

**Indiana University of Pennsylvania  
Department of Counseling**

**Practicum Planning Manual  
For Master's Degree Programs**



**Spring 2024**

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

**(Manual Revised 9-7-23)**

# Department of Counseling Practicum Manual

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Practicum Manual Compiled & Revised September 7, 2023  
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## Overview of Practicum Experiences

Welcome to your Practicum experience! The practicum classes are designed to enhance your skills as you provide counseling to “real” clients/students. The IUP Department of Counseling takes planning for this experience seriously, as Practicum is a crucial time of counseling skill development. This Practicum Planning Manual is designed to give you all the information that you need in order to successfully secure a Practicum site. The information/policies contained in this manual are subject to change based on unforeseen circumstances such as the pandemic.

### A. Overview of Requirements *(Courses listed below are subject to change)*

#### School Counseling Practicum Experiences

All school counseling students are required to take two practicum classes that are required for Pre K-12 school counseling certification. These classes include: **COUN 667: Elementary School Counseling Practicum** and **COUN 659: Secondary School Counseling Practicum**. The course descriptions and requirements are listed below.

#### **COUN 667: Elementary School Counseling Practicum Course Description**

This course provides a 50-hour supervised clinical experience (20 direct hours) for professional school counselors in training to develop and utilize developmentally appropriate counseling skills and techniques with children ages 5-12. Emphasis is on developing a theoretical framework and applying the counseling skills necessary for facilitating individual and group counseling. Through group and individual/triadic supervision experiences, students will evaluate recorded sessions, conceptualize cases, and discuss approaches to client issues in order to assist in the academic and personal/social growth of children. Prerequisites: COUN 617, COUN 621, COUN 627 or 637, COUN 629 or 639, COUN 720 or 730. Students must pass this practicum experience with a B or better in order to advance to field experience. Students enrolled in the M.A. Program are restricted from taking this course.

While the faculty supervisors (course instructors) will have different syllabi for this course, much of it will be identical. All students, regardless of the section, will have the same required hours, summative assignment, and necessary forms to complete for the Practicum experience. However, each faculty supervisor will also have her/his own course requirements.

<b>Overview of Requirements for COUN 667: Elementary School Counseling Practicum</b>	
<b>Direct Service Minimum of 20 Hours on Site</b>	Direct Service - Individual Counseling: <b>15 hours</b> Direct Service - Group Counseling: <b>5 hours</b> <b>Elementary Age Students/Clients (12 and under)</b>
<b>Indirect Service Minimum of 30 Hours</b>	Group Supervision at the University (1.5 hours weekly) Individual or Triadic Supervision at the University (1.0 hour weekly) Individual Supervision at the Site (1.0 hour weekly) Other indirect contact activities (i.e. research, session preparation, note writing) Indirect Service Total: <b>Approximately 30 hours</b>
<b>TOTAL</b>	Approximately <b>50 TOTAL</b> clock hours for Elementary School Practicum

- **Indiana Campus - This practicum is completed at an off-campus site location.**
- **Pittsburgh East - This practicum is completed at an off-campus site location.**

**COUN 659: Secondary School Counseling Practicum Course Description**

This course provides a 50-hour supervised clinical experience (20 direct hours) for professional school counselors in training to develop and utilize developmentally appropriate counseling skills and techniques with adolescents ages 13-21. Emphasis is on developing a theoretical framework and applying the counseling skills necessary for facilitating individual and group counseling. Through group and individual/triadic supervision experiences, students will evaluate recorded sessions, conceptualize cases, and discuss approaches to client issues in order to assist in the academic, career, and personal/social growth of adolescents. Prerequisites: COUN 617, COUN 621, COUN 627 or COUN 637, COUN 629 or COUN 639, COUN 720 or COUN 730. Students must pass this practicum experience with a B or better in order to advance to field experience. Students enrolled in the M.A. program are restricted from taking this course.

While the faculty supervisors (course instructors) will have different syllabi for this course, much of it will be identical. All students, regardless of the section, will have the same required hours, summative assignment, and necessary forms to complete for the Practicum experience. However, each faculty supervisor will also have her/his own course requirements.

<b>Overview of Requirements for COUN 659: Secondary School Counseling Practicum</b>	
<b>Direct Service Minimum of 20 Hours on Site</b>	Direct Service (Individual Counseling): <b>15 hours</b> Direct Service (Group Counseling): <b>5 hours</b> <b>Secondary Age Students/Clients (13-21)</b>
<b>Indirect Service Minimum of 30 Hours</b>	Group Supervision at the University (1.5 hours weekly) Individual or Triadic Supervision at the University (1.0 hour weekly) Individual Supervision at the Site if placement is off-campus (1.0 hour weekly) Other indirect contact activities (i.e. research, session preparation, note writing) Indirect Service Total: <b>Approximately 30 hours</b>
<b>TOTAL</b>	Approximately <b>50 TOTAL</b> clock hours for Secondary School Practicum

- **Indiana Campus – This practicum is completed on-campus or at an off-campus site location.**
- **Pittsburgh East – This practicum is completed at an off-campus site location. Pittsburgh East students may APPLY to use the Indiana Campus training facility as a site.**

## Clinical Mental Health Practicum Experiences

All clinical mental health counseling students are required to take two practicum classes. These classes include: **COUN 657: Individual Practicum (Clinical Mental Health)** and **COUN 669: Group Counseling Practicum (Clinical Mental Health)**. The course descriptions and requirements are listed below.

### **COUN 657: Individual Practicum (Clinical Mental Health) Course Description**

Provides a 75-hour (30 direct hours) supervised clinical mental health individual counseling practicum with children, adolescents, or adults via supervised clinical experiences to develop and utilize advanced individual counseling skills and techniques within a meaningful theoretical framework. Emphasis is on skill acquisition and the development of effective methods of facilitating the counseling process. Counseling theory and a variety of techniques will be drawn upon in the movement toward client goal attainment. Through group and individual/triadic supervision experiences, students will evaluate recorded sessions, conceptualize cases, and discuss approaches to client issues. Students must pass this practicum experience with a B or better in order to advance to field experience. Prerequisites: COUN 617, COUN 637, & COUN 720. Students enrolled in M.Ed. program are restricted from taking this course.

<b>Overview of Requirements for COUN 657: Individual Practicum (Clinical Mental Health)</b>	
<b>Direct Service Minimum of 30 Hours on Site</b>	Direct Service (Individual Counseling): <b>30 hours</b>
<b>Indirect Service Minimum of 45 Hours</b>	Group Supervision at the University (1.5 hours weekly) Individual or Triadic Supervision at the University (1.0 hour weekly) Individual Supervision at the Site if placement is off campus (1.0 hour weekly) Other indirect contact activities (i.e. research, session preparation, note writing)  Indirect Service Total: <b>Approximately 45 hours</b>
<b>TOTAL</b>	Approximately <b>75 TOTAL</b> hours for Individual Practicum

- **Indiana Campus – This practicum is completed on-campus or at an off-campus site location.**
- **Pittsburgh East – This practicum is completed at an off-campus site location. Pittsburgh East students may APPLY to use the Indiana Campus training facility as a site.**

**COUN 669: Group Counseling Practicum (Clinical Mental Health) Course Description**

Provides a 25-hour (10 direct hours) supervised clinical mental health group counseling practicum with children, adolescents, or adults to develop and utilize basic and advanced group counseling skills and techniques. Emphasis is on skill acquisition and the development of effective methods of facilitating the group process. Through group and individual/triadic supervision experiences, students will evaluate recorded sessions, conceptualize group dynamics, and discuss approaches to group facilitation. Students must pass this practicum experience with a B or better in order to advance to field experience. Prerequisites: COUN 617, COUN 639, & COUN 720. Students enrolled in M.Ed. program are restricted from taking this course.

<b>Overview of Requirements for COUN 669: Group Counseling Practicum (Clinical Mental Health)</b>	
<b>Direct Service Minimum of 10 hours on Site</b>	Direct Service (Group Counseling): <b>10 hours</b>
<b>Indirect Service Minimum of 15 hours</b>	Group Supervision at the University (1.5 hours weekly) Individual or Triadic Supervision at the University (1.0 hour weekly) Individual Supervision at the Site if placement is off campus (1.0 hour weekly) Other indirect contact activities (i.e. research, session preparation, note writing)  Indirect Service Total: <b>Approximately 15 hours</b>
<b>TOTAL</b>	Approximately <b>25 TOTAL</b> hours for Group Practicum

- **Indiana Campus**– This practicum is completed on-campus or at an off-campus site location.
- **Pittsburgh East** – This practicum is completed on-campus in fall semester or at an off-campus site location in spring semester. Pittsburgh East students may **APPLY** to use the Indiana Campus training facility as a site in the spring semester.

