

# University of North Florida Counselor Education Program



## Handbook for Mental Health Counseling Practicum and Internship

REVISED May, 2009

### MENTAL HEALTH COUNSELING PROGRAM

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## Table of Contents

Introduction.....	3
Time line.....	4
I. Practicum .....	5
II. Internship.....	6
III. The Application Process .....	7
A. Deadlines .....	7
B. Selecting a Practicum or Internship Site .....	8
C. Completing Internship hours at your job site.....	9
D. Multiple Sites.....	9
E. Finalizing the Practicum or Internship Placement.....	10
IV. Responsibilities of Site Supervisors .....	11
A. Qualifications.....	11
B. Supervision .....	11
C. Evaluation .....	11
D. Site Supervisor Tuition Waiver.....	11
V. Responsibilities of UNF Supervisors.....	12
A. Practicum Group Meetings.....	12
B. Internship Meetings.....	13
C. Evaluation .....	13
VI. The Practicum and Internship Experience .....	13
A. Criminal Background Check.....	13
B. Liability Insurance.....	13
C. Establishing a Schedule.....	14
D. Maintaining a Log.....	14
E. Individual Counseling.....	15
F. Group or Family Counseling.....	14
G. Related Responsibilities.....	15
H. Professional Associations & Memberships.....	15
I. Professional Development Opportunities.....	16
J. Evaluation of Practicum & Internship.....	16
VII. Appendices	
A. Application for Practicum .....	17
B. Application for Internship.....	18
C. Practicum or Internship Agreement Form .....	19
D. Practicum or Internship Statement of Understanding .....	20
E. Practicum or Internship Information Sheet.....	21
F. Practicum or Internship Learning Contract.....	22
G. Permission to Record & Consult .....	23
H. Mental Health Counseling Documented Supervision Form .....	24
I. Site Supervisor Evaluation of Mental Health Counseling Students.....	25
J. Report of Time Distribution .....	27
K. Student Evaluation of UNF Practicum or Internship Supervisor .....	28
L. Student Evaluation of Practicum or Internship Site Supervisor.....	29
M. Site Supervisor Certificate of Participation.....	31
N. Criminal Background Check Reference page.....	32

# HANDBOOK FOR MENTAL HEALTH COUNSELING PRACTICUM AND INTERNSHIP

## Introduction

Your practicum and internship represent opportunities for you to put into practice the skills and knowledge that you have gained in the classroom. As such, it represents the *real world* of counseling more closely than any other aspect of your program. This is your chance to practice and hone your skills while under the protection of ample supervision, both on site and in the university. We hope you will take every advantage of this opportunity.

This handbook is designed to provide you with the basic information you need to successfully complete your practicum (MHS 6800) and internship (MHS 6830). Please refer to the course descriptions listed below for a summary of practicum and internship requirements.

**MHS 6800: Mental Health Practicum.** This course is designed to offer students in the mental health counseling track an opportunity to participate in a field experience within a mental health agency. Students will observe professional counselors and provide limited counseling services, under supervision, for a minimum of **100** clock hours. Of the 100 hours required in the practicum, at least **40** must be in direct client or student contact. Of the 40, at least **10** should include work with groups.

**MHS 6830: Mental Health Internship:** Students in the mental health counseling track will complete, over a two or three semester period, a total of **900** clock hours working in a mental health counseling setting. The internship will be the culminating experience of the student's masters program. Of the 900 hours to be completed, at least **360** hours must be spent in direct individual, group, or family counseling with clients. Students are encouraged to devote **75** hours of the **360** hours to group and/or family counseling.

## Timetable for Practicum or Internship Activities

Time Frame	Activity
<b>Semester prior to practicum or internship</b>	<ul style="list-style-type: none"> <li>UNF Supervisor conducts P/I orientation for students</li> <li>Student submits application for P/I to UNF supervisor</li> <li>Student meets with UNF supervisor to discuss sites</li> <li>Student interviews potential site supervisors</li> <li>Student &amp; site supervisor agree on placement</li> </ul>
<b>Prior to beginning practicum or Internship</b>	<ul style="list-style-type: none"> <li>Student and site supervisor sign <i>Agreement</i> form</li> <li>Student and site supervisor sign <i>Statement of Understanding</i></li> <li>Student submits application for background check</li> <li>Student obtains professional liability insurance</li> </ul>
<b>Beginning of Term</b>	<ul style="list-style-type: none"> <li>Student submits above forms to UNF supervisor</li> <li>Site supervisor conducts orientation for student at site</li> <li>Student and site supervisor establish individual objectives</li> <li>Student and site supervisor establish work schedule</li> <li>UNF supervisor reviews individual objectives</li> <li>Student begins work at site</li> </ul>
<b>Throughout term</b>	<ul style="list-style-type: none"> <li>Student meets regularly with UNF supervisor for individual supervision</li> <li>Student meets with UNF supervisor for group supervision</li> <li>Student continues work at site</li> <li>Student maintains log of activities</li> </ul>
<b>Middle of term</b>	<ul style="list-style-type: none"> <li>Site supervisor completes mid-term evaluation</li> <li>Student submits mid-term evaluation to UNF supervisor</li> <li>UNF supervisor confers with site supervisor regarding student progress</li> </ul>
<b>End of term</b>	<ul style="list-style-type: none"> <li>Student completes <i>Report of Time Distribution</i></li> <li>Site supervisor signs <i>Report of Time Distribution</i></li> <li>Site supervisor completes evaluation of student and recommends grade</li> <li>Student completes evaluation of site supervisor</li> <li>Student submits Certificate Request to Site Supervisor</li> <li>Student completes evaluation of UNF supervisor</li> <li>Student submits <i>Report of Time Distribution</i> and site supervisor's evaluation to UNF supervisor</li> <li>UNF supervisor assigns grade</li> <li>Site Supervisor submits to UNF completed Certificate Request (If applicable)</li> </ul>

## I. PRACTICUM

Practicum is designed to provide you with practical experience in the counseling field. At this stage in your education, you will have had some experience in counseling through your courses as well as opportunities to learn about the work of counselors in different settings. During your practicum, you will focus primarily on the following:

- A. learning good counseling practices by observing and participating in joint experiences.
- B. developing your skills by counseling in groups and individually under close supervision
- C. becoming familiar with various types of educational and/or mental health agencies, services, referral sources, professional orientation, staff development, organizational development, etc.

