

Clinical Supervisor Orientation

The University of Iowa

Rehabilitation & Mental Health Counseling

2015

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Welcome

Welcome to the University of Iowa Rehabilitation and Mental Health Counseling Program Clinical Supervisor Orientation!

Thank you very much for taking an interest in training new counselors and taking time to prepare to offer counselors-in-training a meaningful learning experience. The purpose of this orientation is to provide you with an overview of the Rehabilitation and Mental Health Counseling Program, our supervision philosophy, and how that philosophy is operationalized in terms of activities and required documentation. The orientation includes instructional videos and written materials that you can review at your own pace and refer back to as needed. Counselors-in-training from the Rehabilitation and Mental Health Counseling Program always have access to this same material and can provide you with copies.

About the Rehabilitation and Mental Health Counseling Program

The Rehabilitation and Mental Health Counseling Program began in 1957 as a Vocational Rehabilitation Counselor training program located in a house and sharing space with state vocational rehabilitation services. Classes were taught throughout the University community. Rumor has it that in the 1970's some classes were taught in a favorite bar. The Program has matured and celebrated its 50th anniversary

in 2007. Through the leadership of notable persons in the counseling profession, the Rehabilitation and Mental Health Counseling Program has been nationally recognized as being one of the top 3 schools in counselor training in the United States and having dedicated counselor training facilities. The program is unique in that it is dually accredited. The Council on Rehabilitation Education (CORE) accredits the Program to train counselors as rehabilitation counselors and the Council for accreditation of Counseling and Related Educational Programs (CACREP) accredits the Program as a mental Health counselor education program.

Students earn a Master's in Arts in Rehabilitation and Mental Health Counseling. Most students take and pass the Certified Rehabilitation Counselor Exam which makes graduates eligible for licensure as mental health counselors. About 50% of students go on to earn a mental health counselling license through additional post-graduation supervised practice. Graduate work throughout the United States and internationally. Examples of employment include mental health counselor, vocational rehabilitation counselor, substance abuse counselor, forensic expert, case manager, and consultant. Graduates work for the state and federal government, Veteran's Administration, private practice, community mental health services, and non-profit organizations such as Easter Seals and National Alliance for the Mentally Ill.

Program administration consists of a Program Coordinator who is responsible for the day to day activities of the learning community and the Clinical Coordinator who is responsible for clinical activities. The Program is a part of the Rehabilitation Counselor Education Department which includes The Rehabilitation Counseling Program, Mental Health Counseling Program, School Counseling Program (MA), the Couples and Family Therapy Program (PhD) and the Counselor Education and Supervision Program (PhD). The Program is a part of the College of Education at the University of Iowa. Faculty offices, classrooms, and clinical training rooms equipped with one-way observation mirrors and video recorders are located in the third floor of Lindquist Center, which is in downtown Iowa City, Iowa.

Supervision Tip

Counselors-in-training may perceive that site activities are not related to their eventual career goals. This misperception often occurs among novice counselors because they tend to focus on the content (client diagnostic characteristics, setting specific features, documentation) rather than process issues (ethics, consistency, case management). During supervision, it is often helpful to discuss how the daily activities of your setting compare and contrast with other settings you and the student have experienced to encourage generalization.

John is a new counselor-in-training and he has the career goal to work in private practice and become skilled in existential therapy. He is placed in a substance abuse treatment center providing cognitive behavioral psychoeducational group intervention. To assist John is applying the skills he is using to his future career, you encourage him to discuss how he will use what he is learning in private practice to assess substance abuse issues, provide treatment or referral, evaluate outcomes of treatment, manage cases, and self-care as a therapist.

From the Clinical Coordinator

I am pleased to be the Clinical Coordinator and I look forward to working with students and community partners to offer clinical training experiences that exceeds CORE and CACREP standards for rehabilitation and for mental health counseling.

My approach to clinical supervision is grounded in a developmental approach to competency based training. I anticipate that every counselor-in-training will grow in professional identity, ethical responsibility, and multicultural competency that are the hallmark of an expert counselor. As Clinical Coordinator I want to provide motivational cognitive behavioral supervision to assist counselors-in-training to become self-aware of their own skills, attitude's, and professional identity through accurate self-evaluation, realistic goal setting, and meaningful evaluation and self-reflection.

1. Many counselors-in-training have the misperception that it is important to obtain training that focuses on the diagnostic label of clients (i.e. working with persons with substance abuse problems, working with persons who have depression). In fact, it is much more important that counselors-in-training receive a supervised experience in the following skill areas, regardless of the characteristics of consumers served:
2. Case management (examples include: working as a team, written documentation, case conceptualization, outcome evaluation, time management)
3. Individual intervention (examples include: intake, psychotherapy, follow-up, education, individual supervision)
4. Group intervention (examples include: psychoeducational, psychotherapeutic,, group supervision)
5. Career development (examples include: job development, job placement, human resources, employer consultation)

As Clinical Coordinator, I have professional obligations to our graduate students-in-training, as well as the clientele served by those students. In an effort to facilitate students' professional development and ultimate completion of their program, I conduct ongoing reviews of students. The Department faculty have identified expected professional behaviors and are committed to assisting students in developing these behaviors, working through obstacles that may impede their development, and implementing plans for remediation when necessary.

I look forward to working with each student and helping to develop a plan of study and clinical experience that leads to an awesome career. It is always my goal to encourage students to complete a portfolio of supervised experiences that will lead to becoming a top choice for future employers.

Supervision Tip

Communication is the key to a successful field experience. Always feel free to contact the Clinical Coordinator if you have concerns or to be proactive in preventing issues. In addition, life happens! Unexpected staff departures, medical emergencies, and program changes are a regular part of working in helping professions and we are prepared to assist you and the student in the event of an unforeseen problem.

For example, John is completing a field placement and unexpectedly his site supervisor leaves for another job opportunity. The agency should contact the Clinical Coordinator as soon as possible in order that the Clinical Coordinator can reassure John that there is support, assist your program in determining if a replacement supervisor is possible, assist John and your program in temporarily providing a University site supervisor if possible, or working with John to secure a replacement experience.

