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INTRODUCTION

The supervision of counselors in training is a valued and essential part of the training program for the Department of Counseling. Therefore, this Site Supervisor Internship Handbook is provided to each site supervisor to be used as a guide to explain the internship process and requirements, supervision requirements, and to provide forms required of supervisors or students during the internship experience.

The internship experience is the last phase of training for becoming a marriage and family counselor/therapist. This experience is intended to be an intensive on-the-job experience conducted in a setting as close as possible to the one in which the student will seek employment. The nature of this experience should be as similar to a regular counseling position as possible, but with much more supervision than is usually the case with an employed marriage and family counselor/therapist.

Internship occurs at the end of the sequence of core and elective courses that comprises the curriculum of the master's degree programs in Marriage and Family Counseling/Therapy. As the culminating experience of this program, the internship is designed to provide an opportunity for the student to synthesize and apply theory, practice, and research, in an actual counseling setting. While at this setting, the site supervisor serves as an important role model and mentor, guiding the intern’s clinical training.

The Department of Counseling acknowledges that the participation in the MFT/C internship experience requires a commitment of time and effort. It is highly recommended that students do not work full-time during their internship, as students will commit 20-25 hours (including 12-15 client contact hours) per week at their internship site. The Marriage and Family Therapy (MFT) Program Director and Internship Coordinator are available to offer consultation and support. During the internship, we welcome feedback and will be happy to discuss any questions, concerns, or ideas that you wish to share.

CRITERIA FOR ADMISSION TO INTERNSHIP

Eligibility for admission to Internship in Counseling (5600:685) includes successful completion of all core-counseling and clinical course work (Pre-Practicum and Practicum), as well as the approval of the MFC/T Program in which the student is enrolled.

A. INTERNSHIP PLACEMENT

The internship placement is based upon several conditions.

- First, the internship experience should be one that offers a variety of opportunities for the student, not limited to direct hours.
- Second, the internship site should be able to provide enough client contact hours for the intern to complete the experience in a timely manner (two-three semesters).
- Third, the clinical experiences offered by the site should be congruent with the student interns’ program requirements.

To graduate, MFC/T students are required to complete a minimum of 500 direct hours with couples, families, individuals, and groups. All therapy must be done from a relationship
perspective, and half (250) of the direct hours must be with couples and families. Practicum hours and Team Hours are counted towards completion of these direct hours, but will not representative of the ethnic, lifestyle, and demographic diversity of the community. The internship placement is also based upon the availability of appropriate supervision:

- Supervision is unique for the MFT intern because of the Program’s dual accreditation by COAMFTE and CACREP. Students must have a supervisor with a counseling license with supervisory status (PCC-S), and also are required to have a supervisor that holds AAMFT Approved Supervisor status, an IMFT, or be able to meet the MFC/T Program’s Supervisor Equivalency status (form enclosed).

- The marriage and family program does grant supervisor equivalency for those PCC supervisors who are not AAMFT approved supervisors if they meet the appropriate program requirements. Please review Program Equivalency Form for these requirements.

B. INTERNSHIP PLACEMENT PROCESS
This is a student-driven process. Each student should begin by selecting 1-3 internship sites that can provide adequate clinical hours and appropriate supervision. The student should then contact the site(s) and schedule an interview appointment for the possibility of selection as an intern. Students should become familiar with this Handbook before the interview so that they might answer any questions the site might have about requirements. Each student should also provide their vita at the site interview. If the site accepts the student for placement, the MFT Program Director must receive a letter of acceptance (on agency letterhead) from the internship site. IMPORTANT: This letter must be received before registration for internship is approved. A sample letter is enclosed in Appendix A, and can be sent via email. In addition, each supervisor who wants to qualify for MFT Program Equivalency must submit a Supervisory Equivalency Form with resume. This form and other required documentation will be reviewed by the program and approved before placing any student at a site. This process is completed to insure appropriate supervisor knowledge, experience, and training in MFT for student interns placed at internship sites. Student interns must be covered by professional liability insurance while participating in the internship. Once a site has verified acceptance, and the student knows who their PCC-S supervisor will be, they should immediately register for Counselor Trainee status with the Ohio Counselor, Social Worker, and Marriage & Family Therapist Board. Information is on their website at cswmft.ohio.gov

C. HOME-BASED INTERNSHIP CRITERIA
Student intern should initially be placed at the internship site for therapy experiences with couples and families. This initial placement is required to insure that site supervisor has evaluated the interns’ competency level and skill development as adequate to participate in a home-based therapy experience.

