Site Supervisor Handbook

University of MOUNT OLIVE

Counseling Department

2026-2027

(Revised 08/2026)

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Site Supervisor Introduction

Dear Site Supervisor:

Welcome! The faculty and students of the Counseling Department at the University of Mount Olive thank you for your generous contribution of valuable time and experience as an on-site supervisor for one of our interns. Your efforts help promote excellence in the Counseling profession, and the supervisory role you play contributes to the quality of education and professional preparation of the intern at your site. We very much look forward to a collaborative and growth-oriented relationship with you.

This manual will guide you to the essential elements you will need to familiarize yourself with as an internship supervisor for the University of Mount Olive. In this guidebook, you will find information regarding the standards for an internship experience for students as required by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP standards ask that all on-site supervisors receive orientation, assistance and consultation regarding clinical supervision of interns in our programs.

The Professional Experience Clinical Coordinator of our Counseling Department will be in contact with you throughout the placement to provide whatever assistance you may need. You will also be invited to participate in a live online orientation/training in supervision consisting of various materials and presentations that will prepare you for your role as a site supervisor. You will receive an email invitation on how to access the training. In the event you are unable to attend the live online training, you will receive information on how to complete the orientation online. Once you have completed the orientation and training presentation, you will sign a form acknowledging your completion of the training. Again, this training is a requirement of all counseling site supervisors. We hope that you will find the training both convenient and informative.

As the new semester approaches, your intern will contact you to discuss the university affiliation agreement and any other additional details regarding practicum or internship. If you have questions or require additional information, please contact Dr. Jenna Taylor, PhD, LMHC, NCC at: jtaylor@umo.edu. .

Thank you again for your contribution to the training of our counseling students. It is our sincere hope your experience with our program is an enriching one.

Sincerely,
The Counseling Department at the University of Mount Olive

DEPARTMENTAL INFORMATION

MISSION STATEMENT

The **mission** of the Master of Science in Counseling: Clinical Mental Health program at the University of Mount Olive is to provide graduates with the knowledge, skills, and appropriate attitudes to competently engage in professional clinical mental health counseling as culturally responsive practitioners and advocates in an increasingly diverse society.

VISION STATEMENT

The **vision** of the faculty is a commitment to purposefully provide learning opportunities that facilitate the development of counselor identity and ethical practice utilizing a variety of research-based counseling interventions and assessments to address the individual needs of diverse clients in an empathetic and culturally sensitive manner through faculty mentoring, programming that aligns with the profession's accrediting body, and supervised clinical experiences.

VALUES STATEMENT

The **values** espoused by the faculty are reflective of the University Covenant and The American Counseling Association. We value the following:

- Respect for diversity of thought, values and principles
- Whole person through the Biopsychosocial-spiritual perspective
- Effective collaboration between faculty and students
- Modeling examples of service to the profession, individuals in crisis, and society
- Scholarship in research that promotes competent scientist-practitioners
- High quality, inspiring, and engaging learning environments
- Ethical standards of honesty, trustworthiness, integrity, justice, responsibility, caring, respect

INTRODUCTION

The practice of Mental Health Counseling is defined as "the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology" (ACA, 1997). The University of Mount Olive's Counseling Department offers two graduate programs leading to master's degrees that equip students with the theoretical and practical aspects of a career in counseling.

The **Master of Science in Clinical Mental Health Counseling** is a CACREP accredited 60 credit hour program that allows the students to complete all the credits, including the core curriculum, required for the National Certified Counselor credential and Licensed Clinical Mental Health Counseling licensure in North Carolina.

Addictions Information – Students Interested in Pursuing LCAS-A

Students interested in pursuing an additional license as a Licensed Clinical Addictions Specialist (LCAS) under UMO's Criteria-C status are required to complete a minimum of 300 hours of their internship providing addictions counseling services (180 hours direct client contact hours) with a minimum of 30 hours of supervision by a Certified Clinical Supervisor (CCS) or Clinical Supervisor Intern (CSI).

A key part of all these programs is clinical experience. Students have the opportunity to complete supervised site-based experience, including counseling actual clients at university approved field sites. Each site experience is aided by close clinical supervision at the site, as well as at UMO. This handbook will provide the supervisors with the details of the requirements for such site experiences.

PROGRAM OBJECTIVES

The Clinical Mental Health Counseling Department adhere to the assigned Practicum and Internship experiences CACREP Common Core Standards.

CACREP Common Core Standards

Professional Orientation and Ethical Practice

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

Social Cultural Diversity

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

Helping Relationships

- essential interviewing and counseling skills

Group Work

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

Clinical Mental Health Counseling Internship

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

Practicum and Internship Requirements

Information for Site Supervisors

The on-site supervisor plays a key role in the professional experience and educational development of the counseling student. The supervisor serves as a professional role model and is often the student's first contact with professional counseling's service delivery and world of work. At UMO, we look to the On-Site Supervisor as a partner in the education of our students and therefore seek supervisors who are knowledgeable in theories and techniques of professional counseling, mental health, human development, and issues of diversity that are important to the developing counselor.

Practicum

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

1. To complete a 100-clock-hour counseling internship in a mental health counseling facility. Of the 100 clock hours required, a minimum of 40 clock hours must be in direct service work (face-to-face interaction with clients);
2. To receive at least one hour per week of individual supervision on-site;
3. To counsel clients representing ethnic, lifestyle, and demographic diversity within the community;
4. To videotape or audiotape individual clinical sessions for presentation in group supervision with permission from the client and/or the client's guardian (all measures will be taken to maintain client confidentiality) Document can be found in the Forms section;
5. To engage in a variety of professional activities, including record keeping, supervision, information and referral, consultation, in-service training, advocacy, and staff meetings, as well as direct service;
6. A setting for individual and group counseling with assured privacy in compliance with HIPAA;
7. Site supervisors must participate in the Counseling Department's online site supervisor orientation. At the beginning of the semester, site supervisors received an email from the faculty supervisor directing them to an online supervision training module accessible on our *Master of Science in Counseling Site Supervisor Resources* webpage. Site supervisors must acknowledge that they have reviewed the online supervision training in concert with their experience by submitting the *Site Supervisor Orientation Form;* and
8. The student will receive group supervision from the University professor and will receive individual supervision via the site supervisor.

Internship

The Internship site should provide the student with the following opportunities to fulfill course objectives.

1. To complete a 600-clock-hour counseling internship in a mental health counseling facility. Of the 600 clock hours required, a minimum of 240 clock hours must be in direct service work (face-to-face interaction with clients)*;
2. To receive 3 credits per semester for each 300 hours of internship completed. Interns must accumulate a minimum of 6 credits in Internship in Counseling to meet graduation requirements for the M.S. in Clinical Mental Health Counseling;
3. To receive at least one hour per week of individual supervision on-site;
4. To counsel clients representing ethnic, lifestyle, and demographic diversity within the community;
5. To videotape or audiotape individual clinical sessions for presentation in group supervision with permission from the client and/or the client's guardian (all measures will be taken to maintain client confidentiality) Document can be found in the Forms section;
6. To engage in a variety of professional activities, including record keeping, supervision, information and referral, consultation, in-service training, advocacy, and staff meetings, as well as direct service;
7. A setting for individual and group counseling with assured privacy in compliance with HIPAA;
8. Site supervisors must participate in the Counseling Department's online site supervisor orientation. At the beginning of the semester, site supervisors received an email from the faculty supervisor directing them to an online supervision training module accessible on our *Master of Science in Counseling Site Supervisor Resources* webpage. Site supervisors must acknowledge that they have reviewed the online supervision training in concert with their experience by submitting the *Site Supervisor Orientation Form*; and
9. The student will receive group supervision from the University professor and will receive individual supervision via the site supervisor.

* *Students interested in pursuing an additional license as a Licensed Clinical Addictions Specialist (LCAS) under UMO's Criteria-C status are required to complete a minimum of 300 hours of their internship providing addictions counseling services (180 hours direct client contact hours) with a minimum of 30 hours of supervision by a Certified Clinical Supervisor (CCS) or Clinical Supervisor Intern (CSI)*

Definition of Hours

Students in practicum and internships keep track of their hours in Tevera to verify that they meet the minimum class requirements. 100 hours (40 direct) per semester are required for Practicum, and 600 (240 direct) are required for Internship. Verification of the Hours Log is also important for later confirming to the NC Licensed Clinical Mental Health Counseling Board the total number of supervised hours that were earned during site-based professional experience. Please note students may not carry over hours from Practicum to Internship courses.

Students seeking an additional license as an Licensed Clinical Addictions Specialist (LCAS-A) need to ensure that 300 hours of their internship placement is spent providing addictions counseling services (180 hours direct client contact hours) with a minimum of 30 hours of supervision by a Certified Clinical Supervisor (CCS) or Clinical Supervisor Intern (CSI). These hours must be logged in a separate program in Tevera identified as "Addictions Internship". Students are instructed to meet with their faculty instructor to ensure these hours are logged appropriately.

The Hours Log has several columns for indicating the several types of qualifying activities that the student may count toward the total amount of service at the site. To ensure that there is good understanding of what qualifies under each of these categories the following definitions are provided:

Direct Client Hours (A minimum of 40 for Practicum and 240 for Internship):
The entries in these columns reflect the hours spent in direct client care (individual, family, and group counseling). These may include one-on one counseling and co-counseling/facilitating (individuals and groups) - the key is that the student is actively and independently counseling alone, or together with another licensed clinician. Shadowing a supervisor, or another more experienced counselor does not count as direct hours. It may count as Other Professional Activity Hours (under the Non-Direct Hours column).

Non-Direct Hours:
Supervision:
The program requirements state that the student must participate in at least one hour per week of site supervision. To ensure that such supervision is facilitated, it is advised that a regularly scheduled hour be used with the student's assigned supervisor. Additional supervision hours, beyond these required ones, may include group supervision at the site and any additional supervision with a licensed supervisor. Class hours cannot be counted into the site experience hours.

Students seeking an additional license as an Licensed Clinical Addictions Specialist (LCAS-A) must complete a minimum of 30 hours of supervision by a Certified Clinical Supervisor (CCS) or Clinical Supervisor Intern (CSI).