Supervising the Clinical Experience: Theoretical Base

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

Three meta-domains

The three meta-domains are regarded as primary domains because they virtually permeate the remaining five process domains, or those domains involved in the counseling process. These three meta-domains are:

1. *Sensitivity to individual differences, or those differences between both the various clients served as well as the differences between the client and the counselor;*
This domain refers to the counselor-in-training sensitivity to the individuality of clientele and stresses the importance of developing awareness of the gender, racial, cultural, and other differences and similarities (e.g., disability) between them. This includes viewing the client as an important source of information. The counselor-in-training will ultimately need to assess how alike or different they are from their clients along a variety of these dimensions, and the impact of these factors on their ability to connect with them and thus promote the development of the counseling relationship.
2. *Theoretical orientation, or the counselor's theoretical basis for guiding intervention;*

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

3. *Ethics, or the fair and beneficent treatment of clients;*

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

Five Process Domains

Learning in the 3 meta-domains simultaneously occurs with activities (or processes) that occur as the counselor-in-training has supervised experiences. The five process domains are briefly summarized as follows (see Maki and Delworth, 1995, for a thorough discussion of this model):

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

2. *Individual client assessment, which refers to the focus on the person and relate psychometric and/or situational assessment.*

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

3. *Case conceptualization, or an integration of interpersonal assessment and individual client assessment in order to form a holistic view of the client and his/her situation.*

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

4. *Treatment goals or plans, or what the client and the counselor hope to accomplish together.*

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

5. *Intervention strategies, or a plan of action.*

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

both a short-term (e.g., immediate) nature as well as a long-term nature. Thus, interventions should fit the intended goals and objectives.

Supervision Tip

There are different models for counselor training. The developmental model which the University of Iowa employs look to counselor growth in the domains as indicators of success. An alternative model which you may be familiar is an apprentice model. The apprentice model is often described as “see one, do one, teach one” in which a novice replicates the behavior of a skilled master until the criteria for success is accomplished. Such an approach is valuable and comfortable for novice counselors-in-training because the expectations are clear. However, the approach tends to encourage novice counselors to develop an external focus on career development which centers on meeting professional obligations rather than an internal focus personal growth as a professional.

John is a novice counselor who is performing many counselor tasks for the first time. He is understandable nervous and desires to perform well. As his repertoire of counselor skills (his ‘bag of tricks’) is limited he tends to attempt to copy your mannerisms, style, and pace. This behavior in a novice counselor leads to a poor therapeutic alliance. In the apprentice model, you might practice with him and encourage him to watch you carefully. Supervision may consist of you pointing out where he was successful in matching your style and instances where there were variance. The outcome measure may be to reduce variance between your style as an expert and his style as a novice.

In the developmental model, a supervisor may encourage John to develop his own style that is consistent with the content and therapeutic intent of the setting. As a supervisor, you may want to discuss how John perceives the difference and similarities between your style and his own and become aware of how those differences impact the therapeutic alliance. You may choose to discuss and practice skills that increase his repertoire in the 5 process domains.

For example, John appears to be attempting to replicate your conceptualizations of clients’ issues. You note this as he rarely contributes new ideas in staffing, tends to repeat your statements, his case notes appear repetitive and similar across clients, and when there are disagreements about client issues, tend to agree with an authority figure quickly. Activities that may assist John in the developmental model may include reading several case files of clients who have similar issues but have different courses of intervention, attending staffing for a variety of consumers, discussions with other counselors about how they conceptualize client issues, and providing him with the opportunity to observe or conduct intakes with new consumers and discuss his conceptualization of the client’s issues prior to staffing.

Specific Structures/Clinical Indices

As the counselor-in-training has experiences in the meta and process domains, the Program looks at specific clinical indices of counselor development. These indices are used to evaluate the counselor-in-training's developmental growth. These are described as the basic components of counselor development and subsequent change as a function of that development:

1. Self and other awareness

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

2. Motivation

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

3. Autonomy

This structure reflects individual clinical decision-making activity and one pole of an autonomy – dependency continuum. Autonomy is the ultimate goal of professional counselor development.

It should be clear that the three primary domains individually and collectively influence each of the five process domains. As the counselor-in-training transitions through the levels, increased competence in the clinical indices mentioned earlier can be observed and, in fact, measured.

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

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

At Level Three: The counselors-in-training begin to develop a more collegial relationship with their supervisor and related professionals. Level Three counselors are no longer characterized by Level One anxiety and have developed a somewhat confident style in both their counseling and professional relationships. Level Three counselors can truly empathize with their clients and an increased self-awareness allows for clear boundaries in their relationships with clients. At this level, counselor motivation becomes rather stable in nature as opposed to the high level of motivation that is characteristic of Level One. Counselors-in-training will ideally function at Level Three at the completion of the internship requirement.

A fourth level, or Level Three-Integrated, counselors are sometimes referred to as "master counselors", which is reflective of, and also the result of, many years of clinical experience. Thus, there is an interaction between the overriding structures, or clinical indices, and the specific meta and process domains.

The behaviors indicative of change in the clinical development of the counselor-in-training change over time as a function of this developmental process. In order to subsequently provide and participate in effective supervision it is critical to be aware of these changes, both related to the structures and domains as operationalized in the following manner. The SDM paradigm (Maki & Delworth, 1995) thus emphasizes the importance of each metadomain in the development of each remaining process domain, since the meta-domains independently influence these process domains. For example, treatment goals and plans need to include a theoretical orientation (to guide the intervention), need consideration of individual differences (to maintain the individuality of the client during intervention), and need professional ethics (to provide the intervention within the parameters of ethical treatment). Appropriate clinical development of the counselor-in-training is the intended outcome for this clinical curriculum.

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

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

Supervision Tip

In order to assist community partners with the developmental approach to counselor education and suppression, the Rehabilitation & Mental Health Counseling Program suggests the following video resources:

Counseling Supervision - The Integrated Developmental Model by Todd Grande available at:

<https://www.youtube.com/watch?v=Gu7cIST3Q4I> This presentation is a Power Point overview of the developmental model and the meta and process domains.

A Developmental Theory for the Clinical Supervision of Counselors Encountering Suicidal Clients by Katherine Heimsch available at: <https://www.youtube.com/watch?v=23AfQXWxXWw>

This presentation is a simulated supervision session in which a supervisor uses a developmental approach to assist a Level 1 counselor-in-training who is working with a client who expresses suicidal ideation.

Supervision Tip

Novice counselors-in-training who have had no prior experience can be described as Level 1 in their development. These counselors will be most comfortable with structure and direction. They most often use a match to sample approach to work.

