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Professional Counseling Psychology Masters Program

The information contained in this Manual is designed to guide Students through the educational and clinical training experience requirements necessary for completing the masters degree in psychology with a specialization in counseling, and for obtaining a license as a Mental Health Counselor as outlined in Florida Statute 491. The degree requirements for the professional Counseling Psychology Masters program are designed to be consistent with the state licensure requirements, however, the Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling meets several times annually and may change the rules outlined in Chapter 491 at any meeting. It is recommended that all Students obtain a copy of the Florida Statutes (Laws and Rules) governing the profession. Students should stay current with changes and new information by maintaining contact with the Florida Board.

Division of Medical Quality Assurance
Board of Clinical Social Work, Marriage and Family Therapy and Counseling Psychology
4052 Bald Cypress Way
Tallahassee, Florida 32399-3258
www.doh.state.fl.us/mqa
(850) 245-4474

It is recommended that Students join the Florida Mental Health Counselors Association (FMHCA), which offers important information regarding upcoming changes in the laws and rules as well as other vital information. Their website is http://www.fmhca.org/

It is also suggested that students planning to have a career in Psychology and Counseling join the American Counseling Association and the American Psychological Association. They both offer student memberships, many discounts, publications, etc. and they offer student liability insurance. The ACA Membership Services number is 800-347-6647 x. 222 and their web site address is http://www.counseling.org/. The APA Membership Services number is 800-374-2721 and their website address is http://www.apa.org/students.
Informed Consent

Description of Course Expectations and Program Experiences
The course content and experiential activities in the Professional Counseling Program are designed to afford students the opportunity to advance their personal, intellectual, and professional development. Throughout the program of study, you will be expected to receive and integrate feedback concerning your personal, academic, and professional strengths, limitations, and performance as a counselor.

The expectations of the counseling curriculum are that you will explore and recognize the effect that your personal beliefs, values, issues, emotions, and behaviors have on your ability to function as a counseling professional. The various methods courses, practica, and internships, will require that you develop and demonstrate your counseling skills as you work with other students in role-play scenarios and with clients in actual counseling sessions. You will be asked to examine your behaviors, beliefs, and emotions in relation to your counseling activities and experiences consistently and systematically.

The 2005 American Counseling Association Code of Ethics [http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx](http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx) provides the foundation for our ethical standards. Section F.9.b states that faculty members:

“…1) assist students in securing remedial assistance when needed, 2) seek professional consultation and document their decision to dismiss or refer students for assistance, and 3) ensure that students have recourse in a timely manner to address decisions to require them to seek assistance or to dismiss them and provide students with due process according to the institutional policies and procedures.”

If, in the professional judgment of a faculty member, a student’s behavior is deemed substandard, unethical, illegal, and/or professionally unbecoming at any time during the course of training, a student may be referred for faculty review. At that time the Faculty Review Committee will be called to review the performance, record, and behavior of the student and to make recommendations to the Chair of the Department.

Attestation Statement:

I have read the Student Manual. I am willing to adhere to the principles and requirement as described. I have also read the description of course requirements and program experiences required in the curriculum on the program website [w3.fiu.edu/pcp](http://w3.fiu.edu/pcp). I am willing to participate fully in the courses and requirements of the Counseling Program. I further understand that a course grade of B or better must be obtained to progress in and graduate from the program. I understand that I have been admitted to the PCP Program only, and therefore switching to a different program must be done through application to the specific program.

Student Name            Signature & Date
Area of Specialization

In addition to the coursework and clinical training, students are required to complete either a Masters Thesis or a Qualifying Paper as an Area of Specialization.

**IMPORTANT:** Students must declare an Area of Specialization (Thesis or Case Conceptualization Paper) by the end of the first year of study. The declaration is made by completing the Application for Area of Specialization on the following page of this manual. This form should be completed and turned in to the Program Coordinator by the end of the first year of study.

**Note:** The number of credits required for Clinical Practicum, Clinical Internship, and Masters Thesis are dependent on the student’s selection of an Area of Specialization.

**AREA I SPECIALIZATION: CASE CONCEPTUALIZATION**

The Qualifying Paper is defined as an advanced case conceptualization that is completed as part of the clinical experience. Students should consult the Area I Specialization Instructions in this manual for specific instructions on completing the project. The student will be guided through the process during the Advanced Clinical Internship course.

- CLP 6945 Clinical Practicum (3 credits)
- CLP 6943 Advanced Clinical Practicum (3 credits)
- CLP 6948 Clinical Internship (3 credits)
- CLP 6949 Advanced Clinical Internship (6 credits)

Successful Completion of Qualifying Paper

**AREA II SPECIALIZATION: MASTERS THESIS**

Students selecting to complete a Master Thesis must complete Form C: Thesis Committee Appointment, and return to the Graduate Secretary. Students are responsible for consulting the University’s Academic Calendar for important deadlines and forms regarding the completion of a masters thesis. Students should also consult the Area II Specialization Instruction in this manual for important information for completing the project.

- CLP 6945 Clinical Practicum (3 credits)
- CLP 6948 Clinical Internship (3 credits)
- CLP 6949 Advanced Clinical Internship (3 credits)
- PSY 6971 Masters Thesis in Psychology (6 credits)
Application for Area of Specialization

This form is to be filled out by the end of the first year of study and turned in to the program Coordinator.

