



# Master of Arts in Counseling Practicum/ Internship Manual 2019

Judy Richards, Ph.D., LPCC, MFT  
Faculty, Addiction Studies Coordinator  
Phone: 408-356-6889, Ext. 403  
Email: [jrichards@westernseminary.edu](mailto:jrichards@westernseminary.edu)

Kay Bruce, Psy.D. LPCC  
System-Wide CACREP Unit Leader  
Phone: 503-517-1875  
Email: [kbruce@westernseminary.edu](mailto:kbruce@westernseminary.edu)

Morene Chow, MA  
Counseling Student Advisor, Program Assistant  
Phone: 408-356-6889 Ext. 416  
Email: [mchow@westernseminary.edu](mailto:mchow@westernseminary.edu)

San Jose Campus



[www.westernseminary.edu](http://www.westernseminary.edu)  
1.408.356.6889

# TABLE OF CONTENTS

<b>SECTION I: BECOMING AN MFT OR LPCC</b>	<b>3</b>
<ul style="list-style-type: none"><li>• General Requirements for Licensure</li><li>• Job Descriptions throughout the Licensing Process</li></ul>	
<b>SECTION II: UNDERSTANDING PRACTICUM/INTERNSHIP</b>	<b>6</b>
<ul style="list-style-type: none"><li>• What is Practicum/Internship?</li><li>• Practicum/Internship Prerequisites</li><li>• Practicum/Internship Hour Requirements</li><li>• Personal Psychotherapy Requirements</li><li>• Trainee Performance Evaluation Process</li><li>• Case Presentation Format</li></ul>	<b>9</b>
<b>SECTION III: PRACTICUM/INTERNSHIP SITE INFORMATION</b>	<b>16</b>
<ul style="list-style-type: none"><li>• Requirements for a Qualified Practicum/Internship Site</li><li>• Finding a Site: The Process</li><li>• Guidelines for Supervision of Trainees</li><li>• Practicum/Internship Paperwork Checklist</li><li>• Approved Practicum/Internship Site List</li><li>• Practicum/Internship Site Approval Form</li></ul>	<b>18</b> <b>20</b> <b>21</b> <b>23</b>
<b>SECTION IV: FORMS TO COMPLETE PRIOR TO STARTING PRACTICUM/INTERNSHIP</b>	
<ul style="list-style-type: none"><li>• Weekly Summary of Hours of Psychotherapy Received</li><li>• Group Counseling Log</li><li>• Practicum/Internship Agreement Form</li><li>• Practicum/ Internship Confidentiality Form</li><li>• Responsibility Statement for Supervisors (MFT and PCC)</li></ul>	<b>26</b> <b>27</b> <b>28</b> <b>30</b> <b>31</b>
<b>SECTION V: FORMS TO COMPLETE DURING PRACTICUM/INTERNSHIP (EACH SEMESTER)</b>	
<ul style="list-style-type: none"><li>• BBS Weekly Summary Hours of Experience</li><li>• Western Hours Log 1 &amp; 2</li><li>• Instructions for Hours Logs</li><li>• Trainee Workshops, Seminars and Training Sessions Form</li><li>• Client Confidentiality of Recording Sessions Form</li></ul>	<b>33</b> <b>34</b> <b>36</b> <b>37</b> <b>38</b>
<b>SECTION VI: FORMS TO SUBMIT AT THE END OF PRACTICUM/INTERNSHIP (FINAL SEMESTER)</b>	
<ul style="list-style-type: none"><li>• Weekly Summary of Hours of Psychotherapy Received</li><li>• Group Counseling Log</li><li>• MFT Experience Verification Form and PCC Experience Verification Form</li><li>• Info- BBS FAQ Sheet for Weekly Summary of Hours/ Verification Form</li></ul>	<b>27</b> <b>28</b> <b>39</b> <b>43</b>

# SECTION I: BECOMING AN MFT OR LPCC

This section provides a brief overview of the process of becoming a licensed Marriage and Family Therapist (MFT) and/or a Licensed Professional Clinical Counselor (LPCC) with the State of California's Board of Behavioral Sciences (BBS).

## A. General Requirements for LMFT Licensure

1. Complete an Accredited Degree Program
  - a. Western Seminary is accredited through the Northwest Commission on Colleges and Universities and is recognized by the BBS as an accredited school.
  - b. For a complete listing of accredited schools, view "Accredited Schools with MFT (and LPCC) Programs" on the BBS website.
2. Complete 3,000 Hours of Experience
  - a. Hours must be completed under a qualified supervisor over the span of at least 104 weeks.
  - b. A student pursuing the MFT license must earn at least **225 direct client contact** and may record up to 1300 of those hours, during Practicum/Internship. These hours can be applied to the 3,000 needed for licensure. Students may exceed 1300 hours but the excess will not be applied towards licensure.
  - c. Effective January 1, 2016 there are two options for categorizing supervised experience:

**Option 1:** (New streamlined categories, **most students fall in this category** –

log hours on BBS form: [http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog\\_37a-525\\_option1.pdf](http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog_37a-525_option1.pdf) Hardcopy example in manual page 33 entitled Associate Marriage and Family Therapist or Trainee Weekly Summary of Experience Hours Option 1”):

1. Minimum 1,750 hours of **direct counseling experience** including at least 500 hours gained through diagnosing and treating couples, families and children.
2. Maximum 1,250 hours of **non-clinical experience** including a combination of: direct supervisor experience, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences.

**Option 2:** (Pre-existing multiple categories – log hours on BBS form

[http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog\\_37a-527\\_option2.pdf](http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog_37a-527_option2.pdf). (Note: Individuals who wish to qualify under Option 2 must submit an Application for Licensure and Examination postmarked no later than December 31, 2020. Otherwise the applicant must qualify under Option 1):

- i. Individual Psychotherapy (No minimum or maximum hours required)
- ii. Couples, Families and Children (Minimum 500 hours – up to 150 hours may be double-counted)
- iii. Group Therapy or Counseling (Maximum 500 hours)
- iv. Telehealth Counseling (Maximum 375 hours)
- v. Workshops, seminars, training sessions, or conferences directly related to marriage, family and child counseling. (Maximum 250 hours)
- vi. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (Maximum 500 combined between vi. and vii.)
- vii. Client-Centered Advocacy (Maximum 500 combined hours between vi. and vii.)
- viii. Direct Supervisor Contact (Maximum 1,000 hours)

3. Pass Written Exams

- a. There are two MFT licensing exams:
  1. California Law and Ethics Exam
  2. California Clinical Exam

## B. General Requirements for LPCC Licensure

1. Complete an Accredited Degree Program
  - a. Western Seminary is accredited through the Northwest Commission on Colleges and Universities and is recognized by the BBS as an accredited school.
  - b. For a complete listing of accredited schools, view “Accredited Schools with MFT Programs” on the BBS website.
2. Complete 3,000 Hours of Experience
  - a. Hours must be completed under a qualified supervisor over the span of at least 104 weeks.
  - b. A student pursuing the LPCC must earn at least **280 direct client contact hours** during Practicum/Internship. These hours may be earned at the same site(s) as the MFT hours. However, the BBS does not allow LPCC candidates to count Practicum/Internship experience towards licensure.

### **Option 1 – LPCC: (New streamlined categories, most students fall in this category)**

Under the new option, the supervised work experience categories break down into two overall types:

1. Minimum 1,750 hours of **direct counseling experience**. Must include minimum of 150 hours of clinical experience in a hospital or community mental health setting
2. Maximum 1,250 hours of **non-clinical experience**. May consist of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences

### **Option 2 – LPCC: (Pre-existing multiple categories)**

- i. Direct Counseling with Individuals, Groups, Couples or Families (Maximum 1,750 hours)
- ii. Group Therapy or Counseling (Maximum 500 hours)
- iii. Telehealth Counseling (Maximum 375 hours)
- iv. Maximum 1,250 hours that include all of the following:
  - a. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling (Maximum 250 hours)
  - b. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (Maximum 250 hours)
  - c. Client-Centered Advocacy
  - d. Direct Supervisor Contact

3. Pass written exams
  - a. There are two LPCC licensing exams:
    1. California Law and Ethics Exam
    2. National Clinical Mental Health Counselor Examination

## C. Job Titles throughout the LMFT Licensing Process

Throughout the licensing process, a candidate will have several different titles. According to the BBS, these titles each have unique “job descriptions”:

1. MFT Trainee: A Marriage and Family Therapist Trainee is a student who is currently enrolled in an accredited MFT or MCFC graduate program, is unlicensed, has completed at least one year of course work including Practicum/Internship prerequisites (see Section II) and sees clients as an MFT Trainee under licensed supervision.
2. MFT Associate: An MFT Associate is an unlicensed person who holds a degree from an accredited graduate program, is registered with the BBS, and sees clients as an MFT Associate under licensed supervision.
3. LMFT: An LMFT is a Licensed Marital and Family Therapist who holds a degree from an accredited graduate program, has fulfilled the experiential requirements (3,000 hours), has passed both written exams, and has received a license from the BBS. An MFT is required to meet Continuing Education (CE) requirements each licensing period.

## D. Job Titles throughout the LPCC Licensing Process

Throughout the licensing process, a candidate will have several different titles. According to the BBS, these titles each have unique “job descriptions”.

1. PCC Trainee: A Professional Clinical Counselor Trainee is a student who is currently enrolled in an accredited LPCC graduate program, is unlicensed, has completed at least one year of coursework including Practicum/Internship prerequisites (see Section II) and sees clients as an LPCC Trainee under licensed supervision.
2. APCC: A Professional Clinical Counselor Associate is an unlicensed person who holds a degree from an accredited graduate program, is registered with the BBS, and sees clients as a Registered Associate PCC under licensed supervision.
3. LPCC: A Licensed Professional Clinical Counselor holds a degree from an accredited graduate program, has fulfilled the experiential requirements (3,000 hours), has passed both written exams, and has received a license from the BBS. An LPCC is required to meet Continuing Education (CE) requirements each licensing period.