**Important Note:** Counselors in training must always demonstrate professionalism. This includes completing paperwork in a timely manner and submitting paperwork by specified due dates. To be eligible for the practicum experience(s), counseling students must follow all guidelines and procedures specified in this practicum manual. The chart on the next page illustrates the process if the requirements are met or not met.

## Practicum Paperwork Due Dates & Professional Behavior

Counselors in training must always demonstrate professionalism. This includes completing paperwork in a timely manner and submitting paperwork by specified due dates. To be eligible for the practicum experience(s), counseling students must follow all guidelines and procedures specified in the practicum manual. The chart below illustrates the process if these requirements are met or not met.

<b>Requirement</b>	<b>If Met</b>	<b>If NOT Met</b>
Student takes the mandatory online practicum training and quiz (pass at 100%) prior to semester registration for practicum.	Student is eligible to enroll in practicum.	Student cannot enroll in practicum or must disenroll from class. Can only try to reenroll after taking the training and passing the quiz at 100%.
Student enrolled in practicum must submit the required practicum paperwork by the specified due date. See practicum planning schedule.	Student stays enrolled in the practicum class.	Student must disenroll from the practicum class. Student may attempt to register for the class again after a one week waiting period. If successful in securing a seat after the waiting period, the student must submit the required paperwork within 7 days of the re-registration. If paperwork is not submitted within 7 days, student is no longer eligible to take practicum and must drop the class.
Student enrolled in practicum must submit required clearances by the specified due date. See practicum planning schedule.	Student stays enrolled in the practicum class.	Student must disenroll from the practicum class. Student may attempt to register for the class again after a one week waiting period. If successful in securing a seat after the waiting period, student must submit required clearances within 7 days of the re-registration. If clearances are not submitted within 7 days, student is no longer eligible to take practicum and must drop the class.
If a site is not secured by the specified paperwork due date in the practicum planning schedule, the enrolled student must submit required minimum paperwork and must email the practicum coordinator with an update every three weeks until a site is secured, and paperwork is submitted.	Student stays enrolled in the practicum class.	It will be assumed that the student will not be completing practicum and student must disenroll from the practicum class(es).
Student adds a practicum class after the due date for practicum paperwork. Student must submit required paperwork within two weeks of registration. Under no circumstances will students be permitted to turn in practicum paperwork after the start of the practicum semester.	Student stays enrolled in the practicum class.	It will be assumed that the student will not be completing practicum and student must disenroll from the practicum class(es).

## **B. Additional Student Requirements:**

- Secure a practicum site that meets departmental requirements (if site is off campus). IUP Department of Counseling reserves the right to not approve a site for any reason. Once sites are secured and approved by the practicum coordinator, students are expected proceed with the commitment and not change placements.
- Complete required paperwork and **electronically submit by the specified due date** to the Practicum Coordinator (Appendices A & B for off-campus practicum or Appendix A for on-campus practicum). Students must keep copies of all practicum paperwork.
- After all student & site materials are received, reviewed, and found to meet eligibility requirements, you will receive an e-mail from the Practicum Coordinator stating you are approved for practicum. **Note: You cannot begin your practicum experience until you receive an approval e-mail from the Practicum Coordinator.**
- You must verify your required clearances and TB test on the CastleBranch system will be **current for the duration of your entire practicum and will not expire anytime during the practicum**. Any documents that will expire during the practicum timeframe must be renewed **by the specified due date**. You must also renew your liability insurance in a timely manner so it remains current for the duration of the practicum. All renewal documents must be electronically submitted on the CastleBranch clearance management system. Call CastleBranch customer service (888-723-4263) for help with uploading. 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 (if applicable).
- Maintain Practicum Log (Appendix E) that provides 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 the Site Supervisor if placement is off campus.
- Attend an average of 1.5 hours of group supervision per week and 1 hour weekly individual/triadic supervision with your Faculty Supervisor.
- Complete Evaluation of Site Supervisor (Appendix D) for off-campus practicum.
- 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).**
- The site is responsible for providing clients or students for the practicum experience. In no instance will IUP counseling students recruit their own clients (outside of the agency or school) for the practicum experience. Advertisements for counseling services 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: <https://www.iup.edu/supportingstudents/where-to-turn-for-help.html>

Survivor's Handbook: <https://www.iup.edu/haven/get-help/survivors-handbook>



## **C. Site and Site Supervisor Requirements:**

### **Site Requirements:**

- **All direct counseling hours must be face-to-face, in-person, and at the site location.** One potential exception to this policy may be for home-based counseling. Home-based counseling will be permitted if the site ensures the student is accompanied by the Site Supervisor or a qualified supervisor designee (Master's Degree in counseling or closely related clinical discipline, two years of post-Master's Degree counseling experience, and is practicing in a clinician or clinical supervisor role.). The designee information must be reported to the Faculty Supervisor. The other exception to this may be if the site offers telehealth sessions. In both cases, the site will also provide the student with appropriate training, safety measures, and supervision for these duties.
- Sites **must permit video-recording or audio-recording** of counseling sessions. These recordings must be brought to class for individual/triadic and group supervision.
- Sites must assign an appropriate Site Supervisor to be a 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 three times during the semester 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:**

- For **school counseling placements**, an appropriate Site Supervisor is one with a minimum of a master's degree in school counseling or a closely related clinical field (i.e. clinical social work) and will supervise the practicum student.
- For **clinical mental health placements**, an appropriate Site Supervisor is one with a minimum of a master's degree in counseling or a closely related clinical field (i.e. clinical social work) and will supervise the practicum student.
- Site Supervisors must have **at least two years** of post-master's counseling experience.
- Site Supervisors must also complete the **required** online IUP Site Supervisor training prior to the start of the semester (found at <https://www.iup.edu/counseling/site-supervisor-masters/index.html> ).

## **D. Accruing Practicum Hours**

- In order to facilitate counselor trainee 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 staggering client/student sessions throughout the semester. Students in COUN 657- Individual Practicum (Clinical Mental Health), COUN 659- Secondary School Counseling Practicum, & COUN 667- Elementary School Counseling Practicum must include seeing clients/students for a minimum of 10 weeks of the semester. All practicum students must attend scheduled individual/triadic and group supervision during the semester.

## Pre-Practicum Planning On-Campus Practicum

<p><b>Step 1:</b> Successfully Participate in Pre-Practicum Orientation Prior to First Day of Class Registration</p>	<p><u>Students Read:</u> 1. PowerPoint 2. Planning Schedule 3. Practicum Planning Manual</p> <p><u>Students Watch:</u> 1. Practicum Overview Video</p> <p><u>Students Take:</u> 1. D2L Quiz (<b>must pass with 100%!</b>)</p>
<p><b>Step 2:</b> Review Handbook and Eligibility Requirements</p>	<p><u>Eligibility Requirements Include:</u> Successful completion of the prerequisite courses for the specific practicum class(es).</p>
<p><b>Step 3:</b> Practicum Registration</p>	<p>Register for the practicum class(es). Students are not guaranteed seats in practicum classes. Class size is limited, and registration is on a first come first served basis.</p> <p><b><u>NOTE:</u> You may only register for a practicum class after Step 1 above has been <i>successfully</i> completed. Students who register before passing the quiz at 100% could be asked to disenroll.</b></p>
<p><b>Step 4:</b> Site Qualifications</p> <p><b>Submit Required Paperwork by Specified Date!</b> (Refer to the Practicum Planning Schedule for all due dates)</p>	<p>For the on-campus practicum, be prepared to do the following:</p> <ul style="list-style-type: none"> <li>• Follow all guidelines for using the IUP training facilities.</li> <li>• Receive training from faculty supervisor on how to use the recording equipment.</li> <li>• Get IUP Required Informed Consent Forms signed &amp; submit signed copy to faculty supervisor for each client. Complete other paperwork required by faculty supervisor.</li> </ul> <p><u>Submit to the Practicum Coordinator:</u> 1. Appendix A (3 pages): Practicum Student Documents</p> <p><b>If Appendix A is not submitted by the due date, you must disenroll from the practicum class(es).</b></p>
<p><b>Step 5:</b> Student Qualifications</p> <p>Submit Required Clearances, TB Test, &amp; Liability Insurance</p>	<p>You must verify your required clearances and TB test on the CastleBranch system will be current for the duration of your entire practicum and will not expire anytime during the practicum. <b>Any documents that will expire during the practicum timeframe must be renewed by the specified due date or you must disenroll from the practicum class(es).</b> You must also renew your liability insurance in a timely manner so it remains current for the duration of the practicum. All renewal documents must be electronically submitted on the CastleBranch clearance management system.</p>
<p><b>Step 6:</b> Practicum Approval</p>	<p>After all student and site materials are received, reviewed, and found to meet all eligibility requirements, you will receive an e-mail from the Practicum Coordinator stating that you are approved for the practicum class. 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 Practicum Coordinator.</b> Absence of practicum approval will result in you being required to disenroll before the first day of class.</p>