Prerequisites for practicum include the following:

MHS 6407: Theories of Counseling (or MHS 6006: Intro to Counseling)

MHS 6941: Pre-practicum in Counseling

MHS 6700: Legal, Ethical & Professional Issues for Mental Health Counselors

MHS 6070: Psychopathology

MHS 6510: Group Counseling

During your practicum, you will be working in an agency for one semester, accumulating at least **100** hours of experience. Although your responsibilities will vary according to the requirements of the site supervisor and the nature of the clientele served, you will probably spend the first part of your practicum observing, or “shadowing” your supervisor and/or other counseling professionals. Through observation, you will become familiar with the responsibilities of counselors and the organizational structure of the facility. You will begin working with clients, either in conjunction with your supervisor, other practicum students, or alone. You will attend your practicum class weekly and receive one additional hour of individual supervision from a faculty member or a site supervisor. Additionally, you will have opportunities to participate in ancillary responsibilities at your practicum site, such as staff meetings, in service training sessions, and record-keeping.

Of the 100 hours required in your practicum, at least **40** must be in direct client or student contact. This refers to individual, group, and family counseling; and/or intake and exit interviews with clients. Students are encouraged to obtain **10** of 40 hours of direct service in a group setting.

## II. INTERNSHIP

**The Internship must be scheduled over the last three (3) semesters of graduate study.**

Term 1: 300 hours (3 credit hours)  
Approximately 20 hours per week

Term 2: 300 hours (3 credit hours)  
Approximately 20 hours per week

Term 3: 300 hours (3 credit hours)  
Approximately 20 hours per week

The following courses must have been completed prior to the beginning of the internship:

MHS 6407: Theories of Counseling (or MHS 6006: Intro to Counseling Process)

MHS 6051: Personality and Lifespan Development

MHS 6941: Pre-practicum

MHS 6401: Advanced Counseling\*

MHS 6510: Group Counseling

MHS 6070: Introduction to Psychopathology for Counselors

MHS 6700: Legal and Ethical Issues in Counseling

MHS 6428: Counseling Diverse Populations\*

MHS 6201: Assessment in Counseling (formerly MHS: 6201 Appraisal Procedures)

SDS 6310: Career and Lifestyle Development

MHS 6800: Mental Health Practicum

\*MHS 6401 & MHS 6428 may also be taken concurrently with the first semester of Internship.

When you enter your internship, you will be close to the completion of your master's program. You will have had significant counseling experience in the classroom, as well as opportunities to counsel with others and on your own during your practicum. The internship is designed to be an experience where you can refine your skills in counseling others, while having the benefit of supervision by more experienced professionals. Your primary tasks in your internship will be to:

- a. adopt a counseling theory to guide your clinical practice;

- b. counsel people with difficult issues while under supervision;
- c. explore areas of personal interest such as grief counseling, counseling children, or counseling people with eating disorders; and
- d. become involved in the professional community through membership in professional associations; attendance at workshops, conferences and other staff development activities; and by participation in informal networking groups.

In your internship you will gain much experience working on your own, or as a colleague with other counselors at your internship site. Although you may begin by observing and shadowing, by the middle of the first semester you should have your own clients and should be given responsibilities similar to those held by other staff members at the site. Of the **900** hours to be completed by mental health counseling interns, at least **360** hours must be spent in direct contact (individual counseling sessions, assessments, intakes, etc.). Students are strongly encouraged to devote **75** of those 360 hours to group and/or family counseling.

### III. THE APPLICATION PROCESS

#### A. DEADLINES

You must apply for Practicum or Internship at least one semester prior to the term in which you intend to enroll. Deadlines for the application are as follows:

<b>Deadline for Fall Internship:</b>	<b>March 1</b>
<b>Deadline for Spring Practicum or Internship:</b>	<b>October 1</b>
<b>Deadline for Summer Practicum or Internship:</b>	<b>February 1</b>

You must apply for practicum or internship for each term in which you intend to enroll. A sample practicum application form is shown in **Appendix A** on page 17. A sample internship application is shown in **Appendix B** on page 18. You may obtain the application form from the Counselor Education office and turn the completed application to the Program Leader of Mental Health Counseling.

A meeting for all beginning practicum and internship students is held each spring, approximately two weeks after the application deadline. At this meeting, the requirements of the field experience will be reviewed, particular sites discussed, and questions answered.

## **B. SELECTING A PRACTICUM OR INTERNSHIP SITE**

There are many things to consider when choosing a site to do your practicum or internship. Some are:

**Clientele:** What type of population do you want to work with: Young children? Inner city students? Hospitalized adults? People with specific issues such as addictions or eating disorders?

**Locale:** What type of agency are you most interested in? Hospital? Private practice? University?

**Service:** Are you more interested in crisis counseling or developmental counseling? An emphasis on family interventions?

**Supervision:** Do you want to do your practicum or internship in an agency with extensive supervision (10+ hours per week)? Or do you feel more comfortable with more freedom and less supervision?

