

**Indiana University of Pennsylvania  
Department of Counseling**

# **Doctoral Practicum Planning Manual**



**Spring 2021**

**Important Note: Information contained in this manual is subject to change.**

**(Manual Revised 9-28-20)**

# Department of Counseling Individual Practicum Manual

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Staci Carone, Matthew Nice.

## Overview of Practicum Experiences

Welcome to your Practicum experience! The Practicum class is designed to advance your counseling skills as you provide services to clients. The IUP Department of Counseling takes planning for this experience seriously, as the Practicum is a crucial time of doctoral level counseling skill development. This Practicum Planning Manual is designed to give you all the information that you need to successfully plan for your Practicum experience.

### Overview of Requirements

#### **COUN 930 Doctoral Practicum in Counseling 3 cr.**

Participates in a 100 hour (40 direct hours) doctoral level, supervised counseling practicum in an agency or school setting. Emphasis will be placed on applying counseling theories and techniques in a clinical setting customized to the student's learning goals. Focus on theoretical integration, diagnostic evaluation, and accountability under intensive supervision. Refer to Appendix for delineation of direct and indirect hours.

**Prerequisite:** Restricted to students admitted to the Counselor Education Doctoral Program.

\*Doctoral practicum is completed at an off-site location\*

### Additional Student Requirements:

- Secure a practicum site that meets departmental requirements (see letter C below). IUP Department of Counseling reserves the right to not approve a site for any reason.
- Complete required paperwork and submit **by the specified due date** to the Doctoral Practicum Coordinator (Appendices A & B). After all student & site materials are received, reviewed, and found to meet eligibility requirements, you will receive an e-mail from the Doctoral Practicum Coordinator stating that you are approved for practicum. **Note: You cannot begin your practicum experience until you receive an approval e-mail from the Doctoral Practicum Coordinator.**
- By the specified due date, you must verify that you have obtained the required clearances so they will be **current for the duration of your entire practicum and will not expire anytime during the practicum.** You must also renew your liability insurance in a timely manner so that it remains current for the duration of the practicum. These documents must be submitted to the Department Contact for Clearances. Please refer to the Practicum Planning Schedule for all due dates.
- Use the IUP Required Informed Consent Form (Appendix F) and provide a signed copy to your Faculty Supervisor for each client.
- Complete any other paperwork required by the site (as applicable).

- Maintain Practicum Log (Appendix E) that provides a tally of practicum hours completed. **Note: It is your responsibility to keep a copy of your final signed practicum log.**
- Complete the Summative Assignment for the Practicum.
- Attend 1 hour of weekly individual/triadic supervision with your off-campus Site Supervisor.
- Attend an average of 1.5 hours of group supervision per week with your Faculty Supervisor.
- Complete Evaluation of Site Supervisor (Appendix D).
- Ensure that Site & Faculty Supervisors complete the Student Evaluation (Appendix C).  
**Note: It is your responsibility to keep a copy of your final signed evaluation(s).**
- All counseling sessions must take place **at the site location**. One exception will be for any student who is providing telehealth services during the pandemic. Client recruitment advertisements must be in accordance with the ACA Code of Ethics (ACA, 2014) and be approved in advance by the faculty supervisor and site supervisor. Advertisements for off-campus counseling services are not permitted to be displayed at any IUP facility.
- As an IUP student, you have many rights related to IUP's administration of Title IX regulations. It is essential for you to become familiar with some important resources. Please read the information contained in the Survivor's Handbook and the Where to Turn for Help handout. These documents can be accessed through the following links:

Where to Turn for Help: <http://www.iup.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=242148&libID=242167>  
Survivor's Handbook: <http://www.iup.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=244057&libID=244076>

### **Site and Site Supervisor Requirements:**

#### **Site Requirements:**

- All direct counseling hours must be face-to-face, in-person, and at the site location. The only potential exceptions to this policy may be for home-based counseling or telehealth counseling. Home-based counseling will be permitted if the site ensures the student has access to the Site Supervisor or a qualified supervisor designee (Master's Degree in counseling or closely related clinical profession with relevant certifications and/or licenses, three years of post-Master's Degree counseling experience, and practicing in a clinician or clinical supervisor role, with supervision training completion). The designee's information must be reported to the Faculty Supervisor. The site will also provide the student with appropriate training, safety measures, and supervision for these duties. One exception to this will be providing telehealth services during the pandemic.

- Sites **must permit videorecording or audio-recording** of counseling sessions. These recordings must be securely stored and brought to campus or shared electronically for group supervision.
- Sites must assign an appropriate Site Supervisor to serve as liaison between the Practicum student, the Faculty Supervisor, and the Site. The Site Supervisor must provide 1 hour per week of individual/triadic supervision. The Faculty Supervisor will contact the Site Supervisor at minimum three times (by phone/in-person/email) during the semester (beginning, middle, and end of semester) and as needed to discuss the practicum student's progress.
- Sites must have a current Affiliation Agreement with IUP.
- A student's place of employment may be an appropriate Practicum placement if all requirements for Practicum can be met and accommodated by the place of employment.

### **Site Supervisor Qualifications:**

- Site Supervisors must have **at least three years** of post-master's counseling experience in counseling (**preferred**) or a closely-related clinical profession (e.g., clinical social work) with relevant certifications and/or licenses. Closely related profession must be approved by practicum or doctoral coordinator.
- Site Supervisors must also complete the **required** online IUP Site Supervisor training prior to the start of the semester (found at <http://www.iup.edu/page.aspx?id=179522>).
- If doctoral student is working towards their LPC, they must find a supervisor who meets the Pennsylvania LPC Supervisor Requirements. It is the doctoral student's responsibility to ensure that the supervisor meets PA LPC supervisor requirements.

<https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter49/chap49toc.html>

### **Accruing Practicum Hours**

- To facilitate doctoral student development, it is expected that practicum students will accrue their direct and indirect practicum hours over the entire duration of the semester. The practicum experience should involve seeing clients/students for the duration of the practicum experience. Unless providing telehealth, students must be on site and must see clients/students for a minimum 10 weeks during the 15-week spring semester. All practicum students must attend scheduled individual/triadic and group supervision throughout the semester.