## SECTION II: UNDERSTANDING PRACTICUM/INTERNSHIP

### Purpose

An emphasis in Western's Counseling Program is to learn while doing -- the Practicum and Internship experience. During the program, each student will complete one semester of Practicum and a minimum of two or three semesters of Internship. Clinical experience allows the student to apply their classroom learning to the practical world of actual counseling.

After completing the foundational coursework necessary, students have the opportunity to develop their skills while still involved in the classroom experience. Combining practical and academic experience provides a rich learning environment. Students have increased motivation to learn and better retention because they have a place to apply the material immediately. They ask effective and tougher questions in class motivating the faculty to be on the cutting edge in their own professional lives.

Practicum and Internships are under the close direction of both a site supervisor and an on-campus supervisor. In Practicum and Internship classes (consisting of 4-8 student peers and one faculty member) student peers and supervising faculty review audio and video recordings of the intern's work. Feedback is provided in an encouraging atmosphere assisting in the student's personal and professional growth.

### A. What is Practicum/Internship?

CN/CM 530 Practicum is your first field experience. It is designated differently than the Internship series (CN/CM 531, 532, 533) in that it requires closer supervision from the faculty Practicum supervisors – who are to make contact with the site supervisor every 2 weeks to assess the progress of the trainee. Once the student begins the Internship sequence, these frequent check-ins are not required of the faculty Internship supervisor. These courses are designed to support and educate students who are on the road to become an LMFT and/or LPCC.

The BBS requires students to be enrolled in a Practicum/Internship course in order to work with clients. Students will present clinical samples in class using the Case Presentation Format (see page 9) Once students complete the required Practicum/Internship courses (CN/CM 530, 531, 532, 533) they must enroll in a zero-credit Advanced Internship (CN/CM 539) in order to continue working with clients. On occasion a student will be hired by a Practicum/Internship site before CN/CM 530 begins. In that case, the BBS will allow a student to begin training but those hours will not count towards licensure requirements.

The BBS permits students to accrue hours during the break between semesters but not if they take a semester off from school.

### B. Confidentiality of Client Information in Clinical Training Experience

For counseling students in training, including Practicum/Internship students and counseling interns, all original counseling records must always remain the property of the agency with whom the student in training is contracted. Students may not be permitted to remove original client records from the premises of the agency. For the purposes of student training, only copies of client records, with both agency and client authorization, may be transported by the student to supervision--both individual and group, on and off-campus. The identifying information of clients should be removed or altered to protect client confidentiality in any manner that is reasonably possible. Further, copies of any recordings (video and/or audio) of counseling sessions must be protected in a HIPAA compliant manner, including storage on a secure encrypted device and transported in a locked bag. All copies of records, whether on paper or electronic, should be completely destroyed as soon as possible and within the timeframe specified in the authorization from the client.

## C. Practicum/Internship Prerequisites

Before finding a Practicum/Internship site or registering for CNS 530 a student must:

1. Complete at least one year of coursework including...
  - CN 501: Clinical Foundations: The Helping Relationship
  - CN 502: Psychotherapeutic Systems
  - CN 504: Suicide Prevention and Crisis Intervention
  - CN 505: Psychopathology
  - CN 506: Legal and Ethical Issues in Counseling
2. Complete at least 10 hours of personal psychotherapy with a licensed LMFT, LCSW, or Psy.D. or an advanced associate (with 2,000+ hours logged toward licensure). The remaining 20 of the 30 hours program requirement must be completed before graduation.
3. Have at least a 3.0 GPA
4. Receive approval from staff and faculty through the Professional Assessment of Candidates (PAC) review process.

## D. Practicum/Internship Hour Requirements

All Practicum/Internship hours must be earned at a site that is either on Western's approved site list or cleared through the Practicum/Internship site approval process. Students are permitted to work at more than one site.

1. Whether pursuing their LMFT and/or LPCC license, every student must earn at least 700 hours, including:

280 Direct, face-to-face client contact

56 Individual or Triadic site supervision

168 On campus Practicum/ Internship class supervision

Remaining Hours can include client-centered advocacy, workshops, trainings, etc. Note: Internship Hours must include Facilitation of groups.

Here are the hour requirements for Practicum and Internship semesters separately:

	<b>Direct, face-to-face Client Contact Hours</b>	<b>Total Clinical Hours</b>
Practicum (CN/CM 530)	40 Hours	100 Hours
Internship (CN/CM 531,532,533)	240 Hours	600 Hours
<b>Total Hours</b>	<b>280 Hours</b>	<b>700 Hours</b>

\* Students who are in a pre - 2019 -2020 program track must complete the BBS Requirement of at least 325 hours, including: 225 Hours Direct, face-to-face client contact, 45 Hours Clinical supervision, 30 Hours Personal Psychotherapy, and 25 hours Misc. category of client-centered advocacy, workshops, trainings, etc. (Students who entered the program before August 2012 have different hour requirements)

Students pursuing the LPCC must earn a minimum of 280 direct, face-to-face client contact hours. The LMFT and LPCC hours may be earned at the same Practicum/Internship site(s). However, the BBS does not count Practicum/Internship hours towards the total number of hours required for the LPCC. Thus, PCC students are advised to collect hours beyond the graduation requirements post-graduation.

2. Maximum Hours Accepted

LMFT students may receive a maximum of 1300 hours during Practicum/Internship. These hours will be counted by the BBS toward LMFT licensure and may include the following:

750 Counseling and Supervision

250 Administering and Evaluating Psychological Tests, Report Writing, Progress Notes, Process Notes, or Client-Centered Advocacy

250 Workshops, Seminars, Training Sessions or Conferences

## E. Paperwork

Throughout your clinical experience, you will need to complete paperwork to ensure proper documentation of your traineeship with your site, supervisor qualifications, and recording hours of experience. Please see the Paperwork Checklist on page 20 to view the necessary paperwork that must be submitted before you begin practicum, at the beginning and end of every practicum and internship semester, and at the end of your experience at a site or when you graduate.

At the end of each semester, please submit all BBS and Western Hours paperwork to the Counseling Administrative Assistant. **These must be signed and dated by both the site supervisor and the student to be valid.**

**You must accumulate at least 40 direct client contact hours in Practicum before submitting your form. Students who do not complete the 40 hours of direct client contact hours before the start of the next semester will have to repeat the Practicum course until they are able to successfully achieve the 40 hours in a single semester. All forms are due before the next semester begins. Students who fail to turn in their hours and required paperwork within the first two weeks of the next semester's internship course will be dropped from the course.**

If you continue seeing clients in between semesters (and you have already accumulated 40 direct client contact hours), count the hours you accumulate between the semesters on your next semester's hours form.

Example: Semester ends December 15<sup>th</sup>, you see a client December 19<sup>th</sup>:

- Count the December 19<sup>th</sup> hours on your spring hours forms that you will submit in April

## F. Trainee Performance Evaluation Process

At the end of each semester and before the next semester begins, the following evaluations must be completed through the Examsoft grading system:

- Evaluation you complete on yourself
- Evaluation you complete on your Site Supervisor
- Evaluation you complete on your Internship site

Your site supervisor will be asked to evaluate you each semester and to meet with you to review their evaluation. Your faculty Practicum/Internship supervisor will also review the evaluation in order to gain knowledge of your clinical strengths and to plan supportive instruction in any growth areas indicated. This form asks for assessment of your skills in the following areas:

Competency in:

- Clinical Evaluation
- Crisis Management
- Treatment Planning
- Rapport Building
- Treatment
- Human Diversity
- Law
- Ethics
- Personal Qualities
- Professional Documentation
- Professionalism
- Supervision



## CASE PRESENTATION OUTLINE

*This is a summary outline of headings for your case presentation. The subsequent pages provide greater detail for what may be covered under each of these sections.*

Date of Recorded Session:

Counselor Name:

Client Name:

Identifying Data:

Chief Complaint:

Summary of Counseling to Date (including ORS/SRS data):

Personal History:

    Early and middle childhood:

    Late childhood/Adolescence

    Adulthood:

Mental Status:

Risk or Safety Concerns:

Assessment (mental health, relational, spiritual):

Strengths and Protective Factors:

Problems List:

Client Goals:

Theoretical Conceptualization:

Recommended Treatment Plan:

Applicable Community Resources:

Prognosis:

Reason for Presenting Client:

Transcript:

**Date of Recorded Session:** Date of session to be listened to in class. Also state session XX of XX (e.g. session 7 of 8). Note the treatment setting.

**Counselor Name:** Your name. If session is done by two or more clinicians include the name of each, noting who lead the interview and who is doing the write-up.

**Client Name:** Use an alias first name only.

**Identifying Data:** Include approximate age, gender, ethnicity, marital status (e.g. married, divorced, only-child, lives at home with . . .), occupation, referral source, and whether the client came in on their own, was accompanied by someone else. (1 paragraph)

**Chief Complaint:** As stated by the patient in their own words, why they have come for assistance at this time—what are some key points or concerns. A statement should be recorded verbatim even if it doesn't make sense in the eyes of the therapist. (1 paragraph)

**History of Current Concerns:** What is the history of the chief complaint? This information can be obtained by simply asking the question, "How did all this begin?" This section should provide a comprehensive and chronological picture of the events which led up to the current moment. Include information regarding onset of current episode and events that triggered it. Impact of the problems or chief complaint on behavior should be noted. Observations regarding secondary gains can be recorded here also. (2-3 paragraphs)

**Summary of Counseling to Date:** Briefly summarize your counseling process up to the current session. Include such things as the themes of material discussed in the sessions, client's level of involvement, homework assigned and completed, and how you have handled resistance. Reflect on ORS/SRS outcome data, and comments made by client or supervisor with regard to the therapeutic alliance. (1-2 paragraphs)

**Personal History:** Concisely describe relevant personal history, important events and milestones, including family of origin dynamics. This section should be supportive of the material in the presenting problem and assessment sections. (1 page)

## BELOW ARE SOME SUGGESTIONS FOR AREAS TO COVER:

**Early and middle childhood:** Conception through age 11. Note unusual circumstances regarding conception and birth. What was the mother-child interaction? What memory themes are present? What words would the client use to describe the family atmosphere and relationships? How did the parents discipline? Favorite games or toys? What is the client's earliest memory? What was the client's early memories of school?