Other Professional Activities:

There are activities associated with the site assignment that count as Non-Direct Hours. These include documentation of client sessions (individual and group), any training arranged for the intern by the site, preparation for sessions (for example creating group activities, etc.,) and case discussions among interns and other staff at the site. Generally, all these activities take place at the site unless the site specifically invites the student for an off-premises meeting or training opportunity.

Procedure for filling out the log

Log entries should be made at least weekly and signed by the on-site supervisor each week. The UMO class professor will support the students on a regular basis by reviewing the hours log with the student to ensure that all the requirements can be met by the end of the semester. If problems are foreseen, the professor will work with the student (and possibly the site supervisor and/or Clinical Coordinator) to ensure that the required hours can be achieved by the end of the semester.

Supervision Requirements

Site supervisors must meet with assigned interns at least one hour per week for face-to-face individual or triadic (supervisor and two interns) supervision. Site Supervisors must have the following professional credential requirements:

1. Have a minimum of a master's degree, in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses to practice independently in state of residence.
2. Hold appropriate professional licenses and/or certifications.
3. Have a minimum of two years of pertinent professional experience in the specialty area in which you are enrolled.
4. Demonstrate knowledge of the Counseling Department's expectations, requirements, and evaluation procedures for clinical experiences. This information will be shared during their training.
5. Have appropriate training or education in counseling supervision.
6. Provide documentation of these credentials by completing the Practicum/Internship Site Approval Form, Site Supervisor Information Form (both found in the Required Forms section of this packet) and the online Site Supervisor Orientation Form (information will be forthcoming following site-approval).
7. Site supervisors must participate in the Counseling Department's online site supervisor orientation. At the beginning of the semester, site supervisors received an email from the faculty supervisor directing them to an online supervision training module accessible on our *Master of Science in Counseling Site*

Supervisor Resources webpage. Site supervisors must acknowledge that they have reviewed the online supervision training in concert with their experience by submitting the *Site Supervisor Orientation Form.*

Expectations of Site Supervisor

The on-site supervisor is expected to engage in the following supervisory activities:

1. Conduct weekly, individual, clinical supervision of at least one (1) hour per week; additional supervision may be necessary or required by the setting;
2. Participate in biweekly consultation with the University instructor;
3. Encourage the student to engage in other professional development opportunities offeredto the full-time staff; and
4. Evaluate the student's performance and professional development at the midpoint and conclusion of the course (The university instructor will provide the link to an online evaluation).

The supervisor's insight, evaluation, and support are pivotal in encouraging the student's professional growth and development in Counseling. The UMO Counseling Program uses the Counselor Competencies Scale-Revised (CCS-R) as the primary evaluative tool for assessing students' counseling skills and dispositions/behaviors.

Counselor Competencies Scale – Revised (CCS-R)

The Counselor Competencies Scale – Revised (CCS-R) is a research-based rating scale that many graduate counseling programs use to evaluate counseling students' progress in their programs and practicum/internship placements. The University of Mount Olive Counseling Department uses this scale to assess students' progress in their professional experience courses (practicum/internship). Site Supervisors access and fill out the CCS-R in students' Tevera account twice (mid-term evaluation and final evaluation) during each semester they are enrolled in practicum and internship courses. Students must receive a combine score of **no less than 48/60** on the ***Part 1: Counseling Skills & Therapeutic Conditions*** portion of the scale, and a combined score of **no less than 44/55** on the ***Part 2: Counseling Dispositions & Behaviors portion of the scale*** to pass clinical courses, regardless of course assignment grades. Any rating of **Below Expectations/Unacceptable (2)** on any portion of the CCS-R on either mid-term or final evaluation may result in the formation of a remediation plan; and a rating of **Harmful (1)** on any portion of the CCS-R on either a mid-term or final evaluation will result in the formation of a remediation plan to address strategies for improvement. Should a site supervisor be uncertain about how to rate a student on a particular criterion, consult with the student's faculty instructor before completing the evaluation.

Removal from a Site Placement

At any point in the professional experience a student may be removed from an assigned site placement by the faculty supervisor, clinical coordinator, or Department Chair. Removal from a site may also occur upon the site supervisor's request and/or the student's depending on the concern(s). Removal from a site may occur for reasons deemed necessary for public safety, the well-being of the student, the well-being of the placement site, or site placement-supervisor/student mismatch. Should removal for any reason not requested by the student occur, the student will be notified immediately by any of the above-mentioned professionals. If the removal is due to clinical competency or professional dispositional concerns, remedial measures will be put in place to address them before the student returns to professional experience courses. Should removal be a result of a "poor fit" or "mismatch" between the student and the practicum site/supervisor, the student will be required to find a new, appropriate site before continuing in the professional experience course.

Faculty Instructor/Supervisor & Site Supervisor Engagement

During professional experience courses (practicum & internship) students will be working under the supervision of both a site supervisor and a faculty supervisor who is the assigned instructor for the practicum or internship course. The faculty supervisor will reach out to the site supervisor several times throughout the semester when a student is enrolled in practicum/internship for verbal feedback on the student's progress. These may be formal or informal contacts with or without the student present. Site supervisors may reach out to the faculty supervisor at any time for any reason concerning the student's progress.

Faculty Group Supervision

During practicum and internship, counselor-in-training students will participate in regular, scheduled group supervision sessions in a classroom format. Group supervision involves "a tutorial and mentoring relationship between a member of the counseling profession and more than two counseling students" (CACREP, 2016, p. 41). This requirement is part of our program's commitment to meeting or exceeding the CACREP master's level standards and guidelines. CACREP competencies can be found in Appendix A and Appendix B.

Practicum and Internship Training Sessions

The faculty supervisor assigned to this course will contact the site supervisor upon fieldwork site approval. The faculty supervisor provides the site supervisor with orientation steps and resources. The following orientation materials include:

1. Previous or Current Supervisors. Please review the *Supervisor Orientation*, *Site Supervisor Handbook*, and *Practicum & Internship Handbook* for an overview of the requirements and expectations for those involved in our program. To preview the areas, the site supervisor will evaluate our students, and the site supervisor will find our evaluation questions in the appendix of the Handbook.
2. New supervisors —who have not had any previous supervisory training: View our three supervision training modules (only required for supervisors without supervisory training). Each training module features topics related to counselor supervision. In addition, the following topics are included in the training modules:
    a. UMO Site Supervisor Orientation & Training (PowerPoint)
    b. Best Practices for Supervision (Video)
    c. Supervision Theory and Models (Video)

Additional Information

Student Liability Insurance

Professional Student Liability Insurance is required for all practicum and internship students. Students must secure and maintain professional liability coverage of at least $1,000,000 per occurrence and $3,000,000 aggregate prior to entering practicum. Students who do not have liability insurance will not be allowed to continue in practicum. Insurance must be renewed annually, and a current certificate must be on file with UMO for registration in practicum and internship. Proof of insurance includes the Declarations (or cover) page of the policy, detailing coverage, and effective dates of coverage.

Accreditation Standards

The UMO Counseling Clinical Mental Health Counseling has been developed to meet or exceed the 2024 Standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP competencies can be found in Appendix A and Appendix B.

Experiential Learning Cloud (formerly Tevera)

The Counseling Department has implemented an extensive student learning outcome assessment process via a software system called the Experiential Learning Cloud (formerly Tevera.) Tevera will be used to track student learning and progress on an individual and program basis, facilitate the field placement process, record weekly hours at sites, and provide students with permanent access to this information post-graduation. This evaluation process is also a crucial element of our accreditation and key to expediting the licensing process after graduation.

Tevera Instructions for Site Supervisors

Visit here for more information.

CastleBranch

The criminal background check (CBC) policy is a requirement for students entering the practicum/internship phase of the University of Mount Olive's Graduate Counseling degree programs. Students will submit a copy of the receipt from CastleBranch as proof of purchase of the background check package. The criminal background check portion of the package must have been completed within one calendar year of the first day of the academic semester in which the student is applying for practicum or internship. If the criminal background check was completed more than one calendar year from the first day of the academic semester in which the student is applying for practicum or internship, then the student must order a background re-check through CastleBranch.

We offer both in-state and out-of-state packages. All students will have a CBC before starting at your site, including the following.

- Statewide Criminal NC
- Nationwide Healthcare Fraud and Abuse Scan
- Nationwide Record Indicator Alias with SOI
- Social Security Alert
- Residency History
- Drug Screening available, if required.
- Out-of-state Criminal Check available, if required.

The following is a link to see UMO CastleBranch CBC process.

https://portal.castlebranch.com/VG65

Practicum/Internship

University of
MOUNT OLIVE

Required Forms

(Please note, all the following forms are located, and can be filled out in Tevera with the exception of the UMO Criteria C Practicum/Internship Placement Agreement, if applicable in which case the student will provide you with a copy and upload it to their Documents file in Tevera. Otherwise, this section is merely to familiarize you with the forms that will be required for students to be placed with you for their Practicum and/or Internship experience.)

UMO Counseling Department
Site Supervisor Information

Supervisor Information

First Name:

Last Name:

Title:

Email:

Phone Number:

Please provide information regarding your professional license, certifications, and any qualifications.

Use the "+" in the upper right-hand corner to add additional items.

Qualification(s)	Authority	Number	Expires

Supervisor Signature

Date

UMO Counseling Department

Student/Institution Agreement

I. **Student Information**

Student First Name:
Student Last Name:
Student ID#:
Mailing Address:

City:
State:
ZIP:
Phone:
UMO Email:
Course Number:
Course Name:
Credit Hours:
Required Practicum/Internship Hours:

II. Instructor Information

Instructor Name:
Title:
Phone:
UMO Email:

III. Organization Information

Organization:
Website:
Organization's Mailing Address:
City:
State:
Zip:
Supervisor:
Title:
Phone:
Email:

Practicum/Internship Start Date:

Practicum/Internship End Date:

First, we thank you for agreeing to serve as a site supervisor for our practicum/internship student. This memo outlines the mutual responsibilities of site supervisors and practicum/internship counselors providing services to clients as part of supervised field experiences in counseling. If you have any questions, or need to discuss a practicum/internship student's performance or development before the formal midterm evaluation period, please contact the Clinical Coordinator, David Zealy-Wright, MA, LCMHCS, LCAS, CCS, at david.zealy-wright@umo.edu

The Department is expected to:

1. Provide weekly individual and group supervision that includes 1.5 hours during each enrollment week.
2. Provide a copy of the practicum/internship syllabus to the Site. (If you did not receive a copy of this memo, please ask your supervisee to obtain one for you).
3. Indicate to the practicum/internship student that the Department expects them to abide by the site's policies.
4. Initiate, as indicated, conferences with the Site Supervisor to discuss the student's performance.
5. Emphasize to students their professional responsibilities to clients.
6. Require students to participate obtain a background check (unless a specific one required by the site) and professional liability insurance.