## Pre-Practicum Planning Off-Campus Site Practicum

<p><b>Step 1:</b> Successfully Participate in Pre-Practicum Orientation Prior to First Day of Class Registration</p>	<p><u>Students Read:</u></p> <ol style="list-style-type: none"> <li>1. PowerPoint</li> <li>2. Planning Schedule</li> <li>3. Practicum Planning Manual</li> </ol> <p><u>Students Watch:</u></p> <ol style="list-style-type: none"> <li>1. Practicum Overview Video</li> </ol> <p><u>Students Take:</u></p> <ol style="list-style-type: none"> <li>1. D2L Quiz (<b>must pass with 100%!</b>)</li> </ol>
<p><b>Step 2:</b> Review Handbook and Eligibility Requirements</p>	<p><u>Eligibility Requirements Include:</u> Successful completion of the prerequisite courses for the specific practicum class(es).</p>
<p><b>Step 3:</b> Practicum Registration</p>	<p>Register for the practicum class(es). Students are not guaranteed seats in practicum class. Class size is limited, and registration is on a first come, first served basis.</p> <p><b>NOTE: You may only register for a practicum class after Step 1 above has been <i>successfully</i> completed. Students who register before passing the quiz at 100% could be asked to disenroll.</b></p>
<p><b>Step 4:</b> Site Qualifications</p> <p><b>Submit Required Paperwork by Specified Date!</b> (Refer to the Practicum Planning Schedule for all due dates)</p>	<ol style="list-style-type: none"> <li>1. Review site requirements specified in this manual.</li> <li>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. Consult the IWIKI for sites that have established Affiliation Agreements (see p. 23 of Practicum Manual).</li> <li>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> </li> </ol> <p><u>Submit to the Practicum Coordinator:</u></p> <ol style="list-style-type: none"> <li>1. Appendix A (3 pages): Practicum Student Documents</li> <li>2. Appendix B (4 pages): Practicum Site Documents</li> </ol> <p><b>If Appendix A (at a minimum) is not submitted by this due date, you must disenroll from the practicum class(es).</b></p>
<p><b>Step 5:</b> Student Qualifications Submit Required Clearances, TB Test, &amp; Liability Insurance</p>	<p>You must verify your required clearances and TB test on the CastleBranch system will be current for the duration of your entire practicum and will not expire anytime during the practicum. <b>Any documents that will expire during the practicum timeframe must be renewed by the specified due date or you must disenroll from the practicum class(es).</b> You must also renew your liability insurance in a timely manner so it remains current for the duration of the practicum. All renewal documents must be electronically submitted on the CastleBranch clearance management system.</p>
<p><b>Step 6:</b> Practicum Approval</p>	<p>After all student and site materials are received, reviewed, and found to meet eligibility requirements, you will receive an e-mail from the Practicum Coordinator stating that you are approved for the practicum class. 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 Practicum Coordinator.</b> Absence of practicum approval will result in you being required to disenroll before the first day of class.</p>

**Site Supervisor Letter for Off-Campus Site  
Elementary or Secondary School Counseling Practicum**

\_\_\_\_\_  
Date

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

I am currently completing my master's degree in school counseling at Indiana University of Pennsylvania (IUP). To improve my knowledge and skills, I am required to complete a(n) \_\_\_\_\_ school 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/student in your setting that are \_\_\_\_\_ age. One of the requirements for this experience is that I video-record or audio-record a minimum of 15 hours of individual counseling sessions and 5 hours of group counseling sessions in order 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 and 1.0 hour per week of individual or triadic 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 school/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 school/agency regulations/required paperwork. In addition, site supervisors are required to provide a minimum of 1.0 hour weekly administrative supervision that may also include clinical supervision.

This course extends from \_\_\_\_\_ to \_\_\_\_\_. If you have any questions, please contact Dr. Lorraine J. Guth, Clinical Coordinator for Master's Degree Programs, at (724) 357-5509 or via email at coun-prac@iup.edu.

Thank you for your cooperation,

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

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

**Site Supervisor Letter for Off-Campus Site  
Individual Counseling Practicum (Clinical Mental Health)**

\_\_\_\_\_  
Date

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

I am currently completing my master's degree in clinical mental health counseling at Indiana University of Pennsylvania (IUP). To improve my knowledge and skills, I am required to complete an individual 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 30 hours of individual counseling sessions in order 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 and 1.0 hour per week of individual or triadic 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 administrative supervision that may also include clinical supervision.

This course extends from \_\_\_\_\_ to \_\_\_\_\_. If you have any questions, please contact Dr. Lorraine J. Guth, Clinical Coordinator for Master's Degree Programs, at (724) 357-5509 or via email at coun-prac@iup.edu.

Thank you for your cooperation,

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

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

**Site Supervisor Letter for Off-Campus Site  
Group Counseling Practicum (Clinical Mental Health)**

\_\_\_\_\_  
Date

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

I am currently completing my master's degree in clinical mental health counseling at Indiana University of Pennsylvania (IUP). To improve my knowledge and skills, I am required to complete a group 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 10 hours of group counseling sessions in order 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 and 1.0 hour per week of individual or triadic 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 administrative supervision that may also include clinical supervision.

This course extends from \_\_\_\_\_ to \_\_\_\_\_. If you have any questions, please contact Dr. Lorraine J. Guth, Clinical Coordinator for Master's Degree Programs, at (724) 357-5509 or via email at coun-prac@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: \_\_\_\_\_ Personal Pronouns: \_\_\_\_\_

Practicum Course(s) Desired:

- COUN 667: Elementary School Counseling Practicum
- COUN 659: Secondary School Counseling Practicum
- COUN 657: Individual Practicum (Clinical Mental Health)
- COUN 669: Group Counseling Practicum (Clinical Mental Health)

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

Program:

- Clinical Mental Health Counseling
- Pre K-12 School Counseling
- Licensure Only
- Certification Only

Campus Location:

- Indiana
- Pittsburgh East

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

**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: Page 1)



## Appendix A: Practicum Student Documents

### Practicum Item Checklist

Name \_\_\_\_\_

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

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

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

1.  Appendix A: Student Documents (3 pages)

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

1.  Appendix A: Student Documents (3 pages)
2.  Appendix B: Site Documents (4 pages)

The above materials must be emailed to:  
**Lorraine J. Guth, Ph.D., Practicum Coordinator for Master's Degree Programs**  
**Department of Counseling**

Phone: 724-357-5509    E-mail: [coun-prac@iup.edu](mailto:coun-prac@iup.edu)

- 
- By the specified due date, I verify that I have obtained and submitted any needed renewal(s) for clearances and TB test 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 - MM/DD/YY).
  - 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 via the CastleBranch clearance management system.

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

\_\_\_\_\_  
Date

(Appendix A: Page 2)

## Appendix A: Practicum Student Documents

### Student Practicum Agreement

Please **INITIAL** 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 experience, a failing grade, other disciplinary action, and/or possible removal from the program. Unprofessional behavior and/or student performance issues may also result in my removal from the practicum experience, a failing grade, other disciplinary action, and/or possible removal from the program. Documentation of this behavior will also become part of my permanent record.
- \_\_\_\_\_ I attest to the fact that I have purchased and will upload on CastleBranch proof 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 and an aggregate of \$3,000,000 per occurrence.
- \_\_\_\_\_ I attest that I have obtained and submitted any needed renewal(s) for clearances and TB test on CastleBranch so the documents will be current for the duration of my entire practicum course 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: <https://www.iup.edu/supportingstudents/where-to-turn-for-help.html>  
Survivor's Handbook: <https://www.iup.edu/haven/get-help/survivors-handbook>
- \_\_\_\_\_ 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 as well as complete all course requirements and required practicum experience hours.
- \_\_\_\_\_ 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 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 disenroll from the practicum class(es).