**Late childhood:** Ages 12 through 18. What was the nature of the client's relationships during this time? What activities did the client engage in? Was there anything which the client considered themselves particularly good at (i.e. sports, musical instruments, academics)? Was the client sexually active? Did the client use controlled or illegal substances? What was the client's role in their family? What does the client remember about school during this period? Where there any particular emotional or physical problems?

**Adulthood:**

**Cultural History:** Describe the cultural group(s) with which the client identifies, including color, culture, disability, ethnicity, national origin, gender, race, sexual orientation, or socioeconomic status.

**Marital History:** Describe history of each marriage, either legal or common law. Also include information regarding other significant relationships. Areas of dissatisfaction in the relationship should be included. For example, issues in parenting, sexuality, housing and management of money should be mentioned. How the client perceives past failures in relationships, what went wrong and who was to blame should also be noted.

**Educational History:** Did the client finish high school? By degree completion or by GED? Record the number of years of post high school education with completed certificates, diplomas and/or academic degrees. If the client did not complete a particular course of education, for example stopping after completing 3 years of a 4-year degree program, note the reasons for the change.

**Military History:** If the client has served in the military general adjustment should be commented. Including branch of military, area of service and type of discharge.

**Legal History:** Include information regarding any arrests, convictions or legal judgments that the clients has been involved with. If the client has been in prison note length of sentence and what the charges were. Comment also on the client's attitude toward his or her legal history.

**Medical History:** What medical conditions, somatic complaints, accidents, illnesses, hospitalizations, surgeries, etc. has the client experienced?

**Occupational History:** Record entire employment history including dates of start and finish. Include information regarding reasons for job changes, work-related conflicts, and feelings about current employment situation.

**Habits:** Note habits including (but not limited to) nail biting, use of nicotine, use of alcohol, use of drugs (both prescription and non), use of caffeine, and sugar consumption. If the client has a history of substance abuse record a current assessment of use.

**Past Treatment History:** Record any previous treatment for mental health issues. Note both outpatient and inpatient treatment, the duration, the reason for treatment, and the client's assessment of the effectiveness.

**Medications:** Include a summary of current and past medications. Give attention to all, but special emphasis on any psychopharmacological medications. Record dosage and length of time. Include comments regarding whether the client believes the medications are helping, and any negative side effects.

**Mental Status:** Comments regarding mental status. (1-2 descriptive paragraphs)

## BELOW ARE ITEMS TO CONSIDER INCLUDING:

**Appearance:** What is the overall physical impression conveyed to the clinician? Comment on body type, weight, height, posture, poise, clothes, grooming, hair and nails. Signs of anxiety, such as sweating and perspiring, tense posture, fidgeting and wide eyes, can be included here.

**Psychomotor activity:** quantitative and qualitative aspects of behavior including mannerisms, tics, gestures, twitches, stereotyped behavior, echopraxia, hyperactivity, agitation, combativeness, flexibility, rigidity, gait, restlessness, wringing of hands, pacing and other physical manifestations.

**Attitude:** The client's attitude toward the examiner should be noted.

**Mood:** Note whether the client offers a description of mood or whether it is the impression of the clinician. Include statements regarding depth, intensity, duration and fluctuations.

**Affect:** Patient's present emotional responsiveness. Examples include: blunted, constricted, flat, expansive or within normal range. Also note whether the emotional responsiveness seemed appropriate to the subject matter.

**Speech:** Can be described as in both quality and quantity. Talkative, voluble, unspontaneous, rapid, slow, pressured, hesitant, emotional, dramatic, monotonous, loud, whispered, slurred, staccato or mumbled are all ways to describe client speech. Unusual characteristics such as accent or rhythms should be noted.

**Perceptual disturbances:** Hallucinations and illusions are noted here. Note whether they are auditory, visual, olfactory or tactile. Circumstances and content should be described. Example question: Have you ever heard voices, seen visions or had strange sensations that others did not seem to experience?

**Thought:** Comment on thought process (how a person thinks) and thought content. Persistent negative thoughts, flight of ideas, racing, tangential, circumstantial, incoherent, and thought blocking are all common descriptions of thought process. Common description of thought content includes delusions, paranoia, preoccupation, obsessions, compulsions, phobias, suicidal, ideas of reference and poverty of content.

**Sensorium and Cognition:** Please comment on the client's consciousness, orientation, memory, capacity to read and write, visuospatial ability, abstract thinking and fund of information by summarizing any remarkable findings from the results of the Mini-Mental Status Exam (MMSE).

**Impulse control:** Record whether the clients seems able to control sexual, aggressive or other impulses.

**Judgment and insight:** With regard to judgment can the client understand consequences to behavior? Are they able to predict what might happen and make decisions based on that information? Concerning insight comment on the client's level of self-awareness, ability to recognize internal motivations and the level to which they take responsibility for their situation.

**Reliability:** Estimate the level to which the client appears to be a reliable source of information and their ability to report their situation accurately.

**Daily Activities:** What are they doing; how well; any reduction in functioning, etc.

**Risk or Safety Concerns:** Suicidal or homicidal ideation or behavior, self-harming behaviors, or reporting issues.

**Mental Health Assessment:** Include this section on the professor's copy only. Present a comprehensive DSM 5 diagnosis, with principle diagnosis listed first. Important: The diagnosis should be evident from the write-up narrative sections, and the treatment plan should naturally flow from the diagnosis. This should include both symptoms reported and symptoms observed. An experienced clinician should be able to accurately guess the diagnosis based on reading the treatment plan. Please also include notation regarding any dual diagnosis.

*For the primary diagnosis please articulate clearly the exact criteria from the DSM V that you believe supports your diagnosis.*

**Relational Assessment:** What is the client's history and current involvement with regard to friendships, social groups, participation in community activities, volunteerism, and community organizations. How do their current relationships impact their functioning?

**Spiritual Assessment:** Describe the client's spiritual life and the nature of their relationship to faith. Include any information on whether they find faith a help or hindrance, their understanding of God, sources of hope, areas of spirituality where they have indicated a need for growth. What is the client's view of God? Does the client currently attend a church or religious meeting? Did the client's parents encourage or discourage religious involvement? How do the client's religious or spiritual beliefs help or hinder them? What does the client's religious beliefs say about counseling? (1-2 paragraphs)

**Strengths and Protective Factors:** What's going well? Comments regarding client strengths can come from client's self statements and clinician's observations. Note such things are personality strengths, relational strengths, skills and job qualifications, positive family and social support, and client hopefulness.

**Problems List:** List, in order of assessed importance, client's problems. This information can be based on such a question as, "What are your top three problems right now?" The list recorded here may also include additions by the clinician. Add a note to each concerning whether it was a client self statement or a clinical observation. For example, 1. Depression (client) 2. Job situation (client) 3. Self-esteem (counselor). The list should not be longer than 6 items.

**Client's Goals:** In the client's own words record what the goals for treatment are. The question may be phrased similar to the following: "How do you think counseling could be helpful for you?"

**Theoretical Conceptualization:** Indicate the theoretical orientation you are operating from and why you have chosen that orientation for this client. Include a brief discussion describing how you conceptualize this client and presenting problem from your chosen theory. (1-2 paragraphs)

**Recommended Treatment Plan:** Include larger more long term goals (e.g. Client will report reduced severity of symptoms) as well as smaller objectives and short-term goals (e.g. Client will complete daily positive events; client will learn and practice two effective and healthy coping techniques.) Note recommendations for type of treatment, duration, need for adjunct services (i.e. support groups, church or family involvement, suicide agreements, psych testing, physical evaluation, medication, etc.).

*The adjunct services should include both interdisciplinary (i.e. medical referral, art therapy, occupational therapy) and community resources (i.e. support groups such as AA, Celebrate Recovery, etc.).*

*Your treatment plan should include goals, objectives and methods. (one-half page) The goals must be specific, measurable, action oriented, reachable and time-specific.*

**Applicable Community Resources:** Include a list of potential community resources that may assist the client in achieving their treatment plan goals.

**Prognosis:** Record your opinion regarding the probable outcome of treatment for the current disorder/problem. Briefly (1-2 sentences) support your prognosis with known positive and/or negative factors.

**Reason for Presenting Client:** Include your thoughts on transference and countertransference. What challenges do you face? Comment on why you have chosen this particular client to present and what help you desire from the group. With regard to the help you desire make your request specific. (1 paragraph)

**Transcript:** The transcript section should be 20 minutes long. Pages should be divided into two columns. The left hand column should contain the text of your counseling session. The right hand column should include your explanations, assessments and evaluations of what is transpiring in the tape. *Emphasis in grading will be placed on your ability to identify such things as thinking errors, feelings, developmental issues, transference and countertransference.* Identify individuals mentioned in the tape and number the responses. Be sure to rate your responses according the system adapted from Gazada et.al.

Each transcript presentation must include at least one interaction that you feel you handled well and one interaction that you feel you did not handle well (this may require breaking up the transcript using two sections of tape). *Mark these two sections with statements in the right hand column: Handled well and Needed improvement.* In the right hand column provide an analysis of what you felt you did in each section that was helpful or not helpful.

## TRANSCRIPT

Individuals mentioned: Sue is the client, Tom is her husband from whom she is separated, Bob is her boyfriend.