John is in his first practicum. He is eager to do well. You notice that he is failing to inform clients of confidentiality obligations prior to beginning sessions despite clear direction on this issue. Upon discussion, John informs you that he observed a senior colleague on one occasion and the senior colleague remarked that she does not always discuss confidentiality. As a Level 1 counselor, John has incorrectly generalized that single observation and he has interpreted that “experts’ do not always discuss confidentiality with clients as a first part of the counseling encounter. You may want to discuss with John that while he may observe differences in counseling technique, he should develop his own style that incorporates best practices.

More experienced counselors-in-training (especially those with prior professional experience) may be described as Level 2 in their development. These counselors will often comparing and contrasting different experiences to arrive at universal “truths” about clients. They often have difficulty managing conflicting information as a whole, more often they perceive a “truth” and a “falsehood” rather than understanding that there could be multiple ways of conceptualizing an event. Counselors who are Level 2 often have ethical concerns, they know the Codes but are unskilled in the application and thus tend to rigidly apply the Codes.

John is an Intern. He expresses concern to you that support staff (building services, security officers, unit clerks) sometimes identify persons as clients when they greet them (i.e. “Hello Joe, here for your appointment?”) He wants to ask staff to come in on a weekend for a 2 hour ethics training focusing on confidentiality. As a Level 2 counselor, John has incorrectly perceived that the standard of care obligated by professional codes of ethics should universally apply. You may want to encourage John to continue to be ethically aware. You may also want to discuss with John differences in ethical obligations across professionals and staff, agency policy, and the role of staff in creating a welcoming atmosphere, and his own development of ethical awareness.

Few novice counselors demonstrate Level 3 development prior to Internship. These counselors will be able to integrate conflicting information and are comfortable with differences in supervision and client processes.

John is an experienced helper who is obtaining his Master’s degree. He perceives that there is variance among the counselors he has observed in completing intakes. He is unclear if the variance is an expected part of the clinical experience due to different counseling styles and models or if there is a standard protocol that is not followed by some counselors. If John were a novice counselor, he would require direct instruction on best practices and practice with intake interviews. As a developmentally advanced counselor-in-training, John may benefit from acknowledging his awareness of counseling processes and a discussion of his motivation to observe and reflect on the intake process, a discussion of how he will integrate best practices he has observed into his theoretical orientation, and a dialog about how his awareness will affect his intake interviews.

The Rehabilitation and Mental Health Counseling Program offers 3 required field experiences to counselors-in-training. Each has different responsibilities for the counselor-in-training. These experiences are differentiated by the responsibilities and number of hours “on-site” required. Prior to beginning a field placements, counselors-in-training must complete a course in basic communication skills (Micro-counseling) and a course in advanced counseling skills and session management (Pre-practicum). Courses must be taken in sequence.

The goal of the clinical curricula is to prepare counselors-in-training for professional practice with individuals with disabilities and mental health disorders, graduate training is provided in a systematically planned curriculum with emphasis placed on blending academic work with supervised clinical experience. The clinical portion of the sequence is structured in a manner that reflects the belief that counselors-in-training progress through developmental stages of growth and change.

A typical sequence is: Counselors-in-training receive training through counseling and rehabilitation course work, participation in Applied Microcounseling (RCE: 5278) and Pre-Practicum in Rehabilitation and Mental Health Counseling (RCE: 6349) prior to being placed in a community agency. Pre-Practicum is a counseling laboratory which is designed to promote knowledge, skills and awareness of effective and ethical counseling methods in addition to the fundamentals of case management. This experience is followed by Practicum in Rehabilitation and Mental Health Counseling (RCE: 6349) and Internship I in Rehabilitation and Mental Health (RCE: 6350). These 12 hour a week practica experiences are conducted in community agencies serving individuals with disabilities and mental health disorders under the supervision of agency and University personnel. The practicum experiences are designed to promote personal and professional growth, clinical skill development, ethical decision making, and the application of knowledge by the counselor-in-training. After successful completion of the required course work and more than 600 hours of community based practicum experiences, the counselor-in-training then enrolls in a full time Internship II in Rehabilitation and Mental Health Counseling (RCE:6352) (600 clock hours). The internship allows the counselor-in-training to continue to transfer theoretical knowledge acquired in the classroom into clinically-based practice under supervision.

Research indicates that counselors-in-training need the opportunity to combine their didactic learning with actual experience in settings similar to ones in which they seek employment at the conclusion of their program. The clinical component of the program helps the counselor-in-training acquire proficiency and gain confidence by applying their segmented, emerging skills under the supervision of experienced, qualified counselors.

The overall goals of a clinical preparation program are to prepare counselors to work specifically with persons with disabilities and mental health disorders in order to effectively promote positive changes in their psychological and employment status, level of social integration, level of independence, and quality of life. To these ends, and within the parameters of the clinical continuum, individual clinical preparation goals are established in order for the counselor-in-training to ensure skill development along with a strong knowledge-base, both of which serve to promote qualified providers of rehabilitation and mental health counseling services. The goals of this experience include:

1. Formatting and identifying with a professional role;
2. Demonstrating the ability to accept individual differences in clients, and developing and articulating an awareness of self as person;

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

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

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

Field Experience Course Work

Practicum in Rehabilitation and Mental Health Counseling (RCE: 6349)

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

The Clinical Coordinator works with the agency Contact Person to arrange the details enabling the counselor-in-training to be on-site starting the first week of the Spring semester. Practicum assignment is determined by both the educational needs and the interest of the counselor-in-training as well as the availability of approved sites within the community. Under no circumstance are counselors-in-training to contact potential agencies regarding placement without the knowledge and approval of the Clinical Coordinator.

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

The counselor-in-training is to be supervised by the Clinical Site Supervisor, as well as a university supervisor. All students will be supervised by a Certified Rehabilitation Counselor (CRC). In addition to the time spent on site, the counselor-in-training is also required to attend weekly group and individual supervisory sessions at the University. Through the small group meetings, counselors-in-training are given the opportunity to consult with both their University Supervisor and other counselors-in-training regarding their agency case load, clinical experience, and areas of professional interest specific to their case work. Counselors-in-training also must meet with their University Supervisors at least three times a semester on an individual basis.

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

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

This course consists of three parts, as follows:

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

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

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

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

Internship I in Rehabilitation and Mental Health Counseling (RCE: 6350)

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

Internship II in Rehabilitation and Mental Health Counseling (RCE: 6352)

The internship II represents the counselors-in-training's final pre-graduation educational experience. The course syllabus specifies the requirements for successful completion of the clinical course work. Before placement in the internship, counselors-in-training must have successfully completed all of the required course work. The internship II is viewed as the culminating educational experience since counselors-in-training are given further opportunities and responsibilities to practice with increased independence and further refine their counseling skills under supervision based on their individually defined educational goals and objectives.

