



# Master of Arts in Counseling Practicum/ Internship Manual 2020-2021

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# SECTION I: BECOMING AN MFT OR LPCC

This section provides a brief overview of the process of becoming a Licensed Marriage and Family Therapist (LMFT) 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 the Association of Theological Schools, 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 **280 direct client contact** hours and may record up to 1300 of their total 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. Categorizing supervised experience:
    - i. 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 the Board of Behavioral Studies Appendix of this manual starting on page 37 entitled Associate Marriage and Family Therapist or Trainee/Associate Weekly Summary of Experience Hours.
    - ii. Minimum 1,750 hours of **direct counseling experience** including at least 500 hours gained through diagnosing and treating couples, families and children.
    - iii. Maximum 1,250 hours of **non-clinical experience** including a combination of: direct supervision, experience, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences.
3. Pass Written Exams
  - a. There are two MFT licensing exams:
    - i. California Law and Ethics Exam
    - ii. 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 the Association of Theological Schools, and is recognized by the BBS as an accredited school.
  - b. For a complete listing of accredited schools, view "Accredited Schools with PCC 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.

The supervised work experience categories break down into two overall types:

- i. 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
  - ii. 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
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 Marriage, Couple, and Family (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 Associate MFT 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 PCC graduate program, is unlicensed, has completed at least one year of coursework including Practicum/Internship prerequisites (see Section II) and sees clients as a PCC Trainee under licensed supervision.
2. APCC: An Associate Professional Clinical Counselor 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, thus 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, depending upon their year of enrollment and program choice. Clinical experience allows the student to apply their classroom learning to the practical world of actual counseling.

After completing the necessary foundational coursework, 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 a faculty 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 14) 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 in the following semester.

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

For counseling students in training, including Practicum/Internship students and counseling associates, all original counseling records must always remain the property of the agency with whom the student-in-training is contracted. Students are not 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. 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. The school provides a licensed HIPPA compliant ZOOM account that can be used to record client sessions for practicum internship (in lieu of our prior process of recording them to an encrypted thumb drive). Students are directed to the western.help site, where they will find resources to help them successfully set up their ZOOM account and learn to record a counseling session, and upload it to One Drive – Western's HIPPA compliant drive.

## C. Practicum/Internship Prerequisites

Before finding a Practicum/Internship site or registering for CM 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
  - CN 507: Human Life Span Development
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 required 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. *These hours must be logged separately, as the BBS does not accept these hours as part of their required hours.*

Remaining Hours can include client-centered advocacy, workshops, trainings, etc.

Below 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 an MFT/MAC pre - 2019 -2020 program track must complete the BBS requirement of at least 325 hours, including: **225 hours of direct, face-to-face client contact**, 45 hours clinical supervision, 30 hours of personal psychotherapy, and 25 misc. hours including: client-centered advocacy, workshops, trainings, etc. (Students who entered the program before August 2012 have different hour requirements)

Students who are in a PCC pre-2019-2020 program track must complete the BBS requirement of at least 325 hours, including a minimum of **280 direct, face-to-face client contact hours**. Additional hours would include clinical supervision, personal psychotherapy, and misc. hours in client-centered advocacy, workshops, or trainings. 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

MFT 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 Practicum/Internship 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.

During the course of study, complete personal counseling requirements of 30 hours of individual, couples and/or family counseling (10 hours of which should be group counseling) with a licensed mental health professional or experienced intern. 10 of these hours must be completed prior to entering practicum. Counseling hours will only be counted once the student is formally admitted into the Counseling program. Counseling hours obtained prior to program admission will not count. Students starting the program spring '17 and prior should log a total of 20 hours personal psychotherapy – 10 of those hours can be obtained in group therapy sessions). A suggested Personal Psychotherapy Log is on page 24.