The Site is expected to:

1. Provide clinical/counseling experiences for the practicum student in accordance with department requirements that include 3-4 client contact hours per week. At least 2 hours each week must be spent in individual counseling. Assist the student in obtaining consent agreements to audio record counseling sessions for use in supervision. When sending forms home with minors, it is helpful for the supervisor to include information about why their child has been invited to participate in counseling sessions.

2. Make provisions for orientation of the Department and the practicum student of the site's buildings, philosophies, and policies. Included in the orientation should be the procedure for assigning clients to the student, emergency procedures of the site, and any site-specific limits to confidentiality of which the student counselor should be aware.

3. Attempt, within site philosophy and administrative guidelines, to help the student meet departmental requirements.

4. Provide office space for the practicum/internship student to the extent feasible. A private space will be provided for the student while they see clients.

5. Assist in the evaluation of the practicum/internship student's clinical/counseling performance relative to the objectives of the experience. A formal evaluation is conductive using the forms provided at both mid-term and final weeks of the term. The site will notify the departmental supervisor of any problems which may influence the student's successful completion of the placement.

6. Assure that the student will be properly supervised at all times by a master's level, or equivalent level counselor with a minimum of 2 years of experience with an appropriate license.

7. Provide documentation and evaluations through Tevera.

UMO Counseling Department

Student Expectations Agreement

Reciprocal Relationship:

This internship is considered a didactic experience where the institution assists the learning experience of the student, and the student is expected to assist the institution. Specific experiences and responsibilities are to be agreed upon between the student and supervisor. However, any problems or conflicts may be reported to the course instructor as needed.

Student Agreement

Supervisor Agreement

Learning Objectives:

The student will supply the supervisor with a copy of the course syllabus detailing the course objectives. At a minimum, the practicum/internship should provide the student with a practical experience related to the field of study, exposure to typical career experiences, knowledge of ethical and legal guidelines, and typical expectations and outcomes related to the institutional goals and purposes.

Student Agreement

Supervisor Agreement

Ethics/Behavior:

Students will exhibit the highest level of ethical, moral, and legal behavior. Students and supervisors agree to abide by all applicable ethical and legal requirements and expectations. Any breach or behavioral problems will be reported promptly to the course instructor. The supervisor agrees to provide, and the student agrees to become familiar with all applicable codes and expectations of the field, applicable law, and the institution. All applicable confidentiality requirements must be strictly followed.

Student Agreement

Supervisor Agreement

Assessment:

Students will keep a personal journal/log of experiences through Tevera to be submitted to the course instructor by the deadline. Additionally, supervisors agree to timely complete a final report of the student's experience, conduct, and learning objectives at the conclusion of the experience. It is the student's responsibility to provide the required forms to the supervisor in a timely manner.

Student Agreement

Supervisor Agreement

WAIVER OF LIABILITY & INDEMNITY

***Nothing in this agreement shall release the student of any responsibility or liability of the internship institution, and institutions may require other forms and agreements between the student and the intuition. [The term "institution" herein refers to the organization, institution, supervisor, and any and all employees or representatives of the organization where the internship is performed.]**

- **Waiver and Indemnity.** The undersigned student, for himself/herself and his/her and assigns, and institution representative, jointly and severally, hereby release, waive his or her rights to recover against, and **agree to indemnify, defend, and hold harmless University of Mount Olive**, and all of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents, servants and volunteers acting on its behalf and insurers from and for any and all claims or causes of action for any losses, damages, property damage, property loss or theft, costs, expenses (including attorney's fees and opinion witness fees), complaints, personal injury, death or other loss arising from or relating in any way to student's participation in the Internship, including, without limitation, student's travel to, from and during the internship, and wrongful acts of others that are harmful to the student.

- **This release, waiver and indemnity agreement extend to claims based in whole or in part on the negligence of University of Mount Olive** all of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents, servants and volunteers acting on its behalf and insurers **but shall not extend to claims predicated on gross negligence, willful or wanton conduct or intentional conduct.**
- **Covenant Not To Sue.** The undersigned student, for himself/herself and his/her heirs and assigns and institutional representative each promise and agree that he or she will not sue University of Mount Olive, or any of its operators, or parent, subsidiary and related entities, or its or their respective officers, directors, employees, agents, servants and volunteers acting on its behalf and insurers for any damages, losses, claims, causes of action, suits, demands, costs, complaints, including those resulting from the undersigned's illness, injury, and/or death, released and waived in the two preceding paragraphs.
- **Agreements Not Limited by Actions of University of Mount Olive.** The undersigned student agreements and obligations under the two preceding paragraphs shall not be limited or reduced in any way because any of the losses, damages, property damage, property loss or theft, costs, complaints, personal injury, death or other loss, including those resulting from the undersigned's' illness, injury, and/or death, that arise or result, in whole or in part, from the negligence of, or breach of any express or implied warranty or duty by University of Mount Olive, or any of its operators, or parent, subsidiary and related entities, or its or their respective officers, directors, employees, agents, servants, and insurers. The provisions of this paragraph extend to claims based in whole or in part on the negligence of University of Mount Olive and all
  of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents, servants and volunteers acting on its behalf and insurers but shall not extend to claims predicated on gross negligence, willful or wanton conduct or intentional conduct.

Student Signature:

Faculty Signature:

Supervisor Signature:

UMO Counseling Department

Supervision Agreement

Student Name:

Semester:

Year:

Level:

❒Practicum

❒Internship

Group Supervisor/Instructor:

Site/Site Supervisor:

Site Name:

Site Address:

City:

State:

Zip Code:

Types of clients served:

Highest counseling-related academic degree: Conferring university:

Supervisor Info

Supervisor Name:

Phone:

License Type:

❒ LPC/LCMHC ❒ LCSW ❒ LMFT ❒ LCAS

❒ LASTP ❒ Psychologist ❒ Psychiatrist

Total years of experience providing counseling:

Types of counseling provided:

Experience providing counselor supervision:

Title:

Email:

Year Licensed:

Specialty area (Master's students only, select one):

❒Mental Health ❒ College ❒ School

Please list training or licenses received for providing supervision:

Expectations of Students and Site Supervisors during practicum and Internship

The Counseling Supervision Agreement serves as verification and description of the counseling supervision responsibilities among the Student, the Site Supervisor, and the Field Placement Coordinator. A UMO faculty member, assigned to each practicum and internship student, coordinates the student's field experience. The Supervision Agreement is completed by all students prior to entering practicum and internship placement.

Purpose, Goals, and Objectives:

1. Monitor and ensure welfare of clients seen by Student

2. Promote development of Student's professional identity and competence

3. Fulfill academic requirement for Student's Practicum

4. Fulfill requirements in preparation for Student's pursuit of licensure and certification

Recording Requirements

❒Students are required to record (video recording is preferred) some of their sessions with the client's permission obtained through a signed consent form.

Responsibilities of Supervisor and Internship student

The supervisor agrees to: (Supervisor, please check items to indicate you have read and agree to the responsibilities.)

❒Ensure student receives orientation to the facility and has access to site policies and procedures.

❒Assist the student with the planning of the practicum or internship experience to include minimum hours and types of experiences delineated in the UMO Practicum or Internship Handbook.

❒Speak with student's University Supervisor during the semester and maintain contact with the student's university supervisor(s) to communicate the student's progress and any concerns.

❒Ensure that students have at least 4-8 opportunities to record (audio/video) sessions with clients.

❒Complete the university's evaluation form concerning the student's counseling performance.

❒Provide a minimum of one (1) hour of weekly individual/triadic supervision for practicum/internship students.

Student agrees to: (Student, please initial items to indicate you have read and agree to the responsibilities.)

❒Provide site supervisor with information on UMO program requirements and supervision training opportunities.

❒MEET WEEKLY WITH SUPERVISORS (site and university).

❒Facilitate communication among supervisors.

❒Learn and adhere to the policies and procedures of the site, including procedures for crisis interventions.

❒Represent self and the university in a professional manner.

❒Follow the American Counseling Association's and American School Counselor Association's Ethical Guidelines, as appropriate.

❒Record sessions 5-8 times during the semester to bring to University supervision.

❒Provide university with evaluations of site supervisor at middle and end of each semester.

❒Consult immediately with site supervisor or available licensed representative when client may be at risk for harm to self or others.

Length of agreement (start and end dates should correspond to University semester dates)

Start date:

End date:

Hours per week:

Days of week:

Signatures:

This document serves as contract between the site and the student. Signatures indicate agreement on the above requirements and responsibilities.

_____ _____

Supervisor Signature Date

_____ _____

Student Signature Date

UMO Counseling Department

Criteria C Student Practicum/Internship Placement Agreement

(CCS/CSI Site Supervisor Version)

The University of Mount Olive Counseling Program is designated as a Criteria C program with the North Carolina Addiction Specialists Professional Practice Board (NCASPPB). Students enrolled in the M.S. Counseling – Clinical Mental Health Counseling Program have the opportunity to apply for the Associate level Licensed Clinical Addiction Specialist (LCAS-A) credential upon graduation should they decide to complete 300-hours (180 – direct addictions counseling client hours) of their 600-hours of internship in addictions counseling.