Supervisors, or other appropriate licensed site employees, must be the lead therapist on the first several assigned home-based cases. When a new case is assigned the supervisor must go to the family’s home with the trainee the first time.
Interns should have immediate access to their supervisors when at a family’s home. When a supervisor, or other appropriately licensed person, is not in attendance with the intern, the agency must make provisions for the intern to carry a cell phone to home-based appointments.

Safety Issues: Interns should not be assigned cases in which family/domestic violence is a current problem. If any family member has an active substance abuse problem, it is recommended that the family member be receiving additional services to deal with substance abuse issues in conjunction with home-based treatment.

**INTERNERSHIP CLINICAL INSTRUCTION**

The Department of Counseling’s Marriage and Family Counseling/Therapy Program is accredited by COAMFTE and CACREP. Therefore the programs must meet specific accreditation requirements, state licensure standards and Department Program standards.

**A. Clinical Requirements**

- A minimum of 500 hours (including Practicum and Team hours) of direct service with clients appropriate to the program of study. Team hours can not count towards the minimum of 250 relational hours.
- Direct client contact hours per week should range from 12-15. It is not acceptable to exceed this number without prior approval (in writing) by the instructor.
  
  *IMPORTANT: Approval will only be granted in the second semester of internship, under specific circumstances and with the agreement/support of the site supervisor.*
- CPST/Case Management hours do not count as Direct Client Contact.
- Co-therapy is considered as 50% (or larger) of responsibility for all aspects of the therapy case. Co-therapy should only be engaged in during the internship when necessary, and must be discussed with the supervisor prior to starting. If the University supervisor does not deem the co-therapy case as valid, the hours will not count toward graduation. It is recommended you get co-therapy cases cleared with the University Supervisor prior to starting.
- One hour of supervision for every five hours of direct client contact. A minimum of 50 hours of individual supervision for master’s students is required. The remaining 50 hours of required supervision may be either individual or group supervision. Students are required to meet with their University Supervisor an average of 1½ hour per week for group supervision.
- Time spent in the therapy room during live supervision counts as both client contact and supervision time; e.g., 1 hour of therapy plus 15 minutes pre- and 15 minutes post-session counts as 1 hour of client contact time plus 1.5 hours of individual supervision.
- The opportunity for the student to become familiar with a variety of professional activities in addition to direct service (e.g., record keeping, supervision, information and referral, in service, and staff meetings).
- The opportunity for the student to develop program-appropriate audio and/or videotapes of the student’s interactions with clients for use in supervision.
• The opportunity for the student to gain supervised experience in the use of a variety of professional resources such as assessment instruments, technologies, print and nonprint media, professional literature, and research.
• A formal clinical evaluation of the student’s performance at the end of each semester provided by the site supervisor.

B. Additional Program Clinical Requirements
Program requirements for intern students in the Marriage and Family Counseling Programs includes the appropriate use of the current edition of the “Diagnostic and Statistical Manual for Mental Disorders” and an understanding of the “International Classification of Diseases”. The internship experience must include a focus on conducting mental status examinations, and on the development and recognition of a framework for identifying symptomatology, etiology, and psychodynamics of mental and emotional disorders. (OCSWMFT Board 4757-13-01) (CACREP Standard III.H)

GRADING
The internship pass or fail grade will be assigned by the university faculty internship supervisor with consultation or recommendations from the site supervisor taken into consideration. The grade will be based upon the site supervisor clinical evaluations at the end of each semester, the university supervisor evaluations, and completion of all internship course requirements.

INTERNSHIP RESPONSIBILITIES
A. Responsibilities of the Cooperating Agency/Site Supervisor:
• Interview potential interns. If site agrees to a placement, notify the Internship Coordinator to this effect in writing.
• Designate an on-site counseling supervisor for the student intern. On-site supervisor will complete the Supervisory Designation form and return to Internship Coordinator. After review, and approval of supervisor, all contact regarding the student will be directed to the on-site supervisor.
• Provide an opportunity for the intern to participate in the routine professional activities appropriate for her/his area of specialization. These may include: individual and group counseling; couples and family counseling; career counseling; administration, scoring and interpretation of tests for clients being counseled; use of educational, occupational, and personal-social information; consultation with staff and other agencies, referral of clients; and staff meetings.
• Provide student intern with the rules and guidelines for their professional conduct at the agency/school/university.

