Clinical Practice Manual for Rehabilitation and Mental Health Counseling

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The Purpose of the Manual

The purpose of this manual is to provide rehabilitation counselors-in-training, as well as agency and University personnel with information regarding the context, objectives, activities and responsibilities of the supervised clinical practice component within The University of Iowa’s Graduate Programs in Rehabilitation. To insure a level of consistency from one practicum or internship site to another, this manual provides specific guidelines, written expectations, as well as procedures for the clinical practice experiences. Given the variability related to individual student needs and differences in agencies’ ability to meet some of these criteria, negotiations between the University and the agency are anticipated. Need for further information or clarification resulting from reading this manual should be directed to the University's Clinical Coordinator.

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The Clinical Curriculum

Goals and Objectives

To prepare counselors-in-training for professional practice with individuals with disabilities and mental health disorders, graduate training is provided in a systematically planned curriculum with emphasis placed on blending academic work with supervised clinical experience. The clinical portion of the sequence is structured in a manner that reflects the belief that counselors-in-training progress through developmental stages of growth and change. A typical sequence would be as follows: Counselors-in-training receive training through counseling and rehabilitation course work, participation in Applied Microcounseling (7C:5278) and Pre-Practicum in Rehabilitation and Mental Health Counseling (7C:6349) prior to being placed in a community agency. Pre-Practicum is a counseling laboratory which is designed to promote knowledge, skills and awareness of effective and ethical counseling methods in addition to the fundamentals of case management. This experience is followed by Practicum in Rehabilitation and Mental Health Counseling (7C:6349 and Advanced Practicum in Rehabilitation and Mental Health (7C:6350). These 12 hour a week practica experiences are conducted in community agencies serving individuals with disabilities and mental health disorders under the supervision of agency and University personnel. The practicum experiences are designed to promote personal and professional growth, clinical skill development, ethical decision making, and the application of knowledge by the counselor-in-training. After successful completion of the required course work and more than 600 hours of community based practicum experiences, the counselor-in-training then enrolls in a full time Internship in Rehabilitation and Mental Health Counseling (7C:6352) (600 clock hours). The internship allows the counselor-in-training to continue to transfer theoretical knowledge acquired in the classroom into clinically-based practice under supervision.

It is strongly believed that counselors-in-training need the opportunity to combine their didactic learning with actual experience in settings similar to ones in which they seek employment at the conclusion of their program. The clinical component of the program helps the counselor-in-training acquire proficiency and gain confidence by applying their segmented, emerging skills under the supervision of experienced, qualified, counselors.
The overall goals of a clinical preparation program are to prepare counselors to work specifically with persons with disabilities and mental health disorders in order to effectively promote positive changes in their psychological and employment status, level of social integration, level of independence, and quality of life. To these ends, and within the parameters of the clinical continuum, individual clinical preparation goals are established in order for the counselor-in-training to ensure skill development along with a strong knowledge-base, both of which serve to promote qualified providers of rehabilitation and mental health counseling services. The goals of this experience include:

- Formatting and identifying with a professional role;
- Demonstrating the ability to accept individual differences in clients, and developing and articulating an awareness of self as person;
- Articulating and implementing a personal theory of counseling which guides the intentionality of clinical practice;
- Demonstrating knowledge of ethical standards, decision-making strategies, and governance considerations necessary to effective clinical practice;
- Demonstrating knowledge of a developmental approach to counseling and supervision;
- Intentionally applying microcounseling skills effectively in the clinical setting and establishing interpersonal relationships that involve ethical decisions;
- Articulating an awareness of the realities of the counselor-client relationship and the part that self-understanding plays in this relationship;
- Demonstrating a knowledge of a clinical perspective, which is assessment across six domains: medical psychological, social, educational, vocational, and spiritual;
- Developing and articulating a case conceptualization based on tested, expressed, and manifest data formulated through the theory which guides their practice;
- Developing an individualized treatment plan based on client input and needs. Part of this plan is to include individual, group, or family counseling interventions and case management as appropriate;
- Applying knowledge and techniques learned in the classroom (under conditions that would not be injurious to the client in any way) in order to develop and strengthen applied counseling skills through didactic instruction, experiential opportunity, and one-to-one instruction, supervision, and evaluation;
- Demonstrating knowledge of the organizational structure, protocol, relationships, processes, and working conditions of rehabilitation and mental health agencies, including an awareness of community resources and the clientele those resources serve;
- Working effectively as a member of rehabilitation and mental health teams (i.e., with the supervisor, fellow workers, and allied rehabilitation personnel).

Because of the differences associated with each clinical experience, specific individualized objectives are developed for each course. In addition to these clinical practice objectives, the
student is encouraged to develop specific goals concerning their professional and personal growth.

These specific objectives are individualized and developed by each counselor-in-training in order to achieve course goals. Additionally, these objectives are developed with the assistance of the clinical supervisor and include formative (specific to a purpose) and summative (overall developmental level) evaluation, periodically and on an individual basis.

Definitions of Terms

Rehabilitation Counseling

A Rehabilitation Counselor is a counselor who possesses the specialized knowledge, skills, and attitudes needed to collaborate in a professional relationship with people who have disabilities to achieve their personal, social, psychological, and vocational goals.

Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within this rehabilitation counseling process may include, but are not limited to: assessment and appraisal; diagnosis and treatment planning; career (vocational) counseling; individual and group counseling; treatment interventions focused on facilitating adjustment to the medical and psychosocial impact of disability; case management, referral, and service coordination; program evaluation and research; interventions to remove environmental, employment, and attitudinal barriers; consultation services among multiple parties and regulatory systems; job analysis, job development, and placement services, including assistance with employment and job accommodations; and the provision of consultation about, and access to, rehabilitation technology.

Mental Health Counseling

Mental health counselors are highly-skilled professional counselors who provide flexible, consumer-oriented therapy. They combine traditional psychotherapy with a practical, problem-solving approach that creates a dynamic and efficient path for change and problem resolution. Mental health counselors offer a full range of services including:

- Assessment and diagnosis
- Psychotherapy
- Treatment planning and utilization review
- Brief and solution-focused therapy
- Alcoholism and substance abuse treatment
- Psychoeducational and prevention programs
• Crisis management

Counselor-in-training:
The preferred term of reference for a rehabilitation and mental health counselor graduate student enrolled in practicum courses. During internship, the preference is the term counselor intern. These terms of reference are preferred to that of student because they more clearly indicate to others the professional responsibilities under supervision these persons have while enrolled in clinical coursework.

Clinical Supervision:
"...an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of the professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper for those who are to enter the particular profession (Bernard & Goodyear, 1992, p. 4). Thus, clinical supervisors provide an essential and distinct intervention in the education and training of supervisees. The following terms and roles are typically involved in the clinical education, placement, and supervision of rehabilitation counselors-in-training. At any given time, a person may serve in more than one role.

UNIVERSITY

Program Coordinator:
This term refers to the faculty member designated to oversee the Graduate Programs in Rehabilitation, that include the doctoral program in Rehabilitation Counselor Education, and the Master's program in Rehabilitation and Mental Health Counseling.

Faculty Advisor: Refers to the Faculty member whose responsibilities include advising the student on the development of a plan of study and monitoring progress through the completion of the degree program.

Clinical Coursework:
A term which is used in reference to the Applied Microcounseling, Practica, and Internship courses.

Clinical Coordinator:
This person is responsible administratively for setting up the clinical experiences including such matters as selection and assignment of clinical sites, maintenance of memoranda of understanding, conducting students' Criminal Background Checks, as well as maintaining contact with these sites to address site development and clinical administration issues.

The Coordinator works with the agency Contact Persons at clinical sites for these purposes, while the University Faculty Clinical Instructor and Supervisor take responsibility for students and the clinical education course and process once the students are placed in the agency and the semester has commenced.
Faculty Clinical Instructor:
Person responsible for the organization and presentation of the didactic component of the clinical courses and supervising the University Supervisors.

University Supervisor:
Faculty or advanced doctoral student under supervision who is directly responsible for overseeing the counseling and case management activities of counselors-in-training or interns.

AGENCY
Contact Person:
Refers to a person, often the director, office supervisor or coordinator of an agency or program which serves as a clinical site. The Contact Person provides liaison with the University Clinical Coordinator and may or may not be the Clinical Site Supervisor.