In order to meet requirements of the University of Mount Olive's Counseling Program requirements for an addiction-specific internship and Criteria C program standards:

Student agrees to:

1. Follow all protocols and policies outlined in the M.S. in Counseling Handbook.
2. Apply for and be accepted into the M.S. in Counseling – Clinical Mental Health Counseling Program.
3. Enroll in and pass the following required courses; COUN 500, 510, 520, 610, 560, 600, 570, 580, 660, 650, 640, 630; and be concurrently enrolled in and pass COUN 530, 550, 670, 680, 690 during the practicum and internship experiences.
4. Select a requisite M.S. in Counseling Program approved internship placement site for one or both of their internship placements that provides the opportunity to deliver addiction counseling services as a regular part of internship duties. The internship must coincide with CCS/CSI clinical supervision.

Addiction counseling service should:

   1. Cover the 12 Core Functions and 46 Global Criteria (e.g., screening, intake, orientation, assessment, diagnosis, treatment planning, counseling, case management, crisis intervention, referral, reporting, and recording keeping, and integrative treatment planning with other professionals).
   2. Include counseling services that explore issues directly or indirectly related to substance-related and addictive disorders.

5. Secure an internship placement site that satisfies the requirements of the M.S. in Counseling Program as outlined in the M.S. in Counseling Practicum

and Internship Handbook.

1. Practicum/Internship education placements that satisfy UMO's M.S. in Counseling – Clinical Mental Health Counseling Program Criteria – C status guidelines for addictions counseling are with agencies (or within specific agency units) with a clear history of providing Problematic Substance Use & Addictions (PSU&A) prevention, treatment, and/or recovery programming. UMO M.S. in Counseling – Clinical Mental Health Counseling Program Criteria – C status guidelines for addictions counseling specific placements: 1) function as a primary PSU&A or co-occurring MH/PSU&A provider with a range of services including assessment, treatment, and aftercare placements or 2) address PSU&A as complimentary and integrated facets of the overall program to offer screening for PSU&A, brief intervention, and referral.
2. All UMO M.S. in Counseling – Clinical Mental Health Counseling Program Criteria – C status guidelines for addictions counseling placements are fully vetted by the Counseling Program Clinical Coordinator and have made a clear commitment to meeting the North Carolina Substance Abuse Professional Practice Board (NCSAPPB) Criteria C standards and expectations for practicum education experience.

6. Students' weekly reports of internship activities, supervision agreement, and participation in supervision demonstrate and account for their accrual of hours in UMO's M.S. in Counseling – Clinical Mental Health Counseling Program Criteria – C status specific work.
    1. Track 300 hours with a minimum of 180 direct client addictions counseling specific contact hours over the course of the entire 600 total internship hours on the *Addictions Counseling Internship Weekly Log* separate from the Clinical Mental Health Internship Tracking Logs.

Supervisor agrees to:

1. Submit a copy of their current professional license and CCS/CSI certification to the Counseling Program Clinical Supervisor through Tevera prior to the interning student starting work in their agency/organization along with other required placement documents (e.g. Site Supervisor Agreement, and Practicum/Internship Agreement).
2. Provide students the opportunity to deliver addiction counseling services to clients as a regular part of their internship duties. Addiction counseling service should:
    1. Cover the 12 Core Functions and 46 Global Criteria (e.g., screening, intake, orientation, assessment, diagnosis, treatment planning, counseling, case management, crisis intervention,

referral, reporting, and recording keeping, and integrative treatment planning with other professionals)
    2. Include a caseload of both individual and group counseling services that explore issues directly or indirectly related to substance-related and addictive disorders.
3. Provide a total of 30 hours of addiction-specific CCS/CSI supervision at the placement site.

_____
Practicum/Internship Instructor and Date

_____
Student and Date

_____
Site Supervisor and Date

Criteria C Student Practicum/Internship Placement Agreement
(No CCS/CSI Site Supervisor Version)

The University of Mount Olive Counseling Program is designated as a Criteria C program with the North Carolina Addiction Specialists Professional Practice Board (NCASPPB). Students enrolled in the M.S. Counseling – Clinical Mental Health Counseling Program have the opportunity to apply for the Associate level Licensed Clinical Addiction Specialist (LCAS-A) credential upon graduation should they decide to complete 300-hours (180 – direct addictions counseling client hours) of their 600-hours of internship in addictions counseling.

In order to meet requirements of the University of Mount Olive's Counseling Program requirements for an addiction-specific internship and Criteria C program standards:

Student agrees to:

7. Follow all protocols and policies outlined in the M.S. in Counseling Handbook.
8. Apply for and be accepted into the M.S. in Counseling – Clinical Mental Health Counseling Program.
9. Enroll in and pass the following required courses; COUN 500, 510, 520, 610, 560, 600, 570, 580, 660, 650, 640, 630; and be concurrently enrolled in or passed COUN 530, 550, 670, 680, 690 during the practicum and internship experiences.
10. Select a requisite M.S. in Counseling Program approved internship placement site for one or both of their internship placements that provides the opportunity to deliver addiction counseling services as a regular part of internship duties. The internship must coincide with CCS/CSI clinical supervision.

Addiction counseling service should:

1. Cover the 12 Core Functions and 46 Global Criteria (e.g., screening, intake, orientation, assessment, diagnosis, treatment planning, counseling, case management, crisis intervention, referral, reporting, and recording keeping, and integrative treatment planning with other professionals).
2. Include counseling services that explore issues directly or indirectly related to substance-related and addictive disorders.

11. Secure an internship placement site that satisfies the requirements of the M.S. in Counseling Program as outlined in the M.S. in Counseling Practicum and Internship Handbook.
    1. Practicum/Internship education placements that satisfy UMO's

M.S. in Counseling – Clinical Mental Health Counseling Program Criteria – C status guidelines for addictions counseling are with agencies (or within specific agency units) with a clear history of providing Problematic Substance Use & Addictions (PSU&A) prevention, treatment, and/or recovery programming. UMO M.S. in Counseling – Clinical Mental Health Counseling Program Criteria – C status guidelines for addictions counseling specific placements: 1) function as a primary PSU&A or co-occurring MH/PSU&A provider with a range of services including assessment, treatment, and aftercare placements or 2) address PSU&A as complimentary and integrated facets of the overall program to offer screening for PSU&A, brief intervention, and referral.

2. All UMO M.S. in Counseling – Clinical Mental Health Counseling Program Criteria – C status guidelines for addictions counseling placements are fully vetted by the Counseling Program Clinical Coordinator and have made a clear commitment to meeting the North Carolina Substance Abuse Professional Practice Board (NCSAPPB) Criteria C standards and expectations for practicum education experience.

12. Students' weekly reports of internship activities, supervision agreement, and participation in supervision demonstrate and account for their accrual of hours in UMO's M.S. in Counseling – Clinical Mental Health Counseling Program Criteria – C status specific work.
    1. Track 300 hours with a minimum of 180 direct client addictions counseling specific contact hours over the course of the entire 600 total internship hours on the *Addictions Counseling Internship Weekly Log* separate from the Clinical Mental Health Internship Tracking Logs.

Supervisor agrees to:

4. Provide students the opportunity to deliver addiction counseling services to clients as a regular part of their internship duties. Addiction counseling service should:
    1. Cover the 12 Core Functions and 46 Global Criteria (e.g., screening, intake, orientation, assessment, diagnosis, treatment planning, counseling, case management, crisis intervention, referral, reporting, and recording keeping, and integrative treatment planning with other professionals)
    2. Include a caseload of both individual and group counseling services that explore issues directly or indirectly related to substance-related and addictive disorders.
5. It is not necessary for the agency site supervisor to be a CCS/CSI. Students satisfying UMO's M.S. in Counseling – Clinical Mental Health

Counseling Program Criteria – C requirements will receive a minimum of 30 hours of addiction- specific CCS/CSI supervision at UMO's M.S. in Counseling Program.

_____
Practicum/Internship Instructor and Date

_____
Student and Date

_____
Site Supervisor and Date

UMO Counseling Department

Site Supervisor Orientation – CMHC

Thank you so much for your willingness to supervise a University of Mt. Olive graduate counseling program student this semester for a practicum or internship in clinical mental health counseling.
The faculty supervisor assigned to this course will contact you soon and be a helpful resource to you throughout the semester. Here are a few steps to follow to become oriented with the semester ahead:

1. **Previous or Current Supervisors.** Please review the Supervisor Orientation, Site Supervisor Handbook, and the Practicum & Internship Handbook for an overview of the requirements and expectations for those involved in our program. To preview the areas in which you will be evaluating our students, you will find our evaluation questions in the appendix of the Site Supervisor Handbook.
2. **New supervisors —**who have not had any previous supervisory training: View our three supervision training modules (only required for supervisors without supervisory training). Each activity features topics related to counselor supervision. The following topics are included in the training modules:
3. UMO Site Supervisor Orientation & Training (PowerPoint) Best Practices for Supervision (Video) Supervision Theory and Models (Video)

Supervisor Status: Please indicate below if you are a Previous/Current Site Supervisor or a New Supervisor.

❒ Previous/Current Site Supervisor

❒ New Supervisor

My signature acknowledges that I have reviewed the site supervisor orientation training modules applicable to my supervisor status.