<b>Verbatim Transcript</b>	<b>Interpretive Analysis</b>
Co.1: Hi	Our sessions often start with catch up. I have worked to get the client to dig right in to the material for the session.
Cl.1: Hi, how are you?	
Co.2: Good! Well, what would you like to talk about today?	I deflected her question about myself and asked what she wanted to discuss. (CF2)
Cl.2: I've had a really tough time this week. Tim is putting me through a really difficult time with the divorce stuff. I got really angry and went over to his work and we had this big scene and all. It was pretty disgusting.	She has had trouble containing her behavior. It is not uncommon for her to follow her husband around and to argue in parking lots, at work etc.
Co.3: Sounds frustrating . . .	Reflective statement (E2)
Cl.3: Yeah, it was. I've really had it with him and all his garbage. He is so irresponsible.	She likes to blame him and go on and on with this.
Co.4: He still isn't following through on agreements?	I should have focused on her, instead I get caught in the trap of discussing him. What follows in Cl.4 is a result. (C1)
Cl.4: No!! (raising her voice and pounding her fist on the arm of the couch) He never does, it infuriates me so much	
Co.5: How have you handled your anger over this?	Attempting to get back on track. (C2)
Cl.5: Ok, I guess. I didn't hit him or anything.	She tends to minimize her behavior.
Co.6: What about going over to his work. Was that something you felt was helpful?	I attempt to confront her minimization. (CF2)
Cl.6: No, I guess it wasn't, but I didn't have a choice!	

## SECTION III: PRACTICUM/INTERNSHIP SITE INFORMATION

### A. Requirements for a Qualified Practicum/Internship Site

1. Practicum/Internship Site Requirements
  - a. Trainees may not see clients in private practice settings, even as a volunteer.
  - b. Trainees may receive a salary but may not be paid directly by clients.
  - c. Trainees may work in a non-profit or charitable corporation, school, college or university, government entity, licensed health facility, non-profit, church-based counseling center, or other non-private practice sites that provide mental-health counseling or psychotherapy and qualified supervision.
  - d. Video, audio, supervision observation and/or co-therapy supervision will be required of all authorized sites (FERPA and HIPAA compliant).
2. Supervision Requirements
  - a. Trainees must receive one hour of individual or triadic supervision per week, which is inclusive of “one unit” of qualified supervision for every five hours of psychotherapy or counseling performed. (One unit equals one hour of individual or two hours of group supervision)
  - b. Group supervision sessions shall not include more than eight persons receiving supervision.
3. Supervisor Requirements
  - a. Supervisor must be a licensed mental health professional (Marriage and Family Therapist, Licensed Professional Counselor, Clinical Social Worker, Psychologist or Physician certified in psychiatry by the American Board of Psychiatry and Neurology)
  - b. Supervisor must maintain a valid California license
  - c. Supervisor must have held that license for at least two years and practiced psychotherapy or directly supervised as part of their clinical practice for at least two years within the last five-year period immediately preceding supervision
  - d. Supervisor must complete a minimum of six hours of supervision training or coursework within two years immediately preceding supervision (or within 60 days of the commencement of supervision) and every renewal period thereafter (Psychologists and Physicians certified in psychiatry are exempt from supervision training)
  - e. Placement must be in a setting that is not a private practice. The supervisor may be employed by the registrant’s employer on either a paid or voluntary basis. An off-site supervisor must sign a letter of agreement with the agency employing the applicant.
  - f. The supervisor is a qualified individual who has never provided counseling or therapy to the trainee and who is not a close friend or family member of the trainee.

### B. Finding a Practicum/Internship Site: The Process

It is the student’s responsibility to find a Practicum/Internship placement. However, we are continuously expanding our resources to better assist students in this process.

The Counseling Program Administrative Assistant and the Field Placement Coordinator are available to assist you in finding a Practicum/Internship placement to begin CN/CM 530. Once a Practicum/Internship placement has been found, the Clinical Supervisor is the point person for case questions, the Practicum/Internship faculty is the point person for legal/ethical questions, and the Program Advisor is the point person for BBS questions. Students preparing for Practicum/Internship should:

1. Determine which kind of site you will be doing your internship at, based on your declared specialization:
  - a. Marriage, Couple, and Family Counseling
  - b. Clinical Mental Health CounselingYou will only be able to do your practicum and internship at a site that offers the experience that matches your specialization.
2. Review the Practicum/Internship Orientation Videos on the [CA Practicum/Internship Resources Page](#) in the Online Classrooms and complete the quizzes associated with each video. Communicate with the Counseling Student Advisor if questions or clarification is needed.
3. Review the Practicum/Internship Site List. If appropriate, contact the Counseling Program Administrative Assistant about pursuing a Practicum/Internship site that is not on this list.
4. Contact prospective Practicum/Internship sites. Investigate whether the site takes Trainees and if they have openings. (Note: It is important to treat this like a professional job search)
5. Prepare a professional resume highlighting your people-helping skills and a cover letter, personalized for each site.
6. Prepare for an interview.



7. Accept a site placement, notify the Counseling Student Advisor, and register for Practicum/Internship
8. Review the Practicum/Internship Paperwork Checklist.

## WHAT YOU CAN EXPECT OF THE STUDENT

Western Seminary graduate-level trainees are required to have completed the following coursework: Clinical Foundations, Suicide Prevention, Psychotherapeutic Systems, Psychopathology, Legal and Ethical Issues, and Human Life Span Development. They are also required to have completed 10 hours of personal psychotherapy prior to beginning their traineeship. Trainees will be completing at least three semesters of practical experience under the direction of both a site supervisor and an on-campus supervisor.

Western requires trainees to acquire a minimum of 700 total clinical hours to graduate (this includes a minimum of 280 direct client contact hours, 40 of which are accrued during the Practicum). Most internship sites require at least an eight-month commitment. The trainee is expected to be working on-site a total of 10-15 hours per week, including 6-7 hours per week of direct client contact.

Trainees are expected to educate themselves (which may include attending site orientation trainings) and follow the policies and procedures of the site where they are interning. Trainees are required to purchase their own liability insurance in addition to any insurance that the site may already have in place. Students are expected to follow clinical supervisory suggestions pertaining to client care or in the alternative to apprise the supervisor of any potential conflicts.

## WHAT THE STUDENT NEEDS FROM THE SUPERVISOR

The site supervisor is an experienced professional with a minimum of a Master's degree in human services, appropriate licensure or credential, and basic counseling skill competency. The supervisor shall have 2 years minimum of professional counseling experience and specialized training in supervision techniques. The supervisor assists trainees in establishing goals, assessing and evaluating professional development, and in helping trainees to become an integral part of the staff and internship setting. The supervision relationship should include discussion of transference and counter-transference issues but have clear boundaries and be free from multiple relationships. To assist the supervisor, the following objectives for practicum or internship are listed:

- 1) Guide trainees toward the acquisition of specific skills and knowledge related to direct delivery of service to a specific client population, including attention to applicable legal and ethical issues.
- 2) Assist trainees in assessing client potential, diagnosis, treatment planning, and progress evaluation.
- 3) Assist trainees in developing a list of objectives, responsibilities, and tasks specific to the agency. Negotiate terms of and co-sign a *Practicum/ Internship Agreement Form* provided by the trainee.
- 4) Include a minimum of one (1) hour of individual supervision per five (5) client contact hours per week. This supervision time requirement should be increased if the student is providing more than five client contact hours in any given week. A minimum of twelve hours of individual supervision are expected each semester at the agency setting. Group supervision is also desirable. Site supervisors and on-campus supervisors will consult every other week regarding practicum students.
- 5) Provide trainees with diverse counseling situations in which they can gain experience in practical application of methods and techniques. Students are required to average a minimum of 6-7 direct client contact hours per week.

Client contact is defined as scheduled individual, family, or group counseling sessions wherein the student bears the primary responsibility for conducting goal-oriented treatment. Both individual and group counseling experience is required. Incidental contact outside of scheduled sessions does not constitute contact.

- 6) Provide an appropriate, confidential, and safe environment in which trainees can meet with clients. Counseling facilities should be adequate to allow for audio/video recording of sessions. Trainees may conduct sessions only when an administrative or clinical member of the agency with some advanced education and training in people helping skills and crisis intervention is present in the same building. Trainees may conduct client home visits only when accompanied by a supervisor. Trainee communication with clients is limited to means provided by the agency (e.g. agency phones and/or email). If a student must return a client phone call from outside of the agency, the student trainee should first dial \*67, then enter in the client's phone number to block the counselor's phone number. In no case should a client be given a student's personal phone number or email address.
- 7) Review and sign off on the trainee's record keeping.
- 8) Assist trainees in planning for efficient use of time and resources.
- 9) Help trainees develop positive working relationships with supervisors, peers, and agencies.
- 10) As appropriate, communicate with the faculty coordinator regarding progress of the trainee.
- 11) Complete and return a Trainee Performance Evaluation as required. Western will provide these forms to you at the appropriate time toward the end of each semester. Supervisors should review the completed evaluation with the trainee prior to returning the completed evaluation to Western.
- 12) If possible, attend the practicum faire event. Western will send an invitation which will include information regarding time and place.
- 13) Meet annually with a representative of the program to discuss and evaluate internship issues.

## WHAT WESTERN NEEDS FROM THE SUPERVISOR

- ✓ A current Resume or Curriculum Vita and copies of professional licenses held by the supervisor, including documentation of training in supervision.
- ✓ A copy of the completed Internship Agreement form
- ✓ Copies of all completed Trainee Evaluation forms.

