COUNSELING PRACTICUM: INFORMATION FOR PRACTICUM SUPERVISORS

Welcome!

The Department of Counselor Education would like to welcome you and thank you for agreeing to serve as a practicum lab supervisor (i.e., “live supervisor) for master’s level counseling practicum students.

This handbook contains information and documents that will be useful to you as you provide live supervision and individual/triad supervision to practicum students.

Please also take time to review the Student Handbook (located on the Counselor Education Website or the link below) to familiarize yourself with student requirements and evaluation for practicum.


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SUPERVISION LOGISTICS

Live Supervision

You will conduct live supervision in the Counselor Education conference room on the 6th floor of the Education Building (between the graduate room and the graduate assistant room). You will be provided with a laptop and access to the supervision system. If the laptop is not working properly, you can view live sessions on the main computer in the graduate student work room.

There are three practicum labs available to students during the lab hours. It is helpful to watch at least 20 minutes of at least two sessions during each hour of supervision. For example, if you supervise starting at 3:00pm, watch a student in session from 3:00-3:20pm and a second student from 3:20-3:40pm.

Following each session, you will complete a feedback sheet to provide to the student and the student's primary supervisor (you will be provided a list of each student's primary supervisor). You will keep the original copy. Copies can be made in the copy room on the 6th floor and distributed to the student files in the grad room and faculty mail boxes in the copy room.

The goal of providing live supervision is to provide valuable feedback to the student about skill development. Example skills include:

- Review of Disclosure and Informed Consent
- Open/closed Questions
- Attending Behaviors
- Active Listening (minimal encouragers, nonverbal & verbal)
- Reflect Feeling
- Use of Silence
- Paraphrase
- Interpretation
- Immediacy
- Challenge/Confrontation
- Self-disclosure (appropriate vs. inappropriate)
- Summarize
- Time Management (starting, ending sessions on time; pacing of session)
- Termination
- Theoretical Orientation
- Suicide/Risk Assessment
Suicide/Risk Assessment

Students have been trained to assess for suicide, however, they may need your assistance as they put these newly developing skills into practice.

If a student needs assistance, they have been instructed NOT to leave their clients alone in the practicum lab. They can either ask a peer who is also in the lab, or bring their client with them, to find you.

Avoid “stepping in” to help the client, rather focus on encouraging/educating/supporting the student thorough risk assessment or safety plan. This process will include: assessing for suicidal ideation (plan, means, intent) and/or homicidal ideation (plan, means, clearly identifiable victim, intent).

If a client endorses thoughts of suicide/passive suicidal ideation, and denies and clear plan or intent, it may be useful for the student to utilize a Safety/Crisis Plan (found in “Forms” section of this document). It is important to note that “No Harm Contracts” are not empirically supported and no longer considered effective practice.

If a client endorses thoughts of suicide with a plan, means and intent to act and is unable to agree to a safety plan it is recommended to contact a reliable family member/friend or Law Enforcement for transport to the nearest Emergency Department (St. Luke’s) for further evaluation and possible psychiatric placement. You can contact Ada County non-emergency dispatch at (208)377-6790.

If the client endorses thoughts of suicide with a plan, means and intent to act and is refusing to cooperate with a family member/friend taking the client to the Emergency Department you will likely need to contact Law Enforcement immediately and call 9-1-1. Law Enforcement may place the client on an involuntary hold in this situation and the client may be placed in handcuffs for their safety.

Students are advised to inform their primary supervisor of any situations where the client discloses thoughts of suicide/homicide.

Individual/Triadic Supervision

In addition to live supervision, you will provide approximately one hour of individual/triadic supervision each week. Students are required to complete two hours of supervision with a live supervisor over the course of the semester (does not have to be the same live supervisor). Students will come to their supervision sessions with selected clip from a recorded client session to review. We ask that you do spend some time watching the student’s recorded session clip, however, otherwise you are free to facilitate supervision according to your preferred supervision theory.
Following the supervision session, provide a feedback sheet to the student and make a copy for the student’s primary supervisor. You will keep the original copy.