Clinical Site Supervisor:
A person employed by an agency providing a clinical placement whose responsibilities include direct supervision of counselors-in-training or interns, as well as liaison with the University supervisor. Minimum qualifications for becoming a Clinical Site Supervisor include:

a. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses;

b. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled;

c. Knowledge of the Program's expectations, requirements, and evaluation procedures for students; and

d. Relevant training in counseling supervision.

Theoretical Base
The program's clinical component is structured on a developmental model which assumes that counselors-in-training progress through four levels (Level One, Level Two, Level Three, and Level Three-Integrated) while learning to function clinically in diverse settings. According to Maki and Delworth's (1995) Structured Developmental Model (SDM), as individuals progress through these levels, change occurs in a continuous manner with regard to the following overriding structures, or clinical indices: self and other awareness, autonomy, and motivation.

Three meta-domains are regarded as primary domains because they virtually permeate the remaining five process domains, or those domains involved in the counseling process. These three meta-domains are: (a) sensitivity to individual differences, or those differences between both the various clients served as well as the differences between the client and the counselor; (b) theoretical orientation, or the counselor's theoretical basis for guiding intervention; and (c) ethics, or the fair and beneficent treatment of clients.
The five process domains are briefly summarized as follows (see Maki and Delworth, 1995, for a thorough discussion of this model):

- **Interpersonal assessment**, which refers to the importance of the counseling relationship in evaluating the social skills, personality characteristics, and interactional style of the client.
- **Individual client assessment**, which refers to the focus on the person and related psychometric and/or situational assessment.
- **Case conceptualization**, or an integration of interpersonal assessment and individual client assessment in order to form a holistic view of the client and his/her situation.
- **Treatment goals or plans**, or what the client and the counselor hope to accomplish together.
- **Intervention strategies**, or a plan of action. It should be clear that the three primary domains individually and collectively influence each of the five process domains.

As the counselor-in-training transitions through the levels, increased competence in the clinical indices mentioned earlier can be observed and, in fact, measured.

**At Level One:**

Counselors-in-training are both highly dependent on their supervisor and highly motivated to learn. They are viewed as being self-focused and are thus concerned with their own performance more than their clients. Level One counselors will often times adapt the techniques modeled for them by their supervisors or will try to implement a "textbook" approach to intervention. A high level of anxiety is typical of the Level One counselor. Generally, counselors-in-training should be transitioning to Level Two by the end of Pre-Practicum. This transition is believed necessary for a successful Practicum, the first community-based, clinical experience.

**At Level Two:**

The counselor-in-training is more client-focused and offers less of a textbook approach to their work. Their own style and counseling personality begin to develop, and they are more willing to get both cognitively and emotionally involved with their clients. Due to the development of a knowledge and skill base, Level Two counselors begin to struggle with the conflicting need for supervision and, at the same time, the desire for autonomy in their work. Thus, a classic dependency-autonomy conflict typically results and is one of the salient characteristics of Level Two counselors. By the end of Practicum and the Advanced Practicum, counselors-in-training are transitioning to Level Three. This transition is believed necessary for a successful internship experience.

**At Level Three:**

The counselors-in-training begin to develop a more collegial relationship with their supervisor and related professionals. Level Three counselors are no longer characterized by Level One anxiety and have developed a somewhat confident style in both their counseling and
professional relationships. Level Three counselors can truly empathize with their clients and an increased self awareness allows for clear boundaries in their relationships with clients. At this level, counselor motivation becomes rather stable in nature as opposed to the high level of motivation that is characteristic of Level One. Counselors-in-training will ideally function at Level Three at the completion of the internship requirement. A fourth level, or Level Three-Integrated, counselors are sometimes referred to as "master counselors", which is reflective of, and also the result of, many years of clinical experience. Thus, there is an interaction between the overriding structures, or clinical indices, and the specific meta and process domains. The behaviors indicative of change in the clinical development of the counselor-in-training change over time as a function of this developmental process. In order to subsequently provide and participate in effective supervision it is critical to be aware of these changes, both related to the structures and domains as operationalized in the following manner.

Specific Structures/Clinical Indices

These are described as the basic components of counselor development and subsequent change as a function of that development:

Self and other awareness

This structure reflects the supervisee's primary focus as one of self focus that includes both a cognitive and an affective component. A Level One counselor focuses on his or her own performance as a function of both performance and evaluation anxiety. A Level Two counselor focuses more on the cognitive and emotional experiences of the client and may, in fact, become lost or over-involved in those feelings. A Level Three counselor develops a reciprocal appreciation of their own impact on the client and the client's impact on them.

Motivation

This structure reflects the supervisee's motivation for becoming and performing as a counselor, although this motivation occurs, it varies in energy level. A Level One counselor is motivated by an intense desire to become a counselor. A Level Two counselor may exhibit a fluctuating level of motivation as a function of assessment of their own skill level and the myriad of issues that clients bring to a counseling setting. A Level Three counselor exhibits a consistent level of motivation as a result of a better understanding of counseling and its limitations, including development of their own professional identity.

Autonomy

This structure reflects individual clinical decision-making activity and one pole of an autonomy-dependency continuum. Autonomy is the ultimate goal of professional counselor development. Level One counselors seek support and structure through a dependency on instruction, guidance, and clinical supervision. Level Two counselors struggle with a dependency-autonomy conflict. Level Three counselors exhibit confidence in their abilities while maintaining concern for their clients, and are able to seek out clinical consultation from their colleagues without sacrificing their own professional integrity.
Specific Meta Domains

These were mentioned earlier and are described as functional components of the practice of counseling across a broad variety of clientele. These also change as a function of counselor development.

Sensitivity to individual differences

This domain refers to the counselor-in-training sensitivity to the individuality of clientele and stresses the importance of developing awareness of the gender, racial, cultural, and other differences and similarities (e.g., disability) between them. This includes viewing the client as an important source of information. The counselor-in-training will ultimately need to assess how alike or different they are from their clients along a variety of these dimensions, and the impact of these factors on their ability to connect with them and thus promote the development of the counseling relationship.

Theoretical orientation

This domain refers to the importance of developing a particular intentionality to counseling that incorporates the counselor-in-training's specific beliefs (e.g., theory, philosophy) and approach to client assessment and intervention. The Counselor-in-Training will need to clearly understand and be able to apply a specific theoretical approach (or a combination of approaches and techniques if one subscribes to eclecticism or an integrated approach) to all of the process domains. These process domains are inclusive and descriptive of the counseling process.

Professional ethics

This specific domain refers to the importance of not only knowing specific ethical guidelines and adhering to them, but also to the importance of realizing when ethical dilemmas exist, and further developing methods to resolve those dilemmas (Cottone & Tarvydas, 2007). A clear understanding of the principles that serve to guide ethical decision-making, along with the inevitability of the occurrence of ethical dilemmas during the counseling process, support the overriding importance of this domain.

Specific Process Domains

These were also mentioned earlier and are described as functional components of the practice of counseling across a broad variety of agencies and clientele. These domains, however, are more process-oriented in that, as mentioned, they are inclusive and descriptive of the counseling process. Counselors-in-training change their approach to each of these as a function of their development within the SDM.

Interpersonal assessment

This domain refers to the counselor-in-training ability to use his or her own personality in order to facilitate an accurate assessment of the client's status and current situation. An important consideration here is the establishment and maintenance of the counseling relationship. Interpersonal and social skills are believed necessary for the establishment of this relationship.
Gelso and Carter (1985) believed that without the Rogerian-based components of empathy, genuineness, and respect, development of the counseling relationship may be jeopardized. Additionally, Bordin (in Gelso and Carter) believed that this relationship was not only important, but was also developed early on in the counseling relationship and was necessary later on as client's processed their counseling outcomes.

Individual Client Assessment

This domain refers to the assessment of client skills, abilities, and needs in order to serve the client more effectively. Assessment information ranges from objective, psychometrically sound instrumentation (e.g., administration of a depression inventory or vocational preference inventory), to clinical judgment based upon a structured (or unstructured) interview with the client. Included as important in this assessment process domain are those client behaviors that may seem contradictory to client statements. One example of this might include the clients' statements regarding a self-described troublesome situation in which the mood of the client during these statements does not fit the situation very well. Counselor skills are important to not only be aware of inconsistencies such as this, but also to be able to address them effectively.