_____ _____

Site Supervisor Signature Date

APPENDICES

Appendix A - CACREP Competencies

CACREP Core Competencies

1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

a. history and philosophy of the counseling profession and its specialized practice areas
b. the multiple professional roles and functions of counselors across specialized practice areas
c. counselors' roles, responsibilities, and relationships as members of specialized practice and interprofessional teams, including (1) collaboration and consultation, (2) community outreach, and (3) emergency response management
d. the role and process of the professional counselor advocating on behalf of and with individuals receiving counseling services to address systemic, institutional, architectural, attitudinal, disability, and social barriers that impede access, equity, and success
e. the role and process of the professional counselor advocating on behalf of the profession
f. professional counseling organizations, including membership benefits, activities, services to members, and current issues
g. professional counseling credentialing across service delivery modalities, including certification, licensure, and accreditation practices and standards for all specialized practice areas
h. legislation, regulatory processes, and government/public policy relevant to and impact on service delivery of professional counseling across service delivery modalities and specialized practice areas
i. current labor market information and occupational outlook relevant to opportunities for practice within the counseling profession
j. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling across service delivery modalities and specialized practice areas
k. self-care, self-awareness, and self-evaluation strategies for ethical and effective practice
l. the purpose of and roles within counseling supervision in the profession

2. SOCIAL AND CULTURAL IDENTITIES AND EXPERIENCES

a. theories and models of multicultural counseling, social justice, and advocacy
b. the influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on individuals' worldviews 3. the influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on help-seeking and coping behaviors
c. the effects of historical events, multigenerational trauma, and current issues on diverse cultural groups in the U.S. and globally

d. the effects of stereotypes, overt and covert discrimination, racism, power, oppression, privilege, marginalization, microaggressions, and violence on counselors and clients
e. the effects of various socio-cultural influences, including public policies, social movements, and cultural values, on mental and physical health and wellness
f. disproportional effects of poverty, income disparities, and health disparities toward people with marginalized identities
g. principles of independence, inclusion, choice and self-empowerment, and access to services within and outside the counseling relationship
h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
j. guidelines developed by professional counseling organizations related to social justice, advocacy, and working with individuals with diverse cultural identities
k. the role of religion and spirituality in clients' and counselors' psychological functioning

3. LIFESPAN DEVELOPMENT

a. theories of individual and family development across the lifespan
b. theories of cultural identity development
c. theories of learning
d. theories of personality and psychological development
e. theories and neurobiological etiology of addictions
f. structures for affective relationships, bonds, couples, marriages, and families
g. models of resilience, optimal development, and wellness in individuals and families across the lifespan
h. models of psychosocial adjustment and adaptation to illness and disability
i. the role of sexual development and sexuality related to overall wellness
j. biological, neurological, and physiological factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
k. systemic, cultural, and environmental factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
l. the influence of mental and physical health conditions on coping, resilience, and overall wellness for individuals and families across the lifespan
m. effects of crises, disasters, stress, grief, and trauma across the lifespan

4. CAREER DEVELOPMENT

a. theories and models of career development, counseling, and decision-making
b. approaches for conceptualizing the interrelationships among and between work, socioeconomic standing, wellness, disability, trauma, relationships, and other life roles and factors
c. processes for identifying and using career, avocational, educational, occupational, and labor market information resources, technology, and information systems
d. approaches for assessing the conditions of the work environment on clients' life experiences

e. strategies for assessing abilities, interests, values, personality, and other factors that contribute to career development
f. career development program planning, organization, implementation, administration, and evaluation
g. developmentally responsive strategies for empowering individuals to engage in culturally sustaining career and educational development and employment opportunities
h. strategies for advocating for employment support for individuals facing barriers in the workplace
i. strategies for facilitating client skill development for career, educational, and life-work planning and management
j. career and postsecondary training readiness and educational decision-making
k. strategies for improving access to educational and occupational opportunities for people from marginalized groups
l. ethical and legal issues relevant to career development and career counseling

5. COUNSELING PRACTICE AND RELATIONSHIPS

a. theories and models of counseling, including relevance to clients from diverse cultural backgrounds
b. critical thinking and reasoning strategies for clinical judgment in the counseling process
c. case conceptualization skills using a variety of models and approaches
d. consultation models and strategies
e. application of technology related to counseling
f. ethical and legal issues relevant to establishing and maintaining counseling relationships across service delivery modalities
g. culturally sustaining and responsive strategies for establishing and maintaining counseling relationships across service delivery modalities
h. counselor characteristics, behaviors, and strategies that facilitate effective counseling relationships
i. interviewing, attending, and listening skills in the counseling process
j. counseling strategies and techniques used to facilitate the client change process
k. strategies for adapting and accommodating the counseling process to client culture, context, abilities, and preferences
l. goal consensus and collaborative decision-making in the counseling process
m. developmentally relevant and culturally sustaining counseling treatment or intervention plans
n. development of measurable outcomes for clients
o. evidence-based counseling strategies and techniques for prevention and intervention
p. record-keeping and documentation skills
q. principles and strategies of caseload management and the referral process to promote independence, optimal wellness, empowerment, and engagement with community resources

r. classification, effects, and indications of commonly prescribed psychopharmacological medications
s. suicide prevention and response models and strategies
t. crisis intervention, trauma-informed, community-based, and disaster mental health strategies
u. processes for developing a personal model of counseling grounded in theory and research

6. GROUP COUNSELING AND GROUP WORK

a. theoretical foundations of group counseling and group work
b. dynamics associated with group process and development
c. therapeutic factors of group work and how they contribute to group effectiveness
d. characteristics and functions of effective group leaders
e. approaches to group formation, including recruiting, screening, and selecting members
f. application of technology related to group counseling and group work
g. types of groups, settings, and other considerations that affect conducting groups
h. culturally sustaining and developmentally responsive strategies for designing and facilitating groups
i. ethical and legal considerations relative to the delivery of group counseling and group work across service delivery modalities
j. direct experiences in which counseling students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term

7. ASSESSMENT AND DIAGNOSTIC PROCESSES

a. historical perspectives concerning the nature and meaning of assessment and testing in counseling
b. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
c. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
d. reliability and validity in the use of assessments
e. culturally sustaining and developmental considerations for selecting, administering, and interpreting assessments, including individual accommodations and environmental modifications
f. ethical and legal considerations for selecting, administering, and interpreting assessments
g. use of culturally sustaining and developmentally appropriate assessments for diagnostic and intervention planning purposes
h. use of assessments in academic/educational, career, personal, and social development
i. use of environmental assessments and systematic behavioral observations
j. use of structured interviewing, symptom checklists, and personality and psychological testing

k. diagnostic processes, including differential diagnosis and the use of current diagnostic classification systems
l. procedures to identify substance use, addictions, and co-occurring conditions
m. procedures for assessing and responding to risk of aggression or danger to others, self-inflicted harm, and suicide
n. procedures for assessing clients' experience of trauma
o. procedures for identifying and reporting signs of abuse and neglect
p. procedures to identify client characteristics, protective factors, risk factors, and warning signs of mental health and behavioral disorders
q. procedures for using assessment results for referral and consultation

8. RESEARCH AND PROGRAM EVALUATION

a. the importance of research in advancing the counseling profession, including the use of research to inform counseling practice
b. identification and evaluation of the evidence base for counseling theories, interventions, and practices
c. qualitative, quantitative, and mixed methods research designs
d. practice-based and action research methods
e. statistical tests used in conducting research and program evaluation
f. analysis and use of data in research
g. use of research methods and procedures to evaluate counseling interventions
h. program evaluation designs and procedures, including needs assessments, formative
assessments, and summative assessments to inform decision-making and advocacy
i. culturally sustaining and developmentally relevant outcome measures for counseling
services
j. ethical and legal considerations relevant to conducting, interpreting, and reporting the
results of research and program evaluation
k. culturally sustaining and developmentally responsive strategies for conducting, interpreting, and reporting the results of research and program evaluation

Reference

Council for Accreditation of Counseling and Related Educational Programs. (2024). 2024 CACREP standards.

CACREP Entry-Level Specialized Practice Areas

All entry-level students are enrolled in at least one specialized practice area. Students are expected to develop and demonstrate the knowledge and skills necessary to address a wide range of issues in their specialized practice area in consideration of culturally sustaining practices across service delivery modalities.

1. ADDICTION COUNSELING

a. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others
b. risk and protective factors for substance use disorders
c. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal
d. strategies for enhancing client motivation to change, managing cravings, and preventing relapse
e. abstinence and harm reduction models of addiction recovery
f. evaluating and identifying individualized strategies and treatment modalities relative to substance use disorder severity, stages of change, or recovery
g. pharmacological interventions used to address substance use withdrawal, craving, and relapse prevention
h. substance use recovery service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare
i. recovery support tools and systems, to include vocation, family, social networks, and community systems in the addiction treatment and recovery process
j. culturally and developmentally relevant education programs that raise awareness and support addiction and substance use prevention and the recovery process
k. regulatory processes, continuum of care, and service delivery in addiction counseling
l. strategies for interfacing with the legal system and working with court-referred clients
m. third-party reimbursement and other practice and management issues in addictions counseling

2. CAREER COUNSELING

a. factors that affect clients' attitudes toward work and their career decision-making processes
b. the unique needs and characteristics of diverse clients with regard to career exploration, employment expectations, and socioeconomic issues
c. implications of gender roles and responsibilities for employment, education, family, and leisure
d. impact of globalization on careers and the workplace
e. education, training, employment trends, and labor market information and resources that provide information about job tasks, functions, salaries,

requirements, and future outlooks related to broad occupational fields and individual occupations
f. approaches and resources relevant to diverse clients acquiring a set of career planning, employability, job search, job creation, and life-work role transition skills
g. strategies to assist clients in the appropriate use of technology for career information and planning
h. strategies to market and promote career counseling resources and services
i. third-party reimbursement and other practice and management issues in clinical mental health counseling

3. CLINICAL MENTAL HEALTH COUNSELING

a. etiology, nomenclature, diagnosis, treatment, referral, and prevention of mental, behavioral, and neurodevelopmental disorders
b. mental health service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare
c. legislation, government policy, and regulatory processes relevant to clinical mental health counseling
d. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
e. techniques and interventions for prevention and treatment of a broad range of mental health issues
f. strategies for interfacing with the legal system regarding court-referred clients
g. strategies for interfacing with integrated behavioral healthcare professionals
h. strategies to advocate for people with mental, behavioral, and neurodevelopmental conditions
i. third-party reimbursement and other practice and management issues in clinical mental health counseling

4. CLINICAL REHABILITATION COUNSELING

a. effects of the onset, progression, and expected duration of disability on clients' holistic functioning
b. environmental, attitudinal, and individual barriers for people with disabilities
c. impact of disability on sexuality
d. rehabilitation service delivery systems, including housing, independent living, case
management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs
e. clinical rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, integrated behavioral healthcare, and the rehabilitation counseling services networks
f. transferable skills, functional assessments, and work-related supports for achieving and maintaining meaningful employment for people with disabilities
g. role of family, social networks, and community in the provision of services for and

treatment of people with disabilities
h. assistive technology to reduce or eliminate barriers and functional limitations
i. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management for people with disabilities
j. strategies to advocate for people with disabilities related to accessibility, accommodations, and disability law adherence
k. third-party reimbursement and other practice and management issues in clinical rehabilitation counseling

