

## Welcome

Dear Counseling Student,

Your field placement in marriage, family, and child counseling can be one of the most exciting and valuable experiences of your education. The experience involves many hours in the field where material you have been learning in classes finally comes alive. Our program is accredited by the Council on Accreditation of Counseling and related Educational Programs (CACREP), which mandates the minimum number of hours of field experience necessary to train good Marriage, Family, and Child Counselors. The completion of your master's degree coupled with this accreditation affords you the opportunity to sit for the National Counseling Exam and thus be eligible for licensure in many states.

This manual has been prepared especially for you as you embark on your field placement experience. This manual is also a guide that your university filed placement supervisor may use to keep you informed of the many details needed to make this a worthwhile experience. It is considered to be a working document that will benefit significantly from your input as you put it to use. Remember, this manual is flexible and will accommodate additions or modifications that you feel need to be included as you work your way through the field placement.

This manual will provide you with some ideas to help involve you in the counseling process with children, adolescents, and adults. It will also provide you with a system to follow as you go through the field placement. The major areas of emphasis include enrollment procedures; course goals, objectives, and requirements; selection of a field placement; and other considerations relevant to the completion of your field experience.

It is hoped that this type of manual will only be a beginning and that you will feel free and confident in making changes or correction to meet your needs. These changes will be uniquely yours as you move toward the enriching experience of working with adults, adolescents, and children who desire or need to bring about change in their lives.

Thank you for making use of this document; please share our ideas for change with the faculty members as you make use of this information.

Sincerely, CSUF, Counselor Education Faculty ~

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## **COUN 239 - Field Placement in Counseling**

All counseling field assignments must provide trainees with direct service to a spectrum of social, cultural, and social equity groups. Field sites not offering such contact will not qualify to receive trainees for this university-sponsored experience.

While this is an important factor in selecting qualified field placement settings, it is not the only criteria. Attention to this matter stems from a desire to develop counselors who can meet the diversity needs of the Valley, while receiving a stimulating and challenging pre-professional counseling experience in the broadest possible context.

To document compliance with this requirement, the following will be stipulated:

- a. Each site supervisor is required to develop a "contract" with the trainee that is subject to approval by the university supervisor. The contract must state that trainees will work with social, cultural, and social equity populations, and will stipulate the context of the experience, within reason.
- b. Trainees will specifically note their counseling contacts occurring within a multicultural or social equity context in the required Activity Log.
- c. Trainee evaluations and site evaluations will seek information on the nature of the particular placement site within the context of providing experience with multicultural or social equity groups.
- d. Site training that encompasses information relative to the topic of providing services within a multicultural or social equity context will be desirable.

# INTRODUCTION

## **MISSION of the MS in Marriage, Family, and Child Counseling**

The MS Degree program in Marriage, Family, and Child Counseling at California State University, Fresno is designed to prepare professional counselors, in accordance with the ethical standards of the American Counseling Association (ACA), to serve the mental health needs of an increasingly diverse and changing society throughout the greater central California's San Joaquin Valley. The Counselor Education program is actively committed to the recruitment and retention of students who reflect the rich ethnic and cultural diversity existing the greater California State University, Fresno service area. The purpose of the program is to provide students with the academic and practical experiences that prepare them for entry level counseling positions, leading to state licensure as a Marriage and Family Therapist. The Counselor Education faculty is committed to providing a program milieu that offers students the opportunity for professional and personal growth. The learning goals of the program emphasize achieving a firm understanding of the theoretical foundations of counseling and its practical applications, and becoming responsive to the cultural, ethnic, racial, disability, gender, sexual identity, and socio-economic context of California individuals, couples, and families.

### Overview

Working with clients from a marriage, family, and child counseling perspective is exciting and holds great satisfaction for the professional counselor. It involves a blending of your background, your personal experience, your professional knowledge and your own personality. In working with families, we are aware that parents do take pride in the fact that they are included in their child's progress, achievements and personal wellbeing. Counseling involves a partnership that develops over time between lay and professional people. For example, where children are involved, it requires the utmost in teamwork and cooperation among professionals within different professions and between professional and lay people, especially parents. This sounds simple enough, but in order to bring about this type of cooperation, there needs to exist a system, a plan to follow and a set of guidelines so that you, as a student in training, will be able to receive the best experience from your expended time and efforts.

This handbook has been written in such a way to guide and lead you through the field placement assignment. It tells you where to begin, how to enroll in the course, how to contact agencies, limitation on hours of experience gained as a trainee, supervision requirements, includes copies of forms which must be completed and more. In order to make this work for you personally, the handbook has been divided into four sections so that it will be easier for you to locate and use the information. The first section contains information concerning enrollment procedures. The second section delineates the course goals and objectives. Course requirements are presented in the third section. Information concerning the selection of a field placement is described in the fourth section of this handbook. Finally, the last section describes other considerations relevant to the successful completion of the field placement course.

The field placement assignment has been designed to meet the requirements of the Board of Behavioral Science and of Council for Accreditation of Counseling and Related Education Programs (CACREP).

**For more information regarding the CSUF Counselor Education Program and graduate coursework requirements, visit the department website at: <http://www.fresnostate.edu/kremen/masters-mfcc/index.html>**

**Section 1**  
**ENROLLMENT PROCEDURES**

## ENROLLMENT PROCEDURES

### **Prerequisites:**

You must have completed at least 40 units in the MS in Marriage, Family, and Child Counseling, including COUN 200 - Seminar in Counseling Techniques and COUN 208 - Practicum in Counseling and Advanced Practicum, prior to enrolling in COUN 239 - Field Placement in Counseling. **NO EXCEPTIONS are allowed!**

### **Registration Schedule Number(s):**

If you have met the above conditions and have selected a site, you may contact the main counseling office at 559-278-0340 to obtain a schedule number for registration purposes. The reason registration for this course is controlled is that one of the purposes of field placement is to provide you with an opportunity to integrate academic knowledge with the application of skills while working in an approved setting under the supervision of someone who is more experienced in a specific area of counseling theory and practice. Accordingly, field placement should take place toward the end of your movement through the MFCC Program.

### **Number of Units Required/Permitted:**

The MFCC program currently requires a minimum of 6 units (or 600 hours) of supervised field placement in counseling and other activities that are within the scope of practice of a MFCC. This requirement fulfills the current BBS requirement for supervised field experience with proper on-site supervision. You earn 3 units of credit for each 300 hours of logged experience in counseling and other activities. Most field placements require that you make a two-semester commitment. It should be noted that you are allowed to complete a maximum of 12 units (or 900 hours) of supervised field experience as part of your curriculum. NOTE: 150 hours of every 300 logged must be, face-to-face experience in counseling individuals, couples, families, or groups. A minimum of ten (10) hours of the 600 logged hours must be gained leading a group. If your site does not provide for groups, speak with your university supervisor to make arrangements for this experience for alternative placements. Grading is on a Credit/No Credit basis. Approved for RP Grading.

### **Professional Membership and Liability Insurance:**

The Counselor Education Advisory Board requires that you join and maintain membership in a professional organization such as the American Counseling Association (ACA) throughout your Field Placement experience and maintain professional liability insurance in the minimum amounts of \$1 million/\$3 million prior to working with a client in a professional setting. However, if you are doing your field placement in a psychiatric hospital setting you might need higher amounts of coverage. You must provide proof of professional membership as well as individual liability coverage to the university field placement supervisor prior to engaging in counseling with any agency. The American Counseling Association provides insurance to its members: visit the web site at <http://www.counseling.org>. Insurance is also available through membership in the California Association of Marriage and Family Therapists (CAMFT): visit the web site at <http://www.camft.org>.