Case conceptualization

This domain refers to the necessity of conceptualizing a client's specific situation in order to develop an appropriate treatment plan. Viewed as an integration of the interpersonal assessment domain and the individual client assessment domain (above), the case conceptualization domain is believed necessary in order to form a more holistic view of the client and his/her situation. The case conceptualization includes information, both verbal and written, across a wide range of factors. Following this case conceptualization, development is of a conceptual hypothesis testing format, based upon this information, that allows the counselor to summarize the issues, identify major themes that have emerged, and synthesize the information in a meaningful and theoretically sound manner so that it naturally proceeds to development of an individualized treatment plan.

Treatment goals and plans

This domain refers to the ability of the counselor-in-training to develop a series of goals and objectives, or what the client and the counselor hope to accomplish together, with each client the counselor is involved with. This specific domain includes goals and objectives, both on a short- and long-term basis, that are agreed upon by the counselor and client. It is here, perhaps more than anywhere else in the counseling process, that the importance of the counselor-client relationship comes into play. Clearly, empathy, genuineness, and respect are necessary if the client is to take risks for the benefit of future successes. Additionally, treatment plans will not work without some difficulties emerging along the way. Thus, the counselor-client relationship must be able to withstand the peaks and valleys that are part and parcel of the counseling process (Gelso & Carter, 1985). It is also here that the importance of a theoretical orientation is emphasized. Theoretical orientation is necessary to guide clinical intervention because it prescribes conditions necessary for development as well as subsequent change. The counselor-in-training must always remember that the client is involved because they (or others)
desire a change in their feelings, beliefs and/or behaviors. Theory can facilitate that change in a somewhat orderly manner. Without theory to guide clinical intervention, the counselor is left to guesswork, and the stakes involved in the client's clinical outcome are clearly much too high for guessing. In addition to the therapeutic factors imbedded in the plan, case management, as well as environmental consultation and advocacy considerations must be incorporated for ultimate success.

Intervention strategies

This domain refers to the development of a plan of action, with the counselor-in-training assessing their own scope of practice and competence within the specific counseling activity. Over time, counselors are able to assess their intervention techniques as a function of client progress. Generally, intervention strategies must be at least a) malleable, and b) appropriate to the established goals and objectives. The former condition refers to the importance of other issues that may emerge during the counseling process that further call for a change in intervention strategy. Process (e.g., counseling process) almost always involves spontaneity. Intervention strategies obviously do not always account for that spontaneity, so they must be somewhat flexible. Related to the latter condition, intervention strategies might include those of both a short-term (e.g., immediate) nature as well as a long-term nature. Thus, interventions should fit the intended goals and objectives.

The SDM paradigm (Maki & Delworth, 1995) thus emphasizes the importance of each meta-domain in the development of each remaining process domain, since the meta-domains independently influence these process domains. For example, treatment goals and plans need to include a theoretical orientation (to guide the intervention), need consideration of individual differences (to maintain the individuality of the client during intervention), and need professional ethics (to provide the intervention within the parameters of ethical treatment). Appropriate clinical development of the counselor-in-training is the intended outcome for this clinical curriculum.

Thus the program's clinical component is structured on a developmental model which assumes that counselors-in-training progress through four levels while learning to function in a clinical setting. As individuals progress across these levels, change occurs in a continuous manner with regard to the following: self and other awareness, motivation, and autonomy. As the individual transitions through the levels, increased competence in the following can be observed: awareness of individual differences, an awareness of professional ethics, conceptualization of a theoretical orientation, interpersonal assessment, assessment techniques, client conceptualization, ability to complete treatment goals and plans, and intervention skills. Supervisors need to be aware of these domains and adjust their interventions accordingly to enhance the development of rehabilitation counselors competence across the curriculum.

The ultimate goal of the program is to provide the pre-service foundation for the counselor to become a Level Three Integrated professional who is able to function ethically and independently. It is believed that this level can occur with supervised experience and continuing education after graduation. It is believed that through the didactic curriculum, practicum
Experiences, and clinical internship, counselors-in-training will acquire the confidence and competence needed to reach this professional level of functioning.

Curricular Units

Twelve curricular units are proposed that are intended to serve as a best practices model of rehabilitation counselor clinical preparation. The Structured Developmental Model (SDM) of rehabilitation counselor supervision (Maki & Delworth, 1995) is the basis for this curricular approach. These units are common to all clinical courses, yet the depth and meaning will vary as development proceeds.

1. Person as Professional
2. Ethical Standards
3. Theory
4. Interpersonal Assessment Reading
5. Individual Client Assessment
6. Case Conceptualization
7. Planning and Goal Setting
8. Intervention Strategies
9. Case and Caseload Management
10. Personal Professional Characteristics
11. Environmental Considerations
12. Clinical Supervision

Clinical Experiences

The following is a general description of the program's required clinical experiences. Specific information on objectives as well as the requirements for 7C:6349 Practicum in Rehabilitation and Mental Health Counseling, 7C:6350 Advanced Practicum in Rehabilitation and Mental Health Counseling, and Internship in Rehabilitation and Mental Health Counseling (7C:6352) can be obtained by contacting the University Supervisor or Clinical Coordinator. The sequential nature of the clinical component follows the SDM theory of counselor development (Maki & Delworth, 1995) mentioned earlier. The program places particular emphasis on teaching ethical decision-making skills (Cottone & Tarvydas, 2007) and adheres to the American Counseling Association (2005) Code of Ethics. Students are also expected to adhere to the CRCC Code of Professional Ethics (2010). Violations of the Code may be grounds for expulsion of the student from the program.

Courses

Applied Microcounseling (7C:5278)
The first course in the clinical sequence focuses on the knowledge, skills, and attitudes necessary for effective, intentional communication. The basic listening and responding skills, as well as empathy and focus are practiced. In addition, advanced skills such as the reflection of meaning, confrontation, reframing, directives and self-disclosure are introduced and developed. Instruction involves a didactic presentation followed by demonstration and practice with feedback. Audio and video taping is an essential component of this skills building course.

PrePracticum in Rehabilitation and Mental Health Counseling (7C:6348)
Successful completion of or concurrent enrollment in Applied Microcounseling (7C:5278) and Theories of Counseling and Human Development Across the Lifespan (7C:5221) are required in order to enroll in PrePracticum. PrePracticum consists of a counseling skills lab where counselors-in-training are provided with the practice necessary to prepare themselves for community agency work with rehabilitation and mental health clientele. Through practice with an analog client as well as didactic instruction, counselors-in-training are given the opportunity to refine microcounseling skills such as attending, reflecting feelings, active and empathic listening, responding, and constructive confrontation, develop case management and systematic counseling skills as well as develop basic clinical skills with regard to their work with clients. Counselors-in-training are introduced to information regarding basic ethical principles, ethical decision making skills and the Codes of Ethics related to counseling practice. In the PrePracticum experience, emphasis is also placed on helping the counselor-in-training articulate their theoretical orientation as well as reflect on individual differences such as culture, gender, disability, and sexual preference, and their influence and effect on the manner in which their counseling is carried out. The PrePracticum course includes lectures, demonstrations, and analog clinical situations that serve to integrate core counselor education coursework with prescribed rehabilitation counselor education coursework and experiential requirements.

The focus of PrePracticum is to assist the counselor-in-training to first develop Level One counseling skills in order to facilitate their transition from laboratory-based to agency-based settings. In fact, counselors-in-training should be approaching Level Two skills by the time PrePracticum ends. As mentioned, during this laboratory-based practicum, students focus on skill development, giving and receiving feedback, goal and objective development on an individual basis, development of a personal philosophy of counseling through practice and study of counseling theory, and completion of the analog client case conceptualization. Specific weekly sessions are outlined in the course syllabus. Evaluation of written projects provide assessment of supervisee’s performance on theory development, agency analysis, and case conceptualization. Periodic evaluation, summary, and integration of course activities assists supervisee’s to achieve a more global approach to the counseling profession (e.g., consideration of client, agency, and ethics) as they prepare for in-vivo clinical experiences.

Supervisees in PrePracticum receive ongoing feedback and supervision from University supervisors and are encouraged to participate in reflective self-evaluation as much as possible, guided throughout this process by the domains established in the SDM of counselor supervision (Maki & Delworth, 1995).