## Pre-Practicum Planning Off-Campus Site Practicum

<b>Step 1: Successfully Participate in Pre- Practicum Orientation Prior to First Day of Class Registration</b>	<u>Students Read:</u> 1. PowerPoint Handout 2. Planning Schedule 3. Practicum Planning Manual
<b>Step 2: Review Handbook and Eligibility Requirements</b>	
<b>Step 3: Practicum Registration</b>	Register for the practicum class.
<b>Step 4: Site Qualifications  Submit Required Paperwork by Specified Date! (Refer to the Practicum Planning Schedule for all due dates)</b>	1. Review site requirements specified in this manual. 2. Learn about potential sites that seem most appropriate in both satisfying the Practicum requirements and meeting your professional goals. Select your top choice as a Practicum site and contact the site for an informal interview. 3. Be prepared to do the following: <ul style="list-style-type: none"> <li>• Provide the Site Supervisor letter and your résumé to the agency or school personnel.</li> <li>• State why you want to explore Practicum opportunities at their site.</li> <li>• Determine if the site can meet the Practicum requirements.</li> <li>• Determine if there is a mutual agreement for placement. If so, notify the site that they may need to sign an Affiliation Agreement with IUP.</li> <li>• Work with the site supervisor to complete Practicum Site Documents (Appendix B).</li> <li>• Get IUP Required Informed Consent Form signed &amp; submit signed copy to your faculty supervisor for each client.</li> <li>• Complete other paperwork required by site.</li> </ul> <u>Submit to the Doctoral Practicum Coordinator:</u> 1. Appendix A (3 pages): Practicum Student Documents 2. Appendix B (4 pages): Practicum Site Documents
<b>Step 5: Student Qualifications Submit Required Clearances, &amp; Liability Insurance</b>	<p><b>You must obtain and submit the required clearances so these documents <b>will be current for the duration of your entire Practicum course and will not expire during the practicum timeframe. If these items are not updated by this due date, you must dis-enroll from the practicum class.</b></b></p> <p>You must also renew your liability insurance in a timely manner, so it remains current for the duration of the Practicum course.</p>
<b>Step 6: Practicum Approval</b>	<p>After all student and site materials are received, reviewed, and found to meet eligibility requirements, you will receive an e-mail from the Doctoral Practicum Coordinator stating that you are approved for the practicum course. After receiving this approval e-mail, you may begin the practicum on the first day of the IUP semester. <b>You cannot begin your practicum experience until you receive an approval e-mail from the Doctoral Practicum Coordinator.</b> Absence of practicum approval will result in you being required to dis-enroll before the first day of class.</p>

**Doctoral Counseling Practicum  
Site Supervisor Letter for Off-Campus Site**

\_\_\_\_\_  
Date

Dear \_\_\_\_\_:

I am currently completing my doctoral degree in Counselor Education and Supervision at Indiana University of Pennsylvania (IUP). To improve my knowledge and skills, I am required to complete an individual doctoral level counseling practicum. These experiences are under the direct supervision of \_\_\_\_\_, an IUP faculty member. \_\_\_\_\_ will provide weekly group and individual or triadic supervision sessions over the course of this experience.

I would appreciate your cooperation in allowing me to work with clients/students in your setting. One of the requirements for this experience is that I video-record or audio-record a minimum of 40 hours of individual/group counseling sessions to receive feedback on my counseling skills. It is understood that the recordings will be confidential and only reviewed for supervisory purposes. Campus supervision consists of an average of 1.5 hours per week of group supervision. The client's/student's last name and other identifying demographics will not be used on the recording or in supervision discussions. Once campus supervision is completed, the recordings will be erased.

In addition to my campus supervision, I am requesting that your agency provide a site supervisor. Site supervisors are asked to assign appropriate clients/students, provide an adequate setting to see clients/students, and assist with any agency regulations/required paperwork. In addition, site supervisors are required to provide a minimum of 1.0 hour weekly of clinical and administrative supervision.

This course extends from \_\_\_\_\_ to \_\_\_\_\_. If you have any questions, please call Dr. Michelle Bruno, Doctoral Practicum Coordinator, at 724-357-3405 or via email at [mbruno@iup.edu](mailto:mbruno@iup.edu)

Thank you for your cooperation,

\_\_\_\_\_  
Practicum student's name

\_\_\_\_\_  
Phone number

# Appendices

**Appendix A: Practicum Student Documents**

**Student Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: C: \_\_\_\_\_ H: \_\_\_\_\_ W: \_\_\_\_\_

Student ID#: \_\_\_\_\_ E- mail: \_\_\_\_\_

Cohort (if applicable): \_\_\_\_\_

Practicum Course(s) Desired:

COUN 930 Doctoral Practicum in Counseling

Semester Enrolled: \_\_\_\_\_

Program:

PhD in Counselor Education and Supervision

Campus Location:

Indiana  
 Pittsburgh East

Advisor: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Clearances/tests in compliance

YES  NO

Liability insurance is current

YES  NO

Liability insurance will need to be renewed during Practicum

YES  NO

\_\_\_\_\_  
Department Contact for Clearance Signature

# Appendix A: Practicum Student Documents

## Practicum Item Checklist

Name: \_\_\_\_\_

The following items must be submitted to the Doctoral Practicum Coordinator by **the specified due date**. Please submit all items together as a complete packet. Complete the form below (place a  $\checkmark$  next to the items you are submitting) and include this checklist as the first page of your completed practicum paperwork.

**Registered practicum class and section(s):** \_\_\_\_\_

### **Off-Campus Site Practicum Documents:**

- Appendix A: Student Documents (3 pages)
- Appendix B: Site Documents (4 pages)

The above materials must be mailed directly to:  
**Dr. Michelle Bruno, Doctoral Practicum Coordinator**  
**Department of Counseling**  
Stouffer Hall, Room 203  
1175 Maple Street  
Indiana, PA 15705-1058

Phone: 724-357-3405 Fax: 724-357-7821 E-mail: [mbruno@iup.edu](mailto:mbruno@iup.edu)

- 
- By the specified due date, I verify that I have obtained and submitted the required clearances so the documents will be current for the duration of my entire practicum course and will not expire during the practicum timeframe.
  - I also verify that my liability insurance is current and will expire on \_\_\_\_\_ (Date)
  - I agree to renew my liability insurance before the expiration date, so it remains current during the duration of practicum.
  - I will submit all renewals to 203 Stouffer Hall

### **Departmental Contact for Clearances**

Department of Counseling  
203 Stouffer Hall  
1175 Maple Street  
Indiana, PA 15705  
Phone: 724-357-3405

\_\_\_\_\_  
Practicum Student Signature

\_\_\_\_\_  
Date

(Appendix A: Page 2)

## Appendix A: Practicum Student Documents

### Student Practicum Agreement

Please **initial** boxes beside each statement indicating your agreement.