5. COLLEGE COUNSELING AND STUDENT AFFAIRS

a. principles of student development and the effect on life, education, and career choices
b. organizational, management, and leadership theories relevant in higher education settings
c. organizational culture, budgeting and finance, and personnel practices in higher education
d. current trends in higher education
e. diversity of higher education environments
f. the influence of institutional, systemic, interpersonal, and intrapersonal barriers on learning and career opportunities in higher education
g. policies, programs, and services that are equitable, preventative, and responsive to the unique needs of students in higher education settings
h. higher education resources to improve student learning, personal growth, professional identity development, and mental health
i. models of threat assessment and violence prevention in higher education settings
j. roles of college counselors and student affairs professionals in collaborating with personnel from other educational settings to facilitate college and postsecondary transitions

6. MARRIAGE, COUPLE, AND FAMILY COUNSELING

a. sociology of the family, family phenomenology, and family of origin theories
b. aging and intergenerational influences and related family concerns
c. impact of interpersonal violence on marriages, couples, and families
d. interactions of career, life, and gender roles in marriages, couples, and families
e. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families
f. the impact of migration on family functioning
g. theories and models of marriage, couple, and family counseling
h. principles and models of assessment and case conceptualization from a systems perspective
i. family assessments, including genograms and family mapping
j. techniques and interventions of marriage, couple, and family counseling
k. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling

m. service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare
n. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling
o. third-party reimbursement and other practice and management issues in marriage, couple, and family counseling

7. REHABILITATION COUNSELING

a. individual response to disability, including the role of families, communities, and other social networks
b. strategies to enhance adjustment and adaptation to disability
c. effects of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability
d. principles of independent living, self-determination, and informed choice
e. rehabilitation counseling services and organizational settings, including independent living, community rehabilitation, and public/proprietary vocational rehabilitation programs
f. benefit systems used by individuals with disabilities, including but not limited to Social Security, governmental monetary assistance, workers' compensation insurance, long-term disability insurance, and veterans' benefits
g. classification, terminology, etiology, functional capacity, and prognosis of disabilities
h. career- and work-related assessments, including job analysis, worksite modification, transferable skills analysis, job readiness, and work hardening
i. evaluation and application of assistive technology with an emphasis on individualized assessment and planning
j. career development and employment models and strategies for achieving and maintaining meaningful employment for people with disabilities
k. strategies to analyze work activity and labor market data and trends to facilitate the match between an individual with a disability and targeted jobs
l. case management strategies that facilitate rehabilitation and independent living planning
m. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including Americans with Disabilities Act adherence, accommodations, universal design, and workplace disability prevention
n. strategies to promote self-advocacy skills of individuals with disabilities
o. facilitating client knowledge of and access to community and technology services and resources
p. strategies to advocate on behalf of people with disabilities as related to disability and disability legislation

8. SCHOOL COUNSELING

a. models of school counseling programs
b. models of PK-12 comprehensive career development
c. models of school-based collaboration and consultation
d. development of school counseling program mission statements and objectives
e. design and evaluation of school counseling curriculum, lesson plan development, diverse classroom management strategies, and differentiated instructional strategies
f. school counselor roles as leaders, advocates, and systems change agents in PK-12 schools
f. qualities and styles of effective leadership in schools
g. advocacy for comprehensive school counseling programs and associated school counselor roles
h. school counselor roles and responsibilities in relation to the school crisis and management plans
i. school counselor consultation with families, PK-12 and postsecondary school personnel, community agencies, and other referral sources
j. skills to critically examine the connections of social, cultural, familial, emotional, and behavioral factors to academic achievement
k. skills to screen PK-12 students for characteristics, risk factors, and warning signs of mental health and behavioral disorders
l. strategies for implementing and coordinating school-based interventions
m. techniques of social-emotional and trauma-informed counseling in school settings
n. evidence-based and culturally sustaining interventions to promote academic development
o. approaches to increase promotion and graduation rates
p. interventions to promote postsecondary and career readiness
q. strategies to facilitate school and postsecondary transitions
r. strategies to promote equity in student achievement and access to postsecondary education opportunities

Reference

Council for Accreditation of Counseling and Related Educational Programs. (2024). 2024 CACREP standards.

Appendix B - Counseling Program Professional Dispositions

The University of Mount Olive Counseling Program strives to make positive contributions to the counseling profession by admitting, educating, developing, retaining, and graduating students who are a good professional and dispositional fit for becoming capable, effective, and ethical counselors. Faculty are ethically bound to serve as gatekeepers of the counseling profession, as academics alone do not determine success and ethical behavior in the field. Aside from the academic standards and policies the university requires of graduate students, being a counselor-in-training also requires students to be regularly evaluated throughout the course of the program on additional factors that reflect ethical goodness of fit for the profession.

Formal and informal feedback from professors and site supervisors will regularly examine, review, and evaluate students' non-academic dispositional factors, attitudes, skills, judgments, and related characteristics to discern appropriateness for the field and the counseling profession. These assessments are made throughout the student journey from the application process, throughout coursework, and into the professional experience in practicum and internship.
Dispositional issues and concerns may reveal themselves throughout any point of the graduate program. As such, faculty discuss student progress on a regular basis - both formally and informally, and the student's faculty advisor serves as the point of contact for instances where dispositional issues need to be addressed. In cases where faculty determine there is a student concern of a dispositional nature, a plan of action is determined to address remediation, and is then followed by a re-evaluation process.

ONGOING FACULTY ASSESSMENT:

Counseling departmental faculty meetings include a standard agenda item that addresses student concerns and/or issues. This allows all faculty members to be aware of any potential problematic issues around grades, behaviors, and dispositions for students in the program. If a student concern is repetitive or serious, faculty address the issue collaboratively and provide recommendations accordingly up to and including meeting with the student, issuing written feedback/warning, potential referrals to counseling, and/or removal from the program.

DISPOSITIONAL AWARENESS / COURSE DISCUSSIONS AND ASSIGNMENTS:

Students are made aware of the concept of dispositions during the interview process, orientation meetings, and during a review of the student handbook with faculty advisors. Students sign and submit an acknowledgement that they have read and understand these dispositions. Professional dispositions are also addressed in readings, assignments, and class discussions during first semester courses (COUN 500 Professional Identity, Ethical, and Legal Issues in Counseling; COUN 510 Theories of Counseling; COUN 520 Multicultural Counseling; COUN 560 - Human

Growth and Development - as well as an informal evaluation during COUN 610 - Counseling Techniques & Helping Relationships). If students self-identify as having potential dispositional issues, faculty follow-up with students directly via feedback, meetings, and collaborative faculty discussions. A dispositional follow-up plan is co-created with the faculty and student to address any potential remediation that must take place prior to continuing in the program. Remediation plans will be acknowledged through signature by the student, faculty member, and faculty advisor. A copy will be provided to all parties as well as to the student's academic advisor in the University's office of Adult & Graduate Programs.

COUNSELOR-IN-TRAINING PROFESSIONAL DISPOSITIONS

Dispositions are the values, commitments, and professional ethics that influence behaviors toward others, and, if sincerely held, dispositions lead to actions and patterns of professional conduct. The University of Mount Olive's Counseling Program dispositions adhere to the University's mission statement and are derived from the American Counseling Association (ACA) Code of Ethics. Although these dispositions are not all inclusive, they do represent values and qualities warranted by counseling students. Students who fail to adhere to or demonstrate such dispositions may be subject to disciplinary actions.

1. **Professional Identity & Ethics** – Adheres to regulatory state boards and nationally recognized ethical guidelines (e.g., ACA, AMHCA, NBCC, etc.). Practices only within their scope and competencies utilizing best practices and empirically supported treatments. Stay currents with the counseling profession through seeking continuing education, and by supporting counseling associations.
2. **Professional Behavior** – Behaves in a professional manner towards instructors, staff, supervisors, peers, and clients (including appropriate dress & attitudes). Demonstrates the ability to collaborate in a respectful manner.
3. **Professional and Personal Boundaries** – Maintains appropriate boundaries with instructors, staff, supervisors, peers, and clients.
4. **Self-Awareness** - Demonstrates awareness of personal moral, ethical, and value systems and is acutely aware of personal limitations in all counseling interactions providing counseling services with objectivity, justice, fidelity, veracity, and benevolence.
5. **Multicultural Competencies** – Demonstrates awareness, appreciation, and respect for cultural differences (e.g., race, ethnicity, spirituality, sexual and gender orientation, disability, SES, etc.)
6. **Emotional Stability & Self-Control** – Demonstrates emotional stability (i.e., congruence between mood & affect) and self-control (i.e., impulse control) in relationships with instructors, staff, supervisors, peers, and clients.
7. **Motivation to Learn & Grow/Initiative** – Demonstrates engagement in learning and development of his or her counseling competencies.

8. **Openness to Giving & Receiving Feedback** - Accepts feedback from- and provides feedback to peers in an amiable and respectful manner. Responses non-defensively and alters behavior in accordance with feedback from instructors and supervisors.
9. **Flexibility & Adaptability** – Demonstrates ability to flex to changing circumstances, unexpected events, and new situations.
10. **Congruence & Genuineness** – Demonstrates ability to be present and "true to oneself."
11. **Knowledge & Adherence to Policies** – Demonstrates and understanding of and appreciation for all counseling program, and site policies and procedures. Seeks out clarification from faculty and supervisors when uncertainty arises.
12. **Record Keeping, Task Completion** – Completes all weekly record keeping and tasks correctly and promptly (e.g., case notes, treatment plan, and reports).

[Adapted from the Counselor Competencies Scale – Revised (CCS-R) by Lambie, Mullen, Swank, & Blount, 2016]

Other sources include:

American Counseling Association (2014). ACA Code of Ethics. Alexandria, VA: Author.;

Walz, G. R., & Bleuer, J. C. (2010). Counselor dispositions: An added dimension for admission decisions. *Vistas Online publication, 1*, 11-11.]