Practicum in Rehabilitation and Mental Health Counseling (7C:6349)
Practicum constitutes the first clinical practice experience in the community under supervision. In order to participate in the experience, the student must have successfully completed the first semester work including PrePracticum (7C:6348) and Theories of Counseling and Human Development Across the Lifespan (7C:6221). Determination of readiness to profit from this experience is made by both the Practicum Faculty Clinical Instructor and Supervisor in consultation with the faculty. The course syllabus details the activities and expectations for this practicum.

Counselors-in-training must analyze at least one agency prior to making application for placement in Practicum to determine with the Clinical Coordinator the site’s potential appropriateness for meeting their clinical objectives. After the completion of the agency analysis and before the end of Practicum, the students rank order their top three choices and the Clinical Coordinator considers these in deciding on practicum sites for students coming into Practicum. The Clinical Coordinator works with the agency Contact Person to arrange the details enabling the counselor-in-training to be on-site starting the first week of the Spring semester. Practicum assignment is determined by both the educational needs and the interest of the counselor-in-training as well as the availability of approved sites within the community. Under no circumstances are counselors-in-training to contact potential agencies regarding placement without the knowledge and approval of the Clinical Coordinator.

Counselors-in-training are required to be on-site for twelve hours per week for the 15 weeks of the semester of the semesters classes, or 180 hours. Typically students do not work in their agency placement during the 16th week of the semester which is examination week. The scheduling of this on-site time is to be worked out on an individual basis with the Clinical Site Supervisor. However, counselors-in-training are expected to maintain a consistent schedule from week to week and discuss any changes in this schedule with both the University Supervisor and Clinical Site Supervisor. For example, they are expected to attend the agency placement for an average of 12 hours per week, and not work ahead to complete their hours early since this approach would work counter to the developmental process that unfolds over time.

Counselors-in-training are expected to be given the opportunity to work directly with at least three clients. The counselor-in-training’s work is to be supervised by the Clinical Site Supervisor, as well as a University supervisor. All students will be supervised by a Certified Rehabilitation Counselor (CRC).

In addition to the time spent on site, the counselor-in-training is also required to attend weekly group and individual supervisory sessions at the University. Through the small group meetings, counselors-in-training are given the opportunity to consult with both their University Supervisor and other counselors-in-training regarding their agency case load, clinical experience, and areas of professional interest specific to their case work. Counselors-in-training also must meet with their University Supervisors at least three times a semester on an individual basis.

The counselors-in-training are expected to be responsible for a minimum of three (3) clients during the semester. This requirement is intended to permit them to maintain an on-going case load over the semester, become knowledgeable of several different clients, and gain increased
awareness of the rehabilitation process. The ability to counsel a diverse clientele across the rehabilitation and counseling process in differing statuses is encouraged. Of the twelve hours spent on-site weekly, the counselor-in-training should spend at least half of that time in direct counseling and case related activities.

Counselors-in-training are also responsible for procuring tapes of their interviews with clients. Counselors-in-training are highly encouraged to either audiotape or videotape all their counseling sessions, if possible. A minimum of three (3) tapes are required to be submitted to the University Supervisor for formal review. Students are required to tape record interviews and share these with supervisors and/or other counselors-in training, or to be supervised through direct live observation if that is not possible. Along with tapes, a written agenda developed prior to the session and a self-assessment following review of the tapes are to be submitted prior to the individual supervisory session. Specific forms and formats are provided by the University supervisor for clinical evaluation, and are made available to the students on the UI ICON Clinical Coordination Center web site.

This course consists of three parts, as follows:

Part I - There are large group meetings at which time issues related to counseling will be presented, discussed, and practice opportunities prepared. Participation is mandatory.

Part II - There are small group meetings with meeting time and location established by the University Supervisor. These sessions are designed to present the process of counseling with specific clients. Confidentiality must be protected at all times.

Part III - There are individual meetings between the student and their University Supervisor at least every three weeks. These are at a time and place agreed to by the student and the supervisor. Individual issues and progress on goals are reviewed.

It is anticipated that the Practicum will not only provide opportunities for the counselor-in-training to apply knowledge already gained, but will also serve as a framework upon which the new knowledge accessed through coursework can be analyzed and made meaningful to the individual as a professional practitioner. This practicum experience is designed to provide most counselors-in-training with the basic competencies for their work in the Advanced Practicum and Internship.

**Advanced Practicum in Rehabilitation and Mental Health Counseling (7C:6350)**

Students are expected to take an advanced practicum in an agency that further assists them in developing their individual, specific competencies and/or relates to their intended areas of specialized interest. This site is selected in consultation with the academic advisor, the Clinical Coordinator, and the student. The course, Advanced Practicum occurs in the Fall semester of the second year of study and involves 12 hours weekly on site (180 hours) with 3 hours of clinical supervision and course work on campus weekly. Course syllabi outline the intentionality and requirements for these experiences. All students will be supervised by appropriately certified and/or licensed counselors. However, since this Advanced Practicum is an added practicum beyond accreditation requirements, it does allow for students to gain experience in
areas that are valuable to their future counseling practice, but not necessarily traditional for rehabilitation and/or mental health counseling (e.g., marriage and family counseling). Therefore, more latitude is allowed for selection of the agency and supervision in this semester.

**Internship in Rehabilitation and Mental Health Counseling (7C:6352)**

The internship represents the counselors-in-training's final pre-graduation educational experience. The course syllabus specifies the requirements for successful completion of the clinical course work. Before placement in the internship, counselors-in-training must have successfully completed all of the required course work. The internship is viewed as the culminating educational experience since counselors-in-training are given further opportunities and responsibilities to practice with increased independence and further refine their counseling skills under supervision based on their individually defined educational goals and objectives. Furthermore, the internship is a required program component for counselors-in-training who desire continued professional recognition through certification and licensure. Counselors-in-training are required to be on-site for a minimum of 600 clock hours or 40 hours a week for the semester. Counselors-in-training should be given the opportunity to work closely with at least twelve (12) clients during the course of the semester. Again, supervision is a necessary component of the clinical experience with interns receiving supervision from both the Clinical Site Supervisor and University Supervisor. The Clinical Site Supervisor must provide a minimum of 1 hour of individual supervision weekly.

In addition to the time spent on site, the intern is also responsible for attending one small group session monthly. These sessions give the interns and the University Supervisor a chance to discuss issues related to the clinical experience. The interns are also required to consult with the University Supervisor at least three (3) times throughout the semester to discuss client related issues that may arise.

Through the internship, counselors-in-training are required not only to understand the more "practical" aspects of the job at a particular setting, but also to continue to integrate classroom work and the theoretical framework of their profession with the day-to-day responsibilities as a professional. The clinical internship should make the counselor-in-training's' professional behavior more symmetrical; not just more practical. Such symmetry is reflected in the counselor-in-training being able to make documented professional decisions, refine and evaluate their repertoires of counseling techniques, utilize research evidence, understand their own professional limitations more fully, and further develop methods for evaluating their work. A commitment to on-going professional development through continuing education and supervision is stressed as the intern graduates to professional practice.

The intention of this class is to provide advanced clinical experiences under faculty supervision in a community rehabilitation agency. All students will be supervised by appropriately certified and/or licensed counselors, and all are supervised by a Certified Rehabilitation Counselor (CRC). If the agency Clinical Site Supervisor is not a CRC, then the University supervisor will possess this credential. Student interns receive weekly individual (1 hour) or group supervision (2 hour) by a Faculty Clinical Instructor or University Supervisor. Emphasis is placed on the
application of rehabilitation and mental health counseling and case management methods, techniques, and vocational knowledge in work with clients; and consulting with rehabilitation and behavioral health professionals, business and industry as needed to enhance services to persons with disabilities or mental health disorders, for the purposes of psychosocial and psychological treatment, job development and placement, and/or for the purpose of independent living rehabilitation.

Agencies Used for the Clinical Experience

Basically, the agencies for clinical placements are those agencies providing rehabilitation and mental health services to persons with disabilities and mental health disorders. However, since the term rehabilitation is given a broad interpretation, many service agencies would qualify under this heading. To assure the best educational opportunity for the student, an agency site must be approved by the Clinical Coordinator before it will be considered for student placement. Approved sites have been identified and are contacted annually. The information provided is described in the Directory of Approved Clinical Practice Sites for the Program. This Directory is available through the UI ICON Clinical Coordination Center web site. The agencies frequently used include mental health centers, community support service and psychiatric rehabilitation centers for persons with mental illness, Iowa Vocational Rehabilitation Services offices, Veterans Administration Centers, rehabilitation centers such as the, Goodwill Industries of the Heartland, and a variety of other sites including correctional facilities, drug and alcohol abuse treatment centers, private rehabilitation agencies, outpatient medical rehabilitation clinics, independent living centers and special programs for women and students with disabilities.

