5</td>
<td>Consistently demonstrates proactivity and effectiveness in meeting personal and professional goals. Consistently demonstrates oral and written communication skills.</td>
</tr>
<tr>
<td>6</td>
<td>Consistently demonstrates proactivity and effectiveness in meeting personal and professional goals. Consistently demonstrates oral and written communication skills.</td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Resistant to supervision and does not make improvements after repeated input from supervisor.
- Needs to make better use of supervision. Does not always come prepared to discuss cases or issues of concern. Has difficulty in presenting full case conceptualizations. Is somewhat resistant to supervisory input, and sometimes openly argues with supervisor’s observations and/or suggestions.
- Does not always seek supervision when needed, preferring to wait until regularly scheduled supervisory sessions. Comes prepared to supervision sessions, but sometimes needs prompting by supervisor to share concerns. Is generally good at presenting full case conceptualizations but sometimes leaves relevant details out of presentation. Is generally open to supervision and makes improvements when needed.
### COMPETENCY 13: (Optional for School Designation)

<table>
<thead>
<tr>
<th></th>
<th>1 Fails to Meet Standard</th>
<th>2 Meets Minimum Standard</th>
<th>3 Meets Standard</th>
<th>4 Exceeds Standard</th>
</tr>
</thead>
</table>

Comments required if student ranks 1 or 2:

### OVERALL ASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th>1 Fails to Meet Standard</th>
<th>2 Meets Minimum Standard</th>
<th>3 Meets Standard</th>
<th>4 Exceeds Standard</th>
</tr>
</thead>
</table>

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 Applied Therapeutic Methodology instructor or the Director of Clinical Training.

**Areas of Strength:**

**Areas in Need of Further Development:**

**Plans for Development or Remediation:**

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

**Signatures:**

Student’s Signature  

Supervisor’s Signature  

CSUF Instructor  

CSUF Director of Clinical Training
CALIFORNIA STATE UNIVERSITY, FULLERTON  
DEPARTMENT OF COUNSELING  

Student Assessment of Clinical Training Site

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

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

   Comments:

2  Explains his/her criteria for evaluating my performance

   Comments:

3  Provides freedom to develop my own counseling style

   Comments:

4  Helps me understand the theoretical approach I am using

   Comments:

5  Helps me integrate theory and technique as needed

   Comments:

6  Provides suggestions for improving my therapeutic skills

   Comments:

7  Encourages me to experiment with different techniques

   Comments:
# Student Evaluation of Site Supervisor

|   |                                                                 | 1 | 2 | 3 | 4 | 5 | X |
|---|-----------------------------------------------------------------|---|---|---|---|---|---|---|
| 8 | Helps me develop treatment goals and plans                      |   |   |   |   |   |   | X |
|   | Comments:                                                       |   |   |   |   |   |   |   |
| 9 | Helps me with DSM-IV diagnosis when needed                     |   |   |   |   |   |   | X |
|   | Comments:                                                       |   |   |   |   |   |   |   |
|10 | Helps me understand my strengths and weaknesses as a therapist |   |   |   |   |   |   | X |
|   | Comments:                                                       |   |   |   |   |   |   |   |
|11 | Provides a comfortable setting for me to disclose my own       |   |   |   |   |   |   | X |
|   | concerns or “mistakes.”                                        |   |   |   |   |   |   |   |
|   | Comments:                                                       |   |   |   |   |   |   |   |
|12 | Provides feedback in a clear and concise manner                |   |   |   |   |   |   | X |
|   | Comments:                                                       |   |   |   |   |   |   |   |
|13 | Manages our supervision hour efficiently                       |   |   |   |   |   |   | X |
|   | Comments:                                                       |   |   |   |   |   |   |   |
|14 | Treats me with dignity and respect                             |   |   |   |   |   |   | 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.

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

Are there any other comments you have concerning your supervision?
End of Semester Check-Out

Class: 530 ___ 584 ___ 590 ___ 591 ___ Spring _____ Fall ______ Year ______

Name of Student: _________________________________________________________

Practicum Instructor: __________________________ Date turned in to CTD*: __________

(*within 2 weeks after grades are due)

Please check the following items off:

Student Evaluation of Supervisor ______

Student Evaluation of Agency ______

Signed Supervisor Rating of Student _____ (Supervisor, Student, Instructor & CTD)

Signed Practicum Instructor Final Clinical Skills Evaluation _____ (Student & Instructor)

Signed Practicum Instructor Dispositions & Professionalism Eval ____ (Student & Instructor)

Signed Fieldwork Summary (Log) ______ (Supervisor & Student)

Discussed disposal of confidential material ______

Site visit completed ______ Date of visit: ______

NOTE: Please assemble Student’s forms in the same order as this check-out sheet.

Please also check for signatures – parties to sign are designated following each form’s name.

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.
SAMPLE RESUME

JAMES PEARL
121 Ninth Street
Santa Ana, CA 92309
(714) 555-5555  email: jpearl@yahoo.com

OBJECTIVE  To obtain a trainee position in a counseling setting

EDUCATION
MS in Counseling  California State University, Fullerton, CA
Expected graduation date May 2010

BA in Psychology  University of Alabama, Birmingham, Alabama
May 2005 (Cum Laude)

AA Liberal Studies  Mount San Antonio College, Walnut, CA
June 2001

EXPERIENCE

Case Manager, Tri-City Mental Health, Pomona, California
September 2005 to Present
• Provide case management services to chronically mentally ill clients
• Coordinate the planning, writing and presentation of a counseling project at an international conference (ACA)
• Assist in multicultural training activities

A.T.M. Controller, Bank of America, El Monte, CA
June 2000 to August 2005
• Balanced daily transactions against cash and checks using a computer
• Supervised 10-12 people for efficient teamwork and optimal customer service
• Microfilmed transactions, restructured systems to increase efficiency

SKILLS
• Proficient in Microsoft Office
• Bilingual Spanish – able to speak, read and write fluently

PROFESSIONAL AFFILIATIONS
• Student member of the California Association of Marriage and Family Therapists (CAMFT) and the American Counseling Association (ACA)
• Active in the Graduate Counseling Student Association (GCSA) at CSUF

REFERENCES PROVIDED UPON REQUEST
Please Turn in the Following Paperwork:

- 4-Way Agreement
- Declaration
- Participation
- Transportation/Storage of Confidential Client Data
- Supervisor Responsibility Statement
- Student Malpractice Insurance Proof of Coverage

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

*Please make copies of all original forms for your own files. This will become important when you apply for your intern number and MFT/PCC license.

*Please print your name under your signature on both the Declaration and Participation forms.

**Use the exact form of your name that appears on all CSUF registration documents.**

**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**

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