Students should make an appointment with a faculty member, to discuss possible sites. A directory of mental health agencies, which is updated annually, is available on the Mental Health Counseling website. This directory can provide mental health counseling students with information about various sites. After you have determined the type of agency and work that you want to pursue in your practicum or internship, the next step will be to interview with potential supervisors at several comparable agencies.

When you interview, be sure to obtain information about the following:

1. Is an orientation to the agency provided? If so, when and how extensive is it?
2. Who will be your direct supervisor? What are the credentials of that person? What type of supervision will you receive? How often? Will audio taping or videotaping be allowed? What are your supervisor's expectations of you in terms of service, hours, and skills?
3. What will be your hours and days of the week? Are you expected to work weekends or nights?

4. Can the agency guarantee you enough contact hours to meet the University requirements? Can your supervisor help you obtain clients?
5. What will be the general format of the practicum or internship? Is there a period of observation or shadowing? Will you be able to co-lead groups or do individual counseling with a co-therapist prior to seeing clients on your own?
6. Will there be opportunities to participate in staff development activities while doing your practicum or internship?
7. What are the formal and informal rules of the organization as they pertain to dress, lunch hours, etc?
8. Exactly what types of work will you be able to do during the practicum or internship? Will you be restricted to a particular type or mode of delivery (such as individual counseling on a short term basis) or will you have opportunities to experience a variety of services (such as testing, group work, etc.)
9. What are the agency's expectations of your skills at the beginning of your practicum or internship? Will you need to be able to write treatment plans or to diagnose clients? Will you be required to have knowledge of particular disorders or problems such as addictions?

#### **C. COMPLETING INTERNSHIP HOURS AT YOUR JOB SITE**

Occasionally, **internship** students will request to complete their field experience at their place of employment. In these situations, students must receive prior approval from the Director of the Counseling Program. They may count their hours of direct client contact toward the internship requirements. Students must, however, establish a specialized learning contract describing specific projects (e.g. grant-writing, needs assessment, program development and evaluation) which are beyond the scope of their current employment responsibilities.

#### **D. MULTIPLE SITES**

Students are encouraged to complete their internship in one site. Occasionally, students are permitted to complete their internship hours in more than one setting. If this is the case, students need to secure a site supervisor in each site who meets the necessary qualifications and can provide a minimum of one hour of documented supervision per week.

## E. FINALIZING THE PRACTICUM & INTERNSHIP PLACEMENT

Students must have scheduled a site and met with their site supervisor to finalize details of their placement prior to the first week of the semester. Faculty reserve the right to de-register or administratively withdraw students who do not comply with this requirement. During your planning meeting with your site supervisor for practicum or internship placement, you will need to complete several forms to turn in to your UNF supervisor at the first meeting of the term. These forms, which are in the Appendix, include the following:

1. **Practicum or Internship Agreement Form.** This form includes the name and address of the agency and requires the signatures of your site supervisor and your supervisor's director or head of the agency (**See Appendix C** on page 19).
2. **Practicum or Internship Statement of Understanding.** This form is a reminder that your supervisors are ultimately responsible for safeguarding your clients and therefore have the option of removing you from practicum or internship when necessary (**See Appendix D** on page 20).
3. **Practicum/Internship Information Sheet.** This form includes information which your UNF supervisor will use to reach you both at home, work, and at your practicum or internship site (**See Appendix E** on page 21).
4. **Practicum/Internship Learning Contract.** With assistance from your site supervisor, you should describe, in behavioral terms, specific objectives that you intend to accomplish during your practicum or internship. Your site supervisor should review these objectives with you since he or she will be responsible for evaluating your completion of them. Your UNF supervisor will review the objectives, as well, and return the form to you following the first or second meeting of the term (**See Appendix F** on page 22).

## IV. RESPONSIBILITIES OF SITE SUPERVISORS

Your site supervisor will be given guidelines for his or her responsibilities for practicum and internship supervision. Most site supervisors have worked with many counselor education students over the years and are extremely comfortable with the process. It is important for you to be aware of what the supervisor will be expected to do, and what he or she will be expecting of you.

### A. QUALIFICATIONS

Your supervisor must have a master's degree in counseling or a closely related field and must have at least two years' experience as a professional counselor beyond the masters. It is to your great advantage if your supervisor is licensed and has completed formal training in supervision skills and techniques.

### B. SUPERVISION

Your supervisor will be expected to provide one hour of individual supervision throughout your experience. Additionally, you may participate in group supervision with 3 or more practicum students or interns. It will be important for your supervisor to review your counseling skills throughout the practicum or internship, through video, audio, or direct observation. (See **Appendix G** on page 23 for a sample "Permission to Record and Consult" form). Students are also required to document their site supervision each week by completing the *Documented Supervision* form (see **Appendix H** on page 24).

### C. EVALUATION

Your supervisor will be responsible for evaluating your performance in a written format to be submitted to your UNF practicum supervisor at the mid term and at the end of the semester. A sample of the mental health evaluation form is provided in **Appendix I** on pages 25-26.

### D. SITE SUPERVISOR TUITION WAIVER

As a means of thanking supervisors for their service, UNF offers them opportunities to take courses tuition-free. For every 300 clock hours of student practicum or internship which they have supervised, your supervisor will be able to register for up to six semester hours of courses in a given semester. The number of practicum or internship hours is

recorded on the *Report of Time Distribution* (see **Appendix J** on page 27). Your supervisor can request a fee waiver from Director of the Mental Health Counseling for the semester desired. The supervisor must submit to UNF's Mental Health Counseling Program Director a *Certificate of Participation* (see **Appendix M** on page 31) to be eligible for the fee waiver.