The Clinical Coordinator considers the following criteria essential prior to establishing a site as eligible for practicum and internship experiences:

The site is a business, industry, or rehabilitation or mental health agency serving the needs of persons with disabilities and those with mental health disorders. There is qualified on-site supervision, with preference for counselors who are experienced and trained supervisors, hold a CRC, and/or who hold an Iowa LMHC or other appropriate certification or license. There is reasonable access to clients with disabilities and those with mental health disorders. There are reasonable accommodations for clinical practice, such as barrier-free environments and privacy for counseling. The agency supervisors and administrators are interested in working with the program and its students.

Assignments to sites are made by the Clinical Coordinator on the basis of student educational objectives, interest, geographical proximity, types of services provided, client population, and the agency's ability to provide the necessary placement, supervision and evaluation. Consequently, most practicum students do their clinical placements in, or fairly close to Iowa City. In some instances placements could be made in a facility at a distance from campus if such a placement were appropriate to the student and competent supervision was available. This type of placement is typically reserved for persons in the internship. The program is a non-thesis program that blends academic work and practical experience. A strong emphasis is placed on the experiential component, with students completing academic coursework and a
series of clinical practica simultaneously. These practicum placements are designed, as much as possible, to meet the interests and future clientele the student plans to serve.

**General Activities of all Clinical Experiences**

**Preparation for Clinical Coursework**

The preparatory steps for beginning a clinical practicum or internship placement involve working with the Clinical Coordinator to interview, and be selected for, an approved clinical agency placement as described above. Besides the initiation of clinical placement selection activities within the students’ clinical classes, an annual Clinical Orientation Day is conducted to assist students in their preparation for upcoming clinical courses. This meeting is typically held sometime in early to mid-September of Fall Semester, with a shorter meeting held in early Spring Semester to supplement that event and prepare first year students for the Fall Semester placements that will occur in their final year. At the September Clinical Orientation Day, all active and prospective agency clinical supervisors are invited to attend for orientation to the Clinical Program, a continuing education program relevant to supervision, and to meet with the students who will be seeking placements for the Spring Semester. The students seeking placement are provided an orientation to the clinical placement process and given general information about available placement sites in preparation for their meeting with agency representatives later in the day.

In addition to these activities to prepare for agency selection and supervisor preparation, students are required to have the following:

a. **Liability Insurance**: Counselors-in-training are required to purchase liability insurance prior to beginning their clinical duties in their placement agency. Litigation involving practitioners in the mental health professions has increased dramatically in the last few years. Clearly, the best way to avoid involvement in litigation is to adhere to professional ethical standards as well as to demonstrate high standards of personal and professional conduct. However, there are no guarantees. Because of this situation, the vast majority of professionals now consider professional liability insurance a necessity. All counselors-in-training are required to have professional liability insurance during the practicum and internship and maintain it throughout the experience. The American Counseling Association (ACA) offers free professional liability insurance to their Master’s level student members. Forms to join ACA and applications for insurance may be downloaded via the ACA website. Students will be asked to provide a copy of their policy as proof of liability for coverage. This copy will be kept on file in the Department.

b. **Criminal Background Check**: As part of standard procedures related to clinical placement, the Graduate Programs in Rehabilitation requires background checks that are conducted by the College of Education. The practice of performing background checks of all students enrolled in Program clinical courses was developed in response to requirements in the professional practice environment to provide the results of such checks to third parties, such as agency administrators, prior to placement in a required clinical placement in their facilities; that is, before practicum or internship. At times, the clinical site in which the student wishes to be placed will also require its own criminal
background check to be performed as well. To allow the College of Education to conduct the background check, the students will be provided with copies of the officially endorsed criminal background check record check request form.

Background check information will be confidentially maintained in a secure place. In the event that a significant criminal record appears in the results of the background check, the results of this check will be discussed with the student. If the student decides s/he still wishes to pursue their clinical placement, information about the results of this investigation will be provided to third parties who are making the determination about whether the student will be accepted for clinical placement. Anyone convicted of a felony cannot be licensed to practice as an Licensed Mental Health Counselor in the State of Iowa unless the conviction has been successfully appealed.

Clinical course Activities

The within-course supervised clinical practice component of the program can be divided into three (3) phases: orientation, observation, and participation. To some extent these phases overlap. However, it is desirable that the time devoted to participation be considerably longer than that devoted to the other phases. The participation phase is dependent upon the readiness and level of the counselor-in-training. However, experience has shown that approximately two to three weeks are devoted to orientation and observation phase, with the remaining time devoted to the participation phase.

Suggested activities involved in each of these three phases are listed below. It is hoped that the counselor-in-training will be able to participate in as many of these activities as possible while involved in the clinical experience. Of course, the agency will ultimately determine what activities will be available to the counselor-in-training in consultation with the University supervisor.

1. Orientation: It is highly desirable that counselors-in-training be provided with an orientation to the agency which includes but is not limited to:

   A. Physical Facilities
      Tour of facilities
      Files: charts, case files, record storage, etc.
      Supplies and resources
      Reference materials: library, manuals, testing materials, counseling aids, etc.
      Accessibility considerations for individuals with disabilities

   B. Agency Functions and Services
      Historical overview
      Support/income structure
Overview of rehabilitation and related services
Organizational chart and program structure
Referral, admissions, and retention policies
Client population characteristics
Reporting and statistical procedures
Ethical and confidentiality policies

C. Personnel and Office Regulations
   Work hours, breaks, holidays, etc.
   Telephone usage
   Supervision and use of support personnel
   Travel arrangements and expense
   Accounting for absences
   Relationship to supervisory personnel and accountability
   Use of agency equipment
   Extra work requirements
   Dress requirements

D. Staff Orientation
   Managerial and administrative
   Professional counseling services
   Clerical staff
   Other agency professionals
   Personal interviews with administrator and other relevant department heads if possible

E. Clientele
   Study and analysis of typical current and/or closed cases which illustrate agency function,
   clients served, and the role of the counselor
   Participation in staff meetings, and other sessions to become familiar with entire spectrum of
   services and the counselor’s role

2. Observation: To assure that the counselor-in-training is familiar with the mission of the
   assigned agency it is important that he or she be provided with a period of observation prior to
   assignment of clients. Suggestions include, but are not limited to the following areas:
A. Interviewing and Counseling
   Intake or screening interviews
   Counseling session
   Social work or psychologist interviews
   Interviews with clients of differing characteristics such as type of disability, socioeconomic background, ethnicity, etc.

B. Procedures Involved in Evaluation Services
   Medical
   Psychological
   Social
   Vocational/educational
   Economic/financial
   Neuropsychological
   Psychiatric

C. Case or Team Conferences
   Inter-agency or intra-agency conferences
   Team composition and leadership
   Methods of interim communication

D. Staff Meetings
   Administrative/supervisory meetings
   Team meetings
   Inservice training

E. Consultation
   Medical
   Psychiatric and/or psychological
   Legal
   Other

F. Case Recording
Individual client records
Case reports and monitoring systems
Caseload management and time management systems
Quality assurance and program evaluation recording

G. Counselor Field Rounds

Home visits
Employer job development, placement services
Community resources (employment services, hospitals, etc.)
Inter-agency rounds in rehabilitation facility, workshop, etc.

H. Treatment and Programming Services

- Assessment
- Vocational evaluation
- Group counseling
- Recreation
- Medical or psychiatric services
- Individual counseling
- Psychotherapy
- Independent living and community living services
- Benefits and financial resourcing
- Behavior management services
- Social skills training

3. Participation: Counselors-in-training should be encouraged to engage in as many activities with clients and the agency services as individual readiness and time permits. The counselor-in-training is able to gain more experience and the agency receives more assistance when clients are assigned to the counselor-in-training under the planned supervision of agency supervisors. The counselor-in-training is expected to show professional growth during the clinical experience. As they progress through the clinical experience, counselors-in-training should be able to complete cases or carry them far enough along independently to have a sense of accomplishment in seeing the client’s progress toward appropriate goals. Cases of increasing complexity can be assigned, including a variety of problems requiring services outside the agency, as student growth and capacity increase. Through supervised client contact, counselors-in-training should be given the
opportunity to practice and test their clinical impressions and techniques and to manage a case from initial interview to final contact with the client.