\_\_\_\_\_ I hereby attest that I have read, understand, and agree to follow the information, policies, and procedures contained in the Practicum Planning Manual. I also understand that all forms in this document cannot be altered in any way.

\_\_\_\_\_ I hereby attest that I have read and understand the American Counseling Association Ethical Standards (all students) and American School Counselor Association Ethical Standards (school counseling students) and will practice my counseling in accordance with these Standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from the practicum, a failing grade, other disciplinary action, and/or possible removal from the program. Documentation of such behavior will also become part of my permanent record.

\_\_\_\_\_ I attest to the fact that I have purchased and will provide evidence of professional student liability insurance that is in full force for the duration of my practicum experience. I have verified that the minimum limits of this policy are \$1,000,000.00 per claim.

\_\_\_\_\_ I attest that I obtained and submitted the required clearances so the documents will be current for the duration of my entire practicum experience and will not expire during the practicum timeframe. I understand that I will not be approved for practicum if I fail to comply with this Departmental policy.

\_\_\_\_\_ I attest that I have read the information contained in the Survivor's Handbook and the Where to Turn for Help handout. These documents can be found at the links below:

Where to Turn for Help:

<http://www.iup.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=242148&libID=242167>

Survivor's Handbook:

<http://www.iup.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=244057&libID=244076>

\_\_\_\_\_ I agree to adhere to the administrative policies, rules, standards, and practices of the practicum site.

\_\_\_\_\_ I understand that my responsibilities include keeping my Faculty Supervisor informed regarding my practicum.

\_\_\_\_\_ I understand that I will not be issued a passing grade in the practicum unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete all course requirements.

\_\_\_\_\_ I agree that if I am still finalizing an off-campus site and cannot submit Appendix B by the due date, I will provide justification on Appendix A that demonstrates that I am working to secure a site. I understand that I am responsible for updating the Doctoral Practicum Coordinator every three weeks via email regarding the status of the remaining paperwork submission. I understand that if I do not provide the update, it will be assumed that I will not be completing practicum and that I will dis-enroll from the practicum class. I understand that my failure to do so could result in referral to the Student Issues Committee.

\_\_\_\_\_  
Practicum Student Signature

\_\_\_\_\_  
Date

(Appendix A: Page 3)

## Appendix B: Practicum Site Documents

### Off-Campus Practicum Site Information

**THE INFORMATION CONTAINED IN THIS APPENDIX DOES NOT SUPERSEDE THE OFFICIAL AFFILIATION AGREEMENT BETWEEN IUP AND THE SITE.**

Please print or save the information below as soon as an off-campus practicum site is identified. Turn the completed form in by the specified due date.

Placement Site \_\_\_\_\_

& Address: \_\_\_\_\_  
\_\_\_\_\_

School District \_\_\_\_\_

Site Telephone No.: \_\_\_\_\_

Site Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Site Supervisor's E-mail: \_\_\_\_\_

Site Supervisor's Telephone: \_\_\_\_\_

Setting:  Elementary  Middle/Jr.  High School  Agency  Other: \_\_\_\_\_

Practicum Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Is this site your place of employment:  yes  no (If yes, additional signature needed on page 13)

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#### TO BE COMPLETED BY FACULTY SUPERVISOR

Date of site orientation contact: \_\_\_\_\_ Notes: \_\_\_\_\_

Date of mid-semester site visit: \_\_\_\_\_ Notes: \_\_\_\_\_

Date of end of semester contact: \_\_\_\_\_ Notes: \_\_\_\_\_

(Appendix B: Page 1)

## Appendix B: Practicum Site Documents

### Checklist for Site

This checklist must be completed by the Site Supervisor. Please initial each item below indicating agreement and provide verification signature at the bottom of the page

1. \_\_\_\_\_ Site Supervisor possesses a minimum of a master's degree in Counseling (**preferred**) or a closely related clinical discipline (e.g., clinical social work or counseling/clinical psychology).
2. \_\_\_\_\_ Site Supervisor has a minimum of three years of recent post-master's counseling experience and is practicing in a school counselor, clinician, or clinical supervisor role.
3. \_\_\_\_\_ Site Supervisor agrees to provide a minimum of one hour of individual and/or triadic supervision per week and complete required evaluations of the student.
4. \_\_\_\_\_ All *direct counseling hours* must be face-to-face, in-person, and at the site location. The only potential exception to this policy may be for home-based counseling and telehealth services during the pandemic. Home-based and telehealth counseling will be permitted if the site ensures the student has access to the Site Supervisor or a qualified supervisor designee (Master's Degree in counseling or closely related clinical profession with relevant certifications and/or licenses, three years of post-Master's Degree counseling experience, and practicing in a clinician or clinical supervisor role, with supervision training completion). The designee's information must be reported to the Faculty Supervisor. The site will also provide the student with appropriate training, safety measures, and supervision for these duties
5. \_\_\_\_\_ Site Supervisor agrees to follow all requirements specified in the practicum planning manual. This includes ensuring that the practicum student immediately reports any critical incidents that occur at the site to the Faculty Supervisor.
6. \_\_\_\_\_ Site will allow the practicum student to audio- or video-record all counseling sessions and complete the required IUP informed consent form with all clients/students.
7. \_\_\_\_\_ Site agrees to provide the counseling experiences below that are relevant to the student's specific practicum placement:

#### **Doctoral Practicum:**

A minimum of 40 direct counseling hours with clients.

8. \_\_\_\_\_ If the practicum site is the student's place of employment, then the student's administrator will also sign below indicating approval of the practicum experience.