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.**

**All forms are due before the next semester begins. You must accumulate at least 40 direct client contact hours in Practicum before submitting your form. Students who do not complete the 40 hours or fail to turn in their hours before the next semester begins, will receive an “Incomplete” as their grade and will be prevented from registering for the next semester’s internship 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 and submitted to your Faculty Practicum Supervisor:

- 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



## 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/triadic 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 Addiction Studies Coordinator (if you are looking for an addiction site) 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 Site Supervisor is the point person for case questions, the Practicum/Internship Faculty is the point person for legal/ethical questions, and the Program Director is the point person for BBS questions. Students preparing for Practicum/Internship should:

1. Determine which kind of site at which you will be doing your internship, based on your declared specialization:
  - a. Marriage, Couple, and Family Counseling (MFT)
  - b. Clinical Mental Health Counseling (PCC)
  - c. Addiction Studies (AS)

You will only be able to do your practicum and internship at a site that offers the experience that matches your specialization.

2. Attend the Practicum/Internship Orientation in the spring semester or communicate with the Counseling Student Advisor if a group orientation is not available.
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 Program Advisor, and request Practicum/Internship registration with the Director of Student Services. The Director will register you, seeking to give you the section of your choice, once she has all of the requests for Practicum/Internship course registration.
8. Review the Practicum/Internship Paperwork Checklist.

## Site Supervision Guidelines for Supervision of Trainees

### **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 four semesters of practical experience under the direction of both a site supervisor and a faculty supervisor.

Western requires trainees to acquire a minimum of 325 total clinical hours to graduate (this includes a minimum of 280 direct client contact hours under LPCC requirements and 280 direct client contact hours under MFT requirements, 40 of which are accrued during the Practicum). Most internship sites require at least an eight-month commitment. The trainee is expected to work 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, have clear boundaries and be free from multiple relationships. To assist the supervisor, the following objectives for practicum or internship are listed. The supervisor should:

- 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, developing a 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/triadic 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 faculty 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 supervisor 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) 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!**

# Case Presentation Format

Last revised: October 29, 2020

*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 client 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, and 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.

Verbatim Transcript	Interpretive Analysis
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!	



## PRACTICUM/INTERNSHIP CHECKLIST

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

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

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

**Prior to registering for Practicum I** – submit the following *copies* to the MAC Program Assistant

\_\_\_\_\_ Practicum Site and Supervisor Approval form (for every site even if already approved verifying that a supervisor's information is current)

\_\_\_\_\_ Copy of Site Supervisor's license

\_\_\_\_\_ Copy of supervision certification

\_\_\_\_\_ Verification of the agency 501c3 status

\_\_\_\_\_ Proof of CAMFT Membership ([www.camft.org](http://www.camft.org)) (AAMFT, AACC, and SVC-CAMFT optional)

\_\_\_\_\_ Proof of Malpractice Liability Insurance (a free benefit of the CAMFT student membership)

\_\_\_\_\_ Proof of a Track Your Hours account ([www.trackyourhours.com](http://www.trackyourhours.com))

\_\_\_\_\_ Verification that at least 10 hours of personal psychotherapy have been completed

\_\_\_\_\_ Practicum Agreement Form

\_\_\_\_\_ Responsibility Statement for Supervisor (BBS Form)

\_\_\_\_\_ Practicum Confidentiality Agreement

**At the end of Practicum and the internship series (CM 530, 531, 532, 533)** – submit the following *copies* to the MAC Program Assistant & your Practicum Faculty.