A. With Client

Screening interviews
Intake interviews
Clinical diagnostic interviews
Counseling interviews focusing on personal and vocational goals, rehabilitation and counseling treatment planning and decision making, vocational preparation, job placement, and work adjustment
Counseling sessions focusing on personal adjustment or psychological therapy, social adjustment, and/or independent living
Follow up and/or problem solving sessions, and interviews

B. With Agency and Personnel

Individual consultation with other professional personnel, intra or inter agency, concerning an assigned case

Supervision of the Clinical Experience

Supervision is an essential component of the clinical experience. To assure a successful experience for the counselor-in-training it is imperative that conscientious supervision be given throughout the semester by both the University Supervisor and the Clinical Site Supervisor. To assist in insuring the quality of this supervision, the student will receive basic information about the individual and group supervision in the specific course syllabus and the Supervision Contract. The Clinical Site Supervisor is required to complete the Supervision Contract and provide copies to the counseling-in-training and University Supervisor during the first week of the clinical experience.

The counselor-in-training should receive weekly supervision by the Clinical Site Supervisor where they are given an opportunity to discuss issues related to the clients they are working with, specific interventions that may be successful and appropriate treatment goals. Supervision should be provided by a qualified Master's level counselor who preferably is a Certified Rehabilitation Counselor (CRC) or CRC eligible, holds other certifications and/or licenses relevant to their practice; has a minimum of two years of pertinent professional experience; and training as a supervisor.

The counselor-in-training receives a minimum of three hours of individual and/or group supervision weekly through the program by the University Supervisor. Often, the University Supervisor is a trained and qualified advanced Doctoral student who is selected to supervise counselors-in-training in order to complete the educational sequence of their program. The University Supervisors receive weekly supervision from the Faculty Clinical Instructor.
Pre-Practicum in Rehabilitation and Mental Health Counseling

During Pre-Practicum the counselor-in-training receives on-going supervision within a laboratory setting on both a group and individual basis. Feedback is given continuously to the counselors-in-training with regard to their counseling and case management skills by both the University Supervisor and other counselors-in-training. Tape review, case conceptualization and written reports in conjunction with an analog client, as well as discussion and role-playing are integral parts of the Pre-Practicum supervisory experience.

Practicum and Advanced Practicum in Rehabilitation and Mental Health Counseling

During Practicum and the Advanced Practicum, counselors-in-training should receive at least one hour of weekly on-site supervision from the Clinical Site Supervisor in order to discuss issues of the client, as well as counselor professional development and case management that may occur. In addition to weekly on-site supervision, the counselors-in-training's work is supervised by a University Supervisor on a continuous basis. Each week the counselors-in-training participate in a 2 and ½ hour group supervision seminar on campus where issues related to their case work are discussed. Counselors-in-training are required to bring in audio or videotapes, typed transcripts and other materials related to their counseling work to discuss their clinical thinking skills and techniques with the supervisor and peers. The University Supervisor also meets regularly with the student on an individual basis. These individual meetings should occur at least monthly but the exact frequency of these individual supervision sessions is contingent on the needs of the counselor-in-training.

Internship

Given the developmental level of the intern, structured individual supervision is required as it was during the previous Practica experiences. Interns should be able to function more independently and will often engage the Supervisor as a consultant. However, it is still necessary for the Clinical Site Supervisors to meet with the counselor-in-training a minimum of 1 hour weekly to discuss clients with whom they are working. Interns should consult with the University Supervisor on an individual basis at least monthly. The frequency of these meetings is determined by student need, but a minimum of three are required. During these individual supervision meetings, interns and the University Supervisor review the counselor-in-training's work. Supervision is also provided on a weekly basis through a 2 and ½ hour small group meeting with the University Supervisor and fellow interns. During these small group meetings, interns discuss various aspects of the internship. The University Supervisor, the Clinical Site Supervisor, and the Intern will meet at the beginning, mid-semester, and at the end of the 600 hours to establish and monitor the individualized goals for the clinical experience.

Delineation of Roles and Responsibilities

The provision of an effective clinical experience requires clear understanding among all involved parties. The following roles and responsibilities were developed to assure consistency across agencies and provide some structure to an otherwise highly individualized process:

The Counselor-in-Training's role and responsibilities include:
Initiating contact with the chosen agency site only after approval is granted from the Clinical Coordinator. By the second week of the semester, submitting both personal and professional objectives for the semester to the Clinical Site Supervisor and the University Supervisor.

Arranging a work schedule to conform to agency requirements, with precedence given only to attendance of University classes. Although counselors-in-training are not expected to work in the agency during University holidays, it is the student's responsibility to negotiate with the clinical site supervisor the dates in which they will not be on-site.

Adhering to agency policies governing observance of ethics and confidentiality.

Adhering to rules governing professional staff behavior at the designated agency.

Assuming responsibility for personal activities and actions.

Maintaining professional counseling relationships with at least 3 clients during Practicum and Advanced Practicum and 12 clients during the Internship.

Relating and using the knowledge and skills acquired in the classroom in practice at the agency.

Developing self awareness with regard to personal attitudes, values and behavioral patterns that may influence the counseling relationship.

Participating and preparing for weekly supervision meetings with the Clinical Site Supervisor and with the University Supervisor.

Submitting at least three (3) taped sessions with critique during Practicum and Advanced Practicum experiences and initiating at least three (3) consultations sessions during course of Internship. Each critique must include the intent of the session, what took place during the session, self assessment, and plans for the next session.

Submitting accurate monthly logs, reports and other required assignments as required by University and/or Clinical Site Supervisor.

Adhering to the CRCC and ACA Codes of Ethics and standards of professional behavior.

Evaluating the experience: (a) the site, (b) supervisors and (c) self.

Purchasing personal professional liability insurance and providing a Certificate of Insurance to the University Supervisor during the first week of classes. Such insurance is required during the Practicum, Advanced Practicum, and Internship experience.

Participating and preparing for the classroom component of clinical experience.

Informing university and/or agency supervisor of any problems or difficulties as soon as possible.
The Clinical Site Supervisor's role and responsibilities include:

Providing direct on-the-job supervision to the counselor-in-training by a qualified professional employed by the agency. Supervision from a trained and qualified counselor is essential. It is highly preferred that supervisors possess a Master's degree in rehabilitation counseling or a closely related area and be a Certified Rehabilitation Counselor (CRC) or CRC eligible, holds other certifications and/or licenses relevant to their practice; has a minimum of two years of pertinent professional experience; and training as a supervisor.

Complete the Supervision Contract and provide copies to the counseling-in-training and University Supervisor during the first week of the clinical experience.

Introducing and orienting the counselor-in-training to the program in terms of such elements as working hours, standards of conduct, staff meetings and conferences.

Introducing the counselor-in-training to agency policies.

Orienting the counselor-in-training to the client population, including clients’ psychological and social needs, problems and unique characteristics. This may include allowing the counselor-in-training to observe the Clinical Site Supervisor in counseling sessions.

Assigning the counselor-in-training clients and client-related tasks corresponding to the level and ability to assume clinical responsibility. Specific assignments will be made in consideration of the needs and resources of the counselor-in-training, the agency, and the program. A plan will be agreed upon prior to placement.

Assignment of specific clients should be determined with regard to the following criteria:

a. the case should be typical or representative of cases served by the agency,
b. reasonably clear responsibilities should be delineated for the counselor-in-training,
c. the client should not have too many limitations to participate regularly and fully in the counseling process, for example: transportation problems, limited time available for appointments or reluctance for counseling,
d. if possible, provide a balance between long-standing and new cases to allow the student the opportunity to observe various stages of service,
e. clients should be functionally verbal,
f. there should be a reasonable expectation that the counselor-in-training will be able to meet with clients several times during the semester,
g. clients must agree to work with the counselor-in-training and at least one client should allow the counselor-in-training to tape record their sessions for the purpose of supervision, since students are required to tape record interviews and share these with supervisors and/or other counselors-in training, or to be supervised through direct live observation if that is not possible,
h. clients should have a disability or mental health disorder from which arise issues appropriate for counseling,
i. cases which are useful as instructional examples of more common problems should be assigned if possible, and
j. cases should be professionally challenging to counselor-in-training but should be consistent with their level of personal and professional development.