\_\_\_\_\_  
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 type the information below as soon as an off-campus practicum site is identified. Turn the completed form in by the specified due date.

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

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

School District  
(If applicable): \_\_\_\_\_

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

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

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

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

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

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

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

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

Is this site your place of employment?  Yes  No *(If yes, additional signature needed on page 19)*

#### TO BE COMPLETED BY FACULTY SUPERVISOR

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

Date of mid-semester contact \_\_\_\_\_ 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 or a closely related clinical discipline (e.g. clinical social work or counseling/clinical psychology). \_\_\_\_\_
2. Site Supervisor has a minimum of two 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. Site Supervisor verifies that all direct counseling hours will be face-to-face, in-person and at the site location. One potential exception to this policy may be for home-based counseling. Home-based counseling will be permitted if the site ensures the student is accompanied by the Site Supervisor or a qualified supervisor designee (Master's Degree in counseling or closely related clinical discipline, two years of post-Master's Degree counseling experience, and is practicing in a clinician or clinical supervisor role.). The designee information must be reported to the Faculty Supervisor. The other exception to this may be if the site offers telehealth sessions due to the pandemic. In both of these cases, 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: \_\_\_\_\_

### Elementary School Counseling Practicum:

A minimum of 20 direct client service hours with elementary age students/clients (ages 5-12). Within the required direct client service, a minimum of 15 hours of individual counseling and 5 hours of group counseling.

### Secondary School Counseling Practicum:

A minimum of 20 direct client service hours with secondary age students/clients (ages 13-21). Within the required direct client service, a minimum of 15 hours of individual counseling and 5 hours of group counseling.

### Individual Practicum (Clinical Mental Health):

A minimum of 30 direct individual counseling hours with clients.

### Group Counseling Practicum (Clinical Mental Health):

A minimum of 10 direct group counseling hours are required.

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/School 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 <https://www.iup.edu/counseling/site-supervisor>). 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.pacode.com/secure/data/022/chapter235/chap235toc.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 (<http://www.pacode.com/secure/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 (check one):  MA (Clinical Mental Health)  M. Ed (School)

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 YES, list the agreement expiration date \_\_\_\_\_

If no current affiliation agreement exists or the agreement will expire before the end of the practicum experience, 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 \_\_\_\_\_

\_\_\_\_\_  
Practicum Coordinator Signature

(Appendix B: Page 4)

## Procedure for Requesting & Obtaining Affiliation Agreements

1. Students will identify a practicum 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 (AA) and is categorized in either **COEC COUN** or **COEC EPP**. If yes, also note the AA expiration date on the list. Other categories such as EDSP & EDEX do **not** apply to Counseling Practicum Experience sites
2. Complete Affiliation Agreement Form (Appendix B: Page 4)
  - A. If there is a current AA that will NOT expire before the end of the field experience, complete the first part of the Affiliation Agreement Form
  - B. If there is no AA or the current AA will expire before the end of the field experience, complete **both parts** of the Affiliation Agreement Form

Students should identify the person at the school district or agency that has the authority to sign the AA. 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.

**Please note**: AA 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 AA is needed, the Department of Counseling practicum/field coordinator will work with key personnel at IUP to send an AA to the site.
  - After the site returns a signed agreement, the AA will be processed at IUP. The fully executed agreement will then be mailed to the contact person at the site.

# Appendix C: Supervisor Evaluation of Practicum Student

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

Supervisor Completing Evaluation: \_\_\_\_\_

Directions: As SUPERVISOR, please complete this formal evaluation for the practicum student's performance. The areas and specific activities listed below should be taken from the overall semester. Please rate the practicum student on the activities using the following scale.

- O – Outstanding Performance
- S – Satisfactory Performance
- U – Unsatisfactory Performance

## Rating

\_\_\_\_\_ a. **Basic Counseling Skills**

Comments:

\_\_\_\_\_ b. **Advanced Counseling Skills**

Comments:

\_\_\_\_\_ c. **Attention to Content**

Comments:

\_\_\_\_\_ d. **Attention to Process**

Comments:

\_\_\_\_\_ e. **Professionalism and Ethical Behavior**

Comments:

## Other evaluative feedback:

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

\_\_\_\_\_  
Date

\_\_\_\_\_ I have had the opportunity to review this evaluation.

\_\_\_\_\_  
Practicum Student 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: Check the number that best represents your evaluation of the Site Supervisor.

	Poor		Satisfactory		Exceptional		N/A
	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 D2L or Department Website*

<b>Practicum Log of Hours and Activities</b>					
Name: _____		Semester: _____		Site: _____	
	Direct Individual Hours	Direct Group Hours	Individual or Triadic Supervision	Group Supervision Hours	Indirect Contact Hours
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					
Week 11: Dates					
Week 12: Dates					
Week 13: Dates					
Week 14: Dates					
Week 15: Dates					
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Semester Totals</b>	<b>Direct</b>	<b>0</b>
	<b>Indirect</b>	<b>0</b>
	<b>Total Hours</b>	<b>0</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 students to be school counselors or clinical mental health 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 724-357-2306.

Signature of Client/Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Counselor Trainee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Policies and Procedures Regarding Professional Liability Insurance and Clearances**  
**Department of Counseling**  
Revised January 20, 2022

**CastleBranch Clearance Management System**

All counseling students must obtain the required clearances and liability insurance as specified in this policy. All documents must then be uploaded to the CastleBranch system. See instructions at the end of this policy for account setup.

***New Student Clearance Requirements – Initial CastleBranch Package***

After admission and between July 1 – August 15\*, all students must obtain all required clearances and upload the documents to the CastleBranch system. Note that the documents must be dated within this timeframe and must not be obtained prior to July 1.

***Continuing Student Clearance Requirements – Renewal CastleBranch Package***

Between July 1 – August 15\*, all continuing students must renew all required clearances and upload the documents to the CastleBranch system. Note that the documents must be dated within this timeframe and must not be obtained prior to July 1.

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

***Clinical Mental Health Counseling/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: Pennsylvania Access to Criminal History (PATCH) Clearance, less than one year old  
Act 151: Child Abuse Clearance, less than one year old

***School Counseling***

Professional Liability Insurance (\$1 million per claim/\$3 million per occurrence coverage)  
Act 24: Arrest/Conviction Report and Certification Form  
Act 34: Pennsylvania Access to Criminal History (PATCH) Clearance, less than one year old  
Act 151: Child Abuse Clearance, less than one year old  
Act 114: Federal Fingerprinting Clearance (PDE), within the last 5 years  
Act 126: Child Abuse Recognition and Reporting Act (Protection of Minors), less than one year old  
TB test, less than one year old (school districts may require shorter time periods at practicum or field placement)

**Policies and Procedures for Obtaining Liability Insurance and Clearances**

**Obtaining Liability Insurance**

All students must obtain professional liability insurance and submit the proof of the insurance policy. 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.

**Obtaining Clearances**

1. PA Criminal Record Check – This is included in the CastleBranch fee and they will obtain.
2. PA Child Abuse History Clearance – May be done online at <https://www.compass.state.pa.us/CWIS>. This clearance is free for students.



# Practicum Policies at Indiana Training Facility (In Person Sessions)

## IUP Department of Counseling

**Important Note:** This is a training facility. In the event of a crisis or emergency, please follow the policy below.

### Crisis/Emergency Policy – Indiana Training Facility Location

**In Person Sessions:** If a practicum student is in session with a client who is in a significant crisis during the session, the student should immediately:

- Emphasize the need to work together to get additional help. This may mean taking the client with you while you seek assistance from your faculty supervisor. **IN NO CASE SHOULD YOU LEAVE YOUR CLIENT OR GROUP UNATTENDED.**
- If your faculty supervisor is not available, seek any other counseling faculty member even if he/she/they are in class and obtain his/her/their assistance.
- If you are unable to locate any faculty members, you should contact the Open Door Counseling and Crisis Center 877-333-2470 or University Police 724-357-2141.
- In addition to the above, your faculty supervisor should be contacted by telephone immediately to be informed of the incident.
- In the event of any unusual non-threatening client issues, your faculty supervisor should be informed ASAP before the next session.