Appendix C Consent to Audio/Video Tape Form

University of Mount Olive
Counseling Department

Consent for Audio or Video Taping

As you already know you are being provided counseling by a counselor in training at the University of Mount Olive. During this process, your counselor will be supervised here at the agency and at the university. The purpose of this supervision is to ensure that you receive the best possible treatment, and that the counseling student grows from this experience.

We want to assure you that all the standard confidentiality requirements associated with your counseling will be observed. Your counselor may discuss this case in supervision. However, at no time will that discussion contain data (name, address, etc.,) that could identify you. Confidential information will be fully protected as required by laws and ethical codes.

Part of this supervision is the detailed review of an audio recording of a counseling session. This is a critical piece of the education process because it allows the supervisor to help the counselor with specific counseling skills through observing these skills directly. Every precaution will be taken so that confidential information is protected, and the recording will be destroyed immediately after its use in supervision. If you have questions about this process, please discuss them with your counselor or other agency personnel. We appreciate your participation and assure you that our primary goal is to provide you with the best possible treatment and that all your rights are protected in this process.

University of Mount Olive
Counseling Department

Consent Form for Audio or Video Taping

I,_____, give my consent to the audio recording of my counseling session. This is to allow my counselor to participate in detailed supervision by a clinical supervisor. This recording is to be used for the sole purpose of improving the counseling process; and for the professional education connected with my counselor's training. My counselor,_____, is the sole owner of this recording and agrees not to use or permit the use of my name in connection with this recording. It is agreed that this recording will be destroyed immediately after it is used in the supervisory session.

_____

Client (or parent/guardian for a minor)

_____

Counselor

_____

Date

Appendix D – CCS-R

Counselor Competencies Scale - Revised (CCS-R) ©

(Lambie, et al., 2016)

The Counselor Competencies Scale-Revised (CCS-R) assesses counselors' and trainees' skill developments and professional competencies. Additionally, the CCS-R provides counselors and trainees with direct feedback regarding their demonstrated ability to apply counseling skills and facilitate therapeutic conditions, and their counseling dispositions (dominant qualities) and behaviors, offering the counselors and trainees practical areas for improvement to support their development as effective and ethical professional counselors.

Scales Evaluation Guidelines

- **Exceeds Expectations / Demonstrates Competencies (5)** = the counselor or trainee demonstrates **strong** (i.e., *exceeding* the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Meets Expectations / Demonstrates Competencies (4)** = the counselor or trainee demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s). A beginning professional counselor should be at the 'Demonstrates Competencies' level at the conclusion of his or her practicum and/or internship.
- **Near Expectations / Developing towards Competencies (3)** = the counselor or trainee demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Below Expectations / Insufficient / Unacceptable (2)** = the counselor or trainee demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

CCS-R-1

Directions: Evaluate the counselors or trainees counseling skills, ability to facilitate therapeutic conditions, and professional dispositions & behaviors per rubric evaluation descriptions and record rating in the score column on the left.

CACREP (2016) Common Core Standards:

Strategies for personal and professional self-evaluation and implications for practice (Section II, *Standard* 1.k.).
Self-care strategies appropriate to the counselor role (Section II, *Standard* 1.l.).
Multicultural counseling competencies (Section II, *Standard* 2.c.)
A general framework for understanding differing abilities and strategies for differentiated interventions (CACREP, 2016, Section II, *Standard* 3.h.). Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships (Section II, *Standard* 5.d.). Counselor characteristics and behaviors that influence the counseling processes (Section II, *Standard* 5.f.).

Essential interviewing, counseling, and case conceptualization skills (Section II, *Standard* 5.g.).
Developmentally relevant counseling treatment or intervention plans (Section II, *Standard* 5.h.).
Processes for aiding students in developing a personal model of counseling (Section II, *Standard* 5.n.).
The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal. (Section 4, *Standard* H.).

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

Entry-Level Professional Practice and Practicum (Section III, Professional Practice, p. 13).
a) Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
b) Supervision of practicum students includes program-appropriate audio/video recordings and/or live supervision of students interactions with clients.
c) Formative and summative evaluations of the students counseling performance and ability to integrate and apply knowledge are conducted as part of the students practicum.
d) Students must complete supervised counseling practicum experiences that total a **minimum of 100 clock hours** over a full academic term that is a minimum of 10 weeks.
e) Practicum students must **complete at least 40 clock hours of direct service** with actual clients that contributes to the development of counseling skills.
f) Practicum students have weekly interaction with supervisors that averages **one hour per week of individual and/or triadic supervision** throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement
g) Practicum students participate in an average of **1 1/2 hours per week of group supervision** on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

CACREP (2016) Specialty Standards:

• Clinical Mental Health Counseling
• Techniques and interventions for prevention and treatment of a broad range of mental health issues (3. Practice, *Standard* b.).

• Marriage, Couple, and Family Counseling
• Techniques and interventions of marriage, couple, and family counseling (3. Practice, *Standard* c.).

• School Counseling
• Techniques of personal/social counseling in school settings (3. Practice, *Standard* f.).

CCS-R-2

Part I: Counseling Skills & Therapeutic Conditions

CCS-R-3

Specific Counseling Skills and Therapeutic Conditions Descriptors Exceeds Expectations / Demonstrates Competencies (5) Meets Expectations / Demonstrates Competencies (4) Near Expectations / Below Expectations / Developing towards Harmful (1) Competencies (3) Unacceptable (2)					
1.A Nonverbal Skills **Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc.** *(attuned to the emotional state and cultural norms of the clients)*	Demonstrates effective nonverbal communication skills, conveying connectedness & empathy (85%).	Demonstrates effective nonverbal communication skills for the majority of counseling sessions (70%)	Demonstrates inconsistency in his or her nonverbal communication skills.	Demonstrates limited nonverbal communication skills.	Demonstrates poor nonverbal communication skills, such as ignores client &/or gives judgmental looks.
❒ Not Observed	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
1.B Encouragers **Includes Minimal Encouragers & Door Openers such as 'Tell me more about...', 'Hmm'**	Demonstrates appropriate use of encouragers, which supports development of a therapeutic relationship (85%).	Demonstrates appropriate use of encouragers for the majority of counseling sessions, which supports development of a therapeutic relationship (70%).	Demonstrates inconsistency in his or her use of appropriate encouragers.	Demonstrates limited ability to use appropriate encouragers.	Demonstrates poor ability to use appropriate encouragers, such as using skills in a judgmental manner.
❒ Not Observed	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
1.C Questions **Use of Appropriate Open & Closed Questioning** *(e.g. avoidance of double questions)*	Demonstrates appropriate use of open & close-ended questions, with an emphasis on open-ended question (85%).	Demonstrates appropriate use of open & close-ended questions for the majority of counseling sessions (70%).	Demonstrates inconsistency in using open-ended questions & may use closed questions for prolonged periods.	Demonstrates limited ability to use open-ended questions with restricted effectiveness.	Demonstrates poor ability to use open-ended questions, such as questions tend to confuse clients or restrict the counseling process.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

1.D Reflecting - Paraphrasing **Basic Reflection of Content - Paraphrasing** (With couples and families, paraphrasing multiple perspectives)	Demonstrates appropriate use of paraphrasing as a primary therapeutic approach (85%).	Demonstrates appropriate use of paraphrasing for the majority of counseling sessions (70%).	Demonstrates paraphrasing inconsistently & inaccurately or mechanical or parroted responses.	Demonstrates limited proficiency in paraphrasing or is often inaccurate.	Demonstrates poor ability to paraphrase, such as being judgmental &/or dismissive.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
1.E Reflecting (b) Reflection of Feelings Reflection of Feelings *(With couples and families, reflection of each clients' feelings)*	Demonstrates appropriate use of reflection of feelings as a primary approach (85%).	Demonstrates appropriate use of reflection of feelings (majority of counseling sessions; 70%).	Demonstrates reflection of feelings inconsistently & is not matching the client.	Demonstrates limited proficiency in reflecting feelings &/or is often inaccurate.	Demonstrates poor ability to reflective feelings, such as being judgmental &/or dismissive.

CCS-R-4

❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

CCS-R-5

Specific Counseling Skills and Therapeutic Conditions Descriptors **Exceeds Expectations / Demonstrates Competencies (5)** **Meets Expectations / Demonstrates Competencies (4)** **Near Expectations /** **Below Expectations / Developing towards Harmful (1)** **Competencies (3)** **Unacceptable (2)**					
1.F Reflecting (c) Summarizing Summarizing content, feelings, behaviors, & future plans *(With couples and families, summarizing relational patterns of interaction)*	Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans (85%).	Demonstrates ability to appropriately use summarization to include content, feelings, behaviors, and future plans (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use summarization.	Demonstrates limited ability to use summarization (e.g., summary suggests counselor did not understand clients or is overly focused on content rather than process).	Demonstrates poor ability to summarize, such as being judgmental &/or dismissive.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
1.G Advanced Reflection (Meaning) Advanced Reflection of Meaning, including Values and Core Beliefs *(taking*	Demonstrates consistent use of advanced reflection & promotes discussions of greater depth	Demonstrates ability to appropriately use advanced reflection, supporting increased exploration in session (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use advanced reflection. Counseling sessions appear superficial.	Demonstrates limited ability to use advanced reflection &/or switches topics in counseling often.	Demonstrates poor ability to use advance reflection, such as being judgmental &/or dismissive.

counseling to a deeper level)	during counseling sessions (85%).				
❒ Not Observed	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
1.H Confrontation Counselor challenges clients to recognize & evaluate inconsistencies.	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion (can confront, but hesitant) or was not needed; therefore, appropriately not used (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to challenge clients through verbalizing inconsistencies & discrepancies in clients' words &/or actions in a supportive fashion. Used minimally/missed opportunity.	Demonstrates limited ability to challenge clients through verbalizing discrepancies in the client's words &/or actions in a supportive & caring fashion, &/or skill is lacking.	Demonstrates poor ability to use confrontation, such as degrading client, harsh, judgmental, &/or aggressive.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
1.I Goal Setting Counselor collaborates with clients to establish realistic, appropriate, & attainable therapeutic goals *(With couples and families, goal setting supports clients in establishing common therapeutic goals)*	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with clients (85%).	Demonstrates ability to establish collaborative & appropriate therapeutic goals with client (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to establish collaborative & appropriate therapeutic goals with clients.	Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with clients.	Demonstrates poor ability to develop collaborative therapeutic goals, such as identifying unattainable goals, and agreeing with goals that may be harmful to the clients.