Furthermore, the internship is a required program component for counselors-in-training who desire continued professional recognition through certification and licensure. Counselors-in-training are required to be on-site for a minimum of 600 clock hours or 40 hours a week for the semester. Counselors-in-training should be given the opportunity to work closely with at least twelve (12) clients during the course of the semester. Again, supervision is a necessary component of the clinical experience with interns receiving supervision from both the Clinical Site Supervisor and University Supervisor. The Clinical Site Supervisor must provide a minimum of 1 hour of individual supervision weekly.

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

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

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

Supervision Tip

Practicum and Internship I require 160 hours of field work, or about 12 hours a week. This includes class time, meeting with Site and University supervisors. Students will meet outside of the agency for approximately 2 hours a week averaged over the semester. A semester is 16 working weeks, thus the student should be on-site 10-12 hours a week (given that there may be absences for University holidays to be arranged with you in advance). Approximately 60% of this time is to be spent in client directed activities which include face to face client contact, work accomplished on behalf of a client, preparation for meeting a client, and supervision focused on a specific client.

Internship II requires 600 hours of field work, or about 40 hours a week. This includes class time, meeting with Site and University supervisors. Students will meet outside of the agency for approximately 1 hour a week averaged over the semester. A semester is 16 working weeks, thus the student should be on-site 40 hours a week. The student will need to be absent to complete required comprehensive exams on campus. Approximately 60% of this time is to be spent in client directed activities which include face to face client contact, work accomplished on behalf of a client, preparation for meeting a client, and supervision focused on a specific client.

John is concerned he is not getting enough client contact hours. His supervisors should review his time logs with him to assist him in accounting for his time. In many cases, novice counselors-in-training fail to fully document hours and under report effort (i.e. forget to account for phone calls, travel time on behalf of a client, paperwork on behalf of a client).

Field Placement Activities

General Activities of all Clinical Experiences

Preparation for Clinical Coursework

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

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

Liability Insurance: Counselors-in-training are required to purchase liability insurance prior to beginning their clinical duties in their placement agency. Litigation involving practitioners in the mental health

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

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

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

Supervision Tip

Students can provide you with a copy of liability insurance card. Unfortunately, The Program cannot provide you with an authorized copy of the Criminal Background Check as these a strictly confidential within the University system. If you agency requires a criminal background check to be on file, you must arrange to complete that check independently of the Universities background check. The University Supervisor cannot provide you with information obtained from the check. The Clinical Coordinator uses the background check to insure students are qualified to practice as assigned field sites.

John is a counselor-in-training and he has a prior conviction for a drug offence. He desires a placement in a correctional facility. Based on knowledge obtained from the background check and knowledge of the placement sites' policy, the Clinical Coordinator works with John to find sites that will meet his goals.

Clinical course Activities

The within-course supervised clinical practice component of the program can be divided into three (3) phases: orientation, observation, and participation. To some extent these phases overlap. However, it is

desirable that the time devoted to participation be considerably longer than that devoted to the other phases. The participation phase is dependent upon the readiness and level of the counselor-in-training. However, experience has shown that approximately two to three weeks are devoted to orientation and observation phase, with the remaining time devoted to the participation phase. Suggested activities involved in each of these three phases are listed below. It is hoped that the counselor-in-training will be able to participate in as many of these activities as possible while involved in the clinical experience. Of course, the agency will ultimately determine what activities will be available to the counselor-in-training in consultation with the University supervisor.

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

1. *Physical Facilities*
 - a. Tour of facilities
 - b. Files: charts, case files, record storage, etc.
 - c. Supplies and resources
 - d. Reference materials: library, manuals, testing materials, counseling aids, etc.
 - e. Accessibility considerations for individuals with disabilities
2. *Agency Functions and Services*
 - a. Historical overview
 - b. Support/income structure
 - c. Overview of services
 - d. Organizational chart and program structure
 - e. Referral, admissions, and retention policies
 - f. Client population characteristics
 - g. Reporting and statistical procedures
3. *Ethical and confidentiality policies*
4. *Personnel and Office Regulations*
 - a. Work hours, breaks, holidays, etc.
 - b. Telephone usage
 - c. Supervision and use of support personnel
 - d. Travel arrangements and expense
 - e. Accounting for absences
 - f. Relationship to supervisory personnel and accountability
 - g. Use of agency equipment
 - h. Extra work requirements
 - i. Dress requirements
5. *Staff Orientation*
 - a. Managerial and administrative
 - b. Professional counseling services
 - c. Clerical staff
 - d. Other agency professionals
 - e. Personal interviews with administrator and other relevant department heads if possible
6. *Clientele*

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

Observation: To assure that the counselor-in-training is familiar with the mission of the assigned agency it is important that he or she be provided with a period of observation prior to assignment of clients.

Suggestions include, but are not limited to the following areas:

1. *Interviewing and Counseling*
 - a. Intake or screening interviews
 - b. Counseling session
 - c. Social work or psychologist interviews
 - d. Interviews with clients of differing characteristics such as type of disability, socioeconomic background, ethnicity, etc.
2. *Procedures Involved in Evaluation Services*
 - a. Medical
 - b. Psychological
 - c. Social
 - d. Vocational/educational
 - e. Economic/financial
 - f. Neuropsychological
 - g. Psychiatric
3. *Case or Team Conferences*
 - a. Inter-agency or intra-agency conferences
 - b. Team composition and leadership
 - c. Methods of interim communication
 - d. Staff Meetings
 - e. Administrative/supervisory meetings
 - f. Team meetings
 - g. In service training
4. *Consultation*
 - a. Medical
 - b. Psychiatric and/or psychological
 - c. Legal
 - d. Other
5. *Case Recording*
 - a. Individual client records
 - b. Case reports and monitoring systems
 - c. Caseload management and time management systems
 - d. Quality assurance and program evaluation recording
6. *Counselor Field Rounds*
 - a. Home visits
 - b. Employer job development, placement services
 - c. Community resources (employment services, hospitals, etc.)