## **V. RESPONSIBILITIES OF UNF SUPERVISORS**

### **A. PRACTICUM MEETINGS**

Throughout the duration of your practicum, you will meet individually and in small groups with your UNF practicum supervisor. The group meetings will be scheduled on a regular basis, much like a typical course. Additionally, your supervisor will either a) meet with you and/or your on-site supervisor at your practicum site or b) provide 1 hour of individual supervision for you. The primary supervision you will receive from your UNF supervisor will be conducted in groups of up to six students. The purpose of these meetings is as follows:

1. to share information among students regarding best practices and solutions to problems and issues;
2. to learn innovative ideas to deal with specific issues from the presentation of case studies;
3. to review legal and ethical issues that may arise at the site;
4. to review relevant literature and /or current topics that would impact all members of the group;
5. to learn to conduct an assessment, formulate a diagnosis and appropriate treatment plans, and provide professional counseling to facilitate treatment goals.
6. to discuss information regarding licensure, certification, continuing education, professional organizations, and other practical considerations.

### **B. INTERNSHIP MEETINGS**

During your internship you will meet individually and in groups of no more than ten with your UNF internship supervisor. During these sessions, the focus will be on individual and group supervision of your counseling skills, discussion of current topics in counseling, and in developing your skills in counseling-related areas. You will have opportunities to work with your supervisor or another faculty member on special activities such as supervision, research, training, writing, or making presentations at conferences and workshops.

**C. EVALUATION**

Your UNF supervisor will evaluate your performance as shown in your participation in group supervision and the seminar. Additionally, with recommendation from your site supervisor, your UNF practicum supervisor will assign your final grade in practicum and internship.

**VI. THE PRACTICUM AND INTERNSHIP EXPERIENCE**

**A. LIABILITY INSURANCE**

Students are not required to purchase professional liability insurance while they are enrolled in the program. Brooks College of Health provides umbrella coverage for all students involved in clinical training.

**B. CRIMINAL BACKGROUND CHECK**

Students are required to apply and pass a criminal background check. It is important that you keep apply and annually maintain your background check during your practicum/internship. You cannot begin practicum or internship client contact until you have cleared the University sanctioned background check. Please refer to Appendix N for additional information regarding background checks.

**C. ESTABLISHING A SCHEDULE**

Whether in your practicum or internship, it is important that you work closely with your site supervisor to establish a reliable schedule. It is recommended that you plan to work at your site at least one full day per week and several partial days. Learn about agency meetings or other events that your supervisor thinks are important for you to attend and make special efforts to participate, even if they occur on a “non-practicum/internship” day. Stay with your schedule as closely as possible

and always give advance notice if you have to rearrange it.

#### **D. MAINTAINING A LOG**

It will be important for you to keep a record, on a daily basis, of your activities and the time spent on each, throughout your practicum or internship. Most students find that a small notebook is convenient to carry and use for this purpose. The daily log will be helpful when you meet with your site or university supervisor to discuss your counseling cases and related activities. Additionally, at the conclusion of your practicum or internship, you will use the log to summarize the various activities on the *Report of Time Distribution*.

#### **E. INDIVIDUAL COUNSELING**

In most agency settings, counseling with individuals is the backbone of the work. Do what you can to ensure you have clients you see over a period of time, rather than concentrating on crisis intervention. You will find that counseling experiences are more challenging when you see the same individual a number of times. Ask your supervisor for advice on issues such as scheduling appointments, intake interviews, consent forms, reminder calls to clients, etc.

When you are counseling individuals, concentrate on following a theory or model that you have learned and has been found to empirically effective. Understand that your practicum and internship are meant to be learning and practice situations. Your site supervisor is there to provide help as you try on different counseling theories and styles by providing you with helpful feedback.

#### **F. GROUP OR FAMILY COUNSELING**

You should plan to spend a portion of counseling time working with groups or with families. It is important that you spend time observing and co-leading groups before working on your own, since different agencies may follow specific formats when working with multiple clients or families.

#### **G. RELATED RESPONSIBILITIES**

You will undoubtedly find that your practicum or internship will consist of much more than individual and group counseling. You may find that much time is spent on tasks such as developing treatment plans, writing comprehensive case notes, and consulting with counselors in other agencies. Additionally, you may be expected to make case presentations,

join on-going discussion groups, or do outside reading in specific areas.

## H. PROFESSIONAL ASSOCIATION AND MEMBERSHIPS

If you have not done so already, you should plan to join local, state and national professional associations now. While you are in your practicum and internship you will have many opportunities to practice some of the suggestions offered by experienced professionals through newsletters, journals, workshops, and conferences. You will also notice that professional articles on serious topics take on new meaning when you are counseling people who have the same issues being addressed in the literature. Local counseling organizations are an excellent way to meet professional counselors, learn about job opportunities, and form lasting professional bonds. At the state and national level, you will have opportunities to become involved in issues that are important to the welfare of counselors and their clients. Relevant organizations include the following:

Florida Mental Health Counseling Association  
National Board for Certified Counselors  
American Counseling Association  
American Mental Health Counselors Association

## I. PROFESSIONAL DEVELOPMENT OPPORTUNITIES

As you become more involved in your practicum or internship, you will become increasingly aware that your professional education is just beginning, and that it is likely to continue. Luckily, every year, dozens of interesting and helpful workshops are presented in Jacksonville or the surrounding area. Your supervisors will probably be familiar with many of the workshops and can advise you on training that will be particularly helpful in your present experience. You can usually get significant discounts on the registration fees while still in a student status. Participation in professional development activities can be included in your non-contact practicum or internship hours.