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Administrator Signature  
(if site is location of employment)

\_\_\_\_\_  
Date

(Appendix B: Page 2)

## Appendix B: Practicum Site Documents

### Site Supervisor Qualifications Form

To be completed by the Site Supervisor

In preparation of my supervision of this practicum student, I have read, understand, and agree to follow the ACA Code of Ethics, including but not limited to Section F: Supervision, Training, & Teaching ([www.counseling.org](http://www.counseling.org)). I also agree to complete the required online IUP Site Supervisor training prior to the start of the semester (found at <http://www.iup.edu/page.aspx?id=179522>).

In addition, if I am a school supervisor, I agree to follow the ASCA Code of Ethics ([www.schoolcounselor.org](http://www.schoolcounselor.org)), the Pennsylvania Code of Professional Practice and Conduct for Educators: (<http://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol49/49-16/570.html>)

OR If I am a clinical mental health supervisor, I agree to follow Chapter 49 of the Pennsylvania Code: State Board of Social Workers, Marriage and Family Therapists and Professional Counselors and Professional Counselors-Licensure of Professional Counselors (<https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter49/chap49toc.html>).

Yes  No

Have you ever had ethical violations or disciplinary action taken against you in your role as a counselor during the past five years?

Yes  No

If yes, please explain:

I verify that all information reported on this document is correct to the best of my knowledge. If any information is found to be untrue, the IUP Department of Counseling has the right to remove a student from the practicum. This could also jeopardize future practicum experiences.

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

(Appendix B: Page 3)

## Appendix B: Practicum Site Documents

### Affiliation Agreement Form

Department of Counseling

*This form is to be completed and submitted for all potential practicum sites.  
Please see procedure on next page.*

**Student Name:** \_\_\_\_\_

**Program:** *Ph.D. in Counselor Education and Supervision*

**School District/Agency Site:** \_\_\_\_\_

*I checked the Master List of Fully Executed Agreements and there is a valid affiliation agreement for the site listed above*  YES  NO

*If no current affiliation agreement exists, IUP will contact the site to request a new Affiliation Agreement.  
Please provide additional site information below:*

**Site Contact Name:** \_\_\_\_\_

*(i.e. Superintendent, Agency Director, or other person who has signature authority for the site; this is usually NOT the site supervisor)*

**Site Contact Title:** \_\_\_\_\_

**Site Contact E-Mail:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Site Phone Number:** \_\_\_\_\_

---

#### **FOR OFFICE USE ONLY**

AA current on wiki?  YES  NO

If **YES**, AA is dated \_\_\_\_\_

If **NO**, AA request submitted on \_\_\_\_\_

AA approved on \_\_\_\_\_

\_\_\_\_\_  
Field Experience Coordinator Signature

(Appendix B: Page 4)

## Procedure for Requesting & Obtaining Affiliation Agreements

1. Students will identify a field site that meets the Department of Counseling requirements.

- Students access Field Experience IWIKI at <https://iwiki.iup.edu/spacedirectory/view.action>  
(type or copy this link in web browser)
- Note: To access this page you must login with your IUP Username and Password
- Click on Internship Agreements Field Experiences
- Click on Documents
- Then click on Excel Spreadsheet with Fully Executed Agreements
- Click on the Excel spreadsheet to open
- Download the file by clicking on the “Download” arrow in the upper right-hand corner
- In the Excel file, scroll down until you get to the COEC agreements
- See if your identified site has an Affiliation Agreement and is categorized in either **COEC COUN** or **COEC EPP**. Other categories such as EDSP & EDEX do **not** apply to Counseling Field Experience sites
- If YES, complete the first part of the Affiliation Agreement Form (Appendix C: Page 4)
- If NO, complete both parts of the Affiliation Agreement Form (Appendix C: Page 4)

2. If NO Affiliation Agreement Exists

- a. Students should identify the person at the school district or agency that has the authority to sign the affiliation agreement. For schools this is typically the **District Superintendent**. For agencies this is typically the **Agency Director**. **This is usually not your site supervisor**. Students should obtain the needed contact information for this person and site.
- b. Students should then complete both parts of the Affiliation Agreement Request Form (Appendix C: Page 4).
- c. **Please note:** Affiliation Agreements are valid for five years and are designed to cover an entire school district or agency (rather than a single location).

3. IUP Process for Obtaining the Affiliation Agreement

- If it is determined that an Affiliation Agreement is needed, the Department of Counseling practicum/field coordinator will work with key personnel at IUP to send an affiliation agreement to the site.
- After the site returns a signed agreement, the Affiliation Agreement will be processed at IUP. The fully executed agreement will then be mailed to the contact person at the site.

(Appendix B: Page 5)

## Appendix C: Supervisor Evaluation of Practicum Student

*Adapted COMPREHENSIVE COUNSELING SKILLS RUBRIC*

Stephen V. Flynn & Danica G. Hays (2017) The Development and Validation of the Comprehensive Counseling Skills Rubric, Counseling Outcome Research and Evaluation, 6:2, 87-99, DOI: [10.1177/2150137815592216](https://doi.org/10.1177/2150137815592216)

Trainee: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Practicum  Internship

**Part A:** Use the scale below to rate the trainee's skill level and provide a supporting example per rating. As applicable, provide a recommendation for improving a respective rating. Calculate the group score by totaling ratings per section and dividing by the number of items not receiving "NA."

Score	Description of Score
5	<b>Superior skill:</b> is consistently present and used intentionally with superior precision and is an advanced facilitation for the client.
4	<b>Excellent skill:</b> is consistently present and usually used intentionally with excellent precision and is an effective facilitation for the client.
3	<b>Acceptable skill:</b> is used somewhat intentional, with some precision, and is an acceptable facilitation for the client.
2	<b>Substandard skill:</b> is inconsistent and, at times, not used with intentionality, and is a substandard facilitation for the client.
1	<b>Poor skill:</b> does not enhance counseling and may be hurtful to client; not performed correctly and/or understood.
NA	Skill not applicable at this time/has not been introduced.