Students will sign-up for individual/triad supervision using Google Drive. Counselor Education maintains a shared scheduling drive for practicum clients, live supervision, and other space reservations. If you do not receive an invitation to view this drive by the beginning of September, you can contact Kristin Batten (kristinbatten@boisestate.edu) or myself (raissamiller@boisestate.edu).

At times, students will consult with you immediately following or prior to a session. These consultations should be brief and does not need to be documented on a supervision sheet. If the student has concerns that need to be addressed in a longer, more formal supervision session, encourage them to email their primary supervisor to schedule a meeting.

Absences

In the case you cannot attend your live supervision, please notify the practicum coordinator, Dr. Raissa Miller (raissamiller@boisestate.edu) as soon as possible. If the absence is planned (e.g., out of town trip, work conflict), please ask your fellow live supervisors if they would be willing to take your hours and/or trade days. If the absence is unplanned (e.g., sickness, caretaking issue), please just notify the practicum coordinator at your earliest convenience. If we cannot find coverage for the hours, we will have to cancel client sessions for the day.

Technology Issues

Live supervision requires technology – and as we all know, technology does not always work well. If there is an issue with the laptop, try watching sessions from the graduate student work room. If there is an issue with the entire system, please stay available for consultation and supervision throughout your live supervision time. You can still meet and talk with students before and after their sessions.

Please record any technology issues (big or small) on a log that will be kept in the graduate student work room. This log will help us keep track and troubleshoot reoccurring problems.

Parking

Boise State will not allow for departments to pay for any employees (faculty, staff, adjunct, etc.) parking. Paid parking is available in the Brady Street garage close to the Education Building. Please see below for a few tips on where to park for free.

Free parking is available in Julia Davis Park and Ann Morrison Park. There may be time restrictions in certain locations and/or on certain days.
Street parking is also available on various parts of campus (e.g., University Drive (near Student Union Building) and Boise Ave.).

Campus Security will escort anyone who feels uneasy about walking at night (even if not to a Boise State parking location). Please call University Security if you ever need this service: (208) 426-6911.

**STUDENT EVALUATION**

**Mid-Term and Final Supervision Meetings**

All live and primary supervisors will meet twice during the semester; once at mid-term and once toward the end of the semester. The purpose of this meeting is to review each student’s progress in practicum and come to a consensus regarding a letter grade.

It is helpful to bring all of your live supervision feedback forms and supervision forms to the meeting to help provide input about the student's progress (strengths, areas for improvement, etc...).

Following the meeting, primary supervisors will meet with their assigned students and complete a Practicum Evaluation and assign the student a grade. The Practicum Evaluation is found in the Student Handbook https://education.boisestate.edu/counselored/files/2011/08/STUDENT-HANDBOOK-April-2016.pdf. It may be helpful to review this document to familiarize yourself with evaluation criteria.

**Grading**

As indicated in the Student Handbook, letter grades for Counseling Practicum is based on the following:

- Attendance
- Evidence of professional enthusiasm, demeanor, and dispositions
- Completion of required number of clock hours
- Achievement of identified knowledge and competency based skills
- Completion of client file paperwork in a timely, neat, and thorough manner
- Performance of the role and behaviors of the counseling pre-professional (including effective response to feedback) as documented with informal evaluations throughout the Practicum and with formal evaluations at midterm and at the end of the semester.
- Completion of assignments in group supervision class
- Statistical analyses of client ratings
A letter grade of "A/A-" indicates that in addition to completing all course requirements, including record keeping, in a timely and professional manner, the student demonstrates strong counseling skills, high standards of professional and personal behavior, a continued willingness to learn through reflective practice and utilize feedback effectively, and a commitment to the counseling profession.