1. Student Information

Student Name:____________________________  Date: ________________________

What semester did you officially begin the program?  ___________________________

When do you anticipate that you will graduate form the program?__________________

Currently enrolled in the:

_____ PCP Program

_____ CP Program

2. Area of Specialization:

_____ I am planning to complete an Area I Qualifying Paper.

_____ I am planning to complete an Area II Masters Thesis (skip to # 4).

3. Qualifying Paper Committee (to be filled out by Area I students only)

Chair : ____________________________________________________________

(Name, Signature, & Date)

Reader: ____________________________________________________________

(Name, Signature, & Date)

4. Declaration Statement

I hereby declare my Area of Specialization as described above.

_______________________________________   ______________________________

Student Signature      Date
Case Conceptualization Instructions

Guidelines for the Preparation of the Qualifying Paper (Advanced Case Conceptualization) and Presentation

Students are expected to declare their Area of Specialization by the end of their first year of graduate training. Students will be expected to begin the process of preparing the qualifying paper (i.e., the case conceptualization) the semester before the one in which they expect to graduate. This time frame will allow a sufficient period to prepare a document of a somewhat broader scope than the typical term paper. Optimally, students will begin work on the qualifying paper during their second year of coursework. Students will be required to locate an advisor affiliated with the Counseling Psychology Committee in the Department of Psychology. It is expected that the student will work with a faculty member or other MCP affiliate (i.e., the “chair”) to develop the literature review and case conceptualization and that the chair will guide the student and monitor his or her progress.

One additional committee member will serve as a “reader” on the completed literature review and case conceptualization and participate in the evaluation of the completed qualifying paper. At least one of the members of the committee is required to be a faculty member in the Department of Psychology. The final qualifying paper will be evaluated on an “acceptable or unacceptable” grading system, one traditionally used with an empirical thesis. Students are expected to receive a timely review of their submitted work, i.e., within two weeks of submission. Students will have two chances to present an acceptable qualifying paper. Students will be responsible for recruiting two affiliated MCP members for participation on the committee and securing their signatures on the appropriate form that signifies their agreement to serve as committee chair or as readers (Application for Area of Specialization).

Students are expected to complete a master’s degree in four years or less (See Graduate Handbook for specific details). This period of time may be extended to a total of six years, on a year-to-year basis, at the discretion of the Director of the Graduate Program. Students are expected to observe the same timelines published by the Office of the Dean of the Graduate School each semester regarding final dates for committee defenses. The necessity of a meeting of the committee for the purpose of an oral defense of the qualifying paper will be determined at the discretion of the committee. One potential use of an oral defense is to facilitate an evaluation of a qualifying paper that is perceived to be of marginal or borderline quality. In this situation, the defense would be an opportunity for the student to receive the benefit of additional discussion of the qualifying paper’s content and related feedback.

Structure of the Qualifying Paper (Clinical Case Conceptualization)

The prototypical qualifying paper will have two sections:

(a) a review of available theory and research; and,
(b) a presentation of a clinical case.

The core text of the qualifying paper should range from 20 to 30 pages. The document will be prepared in accordance with the most current version of the APA Style Manual. In addition, students will be expected to attach relevant appendices to the core text to present necessary supporting materials (e.g., assessment instruments) or tables. Examples of case conceptualizations may be obtained from faculty members or in relevant clinical journals.
Content of Literature Review
The review of available theory and research should contain the following key components:
- Define problem/disorder and discuss scope or significance
- Present an overview of conceptual frameworks or models of the problem/disorder
- Synthesize and integrate primary source theoretical and conceptual literatures
- Discuss representative treatments or intervention/prevention programs
- Evaluate and critique limitations in current empirical research, specific to topic, emphasizing issues like sampling, measurement, research design, internal and external validity, etc.
- Discuss directions for future research or related practice

Content of Case Presentation
The case presentation should contain the following key components:
- Present an overview and the conceptual core of a selected treatment or prevention modality
- Apply the selected treatment or prevention program to a specific case
- Describe the case and the process of assessment
- Discuss specific and relevant targets for treatment or intervention
- Discuss specific techniques or procedures used to implement the selected treatment or intervention and the putative effectiveness of such procedures
- Discuss potential obstacles or barriers to effective implementation
- Describe relevant ethical issues related to the implementation process
- Discuss the implications of diversity on the implementation process and subsequent treatment or intervention effectiveness.
- Describe a plan to evaluate the effectiveness of the treatment or intervention plan
Thesis Instructions

Students are expected to declare their Area of Specialization by the end of their first year of graduate training. Information pertaining to the masters thesis below is taken from the Regulations for Thesis/Dissertation Preparation Manual that can be found by clicking http://www.fiu.edu/%7Eugs/thesis_dissertation_manual.html

Definition of a Thesis and a Dissertation. The submission of a thesis or a dissertation is the last step in a program leading to the award of a graduate degree. The manuscript is a scholarly statement of the results of a long period of research and related preparation, undertaken to fulfill partially the requirements for an advanced degree. It is made available for public use in the University Library, microfilmed for archival preservation and, if a dissertation, it is published by University Microfilms International (UMI).

Purpose of these Regulations. For the reasons above the University has established guidelines for uniformity in the physical format of the manuscript. The intent of this manual is to assist candidates in the preparation and typing of theses and dissertations submitted for advanced degrees in the schools or colleges of Florida International University (FIU).