Providing weekly individual supervision meetings of a minimum of 1 hour to discuss clients assigned and give counselor-in-training appropriate feedback.

Defining and communicating the counselor-in-training's responsibilities at the site.

Ensuring that counselors-in-training spend at least fifty percent of their time in direct counseling and related activities which may include one on one counseling and/or group or family work.

Evaluating the counselor-in-training's work, completing the necessary evaluation forms, discussing this with the counselor-in-training and then forwarding a copy to the University Supervisor.

Informing the University Supervisor of any problems or difficulties encountered as soon as possible.

Participating in an initial objective setting session as well as a mid-semester and final evaluation with both the counselor-in-training and University Supervisor. Meetings will be conducted at the convenience of the Clinical Site Supervisor to discuss the counselor-in-training's clinical work. The Clinical Site Supervisor will document the quality and extent of the clinical work and complete a written final evaluation of the counselor-in-training. An evaluation form will be provided by the University Supervisor.

Abide by the ethical standards of the counseling profession, as set forth in the ACA Code of Ethics.

Providing the counselor-in-training with office space and other physical facilities that are equivalent to those provided to regular staff members given similar responsibilities.

**The University Supervisor's role and responsibilities include:**

Assuring that each counselor-in-training is prepared adequately for the clinical experience.

Advising the counselor-in-training of university requirements for clinical experience and explaining evaluation process.

Maintaining regular contact with the Clinical Site Supervisor and if travel permits, visit the agency for conferences between the Clinical Site Supervisor and the counselor-in-training at the beginning of the semester to discuss objectives of the field work experience, and at midterm and end of the semester for assessing the student's professional growth.

Providing direct supervision to the counselor-in-training through regular individual and group supervision sessions.

Being available for consultation to the Clinical Coordinator, the counselor-in-training and the Clinical Site Supervisor.
Evaluating the experience and providing an assessment to the counselor-in-training and Clinical Site Supervisor.

Providing the counselor-in-training with the resources that aid in achieving their educational objectives.

Assessing the professional development of the counselor-in-training which includes subjective, accurate and timely feedback of taped counseling sessions, and progress made toward goals.

Intervening when the counselor-in-training is perceiving limited or restricted experiences in the community agency.

**The Clinical Coordinator’s role and responsibilities include:**

Overseeing the general coordination and administration of the clinical experience including:

- Developing and monitoring the completion and updating of Memoranda of Understanding with clinical agencies and institutions that will be utilized and clinical placement sites, in cooperation with the College of Education’s Office of Teacher Education and Student Services; and

- Initiating the process of obtaining the necessary Criminal Background Checks in collaboration with the College of Education Office of Financial and Human Resources,

Assisting the counselor-in-training with the selection of an appropriate placement before the beginning of the semester in which the clinical experience is taken.

Arranging with cooperating agencies for clinical experience assignments.

Providing the agency Contact Person with information relevant to the possible placement of the counselor-in-training.

Acting as a liaison with Clinical Site Supervisors which includes identifying and assessing counselor-in-training learning patterns and facilitating their professional development.

Acting as a liaison with the practicum community which includes maintaining relationships with clinical sites; evaluating and facilitating further development of clinical resources; developing additional placement and learning opportunities in the community; and developing and maintaining relationships with other professional organizations which represent resources of education.

Assessing and evaluating the appropriateness of potential and existing agencies as clinical sites.

Assessing and evaluating the appropriateness of potential and active Clinical Site Supervisors.

Coordinating a yearly Clinical Orientation Day that provides information about the clinical program requirements and placement process to students, University Supervisors, and Clinical Site Supervisors; and that includes providing a continuing education program for Clinical Site Supervisors that will contribute to their educational development as supervisors.
Organizing and coordinating all clinical experience records.

**The Faculty Clinical Instructor's role and responsibilities include:**

Conducting supervision meetings with University Supervisors and the Clinical Site Supervisors.

Collaborating with the Clinical Coordinator to provide information and assistance needed to maintain appropriate clinical placement sites, and make individual student placements commensurate with the student's individual level of development and clinical education goals.

Determining the University Supervisors' eligibility for their positions.

Supervision of the University Supervisors.

Development and scheduling of supervision training programs on an ongoing basis.

**Evaluation Procedures For The Clinical Experience**

University policy requires that students be assigned a grade at the conclusion of each unit of the supervised clinical experience. The assignment of a final grade will be the responsibility of the University Supervisor in consideration of input from the Clinical Site Supervisor and the counselor-in-training. In order to successfully pass and progress to the next clinical course, the student must achieve an overall grade of B- or better.

Special emphasis is given to the growth and professional development of the counselor-in-training. Determination of growth is made based on whether or not the counselor-in-training met personal and individual objectives throughout the semester. Since evaluation rests on the counselor-in-training's individualized objectives, counselors-in-training and University Supervisors must meet during the first week of their clinical placement to develop and clarify goals and objectives for the semester as well as the methods used to meet these goals. The counselor-in-training should share these objectives with the Clinical Site Supervisor and if necessary develop specific objectives to meet agency needs.

The Clinical Site Supervisor, University Supervisor and counselor-in-training will maintain open lines of communication discussing these objectives and determining the counselor-in-training's progress. These objectives may be modified by consensus of those involved at mid-term if necessary to better meet the counselor-in-training's needs.

To insure consistency and continuity in evaluation of the clinical component, a standardized form provided by the Clinical Coordinator will be used for evaluation of the student's counseling skills in the clinical site. This form will be available to students and University Supervisors on the UI ICON Clinical Coordination Center web site. Students will receive a passing grade if acceptable movement has been made toward meeting objectives. A failing grade may result if it is determined that the student is practicing in an unethical manner, does not fulfill agency or University requirements as described in the course syllabus, and/or fails to make acceptable progress toward meeting their objectives and/or a basic level of professional competence in the judgment of the University Supervisor. If this situation does occur, the Rehabilitation and Mental Health Counseling faculty will decide the appropriate course of action.
The classroom component will be graded by the University supervisor. All assignments must be completed in a timely and satisfactory manner in order to meet the prerequisite for enrollment in subsequent Practica or Internship. Practica are graded both on a mastery level and on a criteria basis. A grade of "Incomplete" is typically not available in these courses. Counselors-in-training will receive ongoing feedback regarding their progress and should therefore be aware of the supervisor's concerns. The classroom component of the clinical experience is graded by the Faculty Clinical Instructor in consultation with the University Supervisor. The Faculty Clinical Instructor will provide a written statement of requirements and grading scale at the beginning of the semester.

Policies and Procedures

Clinical Objectives

The practica and internship experiences are based on individualized clinical objectives. These objectives have been developed as they are believed to be important educational goals to be met during a specified clinical experience and therefore must be incorporated into the learning experience. These professional goals are used to determine a prescriptive professional development plan within the program's clinical experience sequence. The goals and objectives should reflect the curricular units, that is, parallel the domains of the SDM.

Clinical Experience Format and Prerequisites

Theories of Counseling and Human Development Across the Lifespan (7C:5221) is taken during the first semester of coursework. Applied Microcounseling (7C:5278) and Pre-Practicum starts the semester immediately after this course ends. Pre-Practicum I is meant to help counselors-in-training transfer their microcounseling skills and individual counseling theory into a setting similar to the one in which they intend to work. Applied Microcounseling and Theories of Counseling and Human Development Across the Lifespan must be successfully completed before Practicum can be taken.

Practicum typically is taken the first year of coursework and is therefore only offered during the Spring semester. Successful completion of this course is required before placement in Advanced Practicum.

Advanced Practicum is typically taken during the Fall semester at the beginning of the student’s second year. Successful completion of this course is a prerequisite for enrollment in the Internship. Practicum and Advanced Practicum counselors-in-training are required to be "on-site" for a minimum of 12 hours a week throughout the semester or for 180 hours. Typically students do not work in their agency placement during the 16th week of the semester which is examination week. The scheduling of this on-site time is to be worked out on an individual basis with the Clinical Site Supervisor. However, counselors-in-training are expected to maintain a consistent schedule from week to week and discuss any changes in this schedule with both the University Supervisor and Clinical Site Supervisor. For example, they are expected to attend the agency placement for an average of 12 hours per week, and not work ahead to complete their hours early since this approach would work counter to the developmental process that
unfolds over time. All clinical courses begin the first week of the semester and end the week before finals.