**Thank you for contributing to the professional development of our students!**

---

### SACRAMENTO

290 Technology Way, Ste 200  
Rocklin, CA 95765  
Phone: 916.488.3720  
Fax: 916.488.3735

### SAN JOSE CAMPUS

1000 S. Park Victoria Drive  
Milpitas, CA 95035  
Phone: 408.356.6889  
Fax: 408.668.2800

## PAPERWORK CHECKLIST

SUBMIT ALL PAPERWORK TO Counseling Program Assistant

Trainee Name \_\_\_\_\_ MAC Entry Term \_\_\_\_\_ Specialization  CM  CN

Site Name/Address \_\_\_\_\_

Contact/Phone \_\_\_\_\_

Practicum/ Internship Semester Dates					
530	531	532	533	539	539

### PRIOR TO REGISTERING FOR PRACTICUM:

- Documentation of Approved Site (*Site Approval Form, Non Profit Status Documentation, Site Visit by Field Placement Coordinator*)
- Proof of CAMFT Membership (*www.camft.org*) (*AAMFT, AACCC, and SVC-CAMFT optional*)
- Proof of Malpractice Liability Insurance (*a free benefit of the CAMFT student membership*) → Expiration Date: \_\_\_\_\_
- Proof of a Track Your Hours account (*www.trackyourhours.com*)
- Verification that at least 10 hours of personal psychotherapy have been completed

### DURING THE FIRST CLASS OF PRACTICUM:

- Practicum/Internship Agreement Form
- Responsibility Statement for Supervisor (*BBS Form, one per supervisor*)
- Copy of Supervisor's current license (*one per supervisor*) → Expiration Date: \_\_\_\_\_
- Copy of Supervisor's current Supervision Certification CEU (*one per supervisor*) → Expiration Date: \_\_\_\_\_
- Confidentiality Agreement (*signed in class*)

### AT THE END OF PRACTICUM, INTERNSHIP I, II, AND ADV INTERNSHIP (CN/CM 530, 531, 532, 533, 539)

	530	531	532	533	539
Weekly Summary Hours of Experience (BBS Form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours Form 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours Form 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of Semester Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### AT THE END OF YOUR PRACTICUM EXPERIENCE:

Submit the following copies and verify that your own file contains these originals along with those listed above:

- MFT/PCC Experience Verification Forms (*one per site **and** per supervisor*)
- Record of 30+ Personal/ Group Psychotherapy Hours (*Use Western form, or please include the number of hours, therapist license number, and therapist signature*)

# Practicum Site List July 2019

Site Name	City	Contact Name	Phone/ Email	Website	Description of Opportunity
<b>Golden Hills Community Counseling</b>	Brentwood	Denise Olson	(925)519-0653	<a href="http://www.goldenhills.org/ministries/counseling">www.goldenhills.org/ministries/counseling</a>	Counsel children/families who want relief from emotional/spiritual difficulties
<b>Christian Counseling Center Fremont</b>	Fremont	Sharon Campbell	(510) 896-9299	<a href="http://www.christiancounselingcenters.org">www.christiancounselingcenters.org</a>	Church-related counseling for trauma, chemical dependency & psychotherapy.
<b>Milpitas School District</b>	Milpitas	Sandra Quintana	(408) 635-2600 x 5039	<a href="https://www.musd.org">https://www.musd.org</a>	2 days per week in an elementary school
<b>Discovery Counseling Center</b>	Morgan Hill	Larry McElvain	408-778-5120	<a href="http://www.mydiscoverycc.com">www.mydiscoverycc.com</a>	Provides counseling to community in both private practice venue and all the schools in Morgan Hill. Expanding into Gilroy and possibly South San Jose. Supervision provided. Marketing encouraged.
<b>Community Health Awareness Council</b>	Mountain View		(650) 965-2020	<a href="http://www.chacmv.org/">http://www.chacmv.org/</a>	
<b>Bonita House, Casa Ubuntu</b>	Oakland	Terrence Cole		<a href="https://www.bonitahouse.org/services/Casa%20Ubuntu">https://www.bonitahouse.org/services/Casa%20Ubuntu</a>	
<b>One Life Counseling Center</b>	San Carlos	Suzanne Hughes	650-394-5155	<a href="http://onelifecounseling.org/services.com/">http://onelifecounseling.org/services.com/</a>	Provides counseling and wellness programs to individuals, schools and the community.
<b>Donaldina Cameron House</b>	San Francisco	Lisa Chow	415- 781-0401 x125	<a href="http://www.cameronhouse.org">www.cameronhouse.org</a>	Work with monolingual Chinese immigrants, age 3+. Emotional, behavioral and relational problems, domestic violence, acculturation, adjustment. Bilingual English-Chinese required, Cantonese preferred.
<b>SF Aguilas</b>	San Francisco	Eduardo Morales	415-519-4086	<a href="https://sfaguilas.org/">https://sfaguilas.org/</a>	
<b>Advent Group Ministries</b>	San Jose	Bruce Pickett	408-281-0708	<a href="http://www.adventgm.org">www.adventgm.org</a>	Work with individual, group & families from group homes & low-cost counseling center. Group supervision, as well as weekly training opportunities.
<b>Christian Counseling Center San Jose</b>	San Jose	Jeremy Easton, MaryJean Walton	408-486-9310	<a href="http://www.cccsanjose.com">www.cccsanjose.com</a>	Provides comprehensive and effective services integrated with Christian beliefs and values to the general population.

<b>Evergreen School District</b>	San Jose	Bich Nguyen-Hamilton	408-373-2250	<a href="http://www.eesd.org">www.eesd.org</a>	School-based counseling for diverse student population (K-8). August through June. Paid.
<b>Family and Children Services</b>	San Jose	Lauren Grey	Phone: (650) 372-4080	<a href="https://www.caminar.org/">https://www.caminar.org/</a>	
<b>Momentum for Mental Health</b>	San Jose	James Jurado	<a href="mailto:jjurado@mementummh.org">jjurado@mementummh.org</a>	<a href="https://www.momentumformentalhealth.org/">https://www.momentumformentalhealth.org/</a>	
<b>New Life Community Services</b>	Santa Cruz	Anna Phillips		<a href="https://www.newlifesc.org">https://www.newlifesc.org</a>	Serving low income families, and chemically addicted adults. Shelter, addiction treatment, re-entry education, other services provided.
<b>The Camp Recovery Center</b>	Scotts Valley	David MacBryde	888) 560-7943	<a href="https://www.camprecovery.com/">https://www.camprecovery.com/</a>	
<b>Sunnyvale School District</b>	Sunnyvale	Jodi Barnum	408-806-6651		
<b>Youth and Family Services</b>	Union City	Kristie Potter	510-471-3232	<a href="https://www.unioncity.org/227/Counseling">https://www.unioncity.org/227/Counseling</a>	

Dear Counseling Practicum/ Internship Trainee Site,

Western is required to ensure that hours toward our student's graduation and eventual licensure are valid and will be approved by the BBS. As a result, we are requesting specific documents and a visit to each site to interview key personnel.

We are requesting the following:

## **1. Federal Document Stating Non-Profit Status**

This will help us determine if a site is a *non-profit*, *professional*, or *regular* corporation. We are requesting copies of either of the following documents:

- **Articles of Incorporation**

This is typically a one or two-page document that gets filed with the California Secretary of State.

- **IRS Determination Letter or Application for Recognition of Exemption**

This is the letter from the IRS that informs a nonprofit organization that it has been recognized by the IRS as a tax-exempt organization.

- If your site has not yet been recognized as a tax-exempt organization by the IRS, please turn in a copy of the Application for Recognition of Exemption, to show that such an application has actually been filed with the IRS before we would allow trainees to acquire hours of experience at that site.

## **2. State License, if applicable**

If a site is required to have a state license, we would need a copy of their current license and/or certification to operate in California.

## **3. Site Visit with Personnel Interviews**

We would also like to coordinate a day and time for a site visit to talk with the key staff at each site. We would be interested in discussing the site's history, learning about current operations, and meeting all the relevant people, including the clinical supervisor(s) that work with Trainees.

- Starting September 2019, we will require that students do their internship based on the specialization they choose: Marriage, Couple, and Family Counseling or Clinical Mental Health Counseling. During the scheduled site visit, our staff would like to discuss with you what type of clinical experience your site will provide.
- We will also address any concerns you may have about the security and privacy of video and/or audio recordings made by students for the purposes of case consultation.

It will be helpful to have these requirements completed promptly. Please contact us with the appropriate person who would provide these documents, as well as the contact for scheduling a visit to your site. Please contact us with any questions or concerns. We look forward to connecting with you.

Thank you.

Bev Wiens, Ph.D., M.F.T.

Sacramento MAC Program Director  
Western Seminary, Sacramento Campus

Judy Richards, Ph.D., LPCC

San Jose Field Placement Coordinator  
Western Seminary, San Jose Campus

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

### SITE INFORMATION

- Name of Agency/School: \_\_\_\_\_
- Site Address \_\_\_\_\_
- Site Phone \_\_\_\_\_ Website/Email: \_\_\_\_\_
- Contact Person for Site: \_\_\_\_\_
  - Federal Document Stating 501(c)(3) Non-Profit Status (Attach Proof)

### INTERNSHIP PLACEMENT

- Number of positions available at site: \_\_\_\_\_ Internship positions
- Special requirements of students (male/female, prior experience etc.)