B. Responsibilities of the On-Site Supervisor
• To be well grounded in the theory of marriage and family therapy, to use a systemic perspective, and have clinical experience in the field.
• Register with the Board as the supervisor on record for the intern’s CT status.
• Participate in the development of and approval of the internship plan and supervision plan, which must also be approved by the university supervisor.
• Sign and date the "Memorandum of Agreement", "Internship Plan", and “Supervision Plan”.
• Supervise each student intern for at least one hour per week. A maximum of two students can be supervised at any one time to meet this requirement. Individual supervision is that which occurs in groups of two or fewer students. This may include live supervision by the supervisor, while the intern is counseling the client. Live supervision includes both the preplanning and post feedback time.
• Encourage the student to attend professional meetings, training sessions, and workshops.
• Complete site supervisor evaluation of the intern at the end of each semester.
• Address issues such as diagnosis, treatment planning, goals and evaluations, in addition to monitoring session-to-session progress.
• Adhere to supervision being a process, which is clearly distinguished from personal psychotherapy or didactic instruction.
• Focus on the raw data from the student’s current clinical work, which is made directly available to the supervisor through such means as written clinical materials, direct observations, and video and audiotapes. Supervision that relies solely on written clinical materials or verbal reports does not meet adequate standards.

C. Responsibilities of Marriage and Family Program Faculty
• Approve students for internship registration and placement through the MFC/T Internship Coordinator.
• Provide an MFC/T Program Faculty Supervisor who will be the contact person for student intern and site during the internship experience.
• Insure that University Internship Supervisor meets with the program interns throughout each semester enrolled for internship.
• Monitor the student intern's performance through consultation with the site supervisor when needed.
• Assign course grades.
• Work closely with the participating agency/school/university to ensure that the internship is a reciprocal arrangement benefiting all who are involved.

D. Responsibilities of the Student Intern
• Arrange through the MFT Program Director to register for the internship. The student is responsible for meeting deadlines to insure appropriate placement.
• Attend on-campus, group supervision sessions in conjunction with the internship.
• Complete and send to OCSWMFT Board the Supervision Training agreement at beginning of supervision and Internship Evaluation form at end of internship.
• Complete all requirements for the group supervision portion of the internship, including evaluation of site/site supervisor at the end of each semester.
• Prepare proposed plan for internship experience. The plan should include the student's goals, the activities to achieve the goals, a plan for assessing the experience, and scope of practice.
• Perform the counseling and internship functions agreed to in the internship plan, as well as other functions as directed by the Site Supervisor.
• Continuously work to improve his/her performance in response to feedback made by the Site Supervisor.
• Meet at least one hour per week with the site supervisor for critique of work, including direct and indirect service. An attempt should be made to videotape or audiotape all therapy sessions.
• Keep a daily log of client contact hours, indirect service hours, and supervisory hours in accordance with the University supervisor's guidelines.
• Secure appropriate liability insurance.
• Be consistent with the requirements of the agency/school/university in regard to grooming, punctuality, etc.
• Demonstrate behavior in accordance with the highest ethical and professional standards.
• Obtain written consent for all clients before treatment begins. Obtain written parent/guardian consent for all clients under the age of 18.
• Commit to the Agency/School and to the Department of Counseling to fully participate and meet all internship requirements.
SUPERVISOR EQUIVALENCE FORM

Marriage and Family Therapy/Counseling Program
Department of Counseling
University of Akron

GENERAL INFORMATION

Name:_________________________________________________________ Date:______________

Agency Name:________________________________________________________________________

Agency Address:______________________________________________________________________
____________________________________________________________________________________

Highest Degree: □ MA/MS
□ PhD
□ Other__________________

Ohio License: □ Independent Marriage and Family Therapist (IMFT)
□ Professional Clinical Counselor (PCC)
□ Independent Social Worker-Supervisor (ISW-S)
□ Psychologist
□ Psychiatrist
□ Other State License ________________________________

DETERMINATION OF SUPERVISORY STATUS

Category I

1. Are you an AAMFT Approved Supervisor? □ YES □ NO

2. Are you an AAMFT Approved Supervisor –in –Training? □ YES □ NO
   If you answered with YES, who is the Supervisor-of-Supervision?________________________

3. Are you a licensed Independent Marriage and Family Therapist, with three years post degree
   experience in MFT? □ YES □ NO

If you answered YES to either of these questions, this form is completed. Please sign the last page
verifying accuracy of this info. You are granted approved supervisor status for The University of Akron
Marriage and Family Therapy/Counseling program’s master and doctoral programs in the Department of
Counseling. You are required to submit a copy of your resume or vita and verification from AAMFT of
your supervisory status, to complete this approval process (in accordance with: OH4757, COAMFTE
202.02).