### Overview

Several of the practicum classes (COUN 657- Individual Practicum (Clinical Mental Health), COUN 669 – Group Counseling Practicum (Clinical Mental Health), and COUN 659- Secondary School Counseling Practicum) may have an on-campus option for practicum students to meet with clients at the Indiana Training Facility location. Below are the policies for on-campus option at Indiana.

### A. Client Volunteers

Practicum courses provide a supervised experience where students further develop individual or group counseling skills learned in previous courses. The way to develop these skills is to have sessions with clients. Graduate and undergraduate students will be secured as volunteers for individual or group counseling sessions. There is a client recruitment, screening, and assignment process that has been established and will be discussed in the practicum class. For some COUN 669 and COUN 659 sections, clients will be students enrolled in the COUN 639 class. **It is important that all clients ARE screened for eligibility prior to starting the counseling sessions. The screening procedures for clients are included in this practicum manual.** In addition, a sample letter explaining volunteer requirements is also included in this manual. After screening procedures are completed, all clients must sign the **Required Practicum Informed Consent Form** (Appendix F).

### B. Counseling Session Guidelines

Session Recording - The IUP Department of Counseling has a state-of-the-art Digital Counselor Training Facility (DCTF) that is designed to enhance clinical training and supervision. Students who have in person counseling sessions in an on-campus practicum must record the counseling sessions using the computers in the DCTF for creating MP4 video recordings. Some faculty supervisors may additionally use Landro software where students will learn how to analyze digitally recorded counseling sessions to identify key skills/events such as the type of response, intervention, and effectiveness. Students are responsible for becoming thoroughly familiar with the equipment and the Landro software prior to recording counseling sessions.

Counseling Room Scheduling for In Person Sessions – Before students conduct sessions with clients, students will need to reserve a counseling room and a computer for recording. There are 5 counseling clinical rooms (Stouffer 207, 208, 215, 216, 217) that are used by practicum students. The room sign-up sheets are posted outside of the counseling rooms and the computer sign-up sheets are posted outside the Digital Counselor Training Facility. Schedule no more than TWO WEEKS in advance in pencil. Students should erase any of

their sessions that have been cancelled. Under no circumstances are students to erase other students' reserved times. Room availability is on a first come first served basis. Students are not guaranteed rooms on specific days/times and may need to come to campus on multiple days.

The hours for scheduling sessions are as follows:

Monday - Thursday: 8:00 a.m. - 10:00 p.m.; Friday: 8:00 a.m. - 4:30 p.m.

No clients should be scheduled past: 9:00 p.m. Monday through Thursday (session completed by 9:50 p.m.), and past 3:00 p.m. on Friday (session completed by 4:30 p.m.). Students must schedule clients on the hour. Students should BE PUNCTUAL regarding scheduled times. If a student is more than 15 minutes late, the room will be considered "free." Students must leave the room immediately at the end of their session. Please do not run over the scheduled time. If a student runs over his/her scheduled time, the person waiting may knock on the door to indicate that he/she needs to start a scheduled session and the student must vacate the room immediately.

### **C. "No Show" Guidelines**

Students should report every client "no show" to the course instructor. (A "no show" is when the client is scheduled and does not appear and has not contacted you prior to the meeting indicating his/her inability to attend.)

Students should attempt to re-contact clients who do not show via telephone but should be reasonable in those attempts (i.e., do not call three times daily for 3 days!). If a student is unable to reach clients and they do not return calls within a 3-4 day period, students should contact their instructor.

In all contacts with clients, students should follow confidentiality guidelines. For example, only leave messages if the volunteer information form indicates you can do so. Also, always be professional and keep in mind that the need for sessions, recordings, etc. does not supersede respect and consideration for their time, willingness (or lack thereof), etc.

### **D. Client Paperwork**

Students must complete paperwork that documents the client sessions. Course instructors will provide instructions on the paperwork/documentation students are required to complete for each client.

File Storage – Practicum students must assure confidentiality with all client files and digital video recordings when in their possession. Client records can be stored in the lockable file cabinet located in the Digital Counselor Training Facility or in a digitally secure location.

### **E. Other Requirements**

All policies in the IUP Practicum Manual must be followed.

Overseeing of clients and client welfare is the responsibility of the practicum course instructor. If issues of client welfare arise, students should immediately consult with their course instructor. (Depending on the circumstances, the course instructor may need to consult with other IUP department colleagues, the IUP doctoral mentor, or Department Chairperson.)

As the Counseling Department is operating a "training facility" for students to practice under supervision, and not a clinic, the client files and session recordings are destroyed at the end of the semester.

# **Practicum Policies at Pittsburgh East Training Facility (In-Person Sessions)**

## **IUP Department of Counseling**

**Important Note:** This is a training facility. In the event of a crisis or emergency, please follow the policy below.

### **Crisis/Emergency Policy – Pittsburgh East Training Facility Location**

**In Person Sessions:** If a student is in session with a client who is in a significant crisis during the session, the student should immediately:

- Emphasize the need to work together to get additional help. This may mean taking the client with you while you seek assistance from your supervisor. **IN NO CASE SHOULD YOU LEAVE YOUR CLIENT OR GROUP UNATTENDED.**
- If your faculty supervisor is not available, seek any other counseling faculty member even if he/she/they are in class and obtain his/her/their assistance.
- If you are unable to locate any faculty members, you should contact 911 for the Wilkins Township Police, re-solve Crisis Services for Allegheny County (1-888-796-8226), or Dynasty Security which is the on-site security service at Penn Center (412-829-0881).
- In addition to the above, your instructor should be contacted by telephone immediately to be informed of the incident.
- In the event of any unusual non-threatening client issues, your faculty supervisor should be informed ASAP before the next session.

### **Overview**

Some sections of COUN 669 - Group Counseling Practicum (Clinical Mental Health) are designated as on-campus where practicum students meet with group clients at the Pittsburgh East Training Facility location. Below are the policies for on-campus option at Pittsburgh East.

#### **A. Client Volunteers**

For some COUN 669 sections, clients will be students enrolled in the COUN 639 class. It is important that all clients ARE screened for eligibility prior to starting the counseling sessions. The screening procedures for group clients should be discussed with the faculty supervisor. After screening procedures are completed, all clients must sign the **Required Practicum Informed Consent Form** (Appendix F).

#### **B. Counseling Session Guidelines**

**Session Recording** - The IUP Department of Counseling has a state-of-the-art Digital Counselor Training Facility (DCTF) that is designed to enhance clinical training and supervision. Students who have in person counseling sessions in an on-campus practicum must record the counseling sessions using the computers in the DCTF for creating MP4 video recordings. Some faculty supervisors may additionally use Landro software where students will learn how to analyze digitally recorded counseling sessions to identify key skills/events such as the type of response, intervention, and effectiveness. Students are responsible for becoming thoroughly familiar with the equipment and the Landro software prior to recording counseling sessions.

**Counseling Room Scheduling for In Person Sessions** - Before students conduct group sessions with clients, they will need to reserve a counseling room and computer for MP4 recording at the front desk at Pittsburgh East.

Students should BE PUNCTUAL regarding scheduled times. Students must leave the room immediately at the end of their session. Please do not run over the scheduled time. If a student runs over his/her scheduled time, the person waiting may knock on the door to indicate that he/she needs to start a scheduled session and the student must vacate the room.



### **C. “No Show” Guidelines**

Students should report every client “no show” to the course instructor. (A “no show” is when the client is scheduled and does not appear and has not contacted you prior to the meeting indicating their inability to attend.)

Students should attempt to re-contact clients who do not show via telephone but should be reasonable in those attempts (i.e., do not call three times daily for 3 days!). If a student is unable to reach clients and they do not return calls/texts within a 3-4 day period, students should contact their instructor.

In all contacts with clients, students should follow confidentiality guidelines. For example, only leave messages if the client indicates you can do so. Also, always be professional and keep in mind that the need for sessions, recordings, etc. does not supersede respect and consideration for their time, willingness (or lack thereof), etc.

### **D. Client Paperwork**

Students must complete paperwork that documents the client sessions. Course instructors will provide instructions on the paperwork students are required to complete for each client.

File Storage – Practicum students must assure confidentiality with all client files and digital video recordings when in their possession. Client folders can be stored in the lockable file cabinet located in the IUP Pittsburgh East reception area or in a digitally secure location.

### **E. Other Requirements**

All policies in the IUP Practicum Manual must be followed.

Overseeing of clients and client welfare is the responsibility of the practicum course instructor. If issues of client welfare arise, students should immediately consult with their course instructor. (Depending on the circumstances, the course instructor may need to consult with other IUP department colleagues, the IUP doctoral mentor, or Department Chairperson.)