CM 530 CM 531 CM 532 CM 533 and CM 539 (if needed)

\_\_\_\_\_ Weekly Summary of Hours of Experience (BBS Form)

\_\_\_\_\_ Trainee Performance Evaluation

\_\_\_\_\_ Practicum Site Evaluation

**At your Exit Interview with the MAC Program Director** – submit the following copies and verify that your file contains the copies listed above

\_\_\_\_\_ MFT Experience Verification Form

[http://www.bbs.ca.gov/pdf/forms/mft/faq\\_mft\\_expver\\_summary.pdf](http://www.bbs.ca.gov/pdf/forms/mft/faq_mft_expver_summary.pdf)

\_\_\_\_\_ Record **30+** Personal Psychotherapy Hours if you started the program summer '17 or after. 20+ Personal Psychotherapy Hours – if you started the program spring '17 or prior. (If you use another form please include the number of hours, therapist license number, and the therapist signature)

**Western Seminary Sacramento Campus  
Practicum Site List  
January 23.2020**

Site	Location	Clinical Director	Contact	Website
Aldar Academy	Sacramento		(916) 698-1042	Aldaracademy.com
Adolfo Center	Sacramento		(916) 879-1784	Voa-ncnn.org
Anew Day	Nevada City	Barbara Coffman	(530) 470-9111	Anew-day.com
Aspiranet	Modesto	Andrew McClure	(209)576-1780	Aspiranet.org
At the Heart Counseling Center	Elk Grove	Andrea Peterson	(916) 844-1273	
Bayside Church	Roseville	Julie Black	(916) 791-1244	Baysideonline.com
California Relationship Center	Auburn	Kim Sanders	(530) 889-0178	
Capital Counseling Center	Sacramento	Bob Bohling	(916) 856-5955	Capitalcounselingcenter.com
Children's Receiving Home	Sacramento		(916) 482-2370	Crhkids.org
Christian Counseling Center	Fairfield	Lilia Salazar	(707) 474-2391	Christiancounseling.net
Community Counseling Associates	Sacramento	Tim Dakin	(916) 764-6997	Cccnow.com/ministries (Note: referral-based site)
Community Counseling Center of Elk Grove	Elk Grove	Michael Beckner	(916) 509-8285	Mike.B@creeksideeg.com
Emmaus Road Christian Counseling	Roseville	Dave Dillman	(916) 751-6016	Emmausroadcounseling.com
First Baptist of Elk Grove	Elk Grove	Michael Beckner	(916) 685-4821	Fbceg.org/counseling
Harvest Community Church	Roseville	Lisa Charlebois		
Heartstrings	Loomis	Darla Gale	(916) 397-9039	Heartstrings.org

Site	Location	Clinical Director	Contact	Website
Hearts and Hands	Roseville			Heartsandhandscounseling.org
HOPE Counseling	Roseville, Midtown	Darlene Davis	(916) 444-2170	Hope-counselingcenter.org Dardv2@gmail.com
Hope for Healthy Families	Elk Grove	Regina K'Burg	(916) 683-9209 Direct: (916) 284-8336	lkburg@hopeforhealthyfamilies.org
Infant Parent Center	Cameron Park	Jennifer Kalsbeek	(530) 676-2899	<a href="http://infantparentcenter.com/index.html">http://infantparentcenter.com/index.html</a>
Kids First Counseling & Family Resource Center	Auburn Roseville			
Life Practice	Stockton, Sacramento	Carisa Sherwood	(916) 300-6576	Lifeppractice.org
Lighthouse Counseling & Family Resource Center	Lincoln	Raymond Hampson Community Outreach Specialist	Main: (916) 645-3300 Direct: (916) 408-6599	www.lighthousefrfc.org <a href="https://www.facebook.com/lighthousefrfc/">https://www.facebook.com/lighthousefrfc/</a>
My Dream Ranch	Placerville	Julie Stass	(805) 704-3626	
One Eighty Adolescent Family Services	Lodi	Kevin Brown	(209)712-0466	kevin@horizonweb.org
Parent Cooperative Community		Carla DeRose	(916) 947-0371	
Prison Families	Sacramento	Dave Dillman		
Recovery Happens	Sacramento			
Roseville Homestart	Roseville	Erin Ambrose		
Sierra Forever Families		Pamela Camino	(916)368-5114	<a href="mailto:pcamino@sierraff.org">pcamino@sierraff.org</a>