<b>INVITATIONAL SKILLS</b>									
<i>In addition to understanding invitational skills, trainees recognize the appropriate occasions to use them, frequency of use, and multicultural, developmental, and contextual issues that may serve as a benefit or negative consequence to the use of the skill.</i>									
Skill	Description	1	2	3	4	5	NA	Example	Recommendation
<b>1. Nonverbal Communication</b>	<i>Is culturally and contextually appropriate with eye contact, facial expression, posture, gestures, and spatial distance; maintains open and relaxed posture; conveys professional dress. Flexibly uses variations in nonverbal communication given client's multicultural background.</i>	<input type="checkbox"/>							
<b>2. Encouragers</b>	<i>Uses nonverbal minimal encouragers including elaborating/attending behavior, natural body style of encouragement, congruency with client's bodily movement, leaning forward, and head nodding; verbal minimal encouragers used (e.g., Oh?, So?, Then?, And?, Umm-hmm, uh-huh, tell me more, repetition of key words).</i>	<input type="checkbox"/>							

<b>Skill</b>	<b>Description</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>	<b>Example</b>	<b>Recommendation</b>
<b>3. Vocal Tone</b>	<i>Uses vocal tones appropriate for the session and goals. Communicates caring, acceptance, and congruence with the context of the session. Comprehends multicultural nuances in vocal tone and makes the appropriate adjustment.</i>	<input type="checkbox"/>							
<b>4. Observation</b>	<i>Observes and conveys awareness of differences in counselor and client verbal and nonverbal behavior within key areas (e.g., client speech, grooming, posture, build, gait, hesitation, stammer). Is able to filter observation through a multicultural lens and understands culturally bound verbal and nonverbal behavior.</i>	<input type="checkbox"/>							
<b>5. Silence</b>	<i>Uses unfilled pauses or periods of silence to serve various functions in the counseling sessions (e.g., reducing own level of activity, slowing down session pace, giving client time to think, and returning responsibility to the client).</i>	<input type="checkbox"/>							
								<b>GROUP SCORE:</b>	
<b>ATTENDING SKILLS</b>									
<i>In addition to understanding attending skills, trainees recognize the appropriate occasions to use them, frequency of use, multicultural, developmental, and contextual issues that may serve as a benefit or negative consequence to the use of the skill.</i>									
<b>Skill</b>	<b>Description</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>	<b>Example</b>	<b>Recommendation</b>
<b>1. Goal setting</b>	<i>Collaborates with client to establish goals that are related to the presenting issues. Demonstrates ability to identify issues and themes that the client presents and funnels them down to treatment goals.</i>	<input type="checkbox"/>							
<b>2. Open &amp; Close-Ended Questioning</b>	<i>Asks open questions that encourage client disclosure; understands types of questions (i.e., what, how, when, where, who, could, would); avoids overuse. Uses closed ended questions to obtain particular information. Close-ended questions begin with words such as: are, do, can, is, and did, and they can be answered with yes, no, or another short response. Avoids overuse.</i>	<input type="checkbox"/>							
<b>3. Clarification</b>	<i>Asks the client to elaborate on vague, ambiguous, or implied statements, with the request for clarification usually expressed as a question beginning with phrases such as “Are you saying this?” or “Could you try to describe that?” or “Can you clarify that?”. Clarifications can also be in the form of statements with a questioning connotation, with phrases such as, “They are always talking about you?”</i>	<input type="checkbox"/>							

<i>Skill</i>	<i>Description</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>NA</i>	<i>Example</i>	<i>Recommendation</i>
<b>4. Paraphrasing</b>	<i>Rephrases the client's primary words and thoughts, paying selective attention to the content part of the message and translates the client's key ideas into their own words.</i>	<input type="checkbox"/>							
<b>5. Summarizing</b>	<i>Ties together multiple elements of client's message, identifying themes or patterns; skill used as a tool for feedback or as a focusing method for interrupting client "storytelling."</i>	<input type="checkbox"/>							
<b>6. Normalizing</b>	<i>Noting appropriately commonality of issues without inappropriately minimizing important issues. This often starts with phrases like, "It is normal" or "Most people would."</i>	<input type="checkbox"/>							
<b>7. Reflecting of Feelings</b>	<i>States succinctly the feeling and the content of the problem expressed by the client on the implied and stated level, adding to a paraphrase an emotional tone or feeling word (e.g., hurt, mad, sad, jealous, confused, terrified, and scared).</i>	<input type="checkbox"/>							
								<b>GROUP SCORE:</b>	
<b>INFLUENCING SKILLS</b>									
<i>In addition to understanding influencing skills, trainees recognize the appropriate occasions to use them, frequency of use, and multicultural, developmental and contextual issues that may serve as a benefit or negative consequence to the use of the skill.</i>									
<i>Skill</i>	<i>Description</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>NA</i>	<i>Example</i>	<i>Recommendation</i>
<b>1. Advocacy</b>	<i>Advocates for the welfare of clients, groups, and the counseling profession within systems. Seeks to eliminate obstacles and hindrances that prevent access, progress, and development. For example, "We need to establish more after school programming for low income families."</i>	<input type="checkbox"/>							
<b>2. Immediacy</b>	<i>Recognizes here and now feelings, expressing verbally something occurring at a particular moment within the session; makes note of patterns, themes, client/counselor relationship issues, and discussion of currently experienced emotions.</i>	<input type="checkbox"/>							
<b>3. Challenging and Pointing Out Discrepancies</b>	<i>Describes appropriately discrepancies, conflicts, and mixed messages apparent in the client's feelings, thoughts, and action.</i>	<input type="checkbox"/>							