## **Section 2**

### **FIELD PLACEMENT GOALS AND OBJECTIVES**



## FIELD PLACEMENT GOALS AND OBJECTIVES

The faculty involved with the Counselor Education Program have developed certain goals and objectives concerning your field placement. The goals and objectives are consistent with standards set forth by the department's accrediting body, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and the Board of Behavioral Sciences (BBS) licensure board. Field Placement goals and objectives are listed below.

### **Field Placement Goals:**

The purpose of COUN 239 - Field Placement in Counseling is to provide the counselor trainee with an opportunity to integrate and utilize principles and concepts of counseling which have been studied in formal college and university courses, as well as other counseling management principles that may be new to the trainee. Such traineeships will be accomplished through the use of practical field experiences in approved local agencies where trainees will receive hands-on experience generally associated with the work of a counselor within the particular agency.

### **Field Placement Objectives:**

The objectives of the field placement component of the MFCC program have been carefully considered and outline what the CE program hopes an MFCC student will be able to accomplish in his/her field placement. The objectives of COUN 239 - Field placement in Counseling are as follows:

The basic objectives of this course are:

- 1) Develop and adhere to an approved job description as defined in collaboration with your field practicum supervisor/organization.
- 2) Implement counseling theories and skills appropriate to the population being served (children, adolescents, and adults).
- 3) Demonstrate sensitivity to diverse client populations (gender, ethnic, racial, cultural, and sexual orientation).
- 4) Conform to ethical and legal standards in all therapeutic, administrative, supervisory, and collaborative duties related to the practice of marital, couple, and family counseling (e.g., the ACA and IAMFC Codes of Ethics).
- 5) Understand and define the administrative and organizational milieu of the MFCC field placement site.
- 6) Demonstrate an understanding of the roles of marital, couple, and family counselors/therapists in a variety of practice settings and in relation to other helping professionals.
- 7) Gain awareness of professional issues unique to marital, couple, and family counseling including recognition, reimbursement, and right to practice.
- 8) Demonstrate an understanding of marital, couple, and family life-cycle dynamics, healthy family functioning, family structures, and development in a multicultural society, family of origin and intergenerational influences, cultural heritage, socioeconomic status, belief systems.

- 9) Demonstrate awareness of societal trends and treatment issues related to working with diverse family systems (e.g., families in transition, dual career couples, and blended families).
- 10) Utilize family systems theories and other relevant theories and their application in working with couples and families, and other systems (e.g., legal, legislative, school and community systems) and with individuals.
- 11) Effectively interview, assess, and use case management skills when working with individuals, couples, families, and other systems; implementing appropriate skills in systemic interventions.
- 12) Utilize appropriate preventive approaches when working with individuals, couples, families, and other systems such as pre-marital counseling, parent skills training, and other relationship enhancement.
- 13) Demonstrate and understanding of the specific problems that impede family functioning including issues related to socioeconomic disadvantage, discrimination and bias, addictive behaviors, person abuse, and interventions for their resolution.

**Section 3**  
**COURSE REQUIREMENTS**

## COURSE REQUIREMENTS

The course requirements, developed by the Counselor Education Program faculty, are intended to help you meet the goals and objectives outlined in the previous section and to help you get the most from your field placement experience. Please remember that the course requirements are subject to change by the university field placement supervisors and that you are encouraged to share your comments and suggestions on how to make the field placement a more positive and useful experience.

### **Supervised Fieldwork Clinical Agreement:**

You, a representative of the Fieldwork Setting, your Fieldwork Supervisor, and your University Supervisor are required to read, initial, and sign the Supervised Fieldwork Clinical Agreement (Appendix A). This is a legal contract and must be fully understood and agreed to. A copy of this document must be on file with your faculty supervisor by the second week of the semester. (If you are completing a year of fieldwork at the same placement and have filed this agreement during the first semester, make sure your faculty supervisor has it.) **Failure to give your faculty supervisor a copy of this document by the specified time will jeopardize any hours you have accumulated!** Copies should also be kept by your fieldwork supervisor and by you.

### **Site - Supervisor - Terms of Experience Form:**

After you have selected a field placement site, you need ask your field placement supervisor to fill out, sign and return to you the "Site - Supervisor - Terms of Experience Form," a copy of which is included in the manual in Appendix B. You need one "Site - Supervisor - Terms of Experience Form" for each field placement, each semester.

You will note that the form contains your name, the date, the name and location of your field placement, the name and title of your supervisor, his/her telephone number, the number of hours you have agreed to work and when you intend to begin and end your placement. The form also contains a place for the field placement supervisor to describe the type of orientation you will receive as well as a space to outline the job description you will be given.

YOU ARE RESPONSIBLE to deliver the completed and signed form to your university field placement supervisor sometime during the first week of your placement, each semester. Each of you should maintain a signed copy for your own record. [See Section 4 for information concerning BBS requirements for recording supervised experience that qualifies as hours toward licensure.]

### **Activity Log:**

You are required to keep a record of how you spend your time while at your field placement. You are responsible to make your own photocopies of the form as needed. A copy of the Activity Log is included in this manual in Appendix C.

### **Written Case Study/Oral Case Presentation:**

A written case study and an oral case presentation or an oral presentation on a clinical vignette is required for each 3 units of credit. The case format is modeled after the California Board of Behavioral Sciences (BBS) Oral Exam for MFT licensure. The purpose of this exercise is to familiarize students with licensing requirements and expectations.

### **Final Evaluation of Counselor Trainee:**

Your field placement supervisor is required to evaluate your performance at the end of each semester. You must provide your field placement supervisor with an evaluation form - Final Evaluation of Counselor Trainee, a copy of which is included in this manual in Appendix D. The field placement supervisor is responsible for completing the form and returning it to the university field placement supervisor no later than one week before the semester ends. It is preferable that the field placement supervisor review his/her evaluation with you so that you have the opportunity to make any comments related to his/her evaluation of your performance. After your university field placement supervisor receives the evaluation of your performance, s/he may request a conference with you to review your final evaluation.

### **Trainee Evaluation of Field Placement:**

You are also required to complete an evaluation form - Trainee Evaluation of Field Placement, a copy of which is included in this manual in Appendix E. This assignment essentially involves an evaluation of your experience at the agency. Your feedback is important because it may be used to advise future students of the experiences available at the particular placement site. Your university field placement supervisor will also review this form with you during the end of semester conference mentioned above.

### **Trainee Evaluation of Field Supervisor and University Supervisor:**

A copy of which is included in this manual in Appendix F and G.

### **Employer/Supervisor Evaluation of the MFCC Program:**

Your field placement employer and supervisor are required to evaluate the MFCC program at the end of each semester. You must provide your field placement employer/supervisor with an evaluation form – Employer/Supervisor Evaluation of MFCC Program, a copy of which is included in this manual in Appendix H. The field placement trainee is responsible for returning this form to the university field placement supervisor no later than one week before the semester ends.

### **Course Grade:**

Your final grade for this course is determined by your university field placement supervisor based upon your performance on the job and input from the field placement supervisor. The following factors are considered in determining your grade:

- a. The completion of 300 hours of activities that reflect the duties and responsibilities outlined in the Field Placement Contract.
- b. The field placement supervisor's evaluation of your performance.
- c. Your completion of the Trainee Evaluation of Field Placement, Evaluation of Field Supervisor, Evaluation of University Supervisor forms.
- d. Returning the Employer/Supervisor Evaluation of the MFCC Program.
- e. The completion of a competently written and presented case study for each 3 units of credit being sought.

The university field placement supervisor will remain in communication with your field placement supervisor. If problems arise concerning your performance (e.g., trainee competence, ethical issues, attitudinal problems, unacceptable personal habits, etc.) that place the field placement in jeopardy or run afoul of the agency's operational standards, the university field placement supervisor may be required to remove you from the selected setting. Requests for removal by agency directors are generally honored. The outcome of such an event may seriously affect your grade in the course.