Category II
A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor Candidate as equivalent to an AAMFT Approved Supervisor for purpose of supervision, if (1) the program documents the equivalent supervision had demonstrated training, education and experiences in marriage and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership or other documentation of training, education and experience in individuals, couples, and family therapy, and (2) demonstrated training, education and experience in individual, couple and family therapy supervision. This may be demonstrated by state credential to provide MFT supervision, completing coursework or continuing education in MFT supervision, significant MFT supervised supervision experience, or more than 10 years experience supervising MFT students. (Equivalence criteria must include training in MFT supervision.)

1. **Education in MFT:** Has completed 2 courses in MFT, or can evidence extensive non-academic training in MFT (e.g. a minimum of at least 25 credits of continuing education, etc.). Please list (a) university attended and courses completed, or (b) dates, topics and number of continuing education credits accrued. IMPORTANT: Documentation may be requested for accreditation purposes.

2. **Training and experience in MFT:** Have a minimum of three years of clinical experience with couples and/or families. Please list types of clinical experiences and place of experience.

3. **MFT supervision education and training:** Please list education and/or training, including dates and courses, workshops, or continuing education credits in MFT supervision.

4. **MFT supervision experience or supervision of MFTs:** A minimum of two years being supervised as a marriage and family supervisor. Please list supervisor’s name and site where their experience took place.
A minimum of 10 years supervising MFT students. Please list site(s) where the supervision took place and the dates.

Please return this completed form, a resume or vita, any documentation such as copies of licensure, certificates, transcripts, etc. to The University of Akron, Department of Counseling (Marriage and Family Therapy program)

Mailing Address:
The University of Akron
Chima Family Center
302 Buchtel Common
Akron, Ohio 44325
Attn.: MFT/C Program Director

Fax Number:
330-972-5292

Applicant Signature: ___________________________ Date_________________

For Office Use Only

MFT/C Program Coordinator(s): please review application form to determine applicant’s qualifications and mark below, as appropriate;

☐ Approved  ☐ Denied  ☐ Need more information

MFT Program Director: ___________________________ Date: __________________
APPENDIX B
MEMORANDUM OF AGREEMENT
The University of Akron, Marriage and Family Counseling/Therapy Program

Agency Representative: ________________________________

University Representative: ________________________________

Student: ________________________________

This agreement will be effective for a period from: ____________ to ____________.

Purpose
The purpose of this agreement is to provide a qualified graduate student, who has met program requirements, for an internship experience in the field of Marriage and Family Counseling/Therapy.

The Marriage and Family Counseling/Therapy Program Shall be Responsible for the Following:
1. Selecting a student who has successfully completed all pre-requisite coursework and can show proof of obtaining professional liability insurance.
2. Designating a qualified licensed faculty member as the Internship Supervisor who will work with the Agency in coordinating the internship experience.
3. Notifying the student that he/she must adhere to the administrative policies, rules, standards, schedules and practices of the Agency.
4. Supporting the Agency and notifying the student intern, if such an occasion arise that the Agency deems student intern’s placement is no longer appropriate.

The Agency Shall be Responsible for the Following:
1. Providing the intern with an overall orientation to the Agency’s specific services necessary for the implementation of the internship experience.
2. Designating a qualified appropriate licensed professional as the Site Supervisor. The Site Supervisor shall be responsible with the approval of the administration of the Agency for providing opportunities for the intern to engage in a variety of counseling/therapy activities (program appropriate) under supervision, and for evaluating the intern’s performance.
3. Providing the intern with adequate workspace, telephone, office supplies, and staff support to conduct professional activities.
4. Providing the University Supervisor access to the intern’s clinical work via video taping, live observation, case consultation, and/or case notes.
5. Ensuring the intern does not have more than 15 direct client contact hours per week, unless agreed upon by the site supervisor and university supervisor.

The Student Intern Shall be Responsible for the Following:
1. Attesting to having read and understood the American Counseling Association and the American Association for Marriage and Family Therapy ethical standards. Student
interns will practice counseling/therapy in accordance with these standards. Any breach of these ethics or any unethical behavior will result in removal from internship, a failing grade, and documentation of such behavior will become part of the permanent academic record of the student.