<b>4. Feedback</b>	<i>Provides concrete and honest reactions based on observation of client's verbal and non-verbal behavior to foster awareness of how client appears to others.</i>	<input type="checkbox"/>							
<b>5. Reflecting Meaning and Values</b>	<i>Reflects underlying spoken or unspoken meanings (i.e., core experiences) accurately to client, in a manner that extends beyond paraphrasing.</i>	<input type="checkbox"/>							
<b>Skill</b>	<b>Description</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>	<b>Example</b>	<b>Recommendation</b>
<b>6. Reframing</b>	<i>Encourages client to see issue, feeling, or behavior from a different perspective to challenge client meaning effectively.</i>	<input type="checkbox"/>							
<b>7. Interpretation</b>	<i>Identifies and reflects behaviors, patterns, goals, wishes, and feelings that are suggested or implied by the client's communication; uses hunches to make implied client messages more explicit.</i>	<input type="checkbox"/>							
<b>8. Self-Disclosure</b>	<i>Provides both direct and indirect self-disclosure appropriately in a manner that fosters rapport building, promotion of feelings of universality, increases in therapeutic trust, and instillation of hope. Self-interest is not used for counselor personal gain.</i>	<input type="checkbox"/>							
<b>9. Psychoeducation</b>	<i>Provides psychoeducation for the purpose of awareness, clarification, and the achievement of goals; discusses pragmatic behaviors involved in the psychoeducation; plans how to generalize the learning to daily life.</i>	<input type="checkbox"/>							
<b>10. Homework</b>	<i>Assigns or collaborates on the creation of behaviorally-specific and goal-related activities to complete between sessions and/or over time; reviews homework at the start of counseling session; effectively discusses issues surrounding homework non-completion (if relevant).</i>	<input type="checkbox"/>							
<b>11. Directives</b>	<i>Provides a direct suggestion (e.g., I suggest...) and/or activity (e.g., role play, empty chair) to the client, which provide new options without taking away client choice and freedom. Avoids overuse and advice-giving.</i>	<input type="checkbox"/>							
								<b>GROUP SCORE:</b>	

**Part B:** Use the scale below to rate the trainee's ability to intervene appropriately at various phases of a counseling session, providing a supporting example per rating. As applicable, provide a recommendation for improving a respective rating. Calculate the group score by summing ratings per section and dividing by the number of items not receiving "NA."

<b>Score</b>	<b>Description of Score</b>
<b>5</b>	<b>Superior</b> ability to provide appropriate skills and techniques associated with various phases of counseling.
<b>4</b>	<b>Excellent</b> ability to provide appropriate skills and techniques associated with various phases of counseling.
<b>3</b>	<b>Acceptable</b> ability to provide appropriate skills and techniques associated with various phases of counseling.
<b>2</b>	<b>Substandard</b> ability to provide appropriate skills and techniques associated with various phases of counseling.
<b>1</b>	<b>Poor</b> ability to provide appropriate skills and techniques associated with various phases of counseling; phases of counseling not performed but had opportunities to do so.
<b>NA</b>	Phases of counseling not applicable at this time.

<b>Phases of a Counseling Session (within session)</b>									
<i>Phases of a counseling session include aspects of each session (e.g., opening, working, and closing the counseling session). In addition to understanding the essence of the phases of counseling, trainee displays multicultural competency, engages client in a developmentally appropriate manner, and understands contextual issues that may serve as a benefit or negative consequence within a particular phase of counseling.</i>									
<b>Phase</b>	<b>Description</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>	<b>Example</b>	<b>Recommendation</b>
<b>1. Opening Phase</b>	<i>Warmly greets client, offers summary of last session (if applicable) and applies theoretically consistent transitions into the working part of session.</i>	<input type="checkbox"/>							
<b>2. Working Phase</b>	<i>Explores story, develops understanding, keeps client focused on goals of treatment, demonstrates clear evidence of working with interventions, creating change, evaluating progress relative to goals, and providing resources and referrals if necessary.</i>	<input type="checkbox"/>							
<b>3. Closing Phase</b>	<i>Has timely ending of session, summarizes session, handles unexpected end of session client behavior appropriately, and, if needed, plans for future sessions.</i>	<input type="checkbox"/>							
								<b>GROUP SCORE:</b>	

**Part C:** Use the scale below to rate the trainee’s ability to intervene appropriately at various stages of counseling, providing a supporting example per rating. As applicable, provide a recommendation for improving a respective rating. Calculate the group score by summing ratings per section and dividing by the number of items not receiving “NA.”

<b>Score</b>	<b>Description of Score</b>
<b>5</b>	<b>Superior</b> ability to provide appropriate skills and techniques associated with various session of counseling.
<b>4</b>	<b>Excellent</b> ability to provide appropriate skills and techniques associated with various session of counseling.
<b>3</b>	<b>Acceptable</b> ability to provide appropriate skills and techniques associated with various session of counseling.
<b>2</b>	<b>Substandard</b> ability to provide appropriate skills and techniques associated with various session of counseling.

<b>1</b>	<b>Poor</b> ability to provide appropriate skills and techniques associated with various session of counseling; stages of counseling not performed but had opportunities to do so.
<b>NA</b>	Session of counseling not applicable at this time.

<p><b>Sessions of the Counseling Relationship (across sessions)</b>  Sessions of the counseling relationship include the macro aspects of the entire counseling relationship (e.g., intake, assessment, and termination of the counseling relationship). In addition to understanding and performing the essence of the sessions, trainee displays multicultural competency, engages client in a developmentally appropriate manner, and understands contextual issues that may serve as a benefit or negative consequence within a particular phase of counseling.</p>									
Session	Description	1	2	3	4	5	NA	Example	Recommendation
<b>1. Intake Session</b>	Conducts basic functions of an intake session, including (but not limited to) orienting client to the counseling process, goal setting, reviewing client rights and limits to confidentiality, and conducting initial assessments (intake, mental status examination, screenings, environmental).	<input type="checkbox"/>							
<b>2. Assessment Session</b>	Ability to perform assessments while developing the therapeutic alliance, gathers basic demographic and background data, performs necessary functions of a psychosocial interview, follows specific protocol for the utilization of validated assessment measures, and provides accurate and appropriate feedback to client based on the assessment report.	<input type="checkbox"/>							
<b>3. Termination Session</b>	Is able to conduct all of the basic functions of a termination session, including (but not limited to), evaluation of what was completed in counseling, informing client of changes that occurred, describing with client any acquisition of new skills, reiterating achieved goals, what would need to happen to undo changes, and hopes for the future. Trainee must understand how to conduct a collaborative termination and a unilateral termination	<input type="checkbox"/>							
								<b>GROUP SCORE:</b>	

**Part D:** Use the scale below to rate the trainee's ability to apply theoretically-based counseling services. As applicable, provide a recommendation for improving a respective rating. Calculate the group score by summing ratings per section and dividing by the number of items not receiving "NA."

Score	Description of Score
<b>5</b>	<b>Superior</b> ability to provide appropriate skills and techniques associated with counseling theory.
<b>4</b>	<b>Excellent</b> ability to provide appropriate skills and techniques associated with counseling theory.