## J. EVALUATION OF PRACTICUM OR INTERNSHIP

Your site supervisor and your UNF supervisor are responsible for evaluating your performance, as discussed earlier. At the end of each semester, you will have an opportunity to evaluate your supervisors, as well. The *Student Evaluation of UNF Practicum or Internship Supervisor* is shown in **Appendix K** on page 28; The *Student Evaluation of Practicum/Internship Site* appears in **Appendix L** on page 29.

The University of North Florida is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; Telephone number 404-679-4501) to award baccalaureate, masters, and doctoral degrees and by the Council for Accreditation of Counseling and other Related Counseling Programs, 1001 North Fairfax Street, Suite 510, Alexandria, VA

Appendix A

UNIVERSITY OF NORTH FLORIDA  
MENTAL HEALTH COUNSELING PROGRAM

**APPLICATION FOR MENTAL HEALTH PRACTICUM**  
Due dates: Spring 10/01 Summer 02/01 Fall 03/01

Semester Applying for \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephones: Day \_\_\_\_\_ Night \_\_\_\_\_ Emergency \_\_\_\_\_

Mental Health Counseling \_\_\_\_ Advanced Certificate Program \_\_\_\_

Term Admitted to Program \_\_\_\_\_ Hours Required on Program of Study \_\_\_\_\_

Hours Requested This Semester \_\_\_\_

Program Sponsor \_\_\_\_\_

Number of Hours Completed \_\_\_\_\_ Number of Hours Currently Enrolled \_\_\_\_\_

**Record Grade in Courses Below. Mark an "X" if currently enrolled**

**Mental Health Counseling Required Courses**

- \_\_\_ MHS 6407: Theories of Counseling
- \_\_\_ MHS 6051: Personality and Lifespan
- \_\_\_ MHS 6941: Pre-practicum \* (or MHS 6006: Introduction to Counseling)
- \_\_\_ MHS 6510: Group Counseling\*
- \_\_\_ MHS 6700: Legal, Ethical, and Profess
- \_\_\_ SDS 6310: Career and Lifestyle Development
- \_\_\_ MHS 6428: Counseling Diverse Populations
- \_\_\_ EDF 6495: Research in Counseling (or EDF 6480: Foundations of Educational Research)
- \_\_\_ MHS 6480: Sexual Issues in Counseling
- \_\_\_ MHS 6070: Psychopathology\*
- \_\_\_ MHS 6201: Assessment in Mental Health Counseling (formerly Appraisal Procedures)
- \_\_\_ MHS 6450: Substance Abuse Counseling
- \_\_\_ MHS 6401: Advanced Counseling
- \_\_\_ MHS 6800: Practicum in Mental Health Counseling

**Electives  
(Specify)** \_\_\_\_\_

Have you met with your program sponsor to discuss your readiness for practicum? \_\_\_\_\_

Have you made a tentative selection of a practicum placement? If so, where?  
\_\_\_\_\_

\* These courses must be completed prior to enrolling in practicum.

**TURN THE COMPLETED FORM IN TO DR DAVID WHITTINGHILL, 39/4142, OR THE DEPT. SECRETARY JUDY KRAFT**

**Appendix B**

**UNIVERSITY OF NORTH FLORIDA  
MENTAL HEALTH COUNSELING PROGRAM**

**APPLICATION FOR MENTAL HEALTH INTERNSHIP**  
**Due dates: Spring 10/01 Summer 02/01 Fall 03/01**

Semester Applying for \_\_\_\_\_

Name \_\_\_\_\_ N# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephones: Day \_\_\_\_\_ Night \_\_\_\_\_ Emergency \_\_\_\_\_

Mental Health Counseling \_\_\_\_

Term Admitted to Program \_\_\_\_\_ Hours Required on Program of Study \_\_\_\_\_

Hours Requested This Semester \_\_\_\_

Program Sponsor \_\_\_\_\_

Number of Hours Completed \_\_\_\_\_ Number of Hours Currently Enrolled \_\_\_\_\_

**Record Grade in Courses Below. Mark an "X" if currently enrolled**

**Mental Health Counseling Required Courses**

- \_\_\_ MHS 6407: Theories of Counseling
- \_\_\_ MHS 6051: Personality and Lifespan Development
- \_\_\_ MHS 6941: Pre-practicum\* (or MHS 6006: Introduction to Counseling)
- \_\_\_ MHS 6510: Group Counseling\*
- \_\_\_ MHS 6700: Legal, Ethical, and Professional Issues in Counseling\*
- \_\_\_ SDS 6310: Career and Lifestyle Development
- \_\_\_ MHS 6428: Counseling Diverse Populations
- \_\_\_ EDF 6495: Research in Counseling (or EDF 6480: Foundations of Educational Research)
- \_\_\_ MHS 6480: Sexual Issues in Counseling
- \_\_\_ MHS 6070: Psychopathology\*
- \_\_\_ MHS 6201: Assessment in Mental Health Counseling (formerly Appraisal Procedures)
- \_\_\_ MHS 6450: Substance Abuse Counseling
- \_\_\_ MHS 6401: Advanced Counseling
- \_\_\_ MHS 6800: Practicum in Mental Health Counseling

**Electives**

**(Specify)** \_\_\_\_\_

Have you met with your program sponsor to discuss your readiness for practicum? \_\_\_\_\_

Have you made a tentative selection of a practicum placement? If so, where?  
\_\_\_\_\_

\*These courses must be completed prior to enrolling in practicum.