Internship is taken only after successful completion of all coursework. It is typically offered during the Spring semester of the second year. Counselors-in-training are required to be on-site for a minimum of 600 clock hours or 40 hours a week throughout the semester (excluding finals week). In addition to the on-site work, students are also expected to attend and participate in regularly scheduled small group meetings and individual supervision with a designated University Supervisor.

Additional Clinical Placements: Under certain circumstances, Practicum or Advanced Practicum in Rehabilitation and Mental Health Counseling may be repeated. Examples include: a desire to do an elective clinical placement to explore new areas or learn new skills or the need for more supervised counseling experience before internship placement and/or difficulty within a previous practicum placement. The decision to retake a practicum is determined by consultation between the Faculty Advisor, Clinical Coursework Instructor, Clinical Coordinator, University Supervisor and the counselor-in-training.

University Calendar

Students are expected to work at the agency during the academic semester as defined by the official University calendar, with the on-site hours completed prior to finals week unless otherwise approved by the University Supervisor. Clinical placements and clinical courses are not offered during Summer semesters.

Selection of Placement Sites

Counselors-in-training are responsible for determining their personal and professional needs consistent with course requirements. Final decision for placement is made by the Clinical Coordinator with input from the counselor-in-training. The Clinical Coordinator is responsible for initially setting up the practicum and internship experiences. However, after the initial contact, counselors-in-training are responsible for setting up the specifics of the placement. To determine mutual compatibility of goals and interests, the counselor-in-training is required to interview for the clinical position before placement is finalized.

Clinical experiences are determined with regard to student educational objectives, interest and need in collaboration with Clinical Coordinator and Faculty Clinical Instructor.

Agency sites must be arranged prior to beginning of semester in which clinical work is taken.

Clinical placement must be in an agency that provides rehabilitation or mental health services.

Clinical placements must be in an agency that provides qualified supervision, preferably a person who is CRC or CRC eligible.

Clinical placements must be in an agency that provides qualified supervision, preferably a person who is CRC or CRC eligible, holds other certifications and/or licenses relevant to their
practice; has a minimum of two years of pertinent professional experience; and training as a supervisor.

Paid clinical experiences are not typical except under circumstances where the counselor-in-training is in internship and when the goals/objectives of the student are not compromised by payment for services.

When the paid clinical experience is continuing employment, the counselor-in-training must be allotted a new position in the agency which allows for new learning and instruction from a new supervisor.

**Change of Placement Assignment**

If circumstances require a counselor-in-training to discontinue a clinical placement, the counselor-in-training and University Supervisor are responsible for initiating discussion with the Clinical Coordinator.

Some of the possible circumstances which might require changing a site include:

- Inability of the agency to provide learning experiences as originally agreed upon,
- Major changes in agency staff and/or programming, and
- Learning or teaching problems that cannot be resolved.

Written documentation of difficulty is needed to determine appropriateness of request. To assure the best learning experience, the counselor-in-training should inform the University Supervisor of any difficulty as soon as possible. Before removal from the site, involved parties should attempt to resolve the situation.

If the Coordinator, after collaboration with the Clinical Instructor, believes that a request for change in placement is warranted, depending on the timing in the semester, will initiate a new placement. If the student is past the mid-way point in the semester at the point of difficulty, the student will be removed of their clinical work requirements and may be allowed to take the course another semester.

**Appeals Process**

Major clinical work related decisions are the responsibility and authority of the University Supervisor. These decisions may be appealed if the counselor-in-training believes that the University Supervisor failed to provide sufficient on-going feedback and evaluation.

The student's grievance must be submitted, in writing, to the Program Coordinator who will arrange a meeting with the counselor-in-training, University Supervisor, Clinical Coordinator, Faculty Clinical Instructor, and Clinical Site Supervisor, if necessary. Decisions will be submitted in writing to all involved parties. All appeals are final.

**Accommodations**
Each clinical course syllabus includes the following statement or another that conveys essentially the same information: I would like to hear from anyone who has a disability which may require some modification of seating, testing or other class requirements so that appropriate arrangements may be made. Please see me after class or during my office hours.

**Impaired Student Policy**

It is recognized that everyone can encounter personal problems that can interfere with work performance. It is, therefore, the purpose of this procedure to outline the steps that can be taken in order to assist a person whose performance may be impacted by problems caused through alcohol or substance abuse, emotional distress, mental and/or emotional problems, mental illness or other reasons.

This policy may be enacted when it is believed that the functioning of a student is impaired due to chemical dependence or abuse, mental illness, emotional problems, or other circumstances that cause the student to be unable to properly perform his/her tasks and responsibilities.

Depending upon the nature, seriousness and/or duration of problems evidenced by the student’s behavior, Program faculty may also initiate an evaluation of the student’s overall situation through the Review and Retention procedure as outlined in the Program Student Handbook.

**Impaired Student Procedures**

If it is believed that the student is unable to function appropriately and as prescribed in our written code of ethics, he/she will be referred by the Coordinator to an agency or individual for an assessment. The substance of the assessment process is strictly confidential. However, as it is necessary for the Coordinator to have knowledge of any recommendations of the assessment facility, the student will need to sign a release of information form so these recommendations may be released to the program coordinator.

The cost of the evaluation and any treatment recommended by the evaluating facility will be borne by the student.

It is the responsibility of the student to follow the recommendations of the assessment. The recommendations may include but are not limited to:

Treatment for chemical dependency at a center that is agreed upon by both the student and the Coordinator.
A medical examination by a competent health care professional.
Counseling for personal, emotional or marital problems.

If the recommendations are not followed, the student may be dismissed from the program.

It is possible that the recommendations of the evaluation and/or treatment program would be that the student be given a leave of absence. It is also possible that the Department or Program believes it is best for the individual to be placed on an involuntary leave of absence. In either case, the leave of absence could be for a period of time of up to two (2) years. If this leave of
absence would result in a period of time greater than what is customarily allowed to complete a program, the student may petition for an extension of time.

It is the concern of the Program as well as the Department that the care provided by counselors-in-training be of the highest caliber. Therefore, because of ethical considerations, it may be appropriate to prohibit a student from partaking in any and all practicum or internship activities until acceptance into the clinical course is petitioned by the student. The Program Coordinator may seek the advice of the faculty, the Department Chair and the treatment professional working with the student before such permission is given. The purpose of the petition is to allow the student to demonstrate his/her ability to participate in a clinical experience in an appropriate and ethical manner.

The student has the right to appeal decisions that are made during the process. If the student disagrees with the treatment recommendations of the evaluation facility, he or she may seek out another evaluation from a different facility. The cost of this evaluation is again paid for by the student. In addition, in order for an evaluation as accurate and complete as possible, release forms need to be signed so that any/all individuals who are providing an evaluation will have access to the same information upon which to base their evaluation.

If there are conflicting recommendations, the Program Coordinator may request that the student seek a third evaluation.

If the student believes that all of the facts were not brought forth during the evaluation, he/she may seek a hearing with the Program Coordinator. The Program Coordinator may invite to the hearing people who are able to help in the examination of the situation. Among those invited could be the student's advisor, the University Clinical Instructor, faculty members who are knowledgeable in the area of substance abuse, a representative of the assessment facility, fellow students, and others who would be beneficial to the process. The student would be allowed to invite whomever he/she would wish.

The student also has the right to appeal any decision to dismiss him/her from the program within 14 days of the decision.

In order to protect the rights of the student, this information is considered confidential and may not be released outside of the department or to the assessment and/or referral agencies without written permission signed by the student and witnessed by another. If, after following the steps outlined above, a reoccurrence of the behavior happens within 12 months, the student is dismissed from the program.

**Transporting Clients**

Because of issues of liability, students are not permitted to transport clients during the clinical field work component.

**Professional Liability Insurance**
All counselors-in-training are required to purchase professional liability insurance prior to placement at a clinical site. Insurance can be purchased through the American Counseling Association (ACA) or the National Rehabilitation Association (NRA) at student rates. Information is available through the Clinical Coordinator.

Abiding by Codes of Ethics

Counselors-in-training are required to abide by the American Counseling Association (ACA) and Commission on Rehabilitation Counselor Certification Codes of Ethics. Any misconduct will result in immediate evaluation of the situation and possible removal from the Program. University and Clinical Site Supervisors are required to abide by the ACA Code of Ethics. The Clinical Coordinator is responsible for monitoring supervisors and providing access to the Codes and Standards that should govern their practice.