2. Agreeing to adhere to the administrative policies, rules, standards, and practices of the internship site.

3. Agreeing to inform immediately, both the Agency and the University Supervisor regarding concerns or issues as related to the internship experience or clinical work.

4. Understanding that a passing grade in the Internship course is contingent upon having demonstrated a competent skill level, as well as completion of all required paperwork and clinical hours.

Equal Opportunity
It is agreed by all parties that there will be no discrimination on the basis of race, color, nationality, ethnic origin, age, sex, creed, or sexual orientation/attraction.

Financial Arrangements
There are no financial stipulations in this agreement.

Termination
It is understood and agreed by the parties hereto that the Agency has the right to terminate the internship experience of the student whose health status is detrimental to the services provided to the patients/clients of the Agency. Further, the agency has the right to terminate the use of the agency by the intern, if, in the opinion of the Site Supervisor, or their Agency Representative, the Interns' behavior is detrimental to the operation of the Agency, and/or patient/client care. Such action will not be taken until the grievance against any intern has been discussed with the intern, and with the University Supervisor.

The names of the responsible individuals charged with the implementation of this contract are listed at the top of the document, and their signature below indicates agreement to the terms and statements above.

Agency Representative/Site Supervisor ___________________________ Date ___________________________

University Supervisor ___________________________ Date ___________________________

Student ___________________________ Date ___________________________
APPENDIX C
SUPERVISION CONTRACT

The following contract is between:

__________________________
SUPERVISOR

and

__________________________
SUPERVISEE

for the SPRING 2013 Semester. This contract involves general and specific guidelines for both supervisor and supervisee.

Supervisory Context, Format, & Schedule
You will be supervised bi-weekly in 3 hour blocks of time, in a group-supervision format with the other students enrolled in the Internship course. If you cannot attend any of the bi-weekly individual supervision, it is your responsibility to notify the supervisor as soon as possible to re-schedule a supervision session. Likewise, the supervisor will notify you as soon as possible when the need to re-schedule supervision arises.

Supervisees and the supervisor are expected to arrive on time and prepared for supervision. Being prepared includes having a case ready to present in supervision. If using a video of therapy, the tape should be appropriately cued for presentation.

Paperwork
Your clinical activity forms are required to be completed and submitted for each week at the start of group supervision/internship seminar. You are expected to complete all required paperwork for the internship seminar, at designated times. You are required to complete all clinical paperwork required and designated by your site in a timely manner. You are to work out this arrangement with your site supervisor.

Confidentiality
All supervision participants are expected to keep information shared during supervision confidential. Client confidentiality must be respected within the context of supervision; supervisees are expected to notify all clients at the initial therapy session that all cases receive supervision, and that client information may be shared within supervision, yet client information shared will not extend beyond the parameters of supervision. Similarly, supervision is a growth experience for supervisees. Personal information shared by supervisees is expected to stay within the parameters of supervision. The supervisor will also maintain and respect supervisees' confidentiality in supervision. Please be aware that information shared by supervisees in supervision may be shared among MFT faculty. Supervisees are being trained in Marriage & Family Therapy at an academic institution. Some sharing of supervision information is likely as faculty continue to ensure the personal and professional growth of students. Information shared by supervisees in supervision will not be shared with other students or in the classroom setting.
Other Expectations
One purpose of supervision for supervisees is to grow as clinicians. The supervisor role includes guiding, encouraging supervisees to think beyond their current realm, and trying new therapeutic techniques. Supervisees are expected to be open to new ideas provided by the supervisor and other supervisees. Supervisees will be asked at the beginning of supervision to provide goals to work on throughout the supervisory process. The supervisor may provide additional goals for supervisees to work on in supervision.

Supervisees and the supervisor are expected to follow AAMFT ethical guidelines at all times. The supervisor is to be notified of any and all crisis incidents prior to filing paperwork with outside authorities, such as when a client poses a danger to him/herself, others, in cases of suspected child abuse/neglect, or when police are called on a client’s behalf. Supervision notification is required in such cases to ensure that ethical and legal issues are properly addressed, as well as for liability issues. If you have a case that involves the court system in any way, you must keep your supervisor updated on the case weekly—at a minimum.

Supervisees are to carry liability insurance. A copy of current liability insurance needs to be provided to the supervisor if not already on file in the clinic.

Evaluation
Evaluation of supervisees is an ongoing process. The supervisor will provide ongoing informal feedback for supervisees throughout the semester. Supervisees will also have the opportunity to evaluate the supervisor and the supervision process. The supervisor will communicate with supervisees about serious/major problems if they are apparent before mid-semester.