\_\_\_\_\_

### ACTIVITIES

- Please indicate the general age of clients served by the agency/school.
  - children       adolescents       young adults       adults       geriatric
- Please indicate the population or general problem area(s) the agency serves (e.g. rehabilitation, alcohol, drugs, unwed mothers, etc.):

\_\_\_\_\_

- Activities the student will have the opportunity to be involved in include:
 

<input type="checkbox"/> case management	<input type="checkbox"/> classroom guidance	<input type="checkbox"/> case presentation observation
<input type="checkbox"/> co-counseling	<input type="checkbox"/> parent education	<input type="checkbox"/> case presentation
<input type="checkbox"/> family therapy observation	<input type="checkbox"/> teacher consultation	<input type="checkbox"/> attend staff in-service training
<input type="checkbox"/> family therapy participation	<input type="checkbox"/> regular consultation	<input type="checkbox"/> attend staff meetings
<input type="checkbox"/> group observation	<input type="checkbox"/> workshop presentation	<input type="checkbox"/> record keeping
<input type="checkbox"/> group co-facilitation	<input type="checkbox"/> in-service presentation	<input type="checkbox"/> crisis counseling
<input type="checkbox"/> group facilitation	<input type="checkbox"/> rehabilitation counseling	<input type="checkbox"/> make referrals
<input type="checkbox"/> career counseling	<input type="checkbox"/> intakes/case histories	<input type="checkbox"/> other _____
<input type="checkbox"/> individual counseling	<input type="checkbox"/> assessment	
- Site Experience Offered
  - Clinical Mental Health Counseling       Marriage, Couple, and Family Counseling       Both

### SUPERVISION

- Will the agency be able to meet the minimum of 1 hour per week individual supervision?     YES     NO



- Type of Supervision Provided at Site  
 Individual     Group     Audio     Video     Direct Observation     Co-Therapy
- Will students be able to meet the minimum of 40% client contact hours?  YES     NO
- Will the student be able to make video or audio tapes at the site of his/her counseling with clients?  YES     NO
- Is equipment available for taping?  YES     NO
- What is/are the name(s) and credentials of primary supervisors? (**please provide resumes**)

## TIME REQUIREMENTS

- Do you have specific days and/or times the student must be available for work?
- Does the position require evening work? weekend work?
- How long do you prefer the student commitment to the Internship placement be?
- Please indicate stressors associated with the position

## TRAVEL

- Will the position(s) require off-site travel?  YES     NO
- Describe travel involved:
- Are vehicles provided by the site for business travel as needed?  YES     NO

## RECENT DEVELOPMENTS

- Have there been any recent changes in operating procedure or services offered?

Comments:

## ADDITIONAL REQUIREMENTS

- Western Seminary:  APPROVAL     DENIAL

Signature \_\_\_\_\_  
Practicum Site Representative

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

Signature \_\_\_\_\_  
Western Seminary Site Placement Representative

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

## QUESTIONS? CONTACT US.

Bev Wiens, Ph.D., MFT  
Sacramento MAC Program Director  
Western Seminary, Sacramento Campus  
290 Technology Way, Rocklin, CA 95765  
916-488-3720 Ext. 306 or [bwuens@westernseminary.edu](mailto:bwuens@westernseminary.edu)

Judy Richards, Ph.D., LPCC  
San Jose Field Placement Coordinator  
Western Seminary, San Jose Campus  
1000 S. Park Victoria, Milpitas, CA 95035  
408.356.6889 Ext. 403 or [jrichards@westernseminary.edu](mailto:jrichards@westernseminary.edu)

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

## SUPERVISOR INFORMATION

- Prospective Supervisor Name \_\_\_\_\_
- Address (if different from site)  
\_\_\_\_\_
- Email \_\_\_\_\_ Phone \_\_\_\_\_

## PRIMARY IDENTITY

- Therapist     Educator     Administrator     Pastoral Counselor

## TIME DEVOTED TO THERAPY:

- 0-35%     36-69%     70-100%    Weekly Case Load (in hours) \_\_\_\_\_

## PRIMARY CLIENT TYPE(S):

- Individuals     Couples     Families     Groups

## PREDOMINANT AGE SERVED

- Children     Adolescents     Adults

## LICENSE/EDUCATION INFORMATION

- Graduate Degree: \_\_\_\_\_
- Institution: \_\_\_\_\_
- Year of License Issuance: \_\_\_\_\_
- Additional Info:
  - At least two years of licensed experience
  - Practiced psychotherapy or supervised MFT/PCC Trainees/ Associates for 2 of the last 5 years
  - License is current and valid (**attach proof**)
  - Has no prior counseling relationship with the Trainee
    - Check one of the following:
      - Mandatory supervision course (**attach proof**)
      - Licensed Psychologist (no supervision course needed)

All the above information is correct. I have read and understood the guidelines for the supervision of trainees.

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

## QUESTIONS? CONTACT US.

Bev Wiens, Ph.D., MFT  
Sacramento MAC Program Director  
Western Seminary, Sacramento Campus  
290 Technology Way, Rocklin, CA 95765  
916-488-3720 Ext. 306 or [bwuens@westernseminary.edu](mailto:bwuens@westernseminary.edu)

Judy Richards, Ph.D., LPCC  
San Jose Field Placement Coordinator  
Western Seminary, San Jose Campus  
1000 S. Park Victoria, Milpitas, CA 95035  
408.356.6889 Ext. 403 or [jrichards@westernseminary.edu](mailto:jrichards@westernseminary.edu)

## SUGGESTED LOG FOR PERSONAL PSYCHOTHERAPY

**Unofficial Record** (not required by the Board of Behavioral Sciences)

The BBS currently has no official log for collecting hours of personal psychotherapy received by interns and trainees. Please use this form to keep track of the hours of personal therapy you receive and turn it into your Academic Advisor one week prior to the last week of your last Practicum semester. 10 hours of psychotherapy is required before an individual is eligible for practicum and must be submitted to the MAC Academic advisor in order for practicum registration approval.

- **Personal Psychotherapy Requirements for Graduation:** 30 hours total, 10 of which must be done in a group therapy setting and 20 hours individual (10 of these individual hours can be done as marital/family counseling). Please use the "Group Counseling Hours Log" to record group hours.
- **Appropriate psychotherapists:** Advanced Associates (with 2000+ logged hours toward licensure), Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, Licenses Psychologists and Licensed Physicians certified in psychiatry by the American Board of Psychiatry and Neurology.

## WEEKLY SUMMARY OF PSYCHOTHERAPY RECEIVED

YEAR: \_\_\_\_\_

Name of Intern/ Trainee: \_\_\_\_\_

Name of Psychotherapist: \_\_\_\_\_ License Number: \_\_\_\_\_

Week of														Total Hours
Hours of therapy or counseling received														
Psychotherapist's Signature														

Concept borrowed from a form which appeared in the November/ December 1993 issue of *The California Therapist*.

SACRAMENTO  
290 Technology Way, Ste 200  
Rocklin, CA 95765  
Phone: 916.488.3720  
Fax: 916.488.3735

SAN JOSE CAMPUS  
1000 S. Park Victoria Drive  
Milpitas, CA 95035  
Phone: 408.356.6889  
Fax: 408.668.2800

## CONFIRMATION OF GROUP COUNSELING

Unofficial record (not required by the Board of Behavioral Sciences)

Completion of 10 hours of group counseling with a program approved therapy/growth group, led by a licensed therapist, and focusing on your own process and personal/emotional growth.

Student Name \_\_\_\_\_  
*Print name*

Date	Group Attended	Hours	Total

Student: \_\_\_\_\_ Date \_\_\_\_\_  
*Sign name*

Counselor: \_\_\_\_\_  
*Print name & license number* *Sign name*

**SACRAMENTO**  
290 Technology Way, Ste 200  
Rocklin, CA 95765  
Phone: 916.488.3720  
Fax: 916.488.3735

**SAN JOSE CAMPUS**  
1000 S. Park Victoria Drive  
Milpitas, CA 95035  
Phone: 408.356.6889  
Fax: 408.668.2800

THIS IS THE PRACTICUM AGREEMENT FOR:

---

Trainee Name – please print

This agreement is made on \_\_\_\_\_ by and between  
Date

---

Field Site Name, Address, & Phone Number

and **Western Seminary San Jose**. This agreement will be effective for a period from:

\_\_\_\_\_ to \_\_\_\_\_

## PURPOSE

The purpose of this agreement is to provide a qualified graduate student with a Practicum experience in the field of counseling.

## WESTERN SEMINARY AGREES:

1. That the Trainee has completed: CN501 (Clinical Foundations), CN502 (Psychotherapeutic Systems), CN504 (Suicide Prevention and Crisis Intervention), CN505 (Psychopathology), and CN506 (Legal and Ethical Issues).
2. To assign a Faculty Practicum/ Internship Supervisor to communicate with the Site Supervisor.
3. To notify the Trainee that he/she must adhere to the administrative policies, rules, standards, schedules and practices of the site.
4. That the Faculty Practicum/ Internship Supervisor is responsible for the assignment of a grade based, in part, on the recommendation of the Site Supervisor.
5. That the MA Counseling Program Director will provide support and oversight.

## THE PRACTICUM SITE AGREES:

1. To assign a Site Supervisor who has appropriate credentials, experience, time and interest for training the student.
2. To provide opportunities for the Trainee to engage in a variety of counseling activities under supervision in sufficient amounts to allow an adequate evaluation of competence in each activity.
3. To provide the Trainee with adequate work space and supplies.
4. To provide supervisory contact which involves examination of the Trainee's work using audio/visual tapes, observation and/or live supervision.
5. To not hold Western Seminary liable for any injury or malpractice caused to or by the Trainee.

## THE SITE SUPERVISOR AGREES:

1. To submit copies of a professional license and certification to supervise
2. To provide the adequate number of units of group or individual supervision per week to meet the client/supervision ratio set by the BBS for Trainees.
3. To complete a clinical competency evaluation of the Trainee at the end of each semester and review this evaluation with the Trainee.

## THE FACULTY PRACTICUM/ INTERNSHIP SUPERVISOR AGREES:

1. To be the faculty liaison with both the Trainee and Site Supervisor regarding progress, problems and performance evaluations.
2. To meet with the Trainee as outlined in the practicum course description.
3. To complete a clinical competency evaluation of the Trainee at the end of each semester and review this evaluation with the Trainee.
4. To review the evaluations completed by both the Trainee and their site supervisor and Weekly Summary of Hours at the end of each semester.
5. To be available to advise pre-practicum students regarding placement.

## THE MA COUNSELING PROGRAM ADMINISTRATIVE ASSISTANT AGREES:

1. To assist pre-practicum students with practicum site placement, new practicum site approvals, and placement readiness.
2. To support Trainees, Faculty Practicum/ Internship Supervisors, and Site Supervisors as needed.
3. To develop and strengthen relationships with practicum sites.
4. To store each student's paperwork.