General Guidelines for Procedure and Format. The student’s work is carried out under the direction and supervision of their major professor and committee members who supervise it for the intellectual content. Before beginning work on a thesis or dissertation, candidates must present a proposal for the approval of their major professor and committee members. The major professor and committee members may specify certain aspects of style, such as footnote style and placement, and the manner in which references are cited. Candidates are urged to consult with their major professor early in the preparation of the manuscript regarding both the subject and the general plan of investigation as well as style preferences. Style manuals are available for purchase at the FIU Bookstore. As to format, the regulations included here supersede any style manual instructions. Format includes manuscript arrangement, organization of specific preliminary pages, spacing, typeface, margins, page number order, page number placement, and the requirement for permission to reproduce copyrighted material. No joint authorship will be accepted.

Do not use theses or dissertations previously filed, nor out-of-date FIU regulations for format examples because changes are made from time to time, and candidates are responsible for following the requirements in effect when the manuscript is filed.

Questions on the preparation and filing of theses and dissertations or the completion of academic requirements for advanced degrees should be addressed by your major professor. After conferring with your major professor, you must come to the Graduate School in the PC building (5th floor) to receive a packet containing different forms and specific information about how and when to file these forms. Doctoral students, in particular, need to be aware of specific forms that must be filed before advancing to candidacy. More information concerning these forms is given in Chapter IV of the manual.

Before coming to the Graduate School, please call for a schedule of our office hours (Tel. 305-348-2455).

Questions that arise in the preparation of final manuscript copies, but which are not covered in this publication, may be discussed with your major professor. Early consultation with your major professor is particularly helpful if, after you have read the regulations carefully, there are
questions about special material or about the need for permission to reproduce copyrighted material to be used in your theses/dissertations.

Federal income tax regulations may permit the deduction from taxable income of certain expenses incurred for research and typing in the preparation of advanced degree manuscripts. For further information, consult the nearest office of the United States Government Internal Revenue Service or a tax advisor.

**Flow Diagram Indicating Steps in the Development and Submission of a Thesis/Dissertation.** For a general idea on how to proceed from the development of a thesis or dissertation topic to its oral defense, the student should refer to the flow diagram on Appendix 1.

**The Thesis or Dissertation Proposal.** Both the preliminary and the formal proposal that the student is required to prepare have several functions and benefits. One of them is that a clear and lucid description of a problem and a proposed method of solving it is a learning process and helps the students avoid oversights and possible mistakes. The proposals also help the members of the guidance committee to provide appropriate assistance to the students in their task.

**Format of the Proposal.** The proposal should explain the problem to be investigated and convince the major professor and the committee members that the problem merits investigation. It should show that the student has read the relevant and recent literature on the subject and it should contain a list of materials consulted during the preliminary stages of research.

The formal proposal should include:

- background information related to the research topic
- purpose of the research
- methodology, and
- statistics and analysis to be used.

The formal proposal should **not** exceed **five (5) pages** and should be attached to the Form C - Thesis/Dissertation Committee Appointments. Form C is discussed in Chapter IV in the Manual. Appendix 3 shows a sample of a proposal for a thesis or dissertation.

**Telephones and Addresses Most Often Used on Campus.** A list of offices most used on campus with addresses and telephone numbers appears in Appendix 21. Appendix 22 – 23 include a Graduate Student Checklist for Thesis/Dissertation Preparation.
FLORIDA INTERNATIONAL UNIVERSITY

Miami, Florida

CASE CONCEPTUALIZATION TITLE

A case study submitted in partial fulfillment of
the requirements for the degree of

MASTERS OF SCIENCE

In

PSYCHOLOGY

By

Student S. Name

200X
This case study, written by Student S. Name, and entitled “___”, is approved in respect to style, intellectual content, and adherence to ethical guidelines.

We have read this case study and recommend that it be approved.

_________________________________
[Mentoring Professor], Major Professor

_________________________________
[Other Professor], Reader
Outline

I. INTRODUCTION AND LITERATURE REVIEW
   a. [Problem Background and Significance]
   b. [Theory]
   c. [Treatment Modality]

II. CASE EXAMPLE
   a. Case Introduction
   b. Presenting Complaints
   c. History
   d. Assessment

III. INTERVENTION: XYZ THERAPY
   a.
   b.
   c.

IV. TREATMENT SUMMARY

V. TREATMENT ANALYSIS
   a. Session 1
   b. Session 2
   c. [Key Session excerpts follow:]
   d. Preparing for Termination
   e. Termination

VI. COMPLICATING FACTORS

VII. ETHICAL CONSIDERATIONS

VIII. FOLLOW-UP

IX. TREATMENT IMPLICATIONS

X. CONCLUSIONS

XI. REFERENCES
Abstract For The Case Study
[TITLE OF STUDY]

By

Student S. Name
Florida International University, 20XX
Miami, Florida
Dr. [Mentoring Professor], Major Professor

[EXAMPLE:] Inner-city at-risk adolescent girls face many daily challenges that compromise their mental health and increase risk for depressive symptoms, particularly a lack of hope. Hope theory, a cognitive-motivational model, is a functional methodology to conceptualize the developmental pathways of this population. Likewise, the therapeutic components of hope therapy and narrative therapy provide useful tools for working with at-risk girls. The following conceptualization uses hope theory to present the case of a 16-year-old African-American female client. A documentation of the client’s therapeutic process through the implementation of hope therapy and narrative therapy follow. Suggestions for further treatment and a final declaration of the author’s own hopeful story for the client are presented.
Clinical Training

The clinical training experience allows students the opportunity to work in a clinical setting and participate in supervised clinical experiences that are necessary to fulfill the 1000 hours of pre-Master’s experience that is part of the requirements to qualify for a license in Mental Health Counseling.