The supervisor will give formal evaluations at the end of the semester. Supervisees are expected to formally evaluate the supervisor at the end of the semester.

By signing below, supervision participants agree to the above expectations.

---

Supervisee Name – Written ___________________________ Signature ___________________________ Date ___________________________

Supervisor Name – Written ___________________________ Signature ___________________________ Date ___________________________
APPENDIX D
INTERNISHIP PLAN
The University of Akron, Marriage and Family Counseling/Therapy Program

Agency: ____________________________________________________________

Agency Representative: ____________________________________________

Student: __________________________________________________________

This plan will be effective for a period from: _______________ to _______________

Supervision:

Requirements;
   Weekly Individual Supervision Time: ______________________________

   Weekly Group Supervision Time: ______________________________

Types of Supervision to be Received (check all that apply):
   □ Live   □ Video   □ Audio   □ Case Consult   □ Other:

Clinical Work:

My Schedule will be:

<table>
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<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
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</table>

Types of Direct Service Activities Available (check all that apply):
   □ Intake Interview   □ Couples Therapy   □ Family Therapy   □ Individual Therapy
   □ Group Therapy   □ Testing/Appraisal   □ Career Counseling   □ Other:

Types of Indirect Service Activities Available (check all that apply):
   □ Writing Intake Reports   □ Writing Case Notes   □ Completing Forms
   □ Workshops   □ Staff Meetings   □ Writing Treatment Plans
   □ Professional Reading   □ Scoring Tests   □ Other:
Objectives of Internship

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

Activities of Internship

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

Evaluation Methods

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

The names of the responsible individuals charged with the implementation of this plan are listed at the top of the document, and their signature below indicates agreement to the terms and statements above.

Agency Representative/Site Supervisor ________________________________ Date ________________

Student ________________________________ Date ________________
INTERNSHIP STUDENT INFORMATION FORM  
The University of Akron, Marriage and Family Counseling/Therapy Program

Student Contact Information

Student Name: __________________________________________________________

Phone Number: (____) __________________ Email: __________________________

Current Address: _______________________________________________________

_____________________________________________________________________

Site and Supervisor Information

Site Name: _____________________________________________________________

Supervisor: ___________________________________________________________

Phone Number: (____) __________________ Email: __________________________

Site Address: _________________________________________________________

_____________________________________________________________________

Background Information

Liability Insurance Carrier & Expiration Date: ______________________________

Are you currently employed part or full time outside of your internship? □ Yes  □ No

If Yes, where? __________________________________________ How many hours per week? _____

Please list any specific life experiences or previous concerns with supervision that have:

_____________________________________________________________________

What would you like to include for goals for this supervision experience?
APPENDIX F
INFORMED CONSENT FOR USE OF VIDEOTAPE THERAPY
The University of Akron, Marriage and Family Counseling/Therapy Program

Client Name: ____________________________
Student Therapist: ________________________

***

I hereby authorize and consent for the student named above to use whole or part of our videotaped therapy sessions for the purpose of supervision at the University of Akron, Department of Counseling until consent has been revoked.

I understand that the videotaped session will be used for supervision only and that the viewers of these sessions are mental health professionals and will be cautioned to respect the confidentiality of this material. I understand that I will not be identified beyond information on the videotaped segments. Further, I understand that the original tapes and any written materials in my case file are still protected and confidential.

I understand that this consent remains in place until I notify the student above via oral or written format of my revocation of consent. If oral revocation is provided, a follow-up written letter of revocation will be required. If my therapy sessions have ended, I know I can contact the agency where I received services, and they can provide contact information for the student.

***

Client Written Name ____________________________  Client Written Name ____________________________
Client Written Name ____________________________  Client Written Name ____________________________
Client Written Name ____________________________  Client Written Name ____________________________
Client Written Name ____________________________  Client Written Name ____________________________

***

Student Therapist Written Name ____________________________  Student Therapist Written Name ____________________________
Site Supervisor Written Name ____________________________  Site Supervisor Written Name ____________________________
SUPERVISION WORKSHEET
The University of Akron, Marriage and Family Counseling/Therapy Program

**Bring this worksheet EACH internship seminar of the semester**

Student Name: ___________________________ DATE: ________________

Case of Concern #1

Case # (or initials): _______________ Modality: I C F OTHER

Total # of Sessions Seen: _________ Date of Last Session: ____________

Presenting Issue: ____________________ Focus of Last Session: __________

Safety Issues / Concerns:

Supervisor Notes:

Case of Concern #2

Case # (or initials): _______________ Modality: I C F OTHER

Total # of Sessions Seen: _________ Date of Last Session: ____________

Presenting Issue: ____________________ Focus of Last Session: __________

Safety Issues / Concerns:

Supervisor Notes:
# Internship Direct Services Activity Log

The University of Akron, Marriage and Family Counseling/Therapy Program

**Student Name:** __________________________  **Internship Supervisor:** __________________________

DIRECTIONS: Put date of service, total number of clinical, non-clinical, and supervision hours for that entire day. Supervisor initial in last column verifies hours and services performed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Relational Hours</th>
<th>Co-Therapy Hours</th>
<th>Individual Hours</th>
<th>Group Hours</th>
<th>CPST / Case Mgt. Hours</th>
<th>Non-Clinical Hours</th>
<th>Supervision Hours</th>
<th>Supervisor's Initials</th>
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</table>
APPENDIX I
**TRAINEE SELF-EVALUATION FORM**

The University of Akron, Marriage and Family Counseling/Therapy Program

Student Name: ___________________________ Date: ____________

Please rate yourself on each of the following items based on the scale below:

- 5 = I am very strong in this area with all clients. This comes naturally for me now.
- 4 = I am generally strong in this area, though it may be more difficult with some clients.
- 3 = I am generally competent in this area, but I am continuing to work on this skill.
- 2 = I am inconsistent in this area - sometimes I do well and sometimes this is a weakness; I am continuing to work on this skill.
- 1 = This is a weakness for me; I am continuing to work on this skill.
- N/A = I am not able to assess this competency at this time.

<table>
<thead>
<tr>
<th>Attending to the Therapeutic Relationship</th>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I create an atmosphere of acceptance and understanding.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I attend to clients’ emotional climate in order to build trust.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I engage clients in the therapeutic process.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I develop mutually agreeable goals for therapy.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I recognize and attend to split alliances within relational therapy.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*Average Score:* ________

<table>
<thead>
<tr>
<th>Addressing Family Process</th>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I identify problematic relational interactions among family members.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I integrate individual and medical models of functioning within a systemic perspective.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I determine boundaries, hierarchies, and patterns within families.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*Average Score:* ________
### Remaining Aware of the Larger System

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Weak</th>
<th>Inconsistent</th>
<th>Competent</th>
<th>Generally Strong</th>
<th>Very Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>I develop treatment approaches from a range of theoretical perspectives.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I identify psychosocial and environmental influences on each client.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I coordinate therapy with relevant individuals and institutions.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I address external influences that affect family functioning.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Average Score: ____

### Designing and Conducting Treatment

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Weak</th>
<th>Inconsistent</th>
<th>Competent</th>
<th>Generally Strong</th>
<th>Very Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can determine who should attend therapy and in what configuration.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I facilitate therapeutic involvement of all necessary participants in treatment.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I match the needs of the client with an appropriate therapeutic approach.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I integrate information from a variety of sources to develop a treatment plan.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I establish a sequence of treatment processes in a treatment plan.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I assist the client to change their perspective of the presenting complaint to facilitate solutions.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I help the client to identify strengths and resources that assist therapy.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I assist the client in developing effective problem-solving abilities.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I help a client to alter problematic relationship patterns.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I tailor therapy to a client’s developmental needs.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I modify treatment techniques to the cognitive level of a child or adolescent.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I respond appropriately to a client’s culture or ethnicity.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I respect a client’s sexual orientation in order to enhance the process of change.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Average Score: ____
### Evaluating Ongoing Process and Outcomes

<table>
<thead>
<tr>
<th>Task</th>
<th>N/A</th>
<th>Weak</th>
<th>Inconsistent</th>
<th>Competent</th>
<th>Generally Strong</th>
<th>Very Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>I utilize published books or articles to guide the therapeutic process.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I modify the treatment plan based on information about client’s progress.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I utilize ongoing assessment to monitor the nature and severity of a client’s problems.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am able to assess a client’s interests and abilities using published standardized tests.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I can interpret client’s standardized test results related to published norms.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I evaluate clients’ outcomes for the need to continue or terminate therapy.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

**Average Score:** __________

### Thinking about Practice

<table>
<thead>
<tr>
<th>Task</th>
<th>N/A</th>
<th>Weak</th>
<th>Inconsistent</th>
<th>Competent</th>
<th>Generally Strong</th>
<th>Very Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a theory of how change occurs.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I recognize how my assumptions about human nature influence therapy.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I integrate supervisor/team communications into treatment.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
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**Average Score:** __________