- d. Inter-agency rounds in rehabilitation facility, workshop, etc.
- 7. *Treatment and Programming Services*
 - a. Assessment
 - b. Vocational evaluation
 - c. Group counseling
 - d. Recreation
 - e. Medical or psychiatric services
 - f. Individual counseling
 - g. Psychotherapy
 - h. Independent living and community living services
 - i. Benefits and financial resourcing
 - j. Behavior management services
 - k. Social skills training

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

- 1. *With Client*
 - a. Screening interviews
 - b. Intake interviews
 - c. Clinical diagnostic interviews
 - d. Counseling interviews focusing on personal and vocational goals, rehabilitation and counseling treatment planning and decision making, vocational preparation, job placement, and work adjustment
 - e. Counseling sessions focusing on personal adjustment or psychological therapy, social adjustment, and/or independent living
 - f. Follow up and/or problem solving sessions, and interviews
- 2. *With Agency and Personnel*
 - a. Individual consultation with other professional personnel, intra or inter agency, concerning an assigned case

Supervision Tip

The above activities can help in planning for the experiences the Practicum and Internship student is expecting. Supervisors often assign different activities (i.e. tours, observing consultations, field visits) to other professionals so that the counselor-in-training can observe across settings and professionals. Developmentally mature counselors-in-training will be better able than novices to initiate activities with other professionals and be aware of opportunities. Observation and Participation are equally important aspects of the field placement. The primary factor that should guide your decision to permit a student to participate or observe is client welfare. While learning experiences are very important, client welfare is always our priority.

Supervision of the Clinical Experience

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

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

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

Supervision in Practicum and Internship I in Rehabilitation and Mental Health Counseling

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

meetings should occur at least monthly but the exact frequency of these individual supervision sessions is contingent on the needs of the counselor-in-training.

Supervision in Internship II

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

The University supervisor, and the Intern will meet at the beginning, mid-semester, and at the end of the 600 hours to establish and monitor the individualized goals for the clinical experience.

Delineation of Roles and Responsibilities

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

The Counselor-in-Training's role and responsibilities include:

1. Initiating contact with the chosen agency site only after approval is granted from the Clinical Coordinator.
2. By the second week of the semester, submitting both personal and professional objectives for the semester to the Clinical Site Supervisor and the University Supervisor.
3. Arranging a work schedule to conform to agency requirements, with precedence given only to attendance of University classes. Although counselors-in-training are not expected to work in the agency during University holidays, it is the student's responsibility to negotiate with the clinical site supervisor the dates in which they will not be on-site.
4. Adhering to agency policies governing observance of ethics and confidentiality.
5. Adhering to rules governing professional staff behavior at the designated agency.
6. Assuming responsibility for personal activities and actions.
7. Maintaining professional counseling relationships with at least 3 clients during Practicum and Advanced Practicum and 12 clients during the Internship.
8. Relating and using the knowledge and skills acquired in the classroom in practice at the agency. Developing self-awareness with regard to personal attitudes, values and behavioral patterns that may influence the counseling relationship.
9. Participating and preparing for weekly supervision meetings with the Clinical Site Supervisor and with the University Supervisor.
10. Submitting at least three (3) taped sessions with critique during Practicum and Advanced Practicum experiences and initiating at least three (3) consultations sessions during course of

Internship. Each critique must include the intent of the session, what took place during the session, self- assessment, and plans for the next session.

11. Submitting accurate monthly logs, reports and other required assignments as required by University and/or Clinical Site Supervisor.
12. Adhering to the CRCC and ACA Codes of Ethics and standards of professional behavior.
13. Evaluating the experience: (a) the site, (b) supervisors and (c) self.
14. Purchasing personal professional liability insurance and providing a Certificate of Insurance to the University Supervisor during the first week of classes. Such insurance is required during the Practicum, Advanced Practicum, and Internship experience.
15. Participating and preparing for the classroom component of clinical experience.
16. Informing university and/or agency supervisor of any problems or difficulties as soon as possible.

The Clinical Site Supervisor's role and responsibilities include:

1. Providing direct on-the-job supervision to the counselor-in-training by a qualified professional employed by the agency.
2. Supervision from a trained and qualified counselor is essential. It is highly preferred that supervisors possess a Master's degree in rehabilitation counseling or a closely related area and be a Certified Rehabilitation Counselor (CRC) or CRC eligible, holds other certifications and/or licenses relevant to their practice; has a minimum of two years of pertinent professional experience; and training as a supervisor.
3. Complete the Supervision Contract and provide copies to the counseling-in-training and University Supervisor during the first week of the clinical experience.
4. Introduce and orient the counselor-in-training to the program in terms of such elements as working hours, standards of conduct, staff meetings and conferences.
5. Introduce the counselor-in-training to agency policies.
6. Orient the counselor-in-training to the client population, including clients' psychological and social needs, problems and unique characteristics. This may include allowing the counselor-in-training to observe the Clinical Site Supervisor in counseling sessions.
7. Assigning the counselor-in-training clients and client-related tasks corresponding to the level and ability to assume clinical responsibility. Specific assignments will be made in consideration of the needs and resources of the counselor-in-training, the agency, and the program. A plan will be agreed upon prior to placement.
8. Assignment of specific clients should be determined with regard to the following criteria:
 9. The case should be typical or representative of cases served by the agency,
 10. Reasonably clear responsibilities should be delineated for the counselor-in-training,
 11. The client should not have too many limitations to participate regularly and fully in the counseling process, for example: transportation problems, limited time available for appointments or reluctance for counseling,
 12. If possible, provide a balance between long-standing and new cases to allow the student the opportunity to observe various stages of service,
 13. Clients should have functional communication skills,
 14. There should be a reasonable expectation that the counselor-in-training will be able to meet with clients several times during the semester,

15. Clients must agree to work with the counselor-in-training and at least one client should allow the counselor-in-training to tape record their sessions for the purpose of supervision, since students are required to tape record interviews and share these with supervisors and/or other counselors-in training, or to be supervised through direct live observation if that is not possible,
16. Clients should have a disability or mental health disorder from which arise issues appropriate for counseling,
17. Cases which are useful as instructional examples of more common problems should be assigned if possible, and
18. Cases should be professionally challenging to counselor-in-training but should be consistent with their level of personal and professional development.
19. Providing weekly individual supervision meetings of a minimum of 1 hour to discuss clients assigned and give counselor-in-training appropriate feedback.
20. Defining and communicating the counselor-in-training's responsibilities at the site.
21. Ensuring that counselors-in-training spend at least fifty percent of their time in direct counseling and related activities which may include one on one counseling and/or group or family work.
22. Evaluating the counselor-in-training's work, completing the necessary evaluation forms, discussing this with the counselor-in-training and then forwarding a copy to the University Supervisor.
23. Informing the University Supervisor of any problems or difficulties encountered as soon as possible.
24. Participating in an initial objective setting session as well as a mid-semester and final evaluation with both the counselor-in-training and University Supervisor. Meetings will be conducted at the convenience of the Clinical Site Supervisor to discuss the counselor-in-training's clinical work. The Clinical Site Supervisor will document the quality and extent of the clinical work and complete a written final evaluation of the counselor-in-training. An evaluation form will be provided by the University Supervisor.
25. Abide by the ethical standards of the counseling profession, as set forth in the ACA Code of Ethics.
26. Providing the counselor-in-training with office space and other physical facilities that are equivalent to those provided to regular staff members given similar responsibilities.