A letter grade of "B+/B/B-" indicates that in addition to completing all course requirements, including record keeping, in a timely and professional manner, the student demonstrates adequate counseling skills, above average standards of professional and personal behavior, a continued willingness to learn and utilize feedback effectively, and a commitment to the counseling profession.

A letter grade of "C+/C/C-" indicates that the student did not complete all course requirements, including record keeping, in a timely and professional manner, needs to significantly improve counseling skills, may need to examine personal and professional standards of behavior, and/or appears to be unwilling to learn or lacking in commitment to the counseling profession. A letter grade of "C+/C/C-" will lead to a re-evaluation of the student’s continuing participation in the Counseling Program by his/her Program Advisor and Faculty.

A grade of “I” or "Incomplete" may be given in cases where the student has failed to meet the required number of clock hours, until the student takes proper steps to meet the requirements. Failure to meet requirements within one semester will result in re-evaluation of the student’s continuing candidacy in the Counseling Program by his/her Program Advisor and Supervisory Committee. The student must fulfill the "incomplete" tasks prior to accumulating any hours towards the subsequent clinical field experiences.

FORMS

Below are forms to assist you in your role as a Live Supervisor:

- Live Observation Form ........................................................................................................ 7
- Supervision Session Notes ...................................................................................................... 8
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- Safety/Crisis Plan .................................................................................................................. 10 - 11
LIVE OBSERVATION FORM

Student Name:  
Observer:  
CLIENT’S FOCUS:  
Session # (if known):  

<table>
<thead>
<tr>
<th>SKILLS OBSERVED</th>
<th>TALLY</th>
<th>EXAMPLES</th>
</tr>
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</table>

Observer’s Comments/Questions for Counselor-In-Training:

cc:
SUPERVISION SESSION NOTES (I)

Supervision Session #: _________ Date: ______________

Supervisee-in-Training: _________________________

Individual [ ] Triad [ ] __________________________

Supervisor: ________________________________

Feedback (Skills observed, strengths/improvements/concerns, etc…)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Enrichment (Skills practiced/demonstrated/discussed, etc…)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Goals & Target Areas for Improvement (Future Sessions)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Additional Comments
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

cc: ______________
SUPERVISION SESSION NOTES (II)

Supervision Session #: __________  Date: ______________

Supervisee-in-Training: ___________________________  
Individual [ ]  Triad [ ] ____________________________

Supervisor: ____________________________

Feedback (Skills observed, strengths/improvements/concerns, etc…)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Enrichment (Skills practiced/demonstrated/discussed, etc…)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Goals & Target Areas for Improvement (Future Sessions)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Additional Comments
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

cc: _______________
CRISIS/SAFETY PLAN

Name: ___________________________  Date: ________________

Warning signs
(Thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____________________________________________
2. _____________________________________________
3. _____________________________________________

Internal coping strategies
(Things I can do to take my mind off my problems i.e. relaxation technique, physical activity):

1. _____________________________________________
2. _____________________________________________
3. _____________________________________________

People and social settings that provide distraction:

1. Name: ___________________________  Phone: ___________________________
2. Name: ___________________________  Phone: ___________________________
3. Place: ____________________________
4. Place: ____________________________

People I can ask for help:

1. Name: ___________________________  Phone: ___________________________
2. Name: ___________________________  Phone: ___________________________
3. Name: ___________________________  Phone: ___________________________
Professionals or agencies I can contact during a crisis:

1. Clinician Name: ___________________________ Phone: ___________________________
   a. Clinician Pager or Emergency Contact: ___________________________

2. Clinician Name: ___________________________ Phone: ___________________________
   a. Clinician Pager or Emergency Contact: ___________________________

3. Local Urgent Care Services: ___________________________
   a. Urgent Care Services Address: ___________________________
   b. Urgent Care Services Phone: ___________________________

★ 4. Idaho Suicide Prevention Hotline: 1(800)273-TALK (8255)

Three things that are most important to me and worth living for are:

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________