As the Counseling Department is operating a "training facility" for students to practice under supervision, and not a clinic, the client files and session recordings are destroyed at the end of the semester.

# **Practicum Policies for Training Facility (Telehealth Sessions)**

## **IUP Department of Counseling**

**Important Note:** This is a training facility. In the event of a crisis or emergency, please follow the policy below.

### **Crisis/Emergency Policy – Telehealth Sessions**

**Telehealth Sessions During the Pandemic:** At the start of each session, the practicum student should obtain the physical address where the client is located during the telehealth session. If a practicum student is in a telehealth session with a client who is in a significant crisis during the session, the student should immediately:

- Emphasize the need to work together to get additional help. This may mean calling the faculty supervisor on the phone while keeping the telehealth session in progress. **KEEP YOUR CLIENT OR GROUP CONNECTED IN THE TELEHEALTH SESSION WHILE YOU ARE SEEKING ADDITIONAL HELP.**
- If your faculty supervisor is not available, seek any other counseling faculty member if you have his/her/their contact information.
- If you are unable to locate any faculty members or it is an emergency that needs immediate attention, you should contact the appropriate authorities. This may include 911, the Open Door Counseling and Crisis Center 877-333-2470, or University Police 724-357-2141.
- In addition to the above, your faculty supervisor should be contacted by telephone immediately to be informed of the incident.
- In the event of any unusual non-threatening client issues, your faculty supervisor should be informed ASAP before the next session.

### **Overview**

Several of the practicum classes (COUN 657: Individual Practicum, COUN 669: Group Counseling Practicum, and COUN 659: Secondary School Counseling Practicum) may have an option for practicum students to conduct telehealth sessions with recruited volunteer clients offered through the Training Facility. Below are the policies for telehealth sessions.

#### **A. Client Volunteers**

Practicum courses provide a supervised experience where students further develop individual or group counseling skills learned in previous courses. The way to develop these skills is to have sessions with clients. Graduate and undergraduate students will be secured as volunteers for individual or group counseling sessions. There is a client recruitment, screening, and assignment process that has been established and will be discussed in the practicum class. For some COUN 669 and COUN 659 sections, clients will be students enrolled in the COUN 639 class. It is important that all clients ARE screened for eligibility prior to starting the counseling sessions. The screening procedures for clients are included in this practicum manual. In addition, a sample letter explaining volunteer requirements is also included in this manual. After screening procedures are completed, all clients must sign the **Required Practicum Informed Consent Form** (Appendix F) and **Required Informed Consent for Telehealth Sessions** (p. 39 of Practicum Manual).

#### **B. Counseling Session Guidelines**

**Session Recording** – All telehealth sessions must be video recording using Zoom (MP4 format). Set up your IUP zoom account through the following link: <https://www.iup.edu/itsupportcenter/get-support/academic-services/zoom/download-and-access-the-zoom-desktop-client.html> . If you are using a PC for zoom recordings, you may create a local recording that saves directly to your computer (preferred) or you may create a recording that will be stored in the cloud. If you are on an iOS or Android device, there is no local storage option, and you must record to the cloud. For more information on how to record on zoom, please see the zoom and Landro guide found under “Reference Links” on the practicum materials D2L page.

**Counseling Session Scheduling and Tips for Telehealth Sessions** – When conducting telehealth sessions, professionalism is expected. Think of telehealth sessions in the same way you would think of an in-person session. Be sure to join up to 5 minutes early, practice using the technology prior to your first session, select a

quiet space with little to no distractions, try to avoid talking over volunteer clients, silence personal devices such as cell phones, and dress appropriately. It is recommended that you also adjust your camera to be around eye level and be mindful of the background. Remember, clients are not just seeing you, they are seeing the space you are in, so remove unnecessary distractions. Additionally, it is recommended to have good lighting on your face and avoid backlighting so the volunteer client can see you well.

The hours for scheduling telehealth sessions are as follows:

Monday - Thursday: 8:00 a.m. - 10:00 p.m.; Friday: 8:00 a.m. - 4:30 p.m.

No clients should be scheduled past 9:00 p.m. Monday through Thursday (session completed by 9:50 p.m.), and past 3:00 p.m. on Friday (session completed by 4:30 p.m.).

### **C. “No Show” Guidelines**

Students should report every client “no show” to the course instructor. (A “no show” is when the client is scheduled and does not appear and has not contacted you prior to the meeting indicating his/her inability to attend.)

Students should attempt to re-contact clients who do not show via telephone but should be reasonable in those attempts (i.e., do not call three times daily for 3 days!). If a student is unable to reach clients and they do not return calls/texts within a 3-4 day period, students should contact their instructor.

In all contacts with clients, students should follow confidentiality guidelines. For example, only leave messages if the volunteer information form indicates you can do so. Also, always be professional and keep in mind that the need for sessions, recordings, etc. does not supersede respect and consideration for their time, willingness (or lack thereof), etc.

### **D. Client Paperwork**

Students must complete paperwork that documents the client sessions. Course instructors will provide instructions on the paperwork/documentation students are required to complete for each client.

File Storage – Student-counselors must assure confidentiality with all client files and digital video recordings when in their possession. Client records must be stored in a secure location.

### **E. Other Requirements**

All policies in the IUP Practicum Manual must be followed.

Overseeing of clients and client welfare is the responsibility of the practicum course instructor. If issues of client welfare arise, students should immediately consult with their course instructor. (Depending on the circumstances, the course instructor may need to consult with other IUP department colleagues, the IUP doctoral mentor, or Department Chairperson.)

As the Counseling Department is operating a "training facility" for students to practice under supervision, and not a clinic, the client files and session recordings are destroyed at the end of the semester.

## **Screening Procedures for On-Campus Practicum Individual Counseling Sessions**

Students in individual practicum will be provided with information sheets that have the contact information for potential clients. The next step is to very quickly set up an appointment to determine if they are willing and eligible to participate as clients. This initial process is referred to as client screening. The screening procedures for individual counseling sessions are as follows:

### **Screening for willingness based on informed consent:**

Prospective clients need to understand specific information in order to have their agreement meet the criteria of informed consent. The process of obtaining and documenting informed consent is as follows:

- ✓ At the beginning of the screening session, make sure that the client understands all of the information contained in the **Required Screening Informed Consent Form** (p. 38 of Practicum Manual). This includes critical information regarding the limits of confidentiality, the recording of sessions, and the viewing of the screening session. Clarify and respond to questions as necessary. Once the information is understood, have the client sign and date the Screening Informed Consent Form. Recording of the session must begin after this form is signed.
- ✓ Screen volunteer for eligibility for individual counseling sessions (See Screening for Eligibility Section Below).
- ✓ Have the client sign and date the **Required Practicum Informed Consent Form** (Appendix F) after you determine eligibility. Note: If you are providing telehealth services, also complete the **Required Informed Consent for Telehealth Sessions** must also be completed (p. 39 of Practicum Manual).
- ✓ Provide a copy of the signed informed consent form(s) to the faculty supervisor.
- ✓ Schedule the next appointment.

### **Screening for Eligibility**

Prospective clients need to understand that because you are in training you have some limitations about who you can counsel. Therefore, you will need to ask them a few specific personal questions to make sure that their counseling needs are within your abilities.

- ✓ Ask if the client has had any suicidal thinking in the past 6 months. If the answer is “yes,” you need to get more specific information. How recently did this occur? Was it just a fleeting thought or something they considered more seriously? For example, were the thoughts more persistent? Most importantly, did they think of a method for killing themselves?
- ✓ Ask if they have ever made a suicide attempt? If yes, when?
- ✓ Ask if they are currently in counseling or have been in the past year.

*Criteria for decision-making:*

### **Rule out participation in the sessions if the potential client reports:**

- Current suicidal thinking.
- Suicidal thinking in the past 6 months that was accompanied by identification of a method.
- Past suicide attempt.
- Current involvement in counseling.
- Diagnosis (other than depression or anxiety) that requires specialized treatment such as anorexia, schizophrenia, etc.

### **May be a candidate for the sessions if client has:**

- Mild suicidal thinking that occurred longer than 3 months ago (without a suicidal plan).
- Had been in counseling, but not currently active. Example: has a counselor at home but not active during the school year.
- CHECK with your faculty supervisor for any of the above issues or if consultation is needed.