## THE MA COUNSELING PROGRAM DIRECTOR AGREES:

1. To ensure that the practicum program meets BBS requirements.
2. To develop and strengthen relationships with practicum sites.
3. To ensure that the practicum program remains competitive.

## THE TRAINEE AGREES:

1. To spend \_\_\_\_\_ hours per week at the Practicum site. At least 50% of the hours spent will involve direct client contact.
2. To participate in the adequate number of units of group or individual supervision per week to meet the client/supervision ratio (5:1) set by the BBS for Trainees.
3. To participate in no less than 80% of the practicum class sessions.
4. To follow the Practicum/ Internship Paperwork Checklist
5. To accept responsibility for his/her own actions during counseling practicum and not hold Western Seminary liable for any injury or malpractice caused to or by the Trainee.

_____	_____	_____
<b>Trainee Signature</b>	<b>Phone Number</b>	<b>Date</b>
_____	_____	_____
<b>On-Site Director/ Supervisor Signature</b>	<b>Phone Number</b>	<b>Date</b>
_____	_____	_____
<b>Faculty Practicum Supervisor Signature</b>	<b>Phone Number</b>	<b>Date</b>

This form must be submitted to the Practicum Faculty before or during the first session of class. Upon review this form will be forwarded to the MAC Administrative Assistant.

---

**SACRAMENTO**  
290 Technology Way, Ste 200  
Rocklin, CA 95765  
Phone: 916.488.3720  
Fax: 916.488.3735

**SAN JOSE CAMPUS**  
1000 S. Park Victoria Drive  
Milpitas, CA 95035  
Phone: 408.356.6889  
Fax: 408.668.2800

## WESTERN SEMINARY GRADUATE PRACTICUM/INTERNSHIP CONFIDENTIALITY AGREEMENT

Confidentiality is basic to the maintenance of professional ethics and community respect. As a student of Western Seminary's MA Counseling Practicum/Internship class, you are obligated by law and ethics to recognize and respect that clients, co-workers, classmates, and supervisors act in good faith, expecting their circumstances and personal matters to remain confidential. Thus, you are entrusted with a set of ethical responsibilities that govern your interaction with the client, Western Seminary, the agency, the community, and yourselves. The following are guidelines concerning the responsibility of confidentiality:

1. Identifying information about clients (names, addresses, social security numbers, birthdates, etc.) should be removed, altered, or otherwise not revealed in assignments or in class.
2. Discussion of a case outside of the agency or Practicum/Internship class can be considered a breach of confidentiality. Information and case details about a client may be discussed at the agency and in the Western Seminary classrooms for clinical and learning purposes only.
3. When at an agency, case records are for clinical purposes and not for general perusal. "Release of Information" from the client and your supervisor should be obtained in writing before information is released to another agency.
4. Termination from the agency or Practicum/Internship does not release you from the ethical code of confidentiality.
5. When recording sessions, copies of any recordings (video and/or audio) of counseling sessions must be protected in a HIPAA compliant manner, including storage on a secure encrypted device and transported in a locked bag.
6. All copies of records, whether paper or electronic, should be completely destroyed as soon as possible and within the timeframe specified in the authorization from the client.
7. All original counseling records must remain the property of the agency with whom the student in training is contracted. For the purposes of student training, only copies of client records, with both agency and client authorization, may be transported by the student to supervision.

I UNDERSTAND AND AGREE TO THE ABOVE.

---

STUDENT NAME

DATE

SIGNATURE OF STUDENT

---

SACRAMENTO

290 Technology Way, Ste 200  
Rocklin, CA 95765  
Phone: 916.488.3720  
Fax: 916.488.3735

SAN JOSE CAMPUS

1000 S. Park Victoria Drive  
Milpitas, CA 95035  
Phone: 408.356.6889  
Fax: 408.668.2800

---



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830 TTY: (800) 326-2297  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR INTERN

*Title 16, California Code of Regulations (16 CCR) Section 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage and Family Therapist license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision. **NOTE: All references to "Intern" are equivalent to "Associate."***

Name of MFT Trainee/Intern:	Last	First	Middle
Name of Qualified Supervisor:	Qualified Supervisor's Daytime Telephone Number:		

As the supervisor:

1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision.  
 (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4980.03(g)(1))

A. The license I hold is:

Marriage and Family Therapist

<i>License #</i>	<i>Issue Date</i>
------------------	-------------------

Licensed Clinical Social Worker

<i>License #</i>	<i>Issue Date</i>
------------------	-------------------

\*Psychologist

<i>License #</i>	<i>Issue Date</i>
------------------	-------------------

\*Physician certified in psychiatry by the American Board of Psychiatry and Neurology

<i>License #</i>	<i>Issue Date</i>
------------------	-------------------

\*\*B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California. (16 CCR § 1833.1(a)(2))

C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))

- 2) I have and maintain a current and valid license in good standing and will immediately notify any trainee or intern under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1833.1(a)(1), (a)(4))
- 3) I have practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1833.1(a)(5))
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns. (16 CCR § 1833.1(a)(6))
- 5) 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. (16 CCR § 1833.1(a)(6)(A)&(B))
- 6) I know and understand the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist. (16 CCR § 1833.1(a)(7))
- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern. (16 CCR § 1833.1(a)(8))







**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830 TTY: (800) 326-2297  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



**ASSOCIATE MARRIAGE AND FAMILY THERAPIST OR TRAINEE  
 WEEKLY SUMMARY OF EXPERIENCE HOURS  
 OPTION 1 – NEW STREAMLINED METHOD**

Name of Trainee/Associate: Last		First			Middle				
Supervisor Name				Date enrolled in graduate degree program					
Name of Work Setting (use a separate log for each)				Address of Work Setting					
Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee									
<input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File No (if known): _____									
<input type="checkbox"/> Registered Associate - AMF Number: _____									
<b>YEAR</b> _____	<b>WEEK OF:</b>								<b>Total Hours</b>
<b>A. Direct Counseling with Individuals, Groups, Couples or Families</b>									
<i>A1. Diagnosis and Treatment of Couples, Families, Children*</i>									
<b>B. Non-Clinical Experience**</b>									
<i>B1. Supervision, Individual*</i>									
<i>B2. Supervision, Group*</i>									
<b>C. Total Hours Per Week</b> (A + B = C) (Maximum 40 hours / week)									
<b>Supervisor Signature</b>									

\* Line A1 is a sub-category of “A” and Lines B1 and B2 are subcategories of “B.” When totaling weekly hours do NOT include the subcategories - use the formula found in box “C.”

\*\*Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.

# Hours Form 1: Client Contact & Supervision Hours

TERM/YEAR \_\_\_\_\_ NAME OF INTERNSHIP SITE \_\_\_\_\_

Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total Hours
Date:																		
Client Contact Hours	Individual Counseling																	
	Couple Counseling																	
	Family Counseling																	
	Group Counseling																	
	<b>TOTAL Client Contact Hours</b>																	

Supervision	Individual Supervision																	
	Site-Group Supervision																	
	Campus- Group Supervision Class																	
	Telephone Supervision																	
	On-line Supervision																	
<b>TOTAL Supervision Hours</b>																		

Intern's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

ACTIVITIES OTHER THAN CLIENT CONTACT & SUPERVISION

TERM/YEAR \_\_\_\_\_ NAME OF INTERNSHIP SITE \_\_\_\_\_

Week	Date	Activity	Hours	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
TOTAL				

Form 1  
Client Contact Total Hours =

\_\_\_\_\_

Form 1  
Supervision Total Hours =

\_\_\_\_\_

Form 2  
Other Total Hours =

\_\_\_\_\_

**GRAND TOTAL =**

\_\_\_\_\_

Intern's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

***It is very important that you read each of the following instructions and complete them carefully.***

## FORM 1

**CLIENT CONTACT**

- 1) Record the amount of time you spend with each of these client groups each week. (The term “client” refers to any person receiving services including students, parents, teachers, or patients.) This is the time in actual counseling with a client, couple, family, or group.
  - Client contact is defined as individual, group, couples, and family counseling that are therapeutic or a combination of assessment and subsequent therapeutic interactions. The student may want to record separately the specifics of the client counseling experiences (e.g., focus of session, size of group.)
- 2) All students must document experience in conducting individual client sessions as well as group facilitation.

**SUPERVISION**

- 3) Record the amount of hours you spend in supervision. Indicate the date and whether the activity took place with an individual, group, telephone, or on-line format.
- 4) Supervision is time spent with professional(s) responsible for student internship experience.
- 5) Practicum/ Internship class time should be recorded in the “Campus- Group Supervision Class” column.
- 6) A minimum of 12 hours of individual site supervision is required per semester.

## FORM 2

- 1) Record all other activities on this form, the amount of time and the date of the activity. This would include workshops, presentations that you either attended or participated in, or presentation time. Please round your time to the nearest quarter hour.
  - Examples of “other activities” would include: preparing case presentation reports and transcripts, reading, observation, meetings, outreach, and orientation to the site.

## IMPORTANT NOTES

- 1) Please record and round all hours to the nearest quarter hour. Please do not record time in minutes only. Round off to the nearest quarter hour, (e.g. 0.25, 0.5, 0.75).
- 2) Be sure to add each column and indicate the amount in the total hours’ column. Please double-check all calculations before submitting your hours.
- 3) If you are a trainee at two or more sites concurrently, a separate set of Hours Forms 1 and 2 as well as the appropriate BBS Weekly Summary of Hours Logs must be completed and signed separately for each site. Please do not combine accumulated internship hours on one set of hour forms.
- 4) All forms must be **signed and dated** by the student and site supervisor. Any form that is not signed will not be accepted.
- 5) Please make a copy of all forms for your records and give the original to the Counseling Program Administrative Assistant.
- 6) Western Seminary require 40 client contact hours (client contact hours over and beyond 40 will be counted in with the other required hours) and 100 total hours. Hour accumulation documentation for practicum students will comply with current accreditation standards.
- 7) The current graduation requirement is a minimum of 280 client contact hours and a minimum of 700 total hours.