**TURN THE COMPLETED FORM IN TO DR DAVID WHITTINGHILL, 39/4016, OR THE DEPT. SECRETARY**

**UNIVERSITY OF NORTH FLORIDA** 1 UNF Drive, Bldg. 9, Rm. 4016 Jacksonville, Florida 32224-2676 (904) 620-1055  
Mental Health Counseling Program, Brooks College of Health, University of North Florida

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**Appendix C**

**COUNSELING PRACTICUM \_\_\_\_\_ OR INTERNSHIP \_\_\_\_\_ AGREEMENT FORM**  
**\_\_\_\_\_ Semester**

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Student Name (typed or printed)				Social Security Number	
Home Address		City	State	Zip code	Phone
Practicum Setting			Phone		
Location (mailing address)					
Dates of Practicum (beginning & ending dates)				Signature of Student	
Site Supervisor (typed or printed)			Degree/Licensure/Certification#		
Site Supervisor (signature)			Social Security Number		
Director of Agency (if applicable) (signature)				Date	

***NOTE TO STUDENT: AT THIS POINT, PLEASE RETURN AGREEMENT FORM TO  
JUDY KRAFT, DEAN'S OFFICE.***

**FOR UNIVERSITY USE ONLY - DO NOT WRITE BELOW THIS LINE**

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University Supervisor (signature)				Date	
Program Director, Mental Health Counseling (signature)				Date	

## Appendix D

### Practicum or Internship Statement of Understanding

I acknowledge that my primary obligation, as a practicum or internship student, is to do no harm to my clients or students. I therefore agree to maintain ethical behavior at all times during this field experience. I further acknowledge that my UNF and site supervisors are legally and ethically obligated to protect my clients from potential harm as much as possible through their supervision and review of my performance. In the event that any of my supervisors have reason to believe that I may harm my client through unethical or incompetent behavior, they have the right and responsibility to take immediate action. Such action may include removing me, temporarily or permanently, from the practicum or internship.

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Student/Date

---

Site Supervisor/Date

---

UNF Supervisor/Date

Appendix E

**PRACTICUM/INTERNSHIP INFORMATION SHEET**

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

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

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

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Practicum/Internship Information:**

**Name of Agency:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Anticipated days and times at Practicum/Internship site:**

**Monday** \_\_\_\_\_

**Tuesday** \_\_\_\_\_

**Wednesday** \_\_\_\_\_

**Thursday** \_\_\_\_\_

**Friday** \_\_\_\_\_

**Weekend** \_\_\_\_\_

Appendix F

## Practicum or Internship Learning Contract

**Directions:** Students, in consultation with site and/or UNF supervisors, will choose projects or activities to complete during practicum or internship. Describe the projects or activities in terms of measurable objectives below. The UNF supervisor will review and approve the objectives at the beginning of the semester. The site supervisor will describe the degree of accomplishment of the objective, will sign below, and return this form to the UNF supervisor at the conclusion of practicum or internship with the student's final evaluation.

### Student Objectives

### Site Supervisor Evaluation

1. \_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Appendix G

Permission to Record and Consult

I, the client (or parent or guardian), consent to the recording of my counseling sessions for purposes of professional consultation with the goal of helping improve the counselor's effectiveness. This recording may be done by video and/or audio taping.

This consent is being given in regard to the professional services provided by the counselor named below. I understand that I will be given counseling even if I choose not to sign this authorization. I understand that even if I sign this authorization, I may ask for the recording to be turned off or erased at any time during my sessions. All audio and videotapes will be kept in a safe location and will be destroyed at the end of the semester.

I further understand that to improve counseling techniques, my counselor may be consulting with the supervisor of this agency as well as my UNF faculty supervisor. She/He may also select a portion of the tape to viewed by other counselor graduate trainees during group supervision. I therefore authorize any of the supervisors and graduate trainees to observe or have access to information relating to my treatment. It is understood that these professionals and their students are bound by state laws and by professional rules about client's privacy.

Signature \_\_\_\_\_  
(Client or parent/guardian)

Date \_\_\_\_\_

Printed name \_\_\_\_\_

I, the counselor, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me reason to believe that this person is fully competent to give informed and willing consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Counselor)

\_\_copy accepted by client

\_\_copy accepted by counselor

**Appendix H**  
**MHS 6800 / MHS 6830**  
**PRACTICUM OR INTERNSHIP IN MENTAL HEALTH COUNSELING**  
**DOCUMENTED SUPERVISION**

Student Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

Functions Reviewed:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> client screening       | <input type="checkbox"/> client intake       | <input type="checkbox"/> client assessment |
| <input type="checkbox"/> treatment planning     | <input type="checkbox"/> client orientation  | <input type="checkbox"/> evaluation        |
| <input type="checkbox"/> individual counseling  | <input type="checkbox"/> group counseling    | <input type="checkbox"/> family counseling |
| <input type="checkbox"/> crisis intervention    | <input type="checkbox"/> referral            | <input type="checkbox"/> consultation      |
| <input type="checkbox"/> outreach               | <input type="checkbox"/> client follow-up    | <input type="checkbox"/> client education  |
| <input type="checkbox"/> reports/record keeping | <input type="checkbox"/> case management     | <input type="checkbox"/> case review       |
| <input type="checkbox"/> written communication  | <input type="checkbox"/> community education | <input type="checkbox"/> other _____       |

**Specific Issues Discussed and/or Reviewed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Suggestions for Student**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

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

Date \_\_\_/\_\_\_/\_\_\_

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

## Appendix I

## Site Supervisor's Evaluation of Mental Health Practicum/Internship Student

Name of Student: \_\_\_\_\_ Practicum/Internship Site: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Period of Evaluation \_\_\_\_\_ Mid - Term \_\_\_\_\_ or Final Evaluation \_\_\_\_\_

Directions: This evaluation will be used by the faculty of the Mental Health Counseling Program to provide an indication of the student's performance during her/his practicum/internship experience. Please circle the number to the right of each item which best describes your assessment of your supervisee. Please note:

**0 = Not observed; 1 = Unsatisfactory; 2 = Adequate; 3 = Does well, 4 = Outstanding**

## I. INTERPERSONAL SKILLS:

X	Displays sensitivity toward others	0	1	2	3	4
X	Accepts differences (i.e. racial, ethnic, sexual orientation, etc.)	0	1	2	3	4
X	Self-aware (strengths, personal issues, limitations, etc.)	0	1	2	3	4
X	Open to personal and professional growth	0	1	2	3	4
X	Recognizes her/his personal and profession impact upon others	0	1	2	3	4
X	Professional demeanor	0	1	2	3	4

Comments:

## II. COUNSELING SKILLS:

X	Behaves ethically and responsibly	0	1	2	3	4
X	Is appropriately respectful and sincere in relation to clients	0	1	2	3	4
X	Displays effective attending and active listening skills	0	1	2	3	4
X	Able to respond appropriately at the client's level	0	1	2	3	4
X	Able to formulate accurate diagnostic impressions	0	1	2	3	4
X	Able to formulate appropriate treatment goals/plans	0	1	2	3	4
X	Demonstrates awareness of physical, psychological, spiritual, and social factors impinging on the client	0	1	2	3	4
X	Able to implement proposed treatment plans	0	1	2	3	4
X	Applies general knowledge appropriately to specific client needs	0	1	2	3	4
X	Recognizes his/her own competencies and the limitations of techniques	0	1	2	3	4
X	Displays effective group leadership skills	0	1	2	3	4
X	Displays confidence in his/her skills	0	1	2	3	4
X	Able to appropriately terminate a	0	1	2	3	4

counseling relationship

Comments:

III. CONSULTATION SKILLS:

X	Able to elicit and utilize feedback from others	0	1	2	3	4
X	Able to consult with others while maintaining confidentiality	0	1	2	3	4
X	Able to follow through with assigned tasks/responsibilities	0	1	2	3	4
X	Able to interact effectively with agency personnel/staff	0	1	2	3	4
X	Displays effective oral communication skills	0	1	2	3	4
X	Able to make appropriate referrals	0	1	2	3	4

Comments:

IV. GLOBAL ASSESSMENT:

X	Overall assessment of his/her effectiveness as a Mental Health Counselor	0	1	2	3	4
X	Potential for becoming an effective Counselor	0	1	2	3	4

V. SUMMARY NOTES:

Student's strong points:

Student's needs for improvement:

Have you discussed this evaluation with the student?

Yes\_\_\_\_\_ No\_\_\_\_\_

(If no, please note the this evaluation may be seen by the student upon request as required by the Buckley Amendment).

Based upon the preceding information, I would recommend a grade of\_\_\_\_\_ for the student.

Supervisor's Signature\_\_\_\_\_ Date\_\_\_\_\_

**If this is the Final Evaluation, please attach the student's Learning Contract to this form.**

**Appendix J**

**UNIVERSITY OF NORTH FLORIDA** 1 UNF Drive, Bldg. 39, Rm. 4016 Jacksonville, Florida 32224-2676 (904) 620-1055  
 Department of Mental Health Counseling, Brooks College of Health, University of North Florida

**REPORT OF TIME DISTRIBUTION**  
**Practicum \_\_\_\_\_ Internship \_\_\_\_\_**

An exact report of the number of hours the student spent in his or her Counseling Practicum or Internship experience is required for the student's record as well as for the site supervisor's record. Site supervisors receive free tuition for every 300 hours of student practicum or internship.

Students are to return the original of this report at the close of the Practicum or Internship to the UNF Supervisor.

**Name of Student** \_\_\_\_\_

**Site** \_\_\_\_\_

**Number of hours spent by the student in:**

Observation: _____	Intake Interviews: _____
Individual Counseling: _____	*Group Counseling: _____
Family Counseling: _____	Case Staffings: _____
Research: _____	Professional Development: _____
Supervision:	
Individual (Site): _____	Group (Site): _____
Individual (Campus): _____	Group (Campus): _____
Documentation/Record Keeping: _____	Outreach/Advocacy: _____
Other (specify): _____	
Total Hours: _____	From _____ To _____

\_\_\_\_\_  
 Typed or Printed Name of Site Supervisor

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

\_\_\_\_\_  
 Degree, License, or Certification

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date Signed

**\*1 hour credit is assigned for group sessions consisting of 6 or fewer members; an additional 15 minutes credit is assigned for each additional client group member.**

**DISTRIBUTION:**  
 Original: Counselor Education  
 Yellow: Student  
 Pink: Site Supervisor

## Appendix K

## Student Evaluation of UNF Practicum or Internship Supervisor

0=not helpful 1=somewhat helpful 2=helpful 3=very helpful 4=not applicable

1.	Assisted me in evaluating my readiness for practicum or internship. <b>Comments:</b>	0	1	2	3	4
2.	Assisted me in selecting a practicum or internship site. <b>Comments:</b>	0	1	2	3	4
3.	Provided me with information regarding expectations and requirements of practicum or internship. <b>Comments:</b>	0	1	2	3	4
4.	Provided me with opportunities to consult, on an individual basis, regarding problems or issues concerning practicum or internship. <b>Comments:</b>	0	1	2	3	4
5.	Allowed students to contribute input regarding the emphasis and direction of class discussion. <b>Comments:</b>	0	1	2	3	4
6.	Led small group discussions of issues relevant to all practicum or internship students. <b>Comments:</b>	0	1	2	3	4
7.	Provided structure for student - led case presentations. <b>Comments:</b>	0	1	2	3	4
8.	Provided relevant literature and/or other resources relative to current topics of interest to all practicum or internship students. <b>Comments:</b>	0	1	2	3	4
9.	Provided information related to licensure, certification, exams, continuing education, graduation, and professional organizations. <b>Comments:</b>	0	1	2	3	4
10.	Provided information about opportunities to participate in community, agency, or school professional development activities. <b>Comments:</b>	0	1	2	3	4

Appendix L

**Student Evaluation of Practicum or Internship Site**

**Note to Student:** The information you provide may be shared in general terms with the site supervisor.

Site/Agency/School Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student completing this evaluation: \_\_\_\_\_ Practicum\_\_\_ Internship\_\_\_

Directions: On the rating scale to the right of each item please circle the number which best describes your practicum/internship experience. Please note: 1 = poor; 2 = adequate; 3 = good; 4 = very good, and 5 = superior.