3	<i>Acceptable</i> ability to provide appropriate skills and techniques associated with counseling theory.
2	<i>Substandard</i> ability to provide appropriate skills and techniques associated with counseling theory.
1	<i>Poor</i> ability to provide appropriate skills and techniques associated with counseling theory.

	<p><b>THEORETICAL PRACTICE</b>  <i>Trainees demonstrate the ability to use counseling theory and case conceptualization to guide the counseling session. In addition, theoretically based interventions are intentionally used to advance the counseling process. Evidence based practices are demonstrated in the counseling session(s) and used in case conceptualization, interventions, and goal setting. Identification of themes are also evident in the counseling session.</i></p>
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<i>Skill</i>	<i>Description</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>NA</i>	<i>Example</i>	<i>Recommendation</i>
<b>1. Theoretically-Based Intervention</b>	<i>Theoretical orientation is evident and used throughout the session. Interventions are theory based and inform the counseling process.</i>	<input type="checkbox"/>							
<b>2. Case Conceptualization</b>	<i>Theoretical orientation is used as a lens for case conceptualization and to inform the counseling process.</i>	<input type="checkbox"/>							
<b>3. Advanced Counseling Skills</b>	<i>Students will learn and demonstrate advanced skills such as immediacy, challenge, and self-disclosure.</i>	<input type="checkbox"/>							
<b>4. Evidence-Based Practice</b>	<i>Integration of the best available research with clinical expertise in the context of client characteristics, culture and preferences.</i>	<input type="checkbox"/>							
<b>5. Identification of Themes</b>	<i>Patterns in the client's thinking, behaviors, or feelings.</i>	<input type="checkbox"/>							
								<b>GROUP SCORE:</b>	

**Additional Comments:**

**Part E:** Use the scale below to rate the trainee's ability to engage in ethical and professional practice. As applicable, provide a recommendation for improving a respective rating. Calculate the group score by summing ratings per section and dividing by the number of items not receiving "NA."

<i>Score</i>	<i>Description of Score</i>
5	<i>Superior</i> ability to integrate professional and ethical counseling practice.
4	<i>Excellent</i> ability to integrate professional and ethical counseling practice.
3	<i>Acceptable</i> ability to integrate professional and ethical counseling practice.

<b>2</b>	<b>Substandard</b> ability to integrate professional and ethical counseling practice.
<b>1</b>	<b>Poor</b> ability to integrate professional and ethical counseling practice.

<b>PROFESSIONAL AND ETHICAL PRACTICE</b> <i>Trainees demonstrate the ability to apply counseling ethical codes to the professional practice of counseling.</i>
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<i>Skill</i>	<i>Description</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>NA</i>	<i>Example</i>	<i>Recommendation</i>
<b>1. Accessing and Utilizing Supervision</b>	<i>Comes to the supervision session prepared, is attentive and open to feedback.</i>	<input type="checkbox"/>							
<b>2. Utilizing Consultation</b>	<i>Accesses other counseling professionals for expertise, information, and perspective-taking.</i>	<input type="checkbox"/>							
<b>3. Integrating and Implementing Feedback</b>	<i>Uses supervisor and client feedback to inform counseling practice in session.</i>	<input type="checkbox"/>							
								<b>GROUP SCORE:</b>	

*Additional Comments:*

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Date*

## Appendix D: Student's Evaluation of Site Supervisor Off-Campus Practicum Experience

This evaluation is to be completed at the end of the semester and submitted to your Faculty Supervisor. It is **optional** to share a copy of this evaluation with the Site Supervisor.

Name of Site Supervisor: \_\_\_\_\_

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Directions: Circle the number that best represents your evaluation of the Site Supervisor.

	<b>Poor</b>	<b>Satisfactory</b>	<b>Exceptional</b>	<b>N/A</b>
	1 2	3 4	5 6	0
1. Gives time and energy in discussing cases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Recognizes and encourages further development of my strengths and capabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides useful feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provides the freedom to develop flexible and effective counseling styles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is spontaneous and flexible in supervisory sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Helps me to define and achieve specific, goals for the client and myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Encourages and listens to my ideas and suggestions for developing my counseling skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Helps me define and maintain ethical and professional behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Maintains confidentiality in material discussed in supervisory sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Deals with both content and affect when supervising.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Offers resource information when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Explains his/her criteria for evaluation clearly and applies it fairly when evaluating my counseling performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments and/or Suggestions:**

\_\_\_\_\_  
Practicum Student Signature

\_\_\_\_\_  
Date

## Appendix E: Sample Practicum Log

*\*This is a sample. Practicum students should use the log provided on the Practicum Moodle or Department Website*

<b>Practicum Log of Hours and Activities</b>					
Name:		Semester:		Site:	
	<b>Direct Individual Hours</b>	<b>Direct Group Hours</b>	<b>Individual or Triadic Supervision</b>	<b>Group Supervision Hours</b>	<b>Indirect Contact Hours</b>
Week 1: Dates					
Week 2: Dates					
Week 3: Dates					
Week 4: Dates					
Week 5: Dates					
Week 6: Dates					
Week 7: Dates					
Week 8: Dates					
Week 9: Dates					
Week 10: Dates					
<b>Totals</b>					

<b>Semester Totals</b>	<b>Direct</b>	
	<b>Indirect</b>	
	<b>Total Hours</b>	

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix F: Required Practicum Informed Consent Form

### Indiana University of Pennsylvania – Department of Counseling

Client/Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Caregiver Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Phone (secondary): \_\_\_\_\_

The Department of Counseling at Indiana University of Pennsylvania is a graduate-student only department that trains school, clinical mental health, and doctoral level counselors. In our training program, students take a series of clinical courses where they develop counseling skills. This practicum is an opportunity for students to practice individual and/or group counseling skills under supervision. The purpose of this form is to seek written consent for client/student participation in the counseling sessions.

I, \_\_\_\_\_, grant my permission to have my/my child's counseling sessions with practicum students recorded. I realize the purpose of such taping and observation is solely for training purposes of graduate counseling students and viewing these recordings will be restricted to the IUP faculty/site supervisors and graduate counseling students in the same class. I understand that my/my child's identity and all recorded material will be kept strictly confidential. Upon review of these recordings for supervision and grading purposes, the recordings will be erased no later than two weeks after the end of the semester.