The 1,000 hours of Supervised Clinical Experience is made up of two parts.

- **Clinical Practicum** defined as 400 clock hours of supervised clinical experience.
- **Clinical Internship** defined as 600 clock hours of supervised clinical experience.

And follows CACREP standards for practicum and internship, where forty percent of the clock hours are made up of direct client contact and sixty percent of the clock hours are made up of non-direct clinical experience.

All Students are responsible for maintaining a Clinical Experience Notebook. The Clinical Experience Notebook is a record of all the clinical training experience that the student was involved in throughout the program (including Clinical Practicum, Clinical Internship). The notebook should be a 3” black three ring binder, which contains:

A. Activities Logs
B. Clinical Experience Hours Logs
C. Student and Supervisor Feedback Forms
D. All Course Syllabi
E. Copies of Liability Insurance Coverage Policies

This notebook will be reviewed at the end of each semester of Practicum & Internship as part of the requirements for successfully completing CLP 6945 Clinical Practicum, CLP 6948 Clinical Internship and CLP 6949 Advanced Clinical Internship.
Beginning the Clinical Practicum: Instructions

Prerequisite: Admission to the program, permission from Instructor, placement with a faculty sponsored or University approved site, and attendance in the student orientation.

Step 1: **Applying for & Selecting a Site**

- Fill out the Application for Practicum (in Manual) and turn in to the Program Coordinator the semester before you plan to begin your practicum.

- Schedule a meeting with the Program Coordinator to discuss your area of interest and identify possible sites for placement. **NOTE:** A listing of approved sites can be found in the Site Directory.

Step 2: **Interview with site**

- Once the Program Coordinator has contacted the site(s) that you are interested in, you should arrange an interview with the Site Supervisor.

Step 3: **Notify Program Coordinator of Outcome**

- Once the student has interviewed with the selected site’s supervisor, the Program Coordinator should be notified of the outcome of the interview.

Step 4: **Obtain Students Liability Insurance**

- Obtain student liability insurance and provide a copy to the Program Coordinator during the first week of the semester (can be obtained through APA or ACA).

Step 5: **Register for Practicum**

- Register with permission of the Instructor for CLP 6945 Clinical Practicum.
Beginning the Clinical Internship: Instructions

Prerequisite: Completion of at least 40 hours of coursework (including required courses), 3 credit hours of CLP 6945 Clinical Practicum, completion of the Application for Clinical Internship, Completion of the Self Inventory.

Step 1: Applying and Selecting a Site

At least one semester prior to the semester in which you plan to begin your Internship you should arrange a meeting with the Program Coordinator to discuss your area of interest and identify possible sites for placement. NOTE: You should bring with you a completed Application for Clinical Internship (in Manual).

Step 2: Interview with the Site

Once the site has been contacted by the Program Coordinator, you should contact the Site Supervisor to arrange an interview. Some general guidelines for the interview are:

(a) Be prepared to talk about your preparation for participation in the internship. For example, take a list of courses that you have already completed. Describe any counseling or related experiences you have had. It is advisable to prepare a resume listing this and other pertinent information about yourself. Remember that this is a professional interview in which you are also representing FIU; you want to present yourself accordingly.

(b) Before attending the interview, read and be familiar with all of the requirements for an Internship Site Placement (in the manual). Overall, be prepared to inform the field site contact that you want to participate, under supervision, in a variety of counseling (individual, group, family) and inter-related experiences (staffing, in-service, workshops, intake interviews, assessments, etc.) as appropriate to your training and interests. Also let the supervisor know that you need to have a certain number of hours a week of direct counseling experience with at least one client continuing over several sessions and some group work. Also, you need one hour per week of individual supervision at your Site Supervisor.

(c) Be prepared to accommodate yourself to field site requirements as much as possible. For example, you may have to begin your site work before the semester begins and/or continue it after it ends. If this is the case, however, you must have permission from your instructor. Also, you need to check with our site supervisor about taking Winter or Spring breaks as some placements expect you to work through these semester breaks.

Step 3: Notification of Interview Outcome

Subsequent to the interview with the Site Supervisor or contact person the Student must notify the Program Coordinator of the outcome of the interview.

Step 4: Obtain Students Liability Insurance

Obtain student liability insurance and provide a copy to the Program Coordinator during the first week of the semester.

Step 5: Register for Internship

Register with permission of the Instructor for CLP 6948 Clinical Internship.
Requirements for Practicum/Internship Site Placements

Prospective counselor interns may use this summary of requirements as a quick information guide in their interview with a field site contact person.

1. After adequate orientation and training, students should be involved in the full range of activities and services offered by the site. The University recognizes that the services will vary depending on the philosophy and goals of the site and the clients served. But typically these services include:
   a. Individual counseling
   b. Group counseling
   c. Career development
   d. Appraisal and assessment
   e. Information dissemination
   f. Staff meetings
   g. Supervision
   h. In-service training
   i. Consulting
   j. Referral
   k. Developmental guidance activities
   l. Program development and evaluation
   m. Maintaining records

2. Over the course of the practicum and internship, students must spend a total of at least 1000 hours working at the site.

3. If agency policy permits, with client’s written permission, students may wish to consider video or audiotape their field site counseling sessions. These may be used for supervision at the University and should be helpful for the on-site supervisor. Clients’ anonymity is guaranteed. A Consent to Record form should be included in the client's file.