**I. Orientation:**

Time provided for orientation	1	2	3	4	5
Comprehensiveness of orientation	1	2	3	4	5
Overall quality of orientation	1	2	3	4	5

Comments:

**II. Supervision:**

Supervision was regularly scheduled	1	2	3	4	5
Supervision was appropriate for my needs	1	2	3	4	5
Feedback from my supervisor was helpful	1	2	3	4	5
Supervisor was accessible (beyond regularly scheduled times)	1	2	3	4	5
Supportiveness of supervisor	1	2	3	4	5
Overall quality of supervision	1	2	3	4	5

Comments:

**III. Learning Experiences:**

Availability of clients	1	2	3	4	5
Appropriateness of clients	1	2	3	4	5
Suitability of tasks/duties	1	2	3	4	5
Number of tasks/duties	1	2	3	4	5
Overall quality of learning experiences	1	2	3	4	5

Comments:

**IV. Professionalism**

Treatment as a professional	1	2	3	4	5
Opportunities for input	1	2	3	4	5
Inclusion/reception by staff persons	1	2	3	4	5
Overall sense of professionalism	1	2	3	4	5

Comments:

**V. Global Assessment of Practicum/Internship** 1 2 3 4 5

**VI. Would you recommend this site to others?** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

Why? Why not? Please explain on back.

**Appendix M**

**UNIVERSITY OF NORTH FLORIDA** 1 UNF Drive, Bldg. 9, Rm. 4016 Jacksonville, Florida 32224-2676 (904) 620-1055  
 Department of Mental Health Counseling, Brooks College of Health, University of North Florida

**Site Supervisor's Certificate Request Form  
 Mental Health Counseling**

To be entitled to a certificate, the site supervisor must personally supervise one or more interns for a total of 300 hours.

\_\_\_\_\_/\_\_\_\_\_  
 fall, spring, summer year

Site Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Intern \_\_\_\_\_

Site \_\_\_\_\_

**Number of hours spent by the student in:**

Observation: \_\_\_\_\_ Intake Interviews: \_\_\_\_\_

Individual Counseling: \_\_\_\_\_ Group Counseling: \_\_\_\_\_

Family Counseling: \_\_\_\_\_ Case Staffing: \_\_\_\_\_

Research: \_\_\_\_\_ Prof. Development: \_\_\_\_\_

Supervision: \_\_\_\_\_

Individual (Site): \_\_\_\_\_ Group (Site): \_\_\_\_\_

Individual (Campus): \_\_\_\_\_ Group (Campus): \_\_\_\_\_

Documentation/Record Keeping: \_\_\_\_\_ Outreach/Advocacy: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**Total Hours:** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Site Supervisor (please print) \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number (required for certificate of participation)  
 \_\_\_\_\_

Have you previously supervised a UNF Intern? \_\_\_\_ Yes \_\_\_\_ No

- Please issue my certificate now.
- Please issue my certificate when requested in writing.  
 (Note: Must be requested within two years of end of term in which intern was supervised.)  
 I verify the hours reported are supported by documentation received from the supervisor.

Signature of Field Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Signature of UNF Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dept. Chairperson: \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only: Certificate Number \_\_\_\_\_ issued \_\_\_\_\_**

## Appendix N

**UNIVERSITY OF NORTH FLORIDA** 1 UNF Drive, Bldg. 9, Rm. 4016 Jacksonville, Florida 32224-2676 (904) 620-1055  
Department of Mental Health Counseling, Brooks College of Health, University of North Florida

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### Background Check Information

A background check will be required of all students who will be participating in field experiences as part of their educational program. The background check will be required prior to the practicum and internship experience. These field experiences include, but are not necessarily limited to: internships, clinical experiences, or other types of experiential learning either directly involving or in agencies serving children, the elderly, patients, or other vulnerable populations

The background check shall be completed:

1. annually for students enrolled in the Mental Health Counseling Program the semester prior to their practicum and every year thereafter while enrolled in a Internship course.
2. in the semester immediately preceding the experience for students in those programs including these experiences as a final or capstone experience.

Students may access the Background Check site at [www.certifiedbackground.com](http://www.certifiedbackground.com)

NOTE: To meet Brooks College's contractual obligation to the agencies in which students are placed, the background check must be done through the vendor sanctioned by the Brooks College of Health which is Certified Background Checks at [certifiedbackground.com](http://certifiedbackground.com) which is the only vender accepted by the Brooks College of Health. It is important to note, that student may also be required to apply for an additional background check mandated by the field placement site. In this case, students are required to apply for the additional background check.

The mechanism for obtaining the background check will be explained by faculty/program leader/coordinator at the time the check is required.

Information revealed by a background check may:

1. prohibit participation in required practicum and/or field experiences. Inability to participate in required field experience will jeopardize successful completion of the program.
2. prohibit sitting for required post-graduate national examinations for licensure and/or certification and/or post-graduate internships.

Students with questions regarding what may appear on their background check, should contact the Chair of the Mental Health Counseling Program.