I am aware that there are several limits to confidentiality. First, should I/my child disclose intent of harming self or someone else, the counselor would take steps necessary to prevent such injuries, alert proper authorities, and to warn any person(s) that I/my child stated an intention to harm. Second, the counselor would need to report instances of child abuse he/she is made aware of as required by Pennsylvania state law. Third, if there is court litigation involving me/my child, the counselor may be ordered to testify in court. Fourth, I can give permission for the counselor to release information to a specified person/agency. Fifth, if participating in group counseling, it is understood that confidentiality of group members will be promoted but cannot be guaranteed. In the event that confidentiality must be broken, please be aware that session recordings may be released to the proper authorities upon request.

I have read the above and understand the counseling process. I also grant permission for the recording to take place. If you have any questions, you can contact the faculty supervisor, \_\_\_\_\_ at 724-357-3405.

Signature of Client/Student \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(if client/student is under age 14)

Date: \_\_\_\_\_

Signature of Counselor Trainee \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Faculty Supervisor \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix G: Policies and Procedures Regarding Professional Liability Insurance and Clearances**

Department of Counseling  
Revised November 2017

### **Professional Liability Insurance and Clearances Required by Program**

#### PhD in Counselor Education and Supervision:

Professional Liability Insurance (\$1 million per claim/\$3 million per occurrence coverage)

Federal Fingerprinting Clearance (DHS), within the last 5 years

Protection of Minors Training, less than one year old

Act 34, Criminal Record Clearance, less than one year old

Act 151, Child Abuse Clearance, less than one year old

\*Additional clearances may be needed based on site requirements\*

### **Policy for Obtaining Liability Insurance**

Upon admission, all students must obtain their professional liability insurance and submit the proof of the insurance policy **NO LATER THAN THE FIRST NIGHT OF CLASS.**

### **Procedure for Obtaining Liability Insurance**

Liability insurance may be purchased through any appropriate insurance carrier. **Liability insurance limits of 1 million: 3 million are required by the university.** Two options often used by counseling students include:

1. HPSO Professional Liability Insurance  
1-800-982-9491  
<http://www.hpso.com>  
Approximately \$37.00 per year for students
2. You may also join the American Counseling Association at [www.counseling.org](http://www.counseling.org). Student members receive professional liability insurance through HPSO as part of their membership.

### **Policy for Obtaining Initial Clearances**

Students must apply for above listed clearances listed at the beginning of the semester in which they are enrolled. All clearances are due **October 1<sup>st</sup>** of your first semester enrolled. If a student has a finding on any clearance, the student should contact the Director of Field Placement Assistance for a meeting to discuss the finding. Paperwork will be forwarded to the Director after logging its receipt. Prior to any practicum or field experience, the Director of Field Placement Assistance is required to contact potential sites to disclose and discuss any findings.

Director of Field Placement Assistance  
College of Education and Educational Technology  
Stouffer Hall, Room 104  
1175 Maple Street  
Indiana, PA 15705-1058  
Phone: 724-357-2485

### **Policy for Updating Liability Insurance and Clearances**

Students are responsible for keeping liability insurance and all clearances updated for the duration of the degree program. Failure to provide updated liability insurance and clearances would prevent a student from enrolling or continuing in classes.

For students enrolled in either practicum or field experience classes, all clearances **MUST** be valid and **not** expire during the semester. Non-compliance with this departmental policy would result in referral to the student issues committee and could result in dismissal from the program.

### **Procedures for Obtaining Clearances**

1. Criminal Record Check – May be done online via the PA State Police at <https://epatch.state.pa.us/Home.jsp>. Cost is \$10.00
2. PA Child Abuse History Clearance – May be done online at <https://www.compass.state.pa.us/CWIS>. This clearance is free for students.
3. Federal Criminal History Record – Your application can be made online at [www.pa.cogentid.com](http://www.pa.cogentid.com).
  - a. Ph.D. in Counselor Education and Supervision apply through the Pennsylvania Department of Human Service and select Employment with a significant likelihood of regular contact with Children.
4. Protection of Minor and Act 126 – complete training via [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu) and submit certificate of completion.

**All clearances and insurance can be emailed, faxed or mailed to 203 Stouffer Hall**

- Fax – (724) 357-7821
- Mailing address –

**Indiana University of Pennsylvania  
Department of Counseling  
Stouffer Hall, Room 203  
1175 Maple Street  
Indiana, PA 15705**

## Appendix H: Direct vs. Indirect Service Guide

**Direct Services:** in-person services that the practicum student provides to people

- **Intakes/Interviews with clients/students:** Completing intakes over the phone and/or in person
- **Individual Counseling:** Counseling or co-counseling individual clients/students
- **Group Counseling:** Counsel multiple clients/students with a specific goal and/or support in mind (ex. Clients/students of divorced parents)
- **Family and Couples Counseling:** Counsel or co-counseling with couples and families
- **Testing/Assessment:** Conduct suicide or threat assessments or various other personality, career, diagnostic and risk assessments

**Indirect Services:** activities relevant to the work of the practicum student without the client present

- **Case Consultation:** Working with the on-site supervisor or faculty supervisor to gain ideas, discuss any dilemmas and/or progress, and facilitate a treatment plan
- **Case Notes:** The practicum student is to keep updated case notes on clients/students, which includes progress, diagnoses, interventions, and obstacles
- **Case Management:** The practicum student will help in assessing need of services, care planning, implementation of treatment plans and scheduling of clients/students with assistance from the on-site supervisor
- **Session Preparation:** Preparing activities and/or interventions that are theory/evidence-based and culturally appropriate to the client/student
- **Other**
  - Workshops and trainings
  - Meeting with their direct supervisor or faculty supervisor
  - Staffing a case with an agency personnel or other school/agency personnel (no client present)
  - Outside readings / research as it relates to the job they are doing
  - Leadership and advocacy activities

\*\*Documentation of your hours is a “good faith” representation of what you have done. You are held to the ACA/ASCA Codes of Ethics. An accurate representation is needed as your future license/certification relies on appropriate documentation of these hours.\*\*