The University Supervisor's role and responsibilities include:

1. Assuring that each counselor-in-training is prepared adequately for the clinical experience.
2. Advising the counselor-in-training of university requirements for clinical experience and explaining evaluation process.
3. Maintaining regular contact with the Clinical Site Supervisor and if travel permits, visit the agency for conferences between the Clinical Site Supervisor and the counselor-in-training at the beginning of the semester to discuss objectives of the field work experience, and at midterm and end of the semester for assessing the student's professional growth.
4. Providing direct supervision to the counselor-in-training through regular individual and group supervision sessions.
5. Being available for consultation to the Clinical Coordinator, the counselor-in-training and the Clinical Site Supervisor.

6. Evaluating the experience and providing an assessment to the counselor-in-training and Clinical Site Supervisor.
7. Providing the counselor-in-training with the resources that aid in achieving the educational objectives.
8. Assessing the professional development of the counselor-in-training which includes subjective, accurate and timely feedback of taped counseling sessions, and progress made toward goals.
9. Intervening when the counselor-in-training is perceiving limited or restricted experiences in the community agency.

The Clinical Coordinator's role and responsibilities include:

1. Overseeing the general coordination and administration of the clinical experience including:
2. Developing and monitoring the completion and updating of Memoranda of Understanding with clinical agencies and institutions that will be utilized and clinical placement sites, in cooperation with the College of Education's Office of Teacher Education and Student Services; and
3. Initiating the process of obtaining the necessary Criminal Background Checks in collaboration with the College of Education Office of Financial and Human Resources,
4. Assisting the counselor-in-training with the selection of an appropriate placement before the beginning of the semester in which the clinical experience is taken.
5. Arranging with cooperating agencies for clinical experience assignments.
6. Providing the agency Contact Person with information relevant to the possible placement of the counselor-in-training.
7. Acting as a liaison with Clinical Site Supervisors which includes identifying and assessing counselor-in-training learning patterns and facilitating their professional development.
8. Acting as a liaison with the practicum community which includes maintaining relationships with clinical sites; evaluating and facilitating further development of clinical resources; developing additional placement and learning opportunities in the community; and developing and maintaining relationships with other professional organizations which represent resources of education.
9. Assessing and evaluating the appropriateness of potential and existing agencies as clinical sites.
10. Assessing and evaluating the appropriateness of potential and active Clinical Site Supervisors.
11. Coordinating a yearly Clinical Orientation that provides information about the clinical program requirements and placement process to students, University Supervisors, and Clinical Site Supervisors; and that includes providing a education program for Clinical Site Supervisors that will contribute to their educational development as supervisors.
12. Organizing and coordinating all clinical experience records.

The Faculty Clinical Instructor's role and responsibilities include:

1. Conducting supervision meetings with University Supervisors and the Clinical Site Supervisors.
2. Collaborating with the Clinical Coordinator to provide information and assistance needed to maintain appropriate clinical placement sites, and make individual student placements commensurate with the student's individual level of development and clinical education goals.
3. Determining the University Supervisors' eligibility for their positions.
4. Supervision of the University Supervisors.
5. Development and scheduling of supervision training programs on an ongoing basis.

Evaluation Procedures for the Clinical Experience

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

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

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

The classroom and clinical component will be graded by the University supervisor. All assignments must be completed in a timely and satisfactory manner in order to meet the prerequisite for enrollment in subsequent Practica or Internship. Practica and Internship are graded both on a mastery level and on a criteria basis. A grade of "Incomplete" is typically not available in these courses. Counselors-in-training will receive ongoing feedback regarding their progress and should therefore be aware of the supervisor's concerns. The classroom component of the clinical experience is graded by the Faculty Clinical Instructor in consultation with the University Supervisor. The Faculty Clinical Instructor will provide a written statement of requirements and grading scale at the beginning of the semester.

Supervision Tip

Supervisors are asked to complete three written documents of evaluation during the field placement experience. At mid-term (approximately 8 weeks) the supervisor should complete the Student Evaluation document which is found at YYYYYYYYYYYYYYYYYYYYYYYYYYYY. This report will be shared with the trainee and University Supervisor at a midterm site visit and at the final site visit. The Evaluation is kept in the trainee's clinical case file until the student graduates.

The midterm and final evaluation are the same document, the counselor-in-training has access to a blank copy should you need additional copies. The evaluation focuses on the developmental model and asks you to rate the student's development on a series of Likert scales. It is important to note that the evaluation is a snapshot in time and the program does not track ratings and expect students to make "upward" progress to arrive at the highest ranking in each scale to be successful. Supervisors vary in anchors and students each have different opportunities.

The anchors used to evaluate the trainee are found on the evaluation form:

Answer Code for Evaluation Items

NA. Not Applicable or not enough information to form a judgment.

1. Far Below Expectations--needs much improvement, a concern.

2. Below Expectations-- needs some improvement.

3. Acceptable--meets standards at average level for students.

4. Above Expectations--performs above average level for students

5. Far Above Expectations--a definite strength, performs well beyond average levels

An example of the content of the evaluation:

IV. Response to Supervision

- Actively seeks supervision when necessary
- Receptive to feedback and suggestions from supervisor
- Understands information communicated in supervision
- Successfully implements suggestions from supervisor
- Aware of areas that need improvement
- Willingness to explore personal strengths and weaknesses

Comment:

Suggested areas for further study:

In each area, we would like your feedback regarding your observation of the trainees' development.

Please note that we are comparing the trainee to novice, newly hired counselors.

The third written report is a letter to the University Supervisor and trainee documenting the activities and experiences that the counselor-in-training had under supervision. Often these activities can be copied from the trainee's goal statement completed at the beginning of the experience. While future employers are interested in your overall impression of the student, they are desiring to know the skills the trainee learned from a working professional (as opposed to "book" learning).