### **Ongoing Screening**

A client who was initially determined to be eligible for the individual counseling experience may encounter a life circumstance or make a disclosure during the course of counseling that could change his/her appropriateness in working with a counselor in training. Practicum students must consult with their faculty supervisor to determine if a referral or other specific interventions are needed. Outcomes will be determined on a case by case basis by through consultation and supervision.

## **Screening Procedures for On-Campus Practicum Group Counseling Sessions**

Students in group practicum will be provided with information sheets that have the contact information for potential group clients. The next step is to very quickly schedule screening interviews to determine if they are willing and eligible to participate as a group client. This initial process is referred to as client screening. The screening procedures for group counseling sessions are as follows:

### **Screening for willingness based on informed consent:**

Prospective group clients need to understand specific information in order to have their agreement meet the criteria of informed consent. The process of obtaining and documenting informed consent is as follows:

- ✓ At the time to be determined by the group practicum course instructor, make sure that the client understands all of the information contained in the **Required Screening Informed Consent Form** (p. 38 of Practicum Manual). This includes critical information regarding the limits of confidentiality, recording of sessions, and viewing of the screening session. Clarify and respond to questions as necessary. Once the information is understood, have the client sign and date the Screening Informed Consent Form. Recording of session must begin after this form is signed.
- ✓ Screen volunteer for eligibility for group counseling sessions (See Screening for Eligibility Section Below).
- ✓ Verify the volunteer is able to come to the scheduled group session day and time.
- ✓ Have the client sign and date the **Required Practicum Informed Consent Form** (Appendix F) after you determine eligibility. Note: If you are providing telehealth services, also complete the **Required Informed Consent for Telehealth Sessions** must also be completed (p. 39 of Practicum Manual).
- ✓ Provide a copy of the signed informed consent form(s) to the faculty supervisor.

### **Screening for Eligibility**

Prospective group clients need to understand that because you are in training you have some limitations about who you can counsel. Therefore, you will need to ask them a few specific personal questions to make sure that their counseling needs are within your abilities. Some potential screening questions are listed below:

- ✓ Have you ever been in counseling before? If yes, what kind, how long ago, what was the general reason you attended?
- ✓ Have you had any suicidal ideation in the past six months? Did you have a plan?
- ✓ Will anything conflict with your ability to attend the nine (9) group sessions?
- ✓ After hearing about the group counseling process, what goals or expectations might you have for being a member in such a group?
- ✓ What reservations do you have about being in a counseling group?
- ✓ What questions do you have for me/us?

*Criteria for decision-making:*

### **Rule out participation in the group sessions if the potential client reports:**

- Current suicidal thinking.
- Suicidal thinking in the past 6 months that was accompanied by identification of a method.
- Past suicide attempt.
- Current involvement in counseling.
- Diagnosis (other than depression or anxiety) that requires specialized treatment such as anorexia, schizophrenia, etc.

### **May be a candidate for the sessions if client has:**

- Mild suicidal thinking that occurred longer than 3 months ago (without a suicidal plan).
- Had been in counseling, but not currently active. Example: has a counselor at home but not active during the school year.
- CHECK with your faculty supervisor for any of the above issues or if consultation is needed.

### **Ongoing Screening**

A client who was initially determined to be eligible for the group counseling experience may encounter a life circumstance or make a disclosure during the course of counseling that could change his/her appropriateness in working with a counselor in training. Practicum students must consult with the faculty supervisor to determine if a referral or other interventions are needed. Outcomes will be determined on a case by case basis by through consultation and supervision.

**Note: The above procedures may be modified for COUN 639 students who are participating as group members. Consult with your faculty supervisor.**

# Required Screening Consent Form for On-Campus Practicum

## Indiana University of Pennsylvania – Department of Counseling

IUP Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

The Department of Counseling at Indiana University of Pennsylvania is a graduate-student only department that trains students to be school counselors or clinical mental health 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 to conduct a screening session to determine your eligibility for these counseling sessions.

I, \_\_\_\_\_ grant my permission to have this screening session with a practicum student recorded. I realize the purpose of such recording is solely for training purposes of graduate counseling students and viewing these recordings will be restricted to the IUP Department of Counseling faculty supervisor and graduate counseling students who are enrolled in the same practicum class. I understand that my identity and all recorded material will be kept strictly confidential. Upon review of this recording for supervision 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 disclose intent of harming myself or someone else, the practicum student would take steps necessary to prevent such injuries, alert proper authorities, and to warn any person(s) that I stated an intention to harm. Second, the practicum student 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, the practicum student may be ordered to testify in court. Fourth, I can give permission for the practicum student to release information to a specified person/agency. Fifth, if a significant issue arises during the screening session, I give permission for the practicum student to consult with IUP Department of Counseling Faculty members as necessary. 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 screening process. I also grant permission for the recording to take place. If you have any questions, you can contact the faculty supervisor, \_\_\_\_\_ at 724-357-2306.

Signature of IUP Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor Trainee \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

## Required Informed Consent for Telehealth Sessions

In addition to the Informed Consent Document, the following consent is required for telehealth sessions. Before starting telehealth sessions, the counselor-in-training must review the information below with the volunteer.

All aspects of the initial informed consent document that you signed at the beginning of counseling hold true for telehealth sessions.

- There are potential benefits and risks of telehealth sessions (e.g. limits to client confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telehealth sessions and sessions will only be recorded by the counselor-in-training after you give consent. No other individuals are permitted to record the sessions.
- All recorded sessions will be used only for supervision purposes and will be erased at the end of the semester.
- The designated telehealth platform will be used for the virtual sessions (e.g. Zoom).
- You need to use a computer with a webcam, laptop with camera and audio, or smartphone with audio capabilities during the session.
- It is important to be in a quiet, private space that is free of distractions with no other people in the room (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your telehealth appointment, you must notify the counselor-in-training in advance by phone, text, or email.
- We need a back-up plan (e.g. phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation. We will ask for this information at the start of your first telehealth appointment.
- Confidentiality still applies for remote services. Even though we are using Zoom, any internet-based communication is not 100% guaranteed to be secure/confidential. I agree that the counselor-in-training, faculty supervisor, or Indiana University of Pennsylvania should not be held responsible if any outside party gains access to the telecommunication feed.
- Technical problems could occur. If the call is disrupted, both parties will try to reconnect via Zoom within 10 minutes. If the reconnection is not possible, we will work together to reschedule the session.

Your verbal assent to the counselor-in-training indicates that you have read this agreement and agree to its terms. You have had the opportunity to ask questions about this consent and these questions have been answered to your satisfaction. These matters have been fully explained to you, and you freely give consent to receive telehealth sessions from a counselor-in-training in the Department of Counseling at Indiana University of Pennsylvania.

Client Signature (if available): \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Counselor-in-Training obtained verbal consent from \_\_\_\_\_ (name of client/volunteer) on \_\_\_\_\_ (date) before tele-counseling services were provided.

### Client Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Counselor-in-Training Name: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor-in-Training: Provides this document to volunteer client, obtains signature OR verbal consent, and completes the required information. Copy of this form gets submitted to the faculty supervisor.

## Sample Volunteer Client Letter for On-Campus Practicum

In addition to the Required Practicum Informed Consent Form (Appendix F), the letter below explaining session participation can be given to volunteer clients. Student counselors may customize the letter to the practicum requirements in consultation with the course instructor.

\_\_\_\_\_  
Date

Dear Volunteer Client:

Thank you for your interest in participating in our master's level counseling practicum course as a "volunteer client". You have the opportunity for valuable personal growth by making use of the counseling sessions available to you, while at the same time, contributing to the training of future counselors. Past volunteers have indicated very positive experiences by participating.

We take your commitment to participate quite seriously and hope you do also. Many of my students travel up to 60+ miles to come to IUP for their counseling session with you, and as such, if you are unable to meet with your counselor at the appointed time, we would greatly appreciate you to contact your counselor to cancel or reschedule your appointment.

The basic participation requirements you have agreed to are:

1. A commitment to \_\_\_\_\_ (fill in number and length of session) \_\_\_\_\_ (fill in individual or group) counseling sessions to be conducted during the \_\_\_\_\_ semester. You will be assigned a counselor who will arrange your appointments at mutually convenient times.
2. Permit recording and observation of these recorded sessions by the course instructor and other graduate counseling class members enrolled in the practicum course.

Our expectation is that you will have a specific issue or issues to discuss with your counselor. The concerns that volunteers have expressed in the past include but are not limited to stress, questioning of personal values, intimate relationships, and family issues.