### Maintaining Professional Ethics

<table>
<thead>
<tr>
<th>Task</th>
<th>N/A</th>
<th>Weak</th>
<th>Inconsistent</th>
<th>Competent</th>
<th>Generally Strong</th>
<th>Very Strong</th>
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</thead>
<tbody>
<tr>
<td>I recognize when my personal biases may influence the therapeutic process.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>I recognize when consultation with a colleague or supervisor is appropriate.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>I understand the ethical codes of the profession.</td>
<td>N/A</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>I maintain adequate and timely clinical records.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>I can discuss how fiscal responsibility, confidentiality, and legal issues can influence the therapeutic process.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>I can describe the therapeutic process to clients so that they can make informed decisions about treatment.</td>
<td>N/A</td>
<td>1</td>
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<tr>
<td>I make appropriate referrals to other professionals.</td>
<td>N/A</td>
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**Average Score:** __________
<table>
<thead>
<tr>
<th>Assessment and Diagnosis</th>
<th>N/A</th>
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<tbody>
<tr>
<td>I can recognize and evaluate an adult client who is depressed.</td>
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<tr>
<td>I can recognize and evaluate a child or adolescent client who is depressed.</td>
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<tr>
<td>I can assess an adult client’s behavior based on DSM-IV criteria.</td>
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</tr>
<tr>
<td>I can assess a child or adolescent client’s behavior based on DSM-IV criteria.</td>
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</tr>
<tr>
<td>I can recognize and evaluate an adult client who has an anxiety disorder.</td>
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<td></td>
</tr>
<tr>
<td>I can recognize and evaluate a child or adolescent client who has an anxiety disorder.</td>
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<tr>
<td>I can distinguish a client who has a personality disorder.</td>
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<tr>
<td>I can identify a client who has a developmental disorder.</td>
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</tr>
<tr>
<td>I can assess the level of risk of harm that a client’s behaviors pose.</td>
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</table>

**Average Score:**

**Quantitative Average (all eight category averages, averaged together):**

**Qualitative Evaluation:**

What do you believe are your strongest therapy skills?

With which skills do you think that you need the most assistance from your supervisor?

**Additional Comments:**
APPENDIX J
**Trainee Supervisor Report Evaluation Form**

*The University of Akron, Marriage and Family Counseling/Therapy Program*

Student Name: ____________________________ Date: __________

Supervisor: ________________________________

*Please rate the trainee on each of the following items based on the scale below:*

5 = The trainee is very strong in this area with all clients. This comes naturally for him/her now.
4 = The trainee is generally strong in this area, though it may be more difficult with some clients.
3 = The trainee is generally competent in this area, but needs to continue to work on this skill.
2 = The trainee is inconsistent in this area—sometimes they do well and sometimes this is a weakness; they need to continue to work on this skill.
1 = This is a weakness for the trainee; they should continue to work on this skill.
N/A = 1 am not able to assess this competency at this time.

<table>
<thead>
<tr>
<th>Attending to the Therapeutic Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee creates an atmosphere of acceptance and understanding</td>
</tr>
<tr>
<td>The trainee attends to clients’ emotional climate in order to build trust</td>
</tr>
<tr>
<td>The trainee engages clients in the therapeutic process</td>
</tr>
<tr>
<td>The trainee develops mutually agreeable goals for therapy</td>
</tr>
<tr>
<td>The trainee recognizes and attends to split alliances within relational therapy</td>
</tr>
</tbody>
</table>

*Average Score:_________

<table>
<thead>
<tr>
<th>Addressing Family Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee identifies problematic relational interactions among family members</td>
</tr>
</tbody>
</table>
Qualitative Evaluation:

What do you believe are the trainee’s strongest therapy skills?

With which skills do you think that the trainee needs the most assistance from your supervision?

Additional Comments:

_________________________________________________________________________

Student signature below is an acknowledgement of the evaluation, not an agreement of the ratings provided. Supervisor signature verifies that the evaluation was completed to the best of the supervisor’s knowledge, and that it represents the nature of work observed.

Student Written Name ___________________________ Student Signature ___________________________ Date __________

Supervisor Written Name ________________________ Supervisor Signature ________________________ Date __________

University Supervisor Written Name _______________ University Supervisor Signature _______________ Date __________