CCS-R-6

❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

CCS-R-7

Specific Counseling Skills and Therapeutic Conditions Descriptors **Exceeds Expectations / Demonstrates Competencies (5)** **Meets Expectations / Demonstrates Competencies (4)** **Near Expectations / Developing towards Competencies (3)** **Below Expectations / Unacceptable (2)** **Harmful (1)**					
1.J Focus of Counseling Counselor focuses (or refocuses) clients on their therapeutic goals (i.e., purposeful counseling)	Demonstrates consistent ability to focus &/or refocus counseling on clients' goal attainment (85%).	Demonstrates ability to focus &/or refocus counseling on clients' goal attainment (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates limited ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates poor ability to maintain focus in counseling, such as counseling moves focus away from clients' goals

❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
1.K Facilitate Therapeutic Environment(a): Empathy & Caring **Expresses accurate empathy & care. Counselor is "present" and open to clients. (includes immediacy and concreteness)**	Demonstrates consistent ability to be empathic & uses appropriate responses (85%).	Demonstrates ability to be empathic & uses appropriate responses (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be empathic &/or use appropriate responses.	Demonstrates limited ability to be empathic &/or uses appropriate responses.	Demonstrates poor ability to be empathic & caring, such as creating an unsafe space for clients.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
1.L Facilitate Therapeutic Environment(b): *Respect & Compassion* **Counselor expresses appropriate respect & compassion for clients**	Demonstrates consistent ability to be respectful, accepting, & compassionate with clients (85%).	Demonstrates ability to be respectful, accepting, & compassionate with clients (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be respectful, accepting, & compassionate with clients.	Demonstrates limited ability to be respectful, accepting, &/or compassionate with clients.	Demonstrates poor ability to be respectful & compassionate with clients, such as having conditional respect.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

Total Score *(out of a possible 60 points)*

Part 2: Counseling Dispositions & Behaviors

CCS-R-8

Specific Counseling Skills and Therapeutic Conditions Descriptors **Exceeds Expectations / Demonstrates Competencies (5)** **Meets Expectations / Demonstrates Competencies (4)** **Near Expectations / Developing towards Competencies (3)** **Below Expectations / Unacceptable (2)** **Harmful (1)**					
2.A Professional Ethics Adheres to the ethical guidelines of the ACA, ASCA, IAMFC, AP A, & NBCC; including practices within competencies.	Demonstrates consistent & advanced *(i.e., exploration & deliberation)* ethical behavior & judgments.	Demonstrates consistent ethical behavior & judgments.	Demonstrates ethical behavior & judgments, but on a concrete level with a basic ethical decision-making process.	Demonstrates limited ethical behavior & judgment, and a limited ethical decision-making process.	Demonstrates poor ethical behavior & judgment, such as violating the ethical codes &/or makes poor decisions.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
2.B Professional Behavior Behaves in a professional manner towards	Demonstrates consistent & advanced respectfulness and	Demonstrates consistent respectfulness and thoughtfulness, &	Demonstrates inconsistent respectfulness and thoughtfulness, &	Demonstrates limited respectfulness and	Demonstrates poor professional behavior, such as repeatedly being

supervisors, peers, & clients (e.g., emotional regulation). Is respectful and appreciative to the culture of colleagues and is able to effectively collaborate with others.	thoughtfulness, & appropriate within *all* professional interactions.	appropriate within *all* professional interactions.	appropriate within professional interactions.	thoughtfulness & acts inappropriate within some professional interactions.	disrespectful of others &/or impedes the professional atmosphere of the counseling setting / course.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
2.C Professional & Personal Boundaries Maintains appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent & strong appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent appropriate boundaries with supervisors, peers, & clients.	Demonstrates appropriate boundaries inconsistently with supervisors, peers, & clients.	Demonstrates inappropriate boundaries with supervisors, peers, & clients.	Demonstrates poor boundaries with supervisors, peers, & clients; such as engaging in dual relationships.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
2.D Knowledge & Adherence to Site and Course Policies Demonstrates an understanding & appreciation for *all* counseling site and	Demonstrates consistent adherence to *all* counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates adherence to most counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates inconsistent adherence to counseling site and course policies & procedures, including attendance and engagement.	Demonstrates limited adherence to counseling site and course policies & procedures, including attendance and engagement.	Demonstrates poor adherence to counseling site and course policies, such as failing to adhere to policies after discussing with supervisor /

CCS-R-9

course policies & procedures.					instructor.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

CCS-R-10

Specific Counseling Skills and Therapeutic Conditions Descriptors **Exceeds Expectations / Demonstrates Competencies (5)** **Meets Expectations / Demonstrates Competencies (4)** **Near Expectations / Developing towards Competencies (3)** **Below Expectations / Unacceptable (2)** **Harmful (1)**					
2.E Record Keeping & Task Completion Completes *all* weekly record keeping & tasks correctly & promptly (e.g., case notes, psychosocial reports, treatment plans, supervisory report).	Completes *all* required record keeping, documentation, and assigned tasks in a through, timely, & comprehensive fashion.	Completes *all* required record keeping, documentation, and tasks in a competent & timely fashion.	Completes *all* required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation, and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by specified deadline.
❒ Not Observed	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

2.F Multicultural Competence in Counseling Relationship Demonstrates respect for culture (e.g., race, ethnicity, gender, spirituality, religion, sexual orientation, disability, social class, etc.) and awareness of and responsiveness to ways in which culture interacts with the counseling relationship.	Demonstrates consistent & advanced multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates inconsistent multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates limited multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates poor multicultural competencies, such as being disrespectful, dismissive, and defensive regarding the significance of culture in the counseling relationship.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
2.G Emotional Stability & Self-control Demonstrates self-awareness and emotional stability (i.e., congruence between mood & affect) & self-control (i.e., impulse control) in relationships with clients.	Demonstrates consistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates inconsistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates limited emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates poor emotional stability & appropriateness in interpersonal interactions with client, such as having high levels of emotional reactants with clients.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

CCS-R-11

2.H Motivated to Learn & Grow / Initiative Demonstrates engagement in learning & development of his or her counseling competencies.	Demonstrates consistent and strong engagement in promoting his or her professional and personal growth & development.	Demonstrates consistent engagement in promoting his or her professional and personal growth & development.	Demonstrates inconsistent engagement in promoting his or her professional and personal growth & development.	Demonstrates limited engagement in promoting his or her professional and personal growth & development.	Demonstrates poor engagement in promoting his or her professional and personal growth & development, such as expressing lack of appreciation for profession &/or apathy to learning.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

CCS-R-12

Specific Counseling Skills and Therapeutic Conditions Descriptors
Exceeds Expectations / Demonstrates Competencies (5)
Meets Expectations / Demonstrates Competencies (4)
Near Expectations / Developing towards Competencies (3)
Below Expectations / Unacceptable (2)
Harmful (1)

2.I Openness to Feedback Responds non-defensively & alters behavior in accordance with supervisory &/or instructor feedback.	Demonstrates consistent and strong openness to supervisory &/or instructor feedback & implements suggested changes.	Demonstrates consistent openness to supervisory &/or instructor feedback & implements suggested changes.	Demonstrates openness to supervisory &/or instructor feedback; however, does not implement suggested changes.	Demonstrates a lack of openness to supervisory &/or instructor feedback & does not implement suggested changes.	Demonstrates no openness to supervisory &/or instructor feedback & is defensive &/or dismissive when given feedback.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
2.J Flexibility & Adaptability Demonstrates ability to adapt to changing circumstance, unexpected events, & new situations.	Demonstrates consistent and strong ability to adapt & "reads- &-flexes" appropriately.	Demonstrates consistent ability to adapt & "reads-&-flexes" appropriately.	Demonstrated an inconsistent ability to adapt & flex to his or her clients' diverse changing needs.	Demonstrates a limited ability to adapt & flex to his or her clients' diverse changing needs.	Demonstrates a poor ability to adapt to his or her clients' diverse changing needs, such as being rigid in work with clients.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1
2.K Congruence & Genuineness Demonstrates ability to be present and 'be true to oneself'	Demonstrates consistent and strong ability to be genuine & accepting of self & others.	Demonstrates consistent ability to be genuine & accepting of self & others.	Demonstrates inconsistent ability to be genuine & accepting of self & others.	Demonstrates a limited ability to be genuine & accepting of self & others (incongruent).	Demonstrates a poor ability to be genuine & accepting of self & others, such as being disingenuous.
❒ Not Observed.	❒ 5	❒ 4	❒ 3	❒ 2	❒ 1

Total Score *(out of a possible 55 points)*

Narrative Feedback from Supervising Instructor / Clinical Supervisor

Please note the counselor's or trainee's areas of strength, which you have observed:

Please note the counselor's or trainee's areas that warrant improvement, which you have observed:

Please comment on the counselor's or trainee's general performance during his or her clinical experience to this point:

Signatures

Who is the Evaluator?
❒ Student Self Evaluation
❒ Faculty - Clinical Interviewing Instructor Evaluation ❒ Faculty - Capstone Project Instructor Evaluation
❒ Site Supervisor Evaluation

Phase:
❒ Pre-Practicum ❒ CACREP Practicum ❒ Post-Practicum ❒ Other:

Date CCS-R was reviewed with Counselor or Trainee: Student Signature

Site Supervisor Signature

❒ Faculty - Practicum Instructor Evaluation
❒ Faculty - Clinical Advancement Project Instructor Evaluation ❒ Faculty - Advisor Evaluation

❒ CACREP Internship

CCS-R-13

* *Note.* If the supervising instructor / clinical supervisor is **concerned** about the counselor's or trainee's progress in demonstrating the appropriate counseling competencies, he or she should have another appropriately trained supervisor observe the counselor's or trainee's work with clients to provide additional feedback to the counselor or trainee.