4. All students are to receive one hour per week of individual supervision from their on-site supervisor. The on-site supervisor must have at least a master’s degree in counseling, psychology, social work or related field, an appropriate license or certification, and at least two years of professional supervision experience.

5. The on-site supervisor is asked to complete an evaluation form for the student at the close of each semester.

6. The student is asked to complete an evaluation form on the field supervisor at the end of each semester.

7. The Program Coordinator will stay in phone contact with the field site supervisor as necessary and desirable. She will visit the site during the semester to discuss the student’s progress and consider any problems that may arise.

8. Students will maintain a log that outlines all internship activities. The on-site supervisor will review and sign the log during the semester to verify that the logs are accurate.

9. In addition to the on-site activities, students meet 1-1/2 hours weekly for group supervision on campus where cases are discussed and tapes are reviewed. Specific requirements for Clinical Internship and Advanced Clinical Internship are outlined each semester in the course syllabus.
FAQ’s Practicum & Internship

1. What is the difference between the practicum and the internship?

The practicum is completed before the internship and is usually shorter in duration and/or less clinically intense (with regard to direct services) than the internship. The internship is (at least) a two-semester-long placement in a mental health setting, which follows the completion of at least 40 hours of coursework including a course in Ethics, Psychopathology and Individual and Group Counseling.

2. Can I accrue practicum or internship hours on my own (i.e., without being registered for CLP 6945 or CLP 6948) to be counted toward the pre-masters 1,000 - hour requirement?

No. Anytime you are attaining hours toward the 1,000 hour requirement you must be registered for the appropriate section (CLP 6945 or CLP 6948) and receiving supervision. Hours attained without registration and supervision will not be counted toward the 1,000 hour requirement.

3. Can I do my practicum and internship at the same site?

Yes, but is will depend on the placement site’s requirements for practicum and/or internship students.

4. When can I register for practicum?

As soon as you are admitted to the program. The practicum should begin within your first year of study. Clinical Practicum is offered every semester and you need 3-6 credits and 400- clock hours.

5. Can I do my practicum and internship where I work?

Yes, but your site must be approved by the Program Coordinator.

6. What are the prerequisites for registering for the internship placement?

You must have completed the 400 hour practicum and 40 hours of your course work that includes ethics, psychopathology, group counseling, and individual psychological consultation.

7. How do I find a placement for practicum/internship?

You can make an appointment with the Program Coordinator and /or consult the Site Directory. NOTE: The Program Coordinator must make the first contact with the site before students are permitted to interview with the site.

8. What do I do with all of my logs and other paperwork pertaining to the practicum and internship?

All of this paperwork should be contained in your Clinical Experience Notebook, which will be reviewed at the end of each semester of practicum and internship by the faculty Clinical Supervisor.

9. Do I get to take semester breaks (e.g. Winter break, Spring break) according to the FIU academic calendar while doing my internship?

You should not expect to take semester breaks according to the FIU academic calendar. Your internship placement should be regarded as a professional job and therefore you would need to check with your site supervisor to arrange for breaks and vacation time.
Forms for Practicum & Internship
Application for Clinical Practicum

Application for the clinical practicum should be completed at one semester prior to the semester in which you plan to sign up for the clinical practicum and turned in to the program coordinator along with the Self-Inventory.

I. Student Information

Student name:______________________ Student ID#:_______________________
Email address:____________________ Phone #:___________________________
Date:___________________________ Program:____________________________

II. Semester you were admitted into the program:___________________________

III. Relevant work experience
______________________________________________________________
______________________________________________________________
______________________________________________________________

IV. Preferred Placement Site (list in order of preference)

1. _____________________________________
2. _____________________________________
3. _____________________________________
Application for Clinical Internship

Application for the clinical internship must be completed at one semester prior to the semester in which you plan to sign up for the clinical internship.

I. Student Information

Student name:______________________ Student ID#:_______________________

Date: ___________________ Program:___________________________________

II. Preferred Placement Site (list in order of preference)

4. _____________________________________
5. _____________________________________
6. _____________________________________

III. Clinical Hours Completed

Practicum completed _____Yes _____ No

# of completed Practicum clock hours Site:
# of completed Practicum clock hours Site:

Total # of practicum credits taken _____ of (6 credits, Qualifying Paper) (3 credits, Masters Thesis)

IV. Area of Specialization: Masters Thesis or Qualifying Paper

_____ Area I: Qualifying Paper
_____ Area II: Masters Thesis (PSY 6971 Masters Thesis in Psychology 6 credits)

Briefly describe your plan for completing the Thesis or Qualifying Paper:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

All students must complete and turn in the Application for Area of Specialization to declare your selection for Thesis or Qualifying Paper by the end of the first year of study.