Policies and Procedures

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

Clinical Experience Format and Prerequisites

Applied Microcounseling and Theories of Counseling and Human Development Across the Lifespan must be successfully completed before or simultaneously with Practicum..

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

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

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

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

University Calendar

Students are expected to work at the agency during the academic semester as defined by the official University calendar, with the on-site hours completed prior to finals week unless otherwise approved by

the University Supervisor. Clinical placements and clinical courses are not offered during Summer semesters.

Supervision Tip

Clarify with the counselor-in-training the expectations of the field placement site during the first week of placement. It is the student's responsibility to coordinate University holidays, profession conferences, and personal time off with the Site Supervisor and it is the student's responsibility to be on site as scheduled.

John is going to the American Counseling Association annual conference. He will be gone a week. He informs his University supervisor he will be gone on a learning activity. The University Supervisor must insure John has communicated his absence to the Site Supervisor and arranged for the time away (if possible) prior to leaving. It is John's responsibility to make up the lost hours

Selection of Placement Sites

Counselors-in-training are responsible for determining their personal and professional needs consistent with course requirements. Final decision for placement is made by the Clinical Coordinator with input from the counselor-in-training. The Clinical Coordinator is responsible for initially setting up the practicum and internship experiences. However, after the initial contact, counselors-in-training are responsible for setting up the specifics of the placement.

To determine mutual compatibility of goals and interests, the counselor-in-training is required to interview for the clinical position before placement is finalized. Clinical experiences are determined with regard to student educational objectives, interest and need in collaboration with Clinical Coordinator and Faculty Clinical Instructor. Agency sites must be arranged prior to beginning of semester in which clinical work is taken.

Clinical placements must be in an agency that provides qualified supervision, preferably a person who is CRC or CRC eligible, holds other certifications and/or licenses relevant to their practice; has a minimum of two years of pertinent professional experience; and training as a supervisor. Paid clinical experiences are not typical except under circumstances where the counselor-in-training is in internship and when the goals/objectives of the student are not compromised by payment for services. When the paid clinical experience is continuing employment, the counselor-in-training must be allotted a new position in the agency which allows for new learning and instruction from a new supervisor.

Supervision Tip

Placement decisions are made by the Clinical Coordinator. This process is in place to insure that client welfare is maintained, student learning objectives are met, and that placement does not become a "first come-first served" process that places out of state students at a significant disadvantage as they do not know our community partners.

John refers another student in the Program to you for a field placement because he really enjoyed the experience your agency provided. The referral would like to set up an interview as soon as possible for a placement. You should refer both students back to the Clinical Coordinator prior to offering an interview for a placement.

Change of Placement Assignment

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

Some of the possible circumstances which might require changing a site include: Inability of the agency to provide learning experiences as originally agreed upon, Major changes in agency staff and/or programming, and Learning or teaching problems that cannot be resolved. Written documentation of difficulty is needed to determine appropriateness of requests. To assure the best learning experience, the counselor-in-training should inform the University Supervisor of any difficulty as soon as possible.

Before changing a field placement, involved parties should attempt to resolve the situation.

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

Clinical Appeals Process

Major clinical work related decisions are the responsibility and authority of the University Supervisor. These decisions may be appealed if the counselor-in-training believes that the University Supervisor failed to provide sufficient on-going feedback and evaluation. The student's grievance must be submitted, in writing, to the Program Coordinator who will arrange a meeting with the counselor-in-training, University Supervisor, Clinical Coordinator, Faculty Clinical Instructor, and Clinical Site Supervisor, if necessary. Decisions will be submitted in writing to all involved parties. All appeals are final.

Accommodations

Accommodation within clinical practice extends beyond academic accommodation for the purposes of equal opportunity in academia; accommodation in the clinical sequence is the opportunity to identify and implement accommodations that will generalize to career and promote the quality of services consumers receive. Each clinical course syllabus includes the following statement or another that conveys essentially the same information: I would like to hear from anyone who has a disability which

may require some modification of seating, testing or other class requirements so that appropriate arrangements may be made. Please see me after class or during my office hours. Please see *Student Disability Services*: <http://www.uiowa.edu/~sds/>

Supervision Tip

Counselors-in-training may have disabilities. It is their responsibility to inform you of the disability and to document accommodation needs. Counselors-in-training, as a University student engaged in a University activity are entitled to accommodation through the University of Iowa. Accommodation must be consistent with an address essential functions of a counselor-in-training.

John is a counselor-in-training with limited upper body mobility. He cannot take notes as he talks to clients. His accommodations as a student have included a note taker and audio recording of lectures using his personal tape recorder. However, these accommodations will not be permitted at field site due to security concerns. John, the Clinical Supervisor, and University ADA consultant will need to meet to determine the accommodation that the University can provide to him so that he can fully participate in the learning experience. In this case, it was determined that the University Supervisor will be available for live on-site observation of John's development as a counseling professional and that John will use recording device permanently housed in the security area.

Impaired Student Policy and Procedures

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

This policy may be enacted when it is believed that the functioning of a student is impaired due to chemical dependence or abuse, mental illness, emotional problems, or other circumstances that cause the student to be unable to properly perform his/her tasks and responsibilities. Depending upon the nature, seriousness and/or duration of problems evidenced by the student's behavior, Program faculty may also initiate an evaluation of the student's overall situation through the Review and Retention procedure as outlined in the Program Student Handbook.

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

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

It is the responsibility of the student to follow the recommendations of the assessment. The recommendations may include but are not limited to: Treatment for chemical dependency at a center that is agreed upon by both the student and the Coordinator, a medical examination by a competent health care professional, counseling for personal, emotional or marital problems.

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

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

Impaired Student Process Appeal

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

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

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

The student also has the right to appeal any decision to dismiss him/her from the program within 14 days of the decision. In order to protect the rights of the student, this information is considered confidential and may not be released outside of the department or to the assessment and/or referral agencies without written permission signed by the student and witnessed by another.

If, after following the steps outlined above, a reoccurrence of the behavior happens within 12 months, the student is dismissed from the program.

Supervision Tip

If you suspect a counselor-in-training is impaired due to substance use issues, emotional issues, or other stressors it is important to contact the Clinical Coordinator immediately. If the impairment could potentially harm a client, the student should be asked to leave the site until a meeting with the University and Site Supervisors is accomplished. Although we are counselors and do want to assist students with issues that may impact their professional development, it is important to recognize that as a supervisor we cannot have a dual relationship with the student as their counselor or confidant.