Site	Location	Clinical Director	Contact	Website
Soul Care at Bridgeway Church	Rocklin	Melissa Bergen	(916) 205-9845	Mysoulcare.net
Stand Up Placer	Auburn and Roseville	Sherry Douden	(530) 887-1300	Standupplacer.org
The Greenhouse	Elk Grove	Erin Miguelgorry	(916) 701-7667	Greenhousetherapy.ned
Therapeutic Solutions		Nancy Weddell		
UC Davis CAARE Diagnostic and Treatment Center		Elisabeth Mota, Kim Lundquist	(916) 529-7762 (916) 734-6639	Ucdmc.ucdavis.edu
WEAVE	Sacramento	Megan Raimondi-Musser	(916)319-4930	Mraimondi-musser@weaveinc.org
Wellness Together-Roseville H.S. District	Roseville	Marlon Morgan	(916) 786-7093 x 1430	Edjoin.org
Yolo Community Care Continuum	Davis and Woodland	Michelle Kellogg	(530) 758-2160	Y3c.org
Youth for Christ Central Valley – Family Concern Counseling	Modesto	Marty Villa	(209) 522-9568 ext. 112	centralvalley.yfc.net

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

**GENERAL INFORMATION** (site or trainee to submit this form):

Student Name (if applicable): \_\_\_\_\_

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

Prospective Supervisor Name: \_\_\_\_\_

Site Address & Phone: \_\_\_\_\_

Supervisor Address & Phone (**if** different): \_\_\_\_\_

**SUPERVISOR LICENSE/EDUCATION INFORMATION** (attach proof of: 1) license 2) certification as a qualified supervisor)

- At least two (2) years of licensed experience
  - Practiced psychotherapy or supervised MFT/PCC Trainees/Associates for 2 of the last 5 years
  - Mandatory supervision course (**attach proof**)
  - License is current and valid (**attach proof**): Graduate Degree, Year of Issuance, & Institution \_\_\_\_\_
- 

**SUPERVISOR EXPERIENCE**

**Primary Role:**  Therapist  Educator  Administrator  Pastoral Counselor

**Time devoted to Therapy:**  0-35%  36-69%  70-100%

**Number of Years Licensed:** \_\_\_\_\_ **Weekly Case Load (in hours):** \_\_\_\_\_

**Primary Client Type(s):**  Individuals  Couples  Families  Groups

**Predominate age served:**  Children  Adolescents  Adults

**AGENCY INFORMATION**

- 501c3 status-IRS Determination Letter (**attach proof**)

**TYPE OF SUPERVISION PROVIDED AT PRACTICUM SITE\***

Individual  Group  Audio  Video  Direct Observation  Co-Therapy

**\*Sites that offer direct observation, co-therapy with the supervisor, &/or video recording of sessions for training purposes in addition to individual, group, and audio recordings will be considered for the approved site list.**

**ADDITIONAL REQUIREMENTS:**

Western site visit required (if not on Practicum site list)? \_\_\_\_\_ Site visit scheduled with MAC Director: \_\_\_\_\_

Western Seminary MAC Director: Approval / Denial (circle) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Practicum Site Representative: Signature (title): \_\_\_\_\_

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QUESTIONS? CONTACT US.

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



## SUGGESTED LOG FOR PERSONAL PSYCHOTHERAPY | Required for Graduation

Not required by the Board of Behavioral Sciences.