We encourage you to take advantage of the unique opportunity for self-improvement and prepare as you would for entering a "real" counseling session. This is an interesting and potentially useful experience for you as well as an opportunity to contribute to the training of future counseling professionals. If you have any questions, please call me at \_\_\_\_\_ (fill in instructor's phone number).

Sincerely,

\_\_\_\_\_  
Course Instructor (Fill in Name of Practicum Instructor)



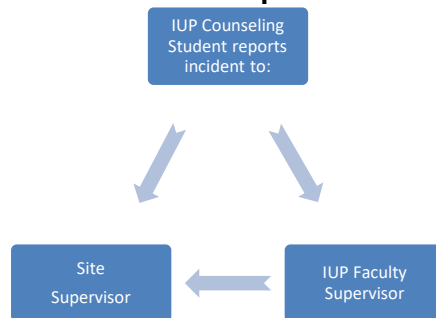
# Indiana University of Pennsylvania

## Critical Incident Response: Sequence Documentation Policy

**Directions:** Critical incidents may arise at practicum and field experience sites. A critical incident is a situation that causes or has the potential to cause harm to an individual or group within the practicum or field experience setting. The critical incident requires an immediate response in order to assess and/or address the potential consequences of the incident. Some examples of critical incidents include but are not limited to: alarming behavior including student/client suicidal or homicidal indications; death of a student/client; injuries/accidents requiring medical attention; injury to student/client, IUP counseling student, or team member when on site; or any other crisis issues that occur in the practicum/field experience site. When critical incidents arise that directly involve the IUP counseling student, the policy below must be followed. The Critical Incident Response: Sequence Documentation Form must be completed within 48 hours of the incident, unless otherwise required by the faculty/site supervisors involved. An IUP student who does not comply with this policy will result in referral to the Student Issues Committee.

**If a critical incident occurs at a practicum or field experience site that directly involves the IUP counseling student, the following steps must be taken.**

- Step 1:** In consultation with the IUP Faculty Supervisor, the IUP counseling student must follow the school or agency policies to deal with the critical incident. The assumption is that the school/agency and site supervisor are practicing in accordance with ethical standards and legal practices.
- Step 2:** The IUP counseling student must immediately report the critical incident to both the:
- 1) Site Supervisor in person or by phone and send follow-up e-mail documenting the conversation  
**AND**
  - 2) Faculty Supervisor in person or by phone and send follow-up e-mail documenting the conversation.
- Step 3:** The IUP Faculty Supervisor must call the Site Supervisor to discuss the critical incident.



- Step 4:** The IUP counseling student and IUP Faculty Supervisor must each document the sequence of events related to the critical incident response using the form on the next page. The IUP Faculty Supervisor must place the completed forms in the student's practicum or field experience file.
- Step 5:** The IUP Faculty Supervisor must notify the Department of Counseling Practicum/Field Experience Coordinator about the critical incident and provide copies of the completed critical incident documentation forms.
- Step 6:** The IUP Department of Counseling Practicum/Field Experience Coordinator will notify the Department of Counseling Chairperson (if necessary) and College Dean (if necessary) about the critical incident.

Policy Approved 10/31/2012

**Indiana University of Pennsylvania  
Critical Incident Response: Sequence Documentation Form**

**Person Completing Report:** \_\_\_\_\_

**Practicum/Field Experience Site:** \_\_\_\_\_

**IUP Faculty Supervisor:** \_\_\_\_\_ **Site Supervisor:** \_\_\_\_\_

**IUP Course Number and Name:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Brief Description of Critical Incident:**

**Provide a Timeline of the Sequence of Events and Action Taken at Each Event  
(including dates, times, and when notifications were made):**

**Signature of Person Completing Form:** \_\_\_\_\_

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

# Indiana University of Pennsylvania

## Student Removal from Practicum or Field Site: Policy and Process

**Directions:** It is anticipated that student practicum and field placements will be successful. However, in rare instances it may be determined that a student must be removed from the practicum or field site. Some examples of reasons for possible removal include but are not limited to: site can no longer meet the practicum/field requirements or student exhibits unprofessional or unethical behavior that cannot be remediated. When these issues arise, the policy below must be followed. The required documentation contained in this policy must be completed within 48 hours, unless otherwise required by the faculty/site supervisors involved. An IUP student who does not comply with this policy will result in referral to the Student Issues Committee.

**If a significant issue occurs at a practicum or field experience site that directly involves the IUP counseling student's continued placement at the site, the following steps must be taken.**

**Step 1: Issue identified.** The student and/or Site Supervisor must inform the Faculty Supervisor about the specific situation that could impact the student's continued placement at the site. Faculty Supervisor discusses the situation with Site Supervisor and student to gather needed information.

**Step 2: Faculty Supervisor determines if situation is a site issue or a student issue:**

**If Site Issue:** If site issue is identified (e.g. school/agency not able to provide enough direct contact hours, site supervisor medical issue arises that will require site supervisor to be absent for extended period of time, site cannot meet IUP practicum/field requirements, etc.), the Faculty Supervisor will discuss the issue with the Site Supervisor and student to determine if the site issue can be resolved.

- a. **If YES – Student continues at site with the new corrective solution in place.** Note: Student placement/work at the site may need to be paused until solution is determined. This means the accrual of hours can be suspended during the resolution. If a new Site Supervisor needs to be assigned, the student must get new site paperwork completed and submitted to the IUP Clinical Coordinator for approval.
- b. **If NO – Student must be removed from site.**
  - i. Site Supervisor will sign practicum/field experience logs for hours accrued up to this point and will complete the practicum/field experience student evaluation.
  - ii. Faculty Supervisor will work with student to explore next steps for the practicum/field placement.

**If Student Performance/Professional Behavior Issue:** If a significant student performance or professional behavior issue is identified, the Faculty Supervisor will discuss the issue(s) with the Site Supervisor and student to determine if the student issue can be resolved.

**If YES – Corrective Plan Created.** Faculty Supervisor, Site Supervisor, and student will meet to discuss the specific issues and create a plan for the student to correct the performance/behavioral issues that have been identified. A follow up plan will also be created so Site Supervisor, Faculty Supervisor, and student can assess the student progress on correcting the identified issues. If issues are corrected, IUP counseling student remains at the site. If the issues are not sufficiently corrected and/or additional significant performance issues surface, item b below gets followed.

**If NO – Student Removed from Site.** If it is determined by the Faculty Supervisor and/or Site Supervisor that the IUP counseling student does not correct the identified issue(s) or the student behavior is assessed to be so egregious/unethical, then the IUP counseling student will be removed from the site.

Site Supervisor will sign practicum/field experience logs for hours accrued up to this point and will complete the practicum/field experience student evaluation.

Faculty Supervisor will determine: how the situation impacts the course grade, if referral to Student Issues Committee is needed, if academic integrity issue is involved, etc. All IUP Department of Counseling, Graduate School, and University policies must be followed in this process.

**Note: Documentation –** In all situations above, the Faculty Supervisor and student must document the issue, sequence of events, and decisions/agreements that were made to address the issues. Site Supervisors must also complete the form if student is removed from the site. The IUP Faculty Supervisor must place the completed documentation in the student's practicum or field experience file. The IUP Faculty Supervisor must also notify the Department of Counseling Practicum/Field Experience Coordinator about the identified field issues and provide copies of the documentation.

**Step 3:** The IUP Department of Counseling Practicum/Field Experience Coordinator will notify the Department of Counseling Chairperson (if necessary) and College Dean (if necessary) about the Identified practicum/field issues.

Policy Approved 11/20/2019

**Indiana University of Pennsylvania**  
**Documentation form for Identified Site Issue or Student Practicum/Field Issue**

**Person Completing Report:** \_\_\_\_\_

**Practicum/Field Experience Site:** \_\_\_\_\_

**IUP Faculty Supervisor:** \_\_\_\_\_ **Site Supervisor:** \_\_\_\_\_

**IUP Course Number and Name** \_\_\_\_\_

**Date(s) Issue(s) Identified** \_\_\_\_\_

**Brief Description of Significant Site Issue or Student Performance/Professional Behavior Issue:**

**Provide a Timeline of the Sequence of Events and Measures Taken to Correct the Issue (if any) (including dates, times, communication that was made, corrective measures taken, etc.):**

**If Student Is Removed From the Site, Describe Student Notification, Reasons for Removal, Current Status, and Other Pertinent Information**

**Signature of Person Completing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_