John has had increasing difficulties with remaining on task. He is very active and seems to be very scattered. Last week, you noticed he did not get several written tasks completed as promised. He has now called to report his absence and wonders if you can reschedule his clients. This would be a good time to call the University Supervisor or Clinical Coordinator and discuss your concerns. The University Supervisor will immediately meet with the student and implement the policy.

Confidentiality

Students are expected to maintain the confidentiality of HIPPA , FERPA and other protected information. They should not use e-mail to send client information or clinically related materials. All client information is to remain on-site and should never leave with the counselor-in-training except as authorized by the Site Supervisor. Off-campus sites approved for practicum and internship placements must meet the same accessibility criteria, and utilize technology that meets or exceeds ACA requirements for security in order to have a student assigned.

Counselors-in-training are expected to complete assignments and receive supervision in which client material is used. Students are frequently reminded that no identifying information (name, location, age, agency serving client) are to be included in reports or discussions. Written assignments are to be blind to the client and agency involved.

Counselors-in-training are required to audio record or create other permanent products of counseling sessions for review and evaluation by the University Supervisor. These tapes should be completed on an independent recording device (not the student's phone or PDA) and should remain on-site (unless the site supervisor grants permission for the tapes to leave the agency) until a review of the students work is completed. If audio recording is not possible, alternative assignments can be arranged by the University Supervisor. Audio recordings are destroyed immediately after review.

Counselors-in-training have complete abuse/neglect reporting and are considered mandatory reporters of abuse and neglect. Likewise, counselors-in-training have a duty to warn if they believe a client is a harm to themselves or a threat to another. Students are required to break confidentiality to report abuse / neglect / threat (even if not reportable) to their Site Supervisor or other paid staff immediately and to the University supervisor as soon as practical. The Site supervisor should assist the counselor-in-training in following the agency procedures for reporting. The University Supervisor will insure the student is supported and that the student has fully communicated to the Site Supervisor.

Supervision Tip

Counselors-in-Training must inform client about limits of confidentiality prior to beginning. It is not uncommon for clients to incorrectly believe that practicum or internship students do not report or to "test" new counselors by revealing information to see if the counselor takes action or lets it slide.

John, who is on his first practicum experience, tells his Site Supervisor that a client has just indicated that the client has hit his dependent elderly mother - but then the client laughed and said he really didn't mean that. John's overriding concern appears to be that does not want to harm the client by making a report. He tells you he thinks the client really did not mean it. The Site Supervisor should quickly review agency reporting policy with John and may need to accompany John to meet with the client and explain how the policy will affect the client. After the session, John should contact his University Supervisor or Clinical Coordinator at the emergency numbers listed on the course syllabi for the semester. The University Supervisor will call the Site Supervisor to insure there has been a continuity of care, but the University Supervisor will not "second guess" the Sites Supervisor's determination to report or not report.

John is working with a client and the client reveals he got into a fight and injured an adult person behind a bar. Although not reportable, john should inform his Site Supervisor and University Supervisor as soon as practical to insure agency policies are followed and the University Supervisor can support John if needed.

Transporting Clients

Because of issues of liability, students are not permitted to transport clients during the clinical field work component. If students are to transport clients, it is the Site Supervisor's responsibility to insure the student has proper authority and insurance to transport.

Supervision Tip

Students are not permitted to transport clients under University liability insurance. If an event occurs, the placement site may be liable for harm.

John is working at a shelter in which staff and volunteers routinely transport clients in their own cars and receive mileage reimbursement. In order to permit John to participate fully, the site arranges for John to receive coverage for transporting clients by enrolling him in the volunteer program and arranging liability insurance for him as other volunteers are covered by the agencies insurance. It is important to document this coverage to the University Site Supervisor.

Criminal Background Check

All counselors-in-training are required to complete a criminal record background check at their own expense each year. Counselors MUST obtain and provide a HARD copy to the Clinical Coordinator in order to participate in clinical courses. These checks must be done once a year and this will cover you until the end of fall semester.

There are two parts to the background check.

1. Counselors-in-training will need to log into the following website:
<http://www.backgroundchecks.com/solutions/universityofiowa> Counselors-in-training will fill out forms on-line in this website. Be sure to fill out everything completely for the past 7 years as is requested in the forms. Students must pay for the background check. For those who have lived overseas the cost will be more. You will be sent your background report electronically within 24 hours to 1 week. Those who have lived overseas it will likely take closer to a week.
2. Counselors-in-training must also fill out the document Notification and Authorization for Release of Information for CBC (the document can be found on the Clinical Coordinating ICON web pages and provide it to the Clinical Coordinator along with your background check. The Clinical Coordinator forwards the background checks to the University of Iowa General Counsel's Office. The reports are retained in a secure storage separate from academic and clinical student files and inaccessible to faculty and staff of the College of Education. The Clinical Coordinator retains the completed disclosure (below) in the student's clinical file.

Professional Liability Insurance

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

Supervision Tip

Students can provide you with a copy of liability insurance card. Unfortunately, The Program cannot provide you with an authorized copy of the Criminal Background Check as these are strictly confidential within the University system. If your agency requires a criminal background check to be on file, you must arrange to complete that check independently of the University's background check. The University Supervisor cannot provide you with information obtained from the check. The Clinical Coordinator uses the background check to insure students are qualified to practice at assigned field sites.

Your agency requires a criminal background check to be on file and John reports he just completed one for the University of Iowa. John can provide you with a copy or request an "official" document from the company that completes the background check but he cannot obtain a copy from the University of Iowa.

Abiding by Codes of Ethics

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

for monitoring supervisors and providing access to the Codes and Standards that should govern their practice.

Supervision Tip

The Codes of ethics that students are expected to follow are located at:

American Counseling Association: <http://www.counseling.org/knowledge-center/ethics/code-of-ethics-resources>

Certified Rehabilitation Counselor: <https://www.crccertification.com/code-of-ethics-4>

You need to talk about confidentiality policies with John. A place to start might be to ask him to review the codes prior to the meeting and ask him at the meeting to summarize his understanding of confidentiality as required by the codes.

THANK YOU

Thank you very much for reading this orientation and a big thank you for partnering with us to train future counselors. The quality of the field training that students receive is reflected in the Rehabilitation & Mental Health Counseling Program's national reputation. It would not be possible to offer this high quality education without supervisors like yourself who are willing to do extra work. We really appreciate your participation in the Program!

Please do not hesitate to call the Clinical Coordinator if we can assist you with staff training, community outreach, or consultation.

Again, THANK YOU!!