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 of these hours of psychotherapy are 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 Professional Clinical Counselors, Licensed Clinical Social Workers, Licensed 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 CAMPUS  
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

Last revised: October 29, 2020

## 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: \_\_\_\_\_  
*Sign name*

Date \_\_\_\_\_

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

\_\_\_\_\_ *Sign name*

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sacramento@westernseminary.edu  
www.westernseminary.edu

## Master of Arts in Counseling Practicum Agreement

This is the Practicum Agreement for:

\_\_\_\_\_ *Trainee – please print*

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

\_\_\_\_\_  
*Field Site Name, Address, & Phone Number*

And **Western Seminary**. This agreement will be effective for a period from  
\_\_\_\_\_ until, \_\_\_\_\_

***Western Seminary Agrees:***

1. That the Trainee has completed: Clinical Foundations, Psychotherapeutic Systems, Suicide Prevention, Psychopathology, Legal and Ethical Issues, and Human Life Span Development.
2. To assign a Faculty Practicum Supervisor to communicate with the Site Supervisor:
  - Name \_\_\_\_\_
  - Phone \_\_\_\_\_
  - Email \_\_\_\_\_
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 Supervisor is responsible for the assignment of a Practicum grade based, in part, on the recommendation of the Practicum Site Supervisor.
5. That the MAC Faculty Practicum Supervisor and MAC 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 recordings, observation and/or live supervision.
5. To not hold Western Seminary liable for any injury or malpractice caused to or by the Trainee.
6. To provide prior notification to the Western Seminary Faculty Supervisor if the site or supervision finds it necessary to terminate this agreement for any reason.

***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 the online Trainee Performance Evaluation Form at the end of each semester and review this form with the Trainee. A link to this form will be provided for you a few weeks before the end of the semester.
4. To notify the Western Seminary Faculty Supervisor of any concerns in performance or character of the Western Seminary Trainee.

***The Faculty 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 review the Practicum Site Evaluation Form, Trainee Performance Evaluation Form, and the Weekly Summary of Hours at the end of each semester.
4. To be available to advise pre-practicum students regarding placement.

***The MAC 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 Supervisors, and Site Supervisors as needed.
3. To develop and strengthen relationships with practicum sites.
4. To store each student's practicum paperwork in preparation for the Exit Interview.

***The MAC Program Director Agrees:***

1. To ensure that the practicum program meets BBS requirements
2. To develop and strengthen relationships with practicum sites.
3. To support Trainees, Faculty Practicum Supervisors, and Site Supervisors as needed.
4. To ensure that the practicum program remains competitive.
5. To conduct the Exit Interview.

***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 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.

\_\_\_\_\_  
Trainee Signature                      Phone Number                      Date

\_\_\_\_\_  
On-Site Supervisor Signature                      Phone Number                      Date

\_\_\_\_\_  
Faculty Practicum Supervisor Signature                      Phone Number                      Date

After trainee and site supervisor have signed, submit to the Faculty Practicum Supervisor for their signature. Return a copy of this completed form to the MAC Program Assistant **and** your site supervisor.



## 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 and 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 site.
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 CAMPUS  
290 Technology Way, Suite 200  
Rocklin, CA 95765  
(800)250-7030 or (916)488-3720  
(916)488-3735

## 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

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**Memo to: Practicum Site Supervisors**

Memo from: Bev Wiens, Director of MAC Program, Sacramento Campus of Western Seminary

Re: Western Seminary Policy for Video &/or Audio Recording of Student-Client Sessions for Educational Purposes

I think we would all agree that there is great value for students who are learning to be counselors to review video and/or audio recordings of their sessions and critique themselves. It is even more beneficial to review their sessions with others—site supervisors, practicum supervisors, and/or peers. It is for this reason that Western purposes to provide these opportunities for our students. And, it is very important that we provide these experiences in a way that abides by the guidelines that HIPPA has set forth to keep client information protected. It is for this reason that I share our policies about audio and video recording of client sessions:

- When our students register for a practicum class, and are placed as a Trainee at a site in the community, they will receive Hipa compliant licensed ZOOM account that they can use to record client sessions. Students receive training on how to utilize this ZOOM account for recording and playback in a Hipa compliant manner if they are required to show a portion practicum class. Students must erase the ZOOM recording in the presence of the faculty practicum supervisor immediately after their case presentation.
- All original counseling records must always remain the property of the agency with whom the student in training is contracted. This policy meets HIPPA's requirement that original medical records must not be taken off site.
- Students are only allowed to show a portion of an audio or video recording in class, if the client has signed the necessary informed consent form.
- The student can use a portion of their client session on one drive during their case presentation. Following the presentation, the student must erase the entire recording before the class session ends.
- Students are instructed to alter all identifying information in the case write-up that they submit only to the faculty practicum supervisor. This ensures that if the paper is misplaced, no identifying information is present in their case write-up.
- If the student provides their peers in the practicum class with any outlines/summary materials of their case presentation, these must be copied on site before their presentation, collected immediately after their presentation, and shredded on site in view of the faculty practicum supervisor.

I trust that this policy statement helps to clarify our commitment to both providing high quality learning experiences for our students and providing the safe guards necessary to protect confidential medical records. Please feel free to contact me or the student's faculty practicum supervisor if you have questions about Western Seminary's policy in this matter.

Sincerely,

Bev Wiens, MFT, Ph.D.

Director, MAC Program, Western Seminary Sacramento Campus

[bwuens@westernseminary.edu](mailto:bwuens@westernseminary.edu). 916-488-3720 Ext. 306.

I hereby give full and free consent to my counselor trainee, \_\_\_\_\_ of, \_\_\_\_\_ (agency) to make an audio or video recording of today's counseling session. It is my understanding that this recording will be reviewed by my counselor trainee, his/her supervisor, and possibly by practicum/internship classmates, and/or the practicum/internship professor--for supervision and training purposes only. Furthermore, it is my understanding that all such recordings will be treated with full professional confidentiality. The only reason this recording might be used off site is for use in a practicum/internship class, during my counselor trainee's case presentation. It will be erased in its entirety after class in the presence of the faculty practicum/internship supervisor. If outlines of the presentation are given to fellow trainee counselors for the purpose of structuring the presentation, all such copies will be shredded on site at the end of the class session in the presence of the faculty practicum/internship supervisor.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Client Signature: \_\_\_\_\_

Therapist Trainee Signature: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Practicum/Internship Professor: \_\_\_\_\_

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QUESTIONS? CONTACT US.

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

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)

I hereby give full and free consent to my counselor trainee, \_\_\_\_\_ of, \_\_\_\_\_ (agency) to make a transcription of a segment of today's counseling session. It is my understanding that this transcription will be reviewed by my counselor trainee, his/her supervisor, and possibly by practicum/internship classmates, and/or the practicum/internship professor--for supervision and training purposes only. Furthermore, it is my understanding that all material will be treated with full professional confidentiality, which means the transcript will not include my name or any other information that might lead to my identification.

If copies of this transcription are made for the purposes of instruction in a practicum/internship class, all copies given to fellow trainees will be shredded on site by the end of the class session in the presence of the faculty practicum supervisor.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Client Signature: \_\_\_\_\_

Therapist Trainee Signature: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Practicum/Internship Professor: \_\_\_\_\_

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### QUESTIONS? CONTACT US.

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# **APPENDICES**

## **Board of Behavioral Sciences Forms**



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



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

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 an individual working toward licensure as a Licensed Marriage and Family Therapist to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision, and to provide the Associate or Trainee with the original.

Name of MFT Trainee/Associate: \_\_\_\_\_  
Last First Middle

AMFT #: \_\_\_\_\_ Name of Qualified Supervisor: \_\_\_\_\_

Trainee Supervisor's Daytime Telephone Number: \_\_\_\_\_

As the supervisor:

1) I am licensed in California and have been licensed in California or out-of-state 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))

A. The license I hold in California is:

Licensed Marriage and Family Therapist License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed Clinical Social Worker License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed Professional Clinical Counselor (LPCC) License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed Educational Psychologist (LEP) License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed Psychologist License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Physician certified in psychiatry by the American Board of Psychiatry and Neurology License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Are you using time licensed out-of-state to qualify?  Yes  No