**Time Conversion Chart  
(Minutes to Decimals)**

Minutes	Decimal Hours
15	0.25
30	0.50
45	0.75
60	1.0

## WORKSHOPS, SEMINARS, AND TRAINING SESSIONS

Training/ Workshop Name	Provider	Location	Dates	Total Hours

I authorize the applicant's attendance at the following, directly relating to his/her training as a Marital and Family Therapist. These hours were NOT used to fulfill the applicant's educational requirements.

\_\_\_\_\_  
Trainee Name – please print

\_\_\_\_\_  
Site Supervisor Name

\_\_\_\_\_  
License Number

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

\_\_\_\_\_  
Date of Signature

**SACRAMENTO**  
290 Technology Way, Ste 200  
Rocklin, CA 95765  
Phone: 916.488.3720  
Fax: 916.488.3735

**SAN JOSE CAMPUS**  
1000 S. Park Victoria Drive  
Milpitas, CA 95035  
Phone: 408.356.6889  
Fax: 408.668.2800

## AUTHORIZATION TO RECORD

I give full and free consent to my counselor \_\_\_\_\_  
Name & Address of Counselor  
to make audio/video recordings of our counseling sessions. It is my understanding that my counselor, a graduate candidate in counseling at Western Seminary, will be reviewing recordings on occasion with a faculty supervisor, other students, and professional peers. It is my further understanding that all material will be treated with full professional confidentiality and that any identifying data will be appropriately modified where possible.

All recordings are part of the client file and will be stored in a secure location. These recordings may be erased or destroyed at any time following recording, not to exceed 180 days thereafter. This authorization may be revoked in writing at any time, except to the extent that disclosure has already been made in good faith reliance upon this release.

Client's Signature \_\_\_\_\_

Age \_\_\_\_\_

Date \_\_\_\_\_

---

### SACRAMENTO

290 Technology Way, Ste 200  
Rocklin, CA 95765  
Phone: 916.488.3720  
Fax: 916.488.3735

### SAN JOSE CAMPUS

1000 S. Park Victoria Drive  
Milpitas, CA 95035  
Phone: 408.356.6889  
Fax: 408.668.2800



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830 TTY: (800) 326-2297  
 www.bbs.ca.gov



## LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION OPTION 1 – NEW STREAMLINED METHOD

This form is to be completed by the applicant's California supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 1" form to report hours under the NEW streamlined method
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes
- Do not submit *Weekly Summary* forms unless specifically requested

The hours reported on this form were earned (mark one):  
 Pre-Degree  
 Post-Degree

### APPLICANT NAME:

Last	First	Middle	Associate/Intern No. AMF/IMF
------	-------	--------	---------------------------------

### SUPERVISOR INFORMATION:

Supervisor's Last Name		First		Middle
Business Phone		Email Address (OPTIONAL)		
License Type	License Number	State	Date First Licensed	

- **Physicians:** Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?  N/A  No  Yes: Date Certified: \_\_\_\_\_ Cert. #: \_\_\_\_\_
- **LPCCs:** Did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law?  N/A  No  Yes: Date you met the qualifications: \_\_\_\_\_

### APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer			Business Phone	
Address	Number and Street	City	State	Zip Code



Applicant: Last	First	Middle
-----------------	-------	--------

**EMPLOYER INFORMATION (continued):**

- Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?  Yes  No
- Was this experience gained in a private practice setting?  Yes  No
- Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice?  Yes  No
- For hours gained as an Associate ONLY: Was the applicant receiving pay?  Yes  No  
*If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet been issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status.*  N/A (pre-degree experience)

**EXPERIENCE INFORMATION:**

1. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ weeks		
3. Hours of Experience:		<b>Logged Hours</b>
a. Total Direct Counseling Experience (Minimum 1,750 hours)		
• Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (Minimum 500 of the 1,750 hours)		
b. Total Non-Clinical Experience (Maximum 1,250 hours)		
• Of the above hours, how many were Face-to-Face Supervision?	<b>Hours Per Week</b>	<b>Logged Hours</b>
Individual		
Group (group contained no more than 8 persons)		
<p><b>NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation.</b></p>		
Signature of Supervisor: _____		Date: _____



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830 TTY: (800) 326-2297  
 www.bbs.ca.gov



## LICENSED PROFESSIONAL CLINICAL COUNSELOR IN-STATE EXPERIENCE VERIFICATION OPTION 1 – NEW STREAMLINED METHOD

This form is to be completed by the applicant's California supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 1" form to report hours under the NEW streamlined method
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing. Have the supervisor initial any changes.
- Do not submit your *Weekly Summary* forms unless specifically requested by the Board

### APPLICANT NAME:

Last	First	Middle	Associate/Intern # APC/PCI
------	-------	--------	-------------------------------

Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
------------------------------------	---------------------------	-------------------------

### SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	
License Type	License Number	State	Date First Licensed

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No  Yes: Date Board Certified: \_\_\_\_\_ Certification Number: \_\_\_\_\_

- LPCCs: If the applicant is reporting experience with couples or families, did you meet the qualifications to treat couples and families, as specified in California law?

N/A  No  Yes: Date you met the qualifications: \_\_\_\_\_

### APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer		Business Phone	
Address:	Number and Street	City	State      Zip Code

Applicant: Last	First	Middle
-----------------	-------	--------

**APPLICANT'S EMPLOYER INFORMATION (continued):**

- Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?  Yes  No
- Was this experience gained in a private practice setting?  Yes  No
- Was this experience gained in a hospital or community mental health setting?  Yes  No  
(Minimum 150 hours required overall)
- Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice?  Yes  No
- Was the applicant receiving pay? *If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status for these dates.*  Yes  No

**EXPERIENCE INFORMATION:**

1. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		<b>Logged Hours</b>
a. Total Direct Counseling Experience (Minimum 1,750 hours overall)		
<ul style="list-style-type: none"> <li>Of the above hours, how many were gained while working with Couples, Families or Children?</li> </ul>		
b. Total Non-Clinical Experience (Maximum 1,250 hours overall)		
<ul style="list-style-type: none"> <li>Of the above hours, how many were Face-to-Face Supervision?</li> </ul>		
	<b>Hours Per Week</b>	<b>Logged Hours</b>
o Individual		
o Group (group contained no more than 8 persons)		
<p><b>NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.</b></p>		
Signature of Supervisor: _____		Date: _____
ORIGINAL SIGNATURE REQUIRED		



## FAQ's for Weekly Summary of Hours of Experience & MFT Experience Verification Form

When completing these forms, be sure to complete all necessary fields. The *Weekly Summary of Hours of Experience* and the *MFT Experience Verification* form are the two forms used to document supervised work experience requirements.

1. How do I log/get credit for the conjoint couples and family incentive hours?

When completing the *Weekly Summary of Hours of Experience* form and the *MFT Experience Verification* form, you will document the total couples, families and children hours gained on or after 1/1/2010 on the form item titled "Couples, families, and children." In the subsection below, record the amount of actual conjoint couples and families hours. This subsection is only for recording purposes and will not affect your supervision requirements or increase your weekly totals. Please only document actual hours. **Do not double count the hours on your forms.** Once your application is received by the Board, those hours will be evaluated, and up to the first 150 hours of conjoint couples and family hours will be double counted to a maximum of 300 hours.

*For example: If Allison completed 10 couples, families and children hours, and 6 of those hours were conjoint couples and family, Allison would record 10 hours in the couples, families and children category and 6 hours below in the conjoint couples and family subsection.*

2. If I have already gained conjoint couples and family hours before 1/1/2010, can I count those prior hours towards the incentive?

No. Only the first 150 hours of conjoint couples and family hours gained on or after 1/1/2010 will be double counted.

3. How do I know when to stop using the old forms and start using the new forms?

For any hours gained on or after 1/1/2010 the Board of Behavioral Sciences (BBS) encourages all Trainees and Interns to start using the new *Weekly Summary of Hours of Experience* form and *MFT Experience Verification* form. Any hours gained prior to 1/1/2010 should be documented on the previous versions of the forms. The current version and prior version of the *Weekly Summary of Hours of Experience* and the *MFT Experience Verification* are available on the "Forms and Publications" section of the BBS Web site (<http://www.bbs.ca.gov/forms.shtml>).

4. Can I combine pre-degree and post-degree work experience on the same form?

The BBS advises separating pre- and post-degree experience on separate *Weekly Summary of Hours of Experience* and *MFT Experience Verification* forms. As long as your application for Intern registration is submitted within 90 days of your degree conferral date, you may count experience gained during this time and log these as post-degree hours. If you do not submit your application within 90 days, you will not be able to count hours until your Intern registration number is issued.

5. Now that W-2s or a letter verifying volunteer status are required for MFT Interns, do I have to locate all past employers when I was employed before 1/1/2010 to get documentation?

No. Only Interns must submit a W-2 or letter from the employer verifying voluntary status for hours gained on or after 1/1/2010. This is not required for any hours gained before this date or for Trainees.

6. How do I fill out the forms if I have more than one supervisor in the same work setting?

If you are receiving supervision from two individuals in an employment setting, you can document this on separate forms. As long as the time periods on the two forms overlap and the employment setting is the same, the BBS will lump the experience and supervision together upon evaluation of the forms.

7. As a Trainee, can I count administering and evaluating psychological tests of counselees, writing clinical reports and progress and process notes?

Yes. Starting 1/1/2010 Trainees can now count these hours up to the maximum of 250 hours. Any hours gained as a Trainee in this category prior to 1/1/2010 will not be able to count.