IV. Completed Coursework
<table>
<thead>
<tr>
<th>Content Area: Counseling Theory &amp; Practice</th>
<th>SEMESTER TAKEN</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PCO 6206 Prin. &amp; Prac. Counseling and Psychotherapy</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>CYP 6536 Prin. &amp; Methods of Psychological Consultation</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>CLP 5185 Current Issues in Mental Health</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>PCO 5251 Couples &amp; Family Systems</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

**Content Area: Human Growth & Development**

| DEP 5068 Applied Lifespan Developmental Psychology | ___________ | ___________ |

**Content Area: Diagnosis & Treatment of Psychopathology**

| CLP 5166 Advanced Psychopathology | ___________ | ___________ |

**Content Area: Human Sexuality Theories**

| CLP 6498 Diagnosis and Treatment of Sexual Disorders | ___________ | ___________ |

**Content Area: Group Theories & Practice**

| CYP 5534 Groups As Agents Of Change | ___________ | ___________ |

**Content Area: Individual Evaluation & Assessment**

| CLP 6436 Intro to Psychological Assessment | ___________ | ___________ |

**Content Area: Career & Lifestyle Assessment**

| DEP 5405 Proseminar in Psychology of Adulthood & Aging | ___________ | ___________ |

**Content Area: Research & Program Evaluation**

| CYP 6526 Psychological Methods of Program Evaluation | ___________ | ___________ |

**Content Area: Social & Cultural Foundations**

| CYP 6766 The Psychology of Cross-cultural Sensitization | ___________ | ___________ |

**Content Area: Counseling in Community Settings**

| CYP 6936 Current Issues in Community Psychology | ___________ | ___________ |

**Content Area: Substance Abuse**

| PCO 5311 Theory, Research, & Treatment of Addictive Behavior | ___________ | ___________ |

**Content Area: Legal, Ethical & Professional Standards**

| CLP 5931 Ethical Code in Psychological Practice | ___________ | ___________ |

**Student Signature** ________________________________ **Date:** ___________
Application for Change in Practicum/Internship Site

I. Student Information

Student name:______________________ Student ID#: _______________________

Email address: _____________________ Phone #: ____________________________

Date: ___________________ Program:___________________________________

II. Semester you are planning to begin the placement at the new site:

___________________________________________________________

III. Preferred Placement Site (list in order of preference)

7. _____________________________________
8. _____________________________________
9. _____________________________________

IV: Additional information/comments

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________
Self-Inventory for Practicum/Internship Site Selection

The Self-Inventory should be completed by each Student and turned in to the Program Coordinator with the Application for Practicum.

1. My long-term career goal is:

2. My area of special interest is:

3. The client who I would most like to work with is:

4. The client who I would least like to work with is:

5. I feel most qualified/skilled to work with:

6. I feel least qualified/skilled to work with:

7. An area of competence I would like to enhance or develop is:

8. My ideal site supervisor would have the following characteristics:
9. I feel most comfortable in a working environment with the following characteristics:

10. I have had the following professional or volunteer experience and/or course work related to counseling:

11. My personal areas of strength and weakness which should be considered in the-site selection process include:

   **Strengths:**

   **Areas for improvement:**

12. My ideal counseling practicum/internship would be a(n)______________________________ agency performing________________________ duties with________________________ (type of population).
Clinical Training Agreement

Florida International University
Department of Psychology

This Agreement shall become effective _______________ by and between Florida International University Department of psychology (hereinafter referred to as the Department) and __________________________(hereinafter to be referred to as the Facility).

WHEREAS, The Department of Psychology is currently conducting an educational program in Counseling Psychology and desires to obtain Clinical Training experience for the students enrolled in the program,

WHEREAS, the Facility is willing to provide Clinical Training experience at the Facility to the students enrolled in the program,

NOW THEREFORE, in consideration of the mutual agreements set forth herein, the University and the Facility agree as follows:

I. Obligations and Rights of the Facility

A. The Facility must designate a professional who has met the requirements of a Qualified Supervisor as defined by Rule 64B4-31.007, F.A.C. to be responsible for overseeing the Clinical Training (hereafter referred to as the Facility Coordinator).

B. The Facility agrees to accept the student for the placement period of at least one semester.

C. The Facility will provide clinical training to the students enrolled in the Program under the joint supervision of the Facility Coordinator and the Practicum & Internship Coordinator. Direct face-to-face supervision shall occur at least one hour per week.

D. Clinical training provided by the Facility should involve students with direct experience in the practice of Counseling Psychology to evaluate, diagnose, treat, and prevent emotional and mental disorders and dysfunctions. Selected activities may include the assignment of clients, team meetings, staff meetings, in-service educational programs and similar activities at the discretion of the Facility Coordinator.

E. The Facility and its licensed supervisor shall maintain ultimate responsibility and authority regarding client care, and will ultimately sign off as the responsible clinician on each case, noting the student’s involvement.
F. The Facility will inform the Program immediately when a student is not performing satisfactorily or is demonstrating behavior that is detrimental or disruptive to the Facility. If the Facility and the Program determine that the continued presence of the student at the Facility poses a significant threat to the welfare of a client/patient or employee, said student's privileges of participating in this program at the Facility may be immediately suspended.

G. The Facility agrees to report on the student's performance and provide an evaluation to of such on forms provided by the University. Student evaluations shall be completed at the end of each semester.

H. The Facility retains the right to prescreen the assigned student(s) to assure compatibility with the philosophy and mission of the Facility.

II. Obligations and Rights of the Department

A. The Department will only assign those students to the Facility, which have completed the prerequisite didactic and practical portions of the curriculum which include completion of a 400-hour clinical practicum and at least 40 hours of coursework including a course in Ethics, Psychopathology, Individual Psychotherapy and Group Counseling.

B. The Department is responsible for supplying student evaluation forms and any other additional information required by the University during the student’s placement.

C. The Department will apprise students of the requirement to comply with all Facility rules and regulations while they are present on the Facility premises.

D. The Practicum & Internship Coordinator will conduct site visits to the Facility to meet with the Facility Coordinator once per semester to evaluate and discuss students' goals, objectives and performance in the clinical training program.
III. Obligations and Rights of the Student

A. The Student shall handle all confidential information in a professional and ethical manner; under no circumstance will a student discuss a patient or client with anyone other than the appropriate Program or Facility staff in a manner, which would identify the patient or client.

B. The Student shall adhere to all rules, policies, and procedures of the Facility to which they are assigned.

C. Students will adhere to all Program Policies and follow ACA ethics codes while at the Facility.

D. The Student shall be responsible for obtaining student liability insurance prior to beginning clinical training at the Facility.

F. The student must make an agreement with the Facility as to what the work schedule hours will be (including breaks and holidays).

The signatures below bear agreement to the terms above.

<table>
<thead>
<tr>
<th>Program Coordinator:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lisa Lewis Arango, Ph.D., LMHC</td>
<td>Date</td>
</tr>
</tbody>
</table>

| Facility Representative: | | |
|--------------------------|-----------------|
|                          | Signature        | Date               |

<table>
<thead>
<tr>
<th>Print Name and Credentials</th>
</tr>
</thead>
</table>

| Student: | | |
|----------|-----------------|
|          | Signature         | Date |

<table>
<thead>
<tr>
<th>Print Name and student ID</th>
</tr>
</thead>
</table>
Confidentiality Agreement

I understand that participation in the Practicum and Internship supervision courses will require me to record client sessions, present cases, and discuss information about my clients, myself, my site, and my supervisor. I understand that I must not use any identifying information when discussing clients, and that any and all information discussed about myself and/or my classmates is strictly confidential. All tapes of recorded sessions must be destroyed following presentation in supervision.

_________________________________ ______________________________
Student Name       Student Signature & Date
# Supervision Plan

Student Name: ______________________     Date: ______________

Supervisor Name: ______________________ Site: ______________

Focus area(s) (counselor skills & competencies to be developed):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

<table>
<thead>
<tr>
<th>Goals/Objectives</th>
<th>Modality</th>
<th>Progress toward goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The supervision plan should be developed between the Student & Site Supervisor at the beginning of the semester. Progress toward each goal/objective will be reviewed at the end of the semester.

________________________________________________________
Student Signature    Supervisor Signature
Florida International University
Department of Psychology
Professional Counseling Psychology Masters Program

Contract for Clinical Supervision

Practicum or Internship (circle one)

Practicum and internship students must have one hour of individual supervision per week and one and a half hours of group supervision per week with a licensed clinician. Group supervision is offered on campus.

Student Name: _____________________________ Semester: _______ 200__

Name of Site: ____________________________________________________

I, __________________________ agree to meet with the above named student
(Name of Clinical Supervisor include credentials )
one hour per week for individual clinical supervision.

I, __________________________ agree to meet with the above named
(Name of Clinical Supervisor include credentials)
student for one and a half hours per week for group clinical supervision.

___________________________________      __________________________
Supervisor’s Signature      Date

___________________________________      __________________________
Supervisor’s Signature      Date

___________________________________      __________________________
Student’s Signature                 Date
Activities Logs

Student Name: ______________________   Placement Site: _______________________

Date:_____________________  Hours Worked: _________________________________

Students must keep a written log/journal of their practicum and internship experiences. The purpose of the Activities Log is to provide a dated detailed record of all practicum and internship activities. The log serves as an official record of the student's meeting the content and time requirements of the practicum and internship.

Please use the following format as a guide for keeping a weekly Activities Log of your Practicum and Internship experience. The log should include at least two paragraphs that describe

- **Activities:** *Provide a summary of the activities you were involved in for the week. Include both clinical and non-clinical services.*

- **Reflection:** *Provide a brief reaction to the activities you were involved in for the week.* Keep in mind the confidentiality of the client (i.e., do not provide any identifying data).

All Activities Logs should be kept in the Student's Clinical Experience Notebook.
### DIRECT HOURS ACTIVITIES

<table>
<thead>
<tr>
<th>#</th>
<th>Activity</th>
<th># OF HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intake Interviewing</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Personal/Social Counseling</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Career/Vocational/Academic Counseling</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Marriage/Family/Relationship</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Group Counseling</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Individual Counseling</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Outreach</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Assessment (Administering Psychological Tests)</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** ___

### NON-DIRECT HOURS ACTIVITIES

<table>
<thead>
<tr>
<th>#</th>
<th>Activity</th>
<th># OF HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Outreach (phone contact with clients, referrals, community).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Client Preparation (Reading, Review, etc.)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Individual Supervision Received</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Group Supervision Received</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Training Modules Attended</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Training Modules Presented</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Case Seminars Attended</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** ___

---

| Name: ______________________________ | Practicum Internship (circle one) Semester:__________ |
| Site: _____________________________ | Week of:____________________________ |
| TOTAL WEEKLY HOURS (DIRECT + INDIRECT) | ___________________

Supervisee Signature _____________________________  Supervisor Signature _____________________________

Date _____________________________  Date _____________________________
Student Feedback Form

Student Name:_________________________________   Date of Evaluation:_______________

Supervisor: ________________________Practicum/Internship Site:________________________

This form is designed to allow field supervisors to provide feedback to counselor trainees about their performance throughout the semester of clinical training. Students should provide a copy of this form to their field supervisors (for both practicum & internship) to be filled out prior to the end of the semester. The evaluation must be turned in to the Practicum & Internship Coordinator as part of the requirement for completion of CLP 6945 and CLP 6948.

1. Please provide feedback for the student regarding their overall competency, responsibility and willingness to learn and utilize supervision effectively.

2. Please identify specific areas for improvement:

3. Please provide suggestions for continued personal/professional growth.

________________________________                 ___________________________________
Student Signature             Date

______________________________                ___________________________________
Supervisor Signature       Date
Supervision Feedback Form

Student: _____________________________  Supervisor:  ______________________________
Placement Site:  ______________________________  Date:  ___________________________

This form is designed to allow students to provide feedback to their field supervisor regarding clinical supervision. The students should complete this form and share it with their supervisor prior to the end of the semester. The evaluation must be turned in to the Practicum & Internship Coordinator as part of the requirement for completion of CLP 6945 and CLP 6948.

1. Please provide comments for your supervisor regarding his/her willingness to listen, give and receive feedback, provide guidance and encouragement to help develop clinical skills and his/her overall willingness to allow you to discuss problems encountered in your practicum/internship.

________________________________                 ___________________________________
Student Signature              Date

2. Please provide comments for your supervisor regarding areas, which you would like to work on together to improve the overall quality and/or productivity of the supervision sessions (e.g. setting personal/professional goals, improving communication between supervisor-supervisee, trying different methods of supervision, improving the supervision atmosphere, changing the structure of supervision sessions, etc.).

Supervisor Signature

This evaluation has been shared with me by the student.

______________________________                   ___________________________________
Supervisor Signature          Date
Practicum & Internship Verification Form

Student Name: ____________________________________  Date: ______________________

To become a Roistered Intern, a letter must be sent from the University to the Board that verifies that the 1000 hours of Clinical Training Experience was completed in accordance with the CACREP standards. The letter should be signed by the Department Chair that provides and certifies the following information to be provided by the student.

Please complete this form and return to the Program Coordinator when you are preparing to apply to the Board as a Registered Intern.

<table>
<thead>
<tr>
<th>Semester taken</th>
<th>Site Name</th>
<th># of hours completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLP 6945 Clinical Practicum</td>
<td>________, ____________________________, ________________</td>
<td></td>
</tr>
<tr>
<td>CLP 6945 Clinical Practicum</td>
<td>________, ____________________________, ________________</td>
<td></td>
</tr>
<tr>
<td>CLP 6943 Ad. Clinical Pract</td>
<td>________, ____________________________, ________________</td>
<td></td>
</tr>
<tr>
<td>CLP 6948 Clinical Internship</td>
<td>________, ____________________________, ________________</td>
<td></td>
</tr>
<tr>
<td>CLP 6949 Ad. Clinical Intern</td>
<td>___ ______, ______________________________, ________________</td>
<td></td>
</tr>
</tbody>
</table>
Licensing Information

The following information is intended to provide you with some basic guidelines for obtaining a license in Mental Health Counseling.

For specific up to date details governing the profession, students should consult the Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling Florida statute 491, Rule Chapter 64B4, F.A.C. http://www.doh.state.fl.us/mqa/491/soc_home.html and click on Laws & Rules.
Obtaining a License
In Mental Health Counseling

___ Complete a Master’s degree from a program related to the practice of mental health counseling that includes a practicum and internship and consists of at least 60 credit hours in the 11 required content areas.

___ Register with the Department as a MHC Intern by completing all sections of the Intern Registration Application which can be obtained by contacting the Board at
Division of Medical Quality Assurance
Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
4052 Bald Cypress Way
Tallahassee, Florida 32399-3258
www.doh.state.fl.us/mqa
(850) 245-4474

Application sections include:

- General Information
- Educational Worksheet
- Submit Official Transcripts
- Practicum/Internship Field Placement Verification (complete the Verification Form in the manual and turn in to the Program Coordinator to be sent to the Board).
- Return the application with the appropriate fee.

___ Begin the two-years post-degree clinical experience in mental health counseling. Make sure to use the following guidelines:

- Two years’ experience is defined as 1500 hours per year, of which 750 must be direct client contact hours.
- The hours must be completed over two years or more (i.e. they may not be completed in one year).
- These hours must be completed in a mental health setting where there is a licensed mental health counselor (or the equivalent) on staff.
- You must obtain supervision for this experience by someone who is a Qualified Supervisor (as defined by Rule 64B4). This person may or may not be on staff at place of employment.
- You must document one hour of supervision for every 15 client contact hours.
- Fifty percent of supervision hours may be completed in group supervision (defined as a max of six persons) as opposed to individual supervision (defined as no more than two persons).

___ Complete an eight-hour Laws and Rules course and submit the original certificate of completion to the Board.

___ Complete a two-hour Prevention of Medical Errors course and submit a copy of the certificate of completion to the Board.

___ Complete an application for licensure.

___ Register for and take the National Clinical Mental Health Counseling Examination (given four times per year January, April, July, October). A Preparation guide can be ordered by clicking
NCMHCE Preparation Guide Order Form.

*Everyone should obtain a copy of the current Laws and Rules governing the profession. These can be ordered from the Department or downloaded from their website www.doh.state.fl.us/mqa.
1. Can I sit for the National Examination before I finish my post-masters hours?

   No. You can make an application to the Board for the exam as you near competition of your hours, however, the Board requires that you complete all requirements both education and experience before sitting for the exam.

2. Do I have to be finished with my supervised experience before I can take the laws and rules course and the medical errors