**Students with Disabilities:** If you have special needs as addressed by the Americans with Disabilities Act (ADA) and need course materials in alternative formats, notify your course instructor immediately. Reasonable efforts will be made to accommodate your special needs. *Documentation of recommendations for accommodations from the Student Services Office should be submitted by the end of the second week of class to allow the instructor reasonable time to make accommodations.* Students with Disabilities: Upon identifying themselves to the instructor and the university, students with disabilities will receive reasonable accommodation for learning and evaluation. For more information, contact Services to Students with Disabilities in Madden Library 1049 (559-278-2811).

**Policy on Cheating and Plagiarism:** Cheating and plagiarism will not be tolerated. Students are responsible for familiarizing themselves with University policies regarding cheating and plagiarism, which are stated in the current University catalogue. Additionally, student should refer to the Ethics Codes of the ACA for ethical guidelines regarding plagiarism. For a definition and examples of plagiarism, students can refer to the *APA Publication Manual*.

**Computers:** "At California State University, Fresno, computers and communications links to remote resources are recognized as being integral to the education and research experience. Every student is required to have his/her own computer or have other personal access to a workstation (including a modem and a printer) with all the recommended software. The minimum and recommended standards for the workstations and software, which may vary by academic major, are updated periodically and are available from Information Technology Services (<http://csufresno.edu/ITS/>) or the University Bookstore. In the curriculum and class assignments, students are

presumed to have 24-hour access to a computer workstation and the necessary communication links to the University's information resources."

**Disruptive Classroom Behavior:** "The classroom is a special environment in which students and faculty come together to promote learning and growth. It is essential to this learning environment that respect for the rights of others seeking to learn, respect for the professionalism of the instructor, and the general goals of academic freedom are maintained. ... Differences of viewpoint or concerns should be expressed in terms which are supportive of the learning process, creating an environment in which students and faculty may learn to reason with clarity and compassion, to share of themselves without losing their identities, and to develop and understanding of the community in which they live Student conduct which disrupts the learning process shall not be tolerated and may lead to disciplinary action and/or removal from class."

<b>School of Education and Human Development</b>	
<b>Theme</b>	Leadership for Diverse Communities
<b>Vision</b>	The Kremen School of Education and Human Development is a center for academic excellence and collaboration in the fields of education and counseling. Graduates will become community leaders who advocate for high standards and democratic values with attention to professional ethics and diversity. Integration of educational technology and performance assessment is essential to all programs
<b>Mission</b>	The Kremen School of Education and Human Development's mission is the recruitment and development of ethically informed leaders for classroom teaching, education administration, counseling, and higher education. Our mission is realized through a framework of teaching, scholarship, and service that addresses regional, state, national, and international perspectives.

## **Section 4**

### **SELECTION OF FIELD PLACEMENT**



## SELECTION OF FIELD PLACEMENT

The importance of field placement is well established in the literature. Field placement is where you will have the opportunity to integrate what you have learned in your university coursework with the application of skills. It also offers you the chance to refine and expand on those skills you may have already developed. Because of this design, it is appropriate that you wait to enroll in the course until you are near the end of your curriculum.

However, it is never too early to begin thinking about what type of field experiences you would like to have or to begin exploring where you would like to complete your field placement assignment. In the MFCC Program at CSUF, you are primarily responsible for locating and selecting your own field placement. Hopefully, you will have given this some thought before you enroll in the course so that you can immediately begin the assignment at a placement that offers you the type of experiences you will find interesting, desirable and meaningful.

The guidelines, restrictions and requirements established by the BBS and/or the MFCC Program at CSUF that need to be followed or considered as you make your field placement selection are described below:

### **Qualified Placement Settings:**

According to the BBS regulations, you may only gain hours of experience in the following settings: governmental entities; schools, colleges, and universities; licensed health facilities (licensed by the California Department of Health Services pursuant to Sections 1250, 1250.2 and 1250.3 of the Health and Safety Code); and/or nonprofit and charitable corporations [exempt according to Internal Revenue Code Section 501(c)(3)]. [Please remember: You may only gain hours of experience in a private practice setting after you graduate and have registered as an MFT Associate.]

### **Supervision Requirements:**

#### **Who Can Supervise Field Placement**

You may be supervised by the following professionals: Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licenses Clinical Social Worker, Licensed Psychologist, and physicians certified in psychiatry and by the American Board of Psychiatry and Neurology. The minimum requirements for someone to be eligible to supervise you are that s/he hold a valid license which is not under suspension or probation by a licensing board; and s/he must have been licensed for two years prior to commencing supervision. Additionally, an approved supervisor (MFT, LPCC, or LCSW) must have completed the appropriate number of CE coursework hours in supervision. Consult the BBS laws and regulations handbook for more specific information. Also, in Section 5 there are some additional comments related to supervision.

#### **Limitation on Hours of Experience Gained as a Trainee**

No more than 750 hours of counseling and direct supervisor contact may be obtained prior to the granting of the master's degree. It is possible to gain up to 750

hours of direct counseling and supervision experience, up to 300 hours of personal psychotherapy received, and up to 250 hours for workshops, seminars, training sessions and conferences. So, it is possible to gain a maximum of 1,300 hours as a student.

### **Direct Supervisor Observation**

For all students supervision must consist of direct supervisor observation. This includes, but is not limited to, review of audio or video tapes, direct observation through sitting in on sessions or observing through one way mirrors, reviewing case records, monitoring and evaluating assessment and treatment decisions and monitoring and evaluating the ability of the student to provide the needed services for the population being served.

Supervisors must provide trainees with a written statement outlining how above direct supervisor observation will take place. The written document must state that supervisor will have access to client records and also include a statement as to how emergency situations will be handled.

### **Hours of Supervision**

The supervision requirement for COUN 239 is as follows: Counselor Trainees are required to receive a minimum of one "unit" per week of individual and/or triadic supervision throughout the field-placement (performed by their on-site supervisor).

A "unit" of supervision is defined as Individual Supervision (1 supervisor and 1 supervisee for 1 hour) OR Triadic Supervision (1 supervisor and no more than 2 supervisees for 1 hour).

**IMPORTANT: Face-to-face client contact means counseling/psychotherapy done with individuals, couples, families, and groups.**

### **BBS Licensure Requirements as a Marriage and Family Therapist**

(**Please note:** In addition to the requirements stated above, if you are in counting field placement hours toward BBS licensure, the following requirements are needed.

If the trainee wishes to count field placement hours toward BBS licensure the following supervision requirements apply. For every five hours of clinical experience a trainee is required to have one "unit" of supervision for each week and each work setting in which hours are gained. Beyond the one required "unit" each week other clinical and supervisory hours will be averaged over the life of the setting.

### **BBS – Supervisors Responsibility Statement:**

If you are able to count your field placement hours toward licensure in addition to the course, you will need to have your supervisor complete a Supervisors Responsibility Statement of a Marriage and Family Therapy Associate or Trainee. This form can be found at: <https://bbs.ca.gov/resources/index.html>

**Additionally, ALL FORMS are located on the Counselor Education Program's "COUN239 Website" found at:**

<http://hdansmith.com/239forms.html>

If for some reason you change supervisors while in the same field placement, you will need to complete a new Supervisors Responsibility Statement for Marriage and Family Therapy Associate or Trainee

Again, if your hours of experience at the field placement count toward licensure, the BBS regulations require that you maintain all hours of experience on the Weekly Summary of Hours of Experience form and that you obtain the signature of your supervisor on a weekly basis. A copy of this form is can be found at:  
<https://bbs.ca.gov/resources/index.html>

You need to keep these documents in a safe place until after licensure has been obtained. Although this seems like a hassle, it is really for your protection. You never know what can happen in the future—your supervisor may refuse to sign off on a significant number of hours or may suddenly and unfortunately drop dead. These things have been known to happen.

## **Section 5**

### **OTHER RELATED CONSIDERATIONS**

## OTHER RELATED CONSIDERATIONS

This section contains some helpful hints and food for thought as you begin the process of selecting a field placement. The ideas found in this section are based on information received from students who have previously completed the field placement requirement and from information found in research related to field placement and supervision.

### **“Haste Makes Waste!”**

All too often, students are in such a rush to finish the program that they miss out on some important aspects of the learning process. For example, when selecting a placement, students tend to focus on “getting the hours over with” rather than focusing on their interests or particular career goals. You should be aware that where you complete your field placement has important networking implications. Oftentimes, students end up with a post-graduate internship at the placement selected. Sometimes connections are made while working at the field placement that lead to future employment opportunities. So, it is important to consider your interests and career goals when selecting a field placement.

### **Applying for a Field Placement**

Some placements will ask you to send in a resume or to fill out an application; other placements will prefer a simple oral interview. Whichever the case may be, you need to be prepared to discuss your counseling skill strengths and weakness, your areas of interest in gaining experience, your career goals, etc. The interview is a chance for you to get a feel for how you might like working with that individual and whether or not the agency can provide you with the type of experience you are looking for. It is also a chance to see if you will fit in with what the agency needs insofar as skill level and experience are concerned. It’s important that you dress appropriately when you attend interviews. First impressions oftentimes leave lasting impressions. It is strongly recommended that you investigate more than one placement setting before making the final decision about where you would like to gain practical experience.

### **“Counselor, Know Thy Self!”**

It is common for people to pursue a degree in counseling because they want to help heal others, and this is a respectable goal. However, the idea of “practicing what you preach” or “healing the self” cannot be emphasized enough. As you progress through the counseling program, you will unavoidably encounter several opportunities to explore some of the unknown parts of yourself. Providing you with these opportunities is one of the responsibilities of your professors and future supervisors.

Knowing more about yourself is important because it can help you in working with clients. Perhaps you have already noticed that people who have similar issues that you have or have already worked through seem to gravitate toward you for help. We are all human, but you as a professional are charged with the ethical responsibility to do no harm to your clients. Counter-transference can be very harmful to clients and it occurs all too easily.

### **What is “Supervision” really all about?**

Students tend to feel both anxious and excited about starting their field placement. It is exciting to work with others and to help them grow and move from hurting themselves in some manner to learning to be more self-supportive. However, the learning process can also be very anxiety-provoking. It is common for students to feel insecure about learning because many of us are subtly brainwashed into thinking we must be perfect and must already know whatever it is we are trying to learn. It is difficult to reveal our sense of inadequacy and insecurities, particularly to those persons who are in an evaluative position -- our professors and our supervisors.

Research indicates that students tend to have unrealistic and inappropriate role expectations concerning their supervisors. A supervisor in the counseling profession is supposed to help you develop your therapeutic skills and help you develop your professional identity. Some of the ways s/he can accomplish this is by sharing his/her knowledge and expertise, allowing you to observe him/her in action, giving you positive as well as constructive feedback, and by being available for consultation purposes. In many ways, your supervisor has more influence than any classroom experience over your professional development because s/he serves as your “model” on how to be a therapist.

A comfortable supervisory relationship is said to be one of the most important ingredients of successful supervision. The supervisory relationship is much like the therapeutic relationship. Just as a therapist and client must work hard to establish a trusting relationship, so must a supervisor and counselor trainee. If you feel comfortable expressing your needs and sharing your concerns openly with your supervisor, chances are you have developed a good supervisory relationship. A couple of benefits of this foundation are that you will begin to feel empowered and validated and may also notice an increase in your self-esteem.

If you are not experiencing what you consider as meaningful supervision, you are encouraged to take the risk and ask for what it is you need to be different. Just like in any other type of intimate relationship, you may need to put more of yourself into it in order to get what you need.

**Appendix A**  
**Supervised Fieldwork Clinical Agreement**

**COUN 239**  
**Supervised Fieldwork Clinical Agreement**  
**MFCC and PCC Counseling Programs**

***This is NOT an interagency contract.*** *This is an agreement among the university counseling department, the supervised fieldwork setting, the clinical site supervisor, and the trainee ONLY. The Board of Behavioral Sciences requires this agreement.*

**SECTION I: DEFINITION OF TERMS**

1. “**Supervised fieldwork setting**,” is a governmental entity, a school, college or university, a non-profit and charitable IRS §501(c)(3) corporation, or a licensed health facility as defined in §4980.43(e) of the Business and Professions Code.
2. “**Clinical site supervisor**,” is a Licensed Marriage and Family Therapist (LMFT), Clinical Social Worker (LCSW), Psychologist, Licensed Professional Clinical Counselor (LPCC), or Physician (MD or DO) certified in psychiatry by the American Board of Psychiatry and Neurology as defined in §4980.45(a) of the California Business and Professions Code.
3. “**Trainee**,” is an **unlicensed** person who is currently enrolled in California State University, Fresno's Master of Science Degree program in MFCC or PCC, and has completed no less than 12-semester units of course work as specified in §4980.03(c) of the Business and Professions Code.
4. “**Supervised fieldwork experience**,” is experience within the scope of practice of a marriage and family therapist or professional clinical counselor in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions and healthy functioning and health promotion and illness prevention, in a supervised clinical placement as defined by §4980.40(b)(1) of the Business and Professions Code.
5. “**Employment**,” may be paid or voluntary. “Experience shall be gained by ... trainees either as an employee or as a volunteer ... Experience shall not be gained by trainees ... as an independent contractor” (§4980.43(b) of the Business and Professions Code). “... The clinical site supervisor may be employed by the trainee’s employer on either a paid or a voluntary basis. If such employment is on a voluntary basis, a written agreement must exist between the clinical site supervisor and the employer prior to commencement of supervision” (§18333(b)(4) of the California Code of Regulations).
6. “**Client contact**” means counseling/psychotherapy with individuals, couples, families, and groups.
7. “**Unit of supervision**.” One (1) unit of supervision consists of one (1) hour of “individual” or “triadic” supervision. Triadic supervision is defined as one (1) supervisor and two (2) supervisees for one (1) contact hour. The Board of Behavioral Sciences has deemed “individual” and “triadic” supervision to be equivalent and both are accepted as CACREP approved supervisory formats.



## SECTION II: RELATIONSHIP OF THE PARTIES

1. The *degree* program shall approve of and coordinate with the **supervised fieldwork setting**.
2. **The supervised fieldwork setting** shall coordinate with the degree program and shall employ the **trainee** and the **clinical site supervisor** in accordance with the statutes, regulations, and professional standards governing Marriage and Family Therapists and Professional Clinical Counselors.
3. **The clinical site supervisor** shall be employed by the **supervised fieldwork setting** and shall provide supervision of the **trainee's supervised fieldwork experience** in compliance with the statutes, regulations, and professional standards governing Marriage and Family Therapists and Professional Clinical Counselors.
4. **The trainee** is a student of the degree program, is employed by or is a volunteer of the **supervised fieldwork setting**, and is supervised by the **clinical site supervisor** in accordance with the statutes, regulations, and professional standards governing Marriage and Family Therapists and Professional Clinical Counselors.

## SECTION III: GOALS OF THE SUPERVISED FIELDWORK EXPERIENCE

1. To **provide** an integrated course of studies that train students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.
2. To **train** students specifically in the application of marriage and family relationship counseling principles and methods.
3. To **encourage** students to develop those personal qualities intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.
4. To **teach** students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.
5. To **prepare** students to be familiar with cross-cultural mores and values, and to design practica to include marriage, family, and child counseling experiences in low-income and multi-cultural health settings.
6. To **educate** students in the therapeutic, clinical, and practical considerations involved in the legal and ethical practice of Marriage and Family Therapy and Professional Clinical Counseling.
7. To **gain** supervised experience within the scope of practice of Marriage and Family Therapy and/or Professional Clinical Counseling in a supervised clinical placement.

## SECTION IV: RESPONSIBILITIES OF THE PARTIES

### 1. THE DEGREE PROGRAM

- a. shall approve the supervised **fieldwork setting** for each **trainee**.
- b. shall have this written agreement with the **supervised fieldwork setting** that details each party's responsibility, including the methods by which supervision will be provided.

- c. shall provide forms for regular process reports and evaluation of the student's performance at each **supervised fieldwork setting**.
- d. shall coordinate the terms of this agreement with each of the named parties.
- e. shall evaluate the appropriateness of the **supervised fieldwork experience** for each **trainee** in terms of the educational objectives, clinical appropriateness and scope of the license of a Marriage and Family Therapist (MFT) and/or Professional Clinical Counselor (PCC) as set forth in §4980.02 of the Business and Professions Code.

\_\_\_\_\_ **Initials of the Representative of the Degree Program**

**2. THE SUPERVISED FIELDWORK SETTING (MAY BE DIFFERENT FROM CLINICAL SITE SUPERVISOR)**

- a. shall provide the **trainee** and the **clinical site supervisor** with the documentation necessary to verify to the Board of Behavioral Science that the placement is one that is defined in law, that the **trainee** is employed in the manner required by law and a description of the duties performed by the **trainee** fall within the scope of the license of an MFT or PCC.
- b. shall appropriately evaluate the qualifications and credentials of any employee who provides supervision to MFT/PCC trainees.
- c. shall provide adequate resources to the **trainee** and the **clinical site supervisor** in order that they may provide clinically appropriate services to clients.
- d. shall **orient** the **trainee** and **clinical site supervisor** to the policies and practices of the agency.
- e. shall notify the degree program in a timely manner of any difficulties in the work performance of the student.
- f. shall **provide** the **trainee** and the **clinical site supervisor** with an emergency response plan which assures the safety and security of **trainee, clinical site supervisor**, and trainee's clients.
- g. shall provide the trainee with a minimum of one unit of direct clinical site supervisor contact for each week of experience claimed within the scope of practice of an MFT/PCC.

\_\_\_\_\_ **Initials of the Representative of the Fieldwork Setting**

**3. THE CLINICAL SITE SUPERVISOR**

- a. shall sign and abide by the "Responsibility Statement for Supervisors of the MFT/PCC License" as described in §1833.1 of the California Code of Regulations (CCR).
- b. shall describe in writing the methods by which supervision will be provided.
- c. shall provide an average of one (1) unit per week of individual and/or triadic supervision throughout the duration of the field placement.
- d. in accordance with Business & Professions Code §4980.43(c): (if the trainee is counting hours toward licensure) shall provide an average of at least one (1) unit

of direct **clinical site supervisor** contact for every five (5) hours of **client contact**. This means one (1) unit of face-to-face contact on an individual basis or one (1) unit of triadic supervision in a one-hour group of not more than two (2) supervisees.

- e. shall provide regular progress reports and evaluations of the student's performance at the site to the degree program.
- f. shall abide by the ethical standards for clinical site supervisors promulgated by the American Counseling Association (ACA) and the California Association of Marriage and Family Therapists (CAMFT).
- g. shall review and sign the experience log required by §1833(e) of the CCR on a **weekly** basis as set forth in §1833(c) of the CCR.
- h. shall sign the experience verification form required for licensure except as set forth in §1833.1(c) of the CCR.
- i. shall provide the degree program with a current copy of their license and resume at all times. Notify the degree program and the **trainee** of any action that may affect his/her license immediately.

\_\_\_\_\_ **Initials of the Clinical Site Supervisor**

#### 4. THE TRAINEE

- a. shall obtain and retain the "Responsibility Statement for Supervisors of the MFT/PCC License" within 30 days after commencing this **supervised fieldwork experience** and provide a copy to the degree program.
- b. shall maintain a log of all hours of experience gained toward licensure as required by §1833(e) of the CCR.
- c. shall be responsible along with their **clinical site supervisor** for providing complete and accurate documentation to the Board of Behavioral Science in order to gain hours of experience towards licensure.
- d. shall be responsible for learning those policies of the **supervised fieldwork setting** which govern the conduct of regular employees and trainees, and for complying with such policies.
- e. shall be responsible for participating in the periodic evaluation of his or her **supervised fieldwork experience** and delivering it to the degree program.
- f. shall be responsible for notifying the degree program in a timely manner of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities.
- g. shall abide by the ethical standards of the American Counseling Association (ACA) and the California Association of Marriage and Family Therapists (CAMFT).

\_\_\_\_\_ **Initials of the Trainee**

## 5. THE UNIVERSITY SUPERVISOR

- a. The faculty supervisor will support trainees' understanding and application of the Code of Professional Ethics for Counselors and American Counseling Association Code of Ethics.
- b. The faculty supervisor review advancement of trainees' fieldwork progress on a regular basis.
- c. The faculty supervisor makes contact with the field-site supervisor at least one time each semester via site visit, phone, and/or electronic communication.
- d. The faculty supervisor will structure and facilitate weekly group supervision meetings (minimum 1½ hours).
- e. The faculty supervisor will address concerns, in collaboration with the student and site supervisor, related to unsatisfactory performance.

\_\_\_\_\_ **Initials of the University Supervisor**

## SECTION V: METHODS OF SUPERVISION

Per §1833.1(a)(6) of the CCR, the **clinical site supervisor** must monitor the quality of counseling or psychotherapy performed by the **trainee** by direct observation, audio or video recording, review of progress and process notes or records or by any other means deemed appropriate by the **clinical site supervisor**. The **clinical site supervisor** shall inform the **trainee** prior to the commencement of supervision of the methods by which the **clinical site supervisor** will monitor the quality of counseling or psychotherapy being performed.

Clinical site supervisor, please check all those appropriate. (✓)

_____ Audio Tape	_____ Video Tape
_____ Process and Progress Notes	_____ Student Verbal Report
_____ Role Play	_____ Direct Observation
_____ Other (Describe) _____	

## SECTION VI: EVALUATIONS

### 1. PERIOD OF EVALUATION (✓)

\_\_\_\_\_ Semester \_\_\_\_\_ Summer Session

### 2. EVALUATORS (✓)

\_\_\_\_\_ Clinical Site  
Supervisor \_\_\_\_\_ Trainee \_\_\_\_\_ Program Advisor  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

## SECTION VII: ADDITIONS

- a. TERMINATION. The expectation of all parties is that the **trainee** will complete the term of this agreement. Termination of this agreement with cause shall be in accordance with the academic policies of the degree program or the employment or volunteer policies of the **supervised fieldwork setting**. Any party may terminate this agreement without cause by giving all other parties seven (7) days' notice of the intention to terminate. Termination of this agreement on the part of the trainee or clinical site supervisor is separate from termination of his or her employment at the **supervised fieldwork setting**. Termination of the trainee's or clinical site supervisor's employment or this agreement must consider the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is an early termination of this agreement on the part of the **trainee**, the **supervised fieldwork setting**, or the **clinical site supervisor** that such a decision must include consultation with the degree program.
- b. CHANGES IN THE AGREEMENT. This agreement may be amended at any time but any amendment must be in writing and signed by each party. This agreement contains the entire understanding of the parties regarding their rights and duties. Any alleged oral representation or modification concerning this agreement shall be of no force or effect unless contained in a subsequent written modification signed by all parties.

**This is NOT an interagency contract.** The interagency contract between the University (which houses the **degree program**) and the agency (which houses the **supervised fieldwork setting**) is a separate document which includes legal indemnification statements for both parties.

**SECTION VIII: TERM OF THE AGREEMENT**

From \_\_\_\_\_ To \_\_\_\_\_ (Dates are subject to modification)

**Amendments to Dates:**

University Supervisor,  
please "initial" all  
amended dates.

\_\_\_\_\_

**SECTION IX: SIGNATURES**

\_\_\_\_\_  
Clinical Site Supervisor                      Date

\_\_\_\_\_  
Trainee    Date

\_\_\_\_\_  
Representative of                              Date  
Degree Program

\_\_\_\_\_  
Representative of                              Date  
Work Setting

\_\_\_\_\_  
Professor of Counseling  
Title

\_\_\_\_\_  
Title

## **Appendix B**

### **Site - Supervisor - Terms of Experience**

**COUN 239**  
**Site - Supervisor - Terms of Experience**  
**MFCC and PCC Counseling Programs**  
**AKA: "SST Form"**

**This is NOT an interagency contract.** This is an agreement among the university counseling department, the supervised fieldwork setting, the clinical site supervisor, and the trainee **ONLY**. The Board of Behavioral Sciences requires this agreement.

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

**Site Information**

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_, CA ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Web Site: \_\_\_\_\_  n/a

**Supervisor Information**

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

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

City: \_\_\_\_\_, CA ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  n/a

Web Site: \_\_\_\_\_  n/a

E-mail: \_\_\_\_\_

License Type:  MFT  LPCC  LCSW  Psychologist  Psychiatrist

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

My license is current and in "good standing" with the licensing board.  Yes  No



Per BBS supervision rules, I have been licensed for at least two years.	<input type="checkbox"/> Yes <input type="checkbox"/> No																															
If <b>MFT, LPCC and LCSW ONLY</b> , have you completed the BBS required Supervision Course during this current license renewal period? (see note below)	<input type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>SUPERVISION COURSE REQUIREMENT; "Supervisor Responsibility Statement":</b> "I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision."																																
If this is a <i>non-profit setting</i> , can you provide an IRS form 501(c)(3) required for BBS verification? <i>This is required for trainee work in non-profit settings.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																															
Supervision requires that you sign the "Supervisor Responsibility Statement" (provided). <i>"I have read the document and agree to the terms listed thereon."</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>Terms of Experience</b>																																
It is <i>anticipated</i> that the trainee will work _____	hours per week at this site.																															
The trainee experience will <b>begin</b> on (date):																																
The trainee experience will <b>end</b> on (date):																																
<b>Please note:</b> The beginning and ending dates may be modified for any reason deemed necessary by the Site Supervisor in consultation with the University Supervisor.																																
<b>Anticipated Treatment Provided and Client Population Served</b>																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Types of Clients:</th> <th colspan="2" style="text-align: center;">Anticipated Contact:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Adult Individuals</td> <td style="width: 15%;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td><input type="checkbox"/> Couples</td> <td></td> <td style="text-align: center;">%</td> </tr> <tr> <td><input type="checkbox"/> Families</td> <td></td> <td style="text-align: center;">%</td> </tr> <tr> <td><input type="checkbox"/> Children</td> <td></td> <td style="text-align: center;">%</td> </tr> <tr> <td><input type="checkbox"/> Adolescents</td> <td></td> <td style="text-align: center;">%</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL</b></td> <td style="text-align: center;"><b>100</b></td> <td style="text-align: center;"><b>%</b></td> </tr> </tbody> </table>	Types of Clients:	Anticipated Contact:		<input type="checkbox"/> Adult Individuals		%	<input type="checkbox"/> Couples		%	<input type="checkbox"/> Families		%	<input type="checkbox"/> Children		%	<input type="checkbox"/> Adolescents		%	<b>TOTAL</b>	<b>100</b>	<b>%</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Client Diversity Typical for Agency:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Hispanic</td></tr> <tr><td><input type="checkbox"/> African-American</td></tr> <tr><td><input type="checkbox"/> Asian-American</td></tr> <tr><td><input type="checkbox"/> Native American</td></tr> <tr><td><input type="checkbox"/> Disabled</td></tr> <tr><td><input type="checkbox"/> Economically Disadvantaged</td></tr> <tr><td><input type="checkbox"/> Gay/Lesbian/Bi-sexual</td></tr> <tr><td><input type="checkbox"/> Immigrant</td></tr> </tbody> </table>	Client Diversity Typical for Agency:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Native American	<input type="checkbox"/> Disabled	<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> Gay/Lesbian/Bi-sexual	<input type="checkbox"/> Immigrant	<p>Potential hours of <b>GROUP COUNSELING</b> per week (if any):</p>
Types of Clients:	Anticipated Contact:																															
<input type="checkbox"/> Adult Individuals		%																														
<input type="checkbox"/> Couples		%																														
<input type="checkbox"/> Families		%																														
<input type="checkbox"/> Children		%																														
<input type="checkbox"/> Adolescents		%																														
<b>TOTAL</b>	<b>100</b>	<b>%</b>																														
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<input type="checkbox"/> Hispanic																																
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<input type="checkbox"/> Gay/Lesbian/Bi-sexual																																
<input type="checkbox"/> Immigrant																																
<b>On-Site Supervision</b>																																
<b>(a minimum of 1 "unit" is required each week that work is performed)</b>																																
Trainee will receive		hour(s) of <b>individual supervision</b> (1 supervisor and 1 trainee) in supervision per week ( <b>1 hour = 1 "unit"</b> ).																														
Trainee will receive		hour(s) of <b>group supervision</b> (1 supervisor and maximum 8 trainees) in supervision per week ( <b>2 hours = 1 "unit"</b> ).																														
Trainee will receive		hour(s) of <b>triadic supervision</b> (1 supervisor and maximum 2 trainees for 1-hour supervision per week. ( <b>1 hour = 1 "unit"</b> ).																														
I will be signing-off hours for licensure at the end of the traineeship.	<input type="checkbox"/> Yes <input type="checkbox"/> No																															

I will provide trainee with at least one (1) form of "live supervision" (audio recording, video recording, observation, co-therapy, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the BBS "trainee supervision ratio" applies to this fieldwork placement and is expected to be followed: <b>1-unit of supervision is to be provided for each 5-hours of client contact.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that this site is expected to provide equal opportunities for all trainees and will remain free of discrimination or harassment in any form.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADDITIONAL COMMENTS/REQUIREMENTS:** If no additional comments are added in this section, please check here  and initial \_\_\_\_\_.

**This is NOT an interagency contract.** The interagency contract between the University (which houses the **degree program**) and the agency (which houses the **supervised fieldwork setting**) is a separate document which includes legal indemnification statements for both parties.

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

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSUF Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 09-02-2019

## **Appendix C**

### **Activity Log**

**COUN 239 - ACTIVITY LOG**  
**MFCC and PCC Counseling Programs**  
**NOT for Logging BBS hours for the MFT license. This is for COUN 239!**

Name: _____	Page Number: _____
Site: _____	Supervisor: _____
Semester: _____	Year: _____

<b>Activity</b>	Week of: (e.g., 9/6, 9/13, 9/20, etc.)												<b>Total Hours</b>
Family Counseling													
Couples Counseling													
Child/Adol. Counseling													
Ind. Adult Counseling													
Group Counseling													
<b>Face-to-Face Total</b>													
Telephone Counseling													
*Individual Supervision													
*Triadic Supervision													
** Reports/Meetings													
<b>Total Per Week (F2F total + others)</b>													

\* An average of 1 "unit" of individual/triadic supervision must be provided each week of counseling.  
 \*\* Includes writing case notes, case coordination and staff meetings, and agency training.

**NOTE:** For every 3 units of fieldwork (300 hours) 150 logged hours must be face-to-face experience in counseling individuals, couples, families, and groups. A minimum of 10 of hours for the entire 600-hour requirement must be in group counseling.

**Total Hours with Diversity Clients:** \_\_\_\_\_ **Ethnicity(ies):** \_\_\_\_\_  
 Gay/lesbian/bisexual: \_\_\_\_\_  
 Disabled (note disability): \_\_\_\_\_

Date 75 hours completed: _____	Date Reviewed by University Supervisor: _____
Date 150 hours completed: _____	Date Reviewed by University Supervisor: _____
Date 225 hours completed: _____	Date Reviewed by University Supervisor: _____
Date 300 hours completed: _____	Date Reviewed by University Supervisor: _____
Date 375 hours completed: _____	Date Reviewed by University Supervisor: _____
Date 450 hours completed: _____	Date Reviewed by University Supervisor: _____
Date 600 hours completed: _____	Date Reviewed by University Supervisor: _____

Date 150 Face-To-Face counseling hours completed: _____	Univ. Supervisor Initial: _____
Date 300 Face-To-Face counseling hours completed: _____	Univ. Supervisor Initial: _____
Date 10 hours Group experience completed: _____	Univ. Supervisor Initial: _____

Revised 09-02-2019

## **Appendix D**

### **Final Evaluation of Trainee**

# Final Evaluation of Counselor Trainee

(to be completed by Approved Site Supervisor)

Counselor Trainee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agency/Organization: \_\_\_\_\_  
 Traineeship beginning \_\_\_\_\_ and ending \_\_\_\_\_

**SUPERVISOR:** Please evaluate the counselor trainee for this field placement by using the following rating scale. Please write comments where appropriate.

- 1 - below level of performance for this placement and needs much improvement.
- 2 - needs some improvement in the level of performance.
- 3 - performing at expected level.
- 4 - performing above expected level.

KNOWLEDGE				
1	2	3	4	Theoretical knowledge of counseling and marital, family, and child Counseling.
1	2	3	4	Techniques of counseling psychotherapy.
1	2	3	4	Community resources and referral procedures.
1	2	3	4	Ability to formulate and implement a treatment plan.

SKILLS				
1	2	3	4	Sensitive to matters of diversity; effective in working With clients from diverse social and/or cultural populations.
1	2	3	4	Maintains clear limits and control while encouraging initiative.
1	2	3	4	Diagnoses accurately, shows understanding of personal/family dynamics.
1	2	3	4	Communicates clearly with clients regarding feelings/thoughts/actions.
1	2	3	4	Knows personal limits and when to seek consultation or make referrals.
1	2	3	4	Confronts appropriately defenses, distortions, and discrepancies.
1	2	3	4	Uses personal experiences/self-disclosure properly.
1	2	3	4	Devises effective directives or plans for change.
1	2	3	4	Uses a variety of counseling techniques/strategies.
1	2	3	4	Terminates cases appropriately and when indicated.
1	2	3	4	Writes timely and orderly reports which are clinically accurate.
1	2	3	4	Makes clear case presentations during staffing meetings.

**OVERALL EVALUATION:**

Supervisor believes the counselor trainee has completed the fieldwork with the following level of competence (please circle the point on the rating scale which reflects your assessment, based on the traditional A - F grading system):

<b>Very Competent</b>					<b>Incompetent</b>		
<b>A</b>	<b>A-</b>	<b>B+</b>	<b>B</b>	<b>B-</b>	<b>C</b>	<b>D</b>	<b>F</b>
<b>GRANT COURSE CREDIT</b>					<b>NO CREDIT ISSUED</b>		

This rating will assist the CSUF faculty supervisor in determining a grade for this experience and will be considered “advisory” input. Responsibility for the final grade rests exclusively with the CSUF faculty supervisor.

**SUPERVISOR COMMENTS:** Please write a brief comment, especially regarding the counselor trainee's work with couples, families, and children.

SUPERVISOR'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DEGREE/LICENSE: \_\_\_\_\_

**COMMENTS BY COUNSELOR TRAINEE:**

TRAINEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CSUF SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Appendix E**  
**Trainee Evaluation of Field Placement**





**Appendix F**  
**Trainee Evaluation of Field Supervisor**

## Field Supervisor Evaluation

Student Name \_\_\_\_\_ Class \_\_\_\_\_ Semester \_\_\_\_\_

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

	<b>Strongly disagree</b>		<b>Somewhat agree</b>			<b>Strongly agree</b>	
	1	2	3	4	5	6	7
1. Provides me with useful feedback regarding counseling behavior.	1	2	3	4	5	6	7
2. Helps me feel at ease with the supervision process.	1	2	3	4	5	6	7
3. Makes supervision a constructive learning process.	1	2	3	4	5	6	7
4. Provides me with specific help in areas I need to work on.	1	2	3	4	5	6	7
5. Addresses issues relevant to my current concerns as a counselor.	1	2	3	4	5	6	7
6. Helps me focus on new alternative counseling strategies that I can use with my clients.	1	2	3	4	5	6	7
7. Helps me focus on how my counseling behavior influences the client.	1	2	3	4	5	6	7
8. Encourages me to try alternative counseling skills.	1	2	3	4	5	6	7
9. Structures supervision appropriately.	1	2	3	4	5	6	7
10. Adequately emphasizes the development of my strengths and capabilities.	1	2	3	4	5	6	7
11. Enables me to brainstorm solutions, responses, and techniques that would be helpful in future counseling situations.	1	2	3	4	5	6	7
12. Enables me to become actively involved in the supervision process.	1	2	3	4	5	6	7
13. Makes me feel accepted and respected as a person.	1	2	3	4	5	6	7
14. Deals appropriately with the affect in my counseling sessions.	1	2	3	4	5	6	7
15. Deals appropriately with the content in my counseling sessions	1	2	3	4	5	6	7
16. Motivates me to assess my own counseling behavior.	1	2	3	4	5	6	7

	<b>Strongly disagree</b>		<b>Somewhat agree</b>			<b>Strongly agree</b>	
17. Conveys competence.	1	2	3	4	5	6	7
18. Is helpful in critiquing report writing.	1	2	3	4	5	6	7
19. Helps me use tests constructively in counseling.	1	2	3	4	5	6	7
20. Appropriately addresses interpersonal dynamics between self and counselor.	1	2	3	4	5	6	7
21. Can accept feedback from counselor.	1	2	3	4	5	6	7
22. Helps reduce defensiveness in supervision.	1	2	3	4	5	6	7
23. Enables me to express opinions, questions, and concerns about my counseling.	1	2	3	4	5	6	7
24. Prepares me adequately for my next counseling session.	1	2	3	4	5	6	7
25. Helps me clarify my counseling objectives.	1	2	3	4	5	6	7
26. Provides me with the opportunity to adequately discuss the major difficulties I am facing with my clients.	1	2	3	4	5	6	7
27. Encourages me to conceptualize in new ways regarding my clients.	1	2	3	4	5	6	7
28. Motivates me and encourages me.	1	2	3	4	5	6	7
29. Challenges me to accurately perceive the thoughts, feelings, and goals of my client and myself during counseling.	1	2	3	4	5	6	7
30. Gives me the chance to discuss personal issues related to my counseling.	1	2	3	4	5	6	7
31. Is flexible enough for me to be spontaneous and creative.	1	2	3	4	5	6	7
32. Focuses on the implications and consequences of specific behaviors in my counseling approach.	1	2	3	4	5	6	7
33. Provides suggestions for developing my counseling skills.	1	2	3	4	5	6	7
34. Encourages me to use new and different techniques when appropriate.	1	2	3	4	5	6	7
35. Helps me to define and achieve specific concrete goals for myself during the practicum experience.	1	2	3	4	5	6	7

	<b>Strongly disagree</b>		<b>Somewhat agree</b>			<b>Strongly agree</b>	
36. Gives me useful feedback.	1	2	3	4	5	6	7
37. Helps me organize relevant case data in planning goals and strategies with my client.	1	2	3	4	5	6	7
38. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.	1	2	3	4	5	6	7
39. Allows and encourages me to evaluate myself.	1	2	3	4	5	6	7
40. Explains the criteria for evaluation clearly and in behavioral terms.	1	2	3	4	5	6	7
41. Applies criteria fairly in evaluating my counseling performance.	1	2	3	4	5	6	7

**Additional comments:**

This form was developed by Janine M. Bernard (1976; revised, 1981).

## **Appendix G**

### **Trainee Evaluation of University Supervisor**

## University Supervisor Evaluation

Student Name \_\_\_\_\_ Class \_\_\_\_\_ Semester \_\_\_\_\_

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

	<b>Strongly disagree</b>		<b>Somewhat agree</b>		<b>Strongly agree</b>		
1. Provides useful feedback regarding cases presented.	1	2	3	4	5	6	7
2. Makes supervision a constructive learning process.	1	2	3	4	5	6	7
3. Offers new alternative counseling strategies.	1	2	3	4	5	6	7
4. Structures available supervision time appropriately.	1	2	3	4	5	6	7
5. Allows for brainstorming of solutions, responses, and techniques that would be helpful in future counseling situations.	1	2	3	4	5	6	7
6. Makes me feel accepted and respected as a person.	1	2	3	4	5	6	7
7. Motivates me to assess my own counseling behavior.	1	2	3	4	5	6	7
8. Conveys competence.	1	2	3	4	5	6	7
9. Can accept feedback from trainees and group.	1	2	3	4	5	6	7
10. Helps reduce defensiveness in supervision.	1	2	3	4	5	6	7
11. Enables me to express opinions, questions, and concerns about my counseling.	1	2	3	4	5	6	7
12. Encourages me to conceptualize cases in new ways.	1	2	3	4	5	6	7
13. Focuses on the implications and consequences of specific behaviors in my counseling approach.	1	2	3	4	5	6	7
14. Provides suggestions for developing my counseling skills.	1	2	3	4	5	6	7

**Additional comments:**

This form was adapted from Janine M. Bernard (1976; revised, 1981).



## **Appendix H**

### **Employer Evaluation of CSUF Counselor Education Program**

## Employer/Supervisor Evaluation of the California State University, Fresno MFCC Program

Please indicate if your position:      **Employer**\_\_\_\_\_      **Supervisor**\_\_\_\_\_

**Please rate, to the best of your knowledge, the degree to which you are satisfied with the supervisee's and/or graduate's educational training and clinical expertise in terms of the areas of knowledge and skill presented below. The higher the number circled, the greater your satisfaction with the acquired knowledge and skill.**

	Category	Satisfaction					
		Low			High		
1.	Knowledge and understanding of human behavior	1	2	3	4	5	N/A
2.	Ability to counsel individuals	1	2	3	4	5	N/A
3.	Ability to counsel in groups	1	2	3	4	5	N/A
4.	Ability to counsel with families	1	2	3	4	5	N/A
5.	Knowledge and understanding of laws related to the counseling profession	1	2	3	4	5	N/A
6.	Knowledge and understanding of learning theory	1	2	3	4	5	N/A
7.	Ability to counsel with culturally different clients	1	2	3	4	5	N/A
8.	Ability to counsel with clients of different ages	1	2	3	4	5	N/A
9.	Ability to counsel with members of the other gender	1	2	3	4	5	N/A
10.	Ability to utilize effective clinical judgment in the assessment of client needs	1	2	3	4	5	N/A
11.	Knowledge and understanding of the limitations of tests, including age, cultural and sex differences	1	2	3	4	5	N/A
12.	Knowledge and understanding of different life styles	1	2	3	4	5	N/A
13.	Knowledge and understanding of occupational and career trends	1	2	3	4	5	N/A
14.	Ability to accurately diagnose and develop treatment plans	1	2	3	4	5	N/A
15.	Knowledge and understanding of preventive or developmental counseling	1	2	3	4	5	N/A
16.	Ability to assess needs and develop programs to meet the needs of organizations and/or individuals	1	2	3	4	5	N/A
17.	Ability to consult with other professionals to meet the needs of organizations and/ or individuals	1	2	3	4	5	N/A
18.	Understanding of and ability to follow professional ethics in the field	1	2	3	4	5	N/A

**The N/A (not applicable) response is appropriate for categories that are not included in your professional work assignment.**

What do you like most about the way the MFCC Program prepared your employee(s)?

What do you like the least about the way the MFCC Program prepared your employee(s)?

What changes would you recommend for the MFCC Program?

In general, how well do you feel the graduate(s) I hired was/were prepared by the MFCC Program.

**Demographic Information:**

1. Name of firm/agency: \_\_\_\_\_
2. Your position: \_\_\_\_\_
3. Focus/goal of program: \_\_\_\_\_
4. Type of clients served: \_\_\_\_\_
5. Name of graduate(s) hired: \_\_\_\_\_
6. Position/ title of graduate(s): \_\_\_\_\_
7. Date graduate(s) hired: \_\_\_\_\_
8. # of graduates hired in past year: \_\_\_\_\_

Thank you very much for taking the time to complete this survey. We appreciate your cooperation and your continued support of the Counselor Education Program.

**Appendix I**  
**Trainee Folder Paperwork Inventory**  
**and**  
**Folder Assembly Completion Checklist**

**COUN 239**  
**Trainee Paperwork Inventory**  
**MFCC and PCC Counseling Programs**

Trainee: \_\_\_\_\_

Date Items Received			Requirements to be Submitted
Fall	Spring	Summer	
			Interagency Contract in place (Expires: _____)
			Field Placement Information Sheet
			Field Placement Clinical Agreement
			Site - Supervisor - Terms of Experience Form
			Insurance Coverage Form (copy of Face Sheet)
			Copy of Supervisor's License
			Case write-up report(s)
			Final Evaluation of Trainee
			Trainee Evaluation of Field Placement
			Trainee Evaluation of Field Supervisor
			Trainee Evaluation of University Supervisor
			Employer Evaluation of MFCC Program
			Activity Log Completed

**Contacts with Site Supervisor:**

Phone Contacts	#	Date/Time	Notes:
	1		
	2		
Field Site Visits	1		
	2		

**COUN 239**  
**Folder Assembly Completion Checklist**  
**MFCC and PCC Counseling Programs**

Trainee: _____	Date: _____
Field Site: _____	Semester: _____

Field Placement Data File	Present in Folder?	Notes
---------------------------	--------------------	-------

**LEFT SIDE OF FOLDER**

1. Field Placement Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Course Completion Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Site - Supervisor - Terms of Experience Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Supervised Fieldwork Clinical Agreement <input type="checkbox"/> 4 Initials <input type="checkbox"/> 4 Signatures <input type="checkbox"/> B/E dates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Supervisor License	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current
6. Supervisor Responsibility Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. 501(c) 3 for non-profit organizations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	

**RIGHT SIDE OF FOLDER**

8. COUN 239 Attendance Log	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current
9. CSUF Experience Log (Excel <b>Original</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current
10. BBS Experience Log ( <b>Copy</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Current
11. Trainee Evaluation of Filed Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
12. Field Supervisor Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
13. University Supervisor Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
14. Final Evaluation of Counselor Trainee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
15. Empl/Supv Eval of MFCC Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
16. Case Write-up ( <b>1 for each grading period</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
17. Supervisor Correspondence/Email	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
18. Student Malpractice Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Expires:</b> _____

CSUF Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

- This is an interim review.
- This is a final review

## **Appendix J**

### **Trainee Documents: Folder Assembly**

**COUN 239**  
**Trainee Documents: Folder Assembly**  
**MFCC and PCC Counseling Programs**

LEFT SIDE OF FOLDER	RIGHT SIDE OF FOLDER
Field Placement Information Sheet	Class Attendance/Activity Record
Folder Assembly Completion Form	Log (CSUF)
Site - Supervisor - Terms of Experience Form	Log (BBS)
Supervised Fieldwork Clinical Agreement	All Evaluation forms
Supervisor License	Case Write-Up(s)
Supervisor Responsibility Statement	Correspondence/Email
	Your Malpractice Insurance Course Completion Checklist <b>INSERT THIS PAGE HERE</b>