\*B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California; or, if I am an LEP, I am only supervising the provision of educationally related mental health services that are consistent with the LEP scope of practice. (16 CCR § 1833.1(a)(2); BPC § 4980.03(g)(1)(A))

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))

D. If I am an LPCC, I have met the requirements to assess or treat couples or families pursuant to BPC section 4999.20(a)(3) and 16 CCR section 1820.7 and have provided the trainee or associate with a copy of my written confirmation from the Board. (16 CCR § 1820.7)

**\* Applies only to supervisors who are NOT a Licensed Marriage and Family Therapist.**



Trainee/Associate's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

- 2) I have and maintain a current and active license in good standing and will immediately notify any trainee or associate 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, provided psychological counseling pursuant to subdivision (e) of section 4989.14, or provided direct clinical supervision as described in 16 CCR section 1833.1(a)(5) 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 associates. (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 associates 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 associate. (16 CCR § 1833.1(a)(8))
- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or associate by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1833.1(a)(9))
- 9) I shall address with the trainee or associate the manner in which emergencies will be handled. (16 CCR § 1833.1(a)(10))

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**\*\* Psychologists and Physicians certified in psychiatry are not required to comply with #5.**

Trainee/Associate's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

- 10) I agree not to provide supervision to a TRAINEE unless the trainee is a volunteer or employed in a setting that meets all of the following: (A) is not a private practice; (B) lawfully and regularly provides mental health counseling or psychotherapy; and (C) provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC section 4980.02. (BPC § 4980.43.3(b)(1))
- 11) I agree not to provide supervision to an ASSOCIATE unless the associate is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC section 4980.02. (BPC § 4980.43.3(c))
- 12) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the associate or trainee, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the associate or trainee. (16 CCR § 1833(b)(4))
- 13) I shall give at least (1) one week's prior written notice to a trainee or associate of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1833.1(c))
- 14) I shall obtain from each trainee or associate for whom supervision will be provided, the name, address, and telephone number of the trainee's or associate's most recent supervisor and employer. (16 CCR § 1833.1(d))
- 15) In any setting that is not a private practice, I shall evaluate the site(s) where a trainee or associate will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in 16 CCR section 1833 and sections 4980.43 through 4980.43.4 of the Code. (16 CCR § 1833.1(e))
- 16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR section 1833.1. (16 CCR § 1833.1(f))

Trainee/Associate's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

17) I shall provide the associate or trainee with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1833.1(b))

***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing, that I meet all criteria stated herein, and that the information submitted on this form is true and correct.***

Signature of Qualified Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: Number and Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

***THE SUPERVISOR SHALL PROVIDE THE ASSOCIATE OR TRAINEE BEING SUPERVISED WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY COUNSELING OR SUPERVISION.***

***THE TRAINEE OR ASSOCIATE SHALL SUBMIT THIS FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.***



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**MARRIAGE AND FAMILY THERAPIST TRAINEE / ASSOCIATE  
 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 - AMFT 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 or Triadic**</i>								
<i>B2. Supervision, Group**</i>								
<b>C. Total Hours Per Week</b> (A + B = C) (Maximum 40 hours / week)								
<b>Supervisor Signature</b>								

\* Includes telehealth counseling.

\*\* 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.



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## LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION OPTION 1 –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 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 Number AMF
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### SUPERVISOR INFORMATION:

Supervisor's Last Name	First	Middle
Business Phone	Email Address (OPTIONAL)	
License Type	License Number	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 qualifications were met: \_\_\_\_\_

*\*If licensed in California for less than two years on the first date of experience claimed, provide out-of-state license information.*

### APPLICANT'S EMPLOYER INFORMATION:

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

Applicant: Last	First	Middle
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**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 or Triadic		
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> <p>Supervisor Signature: _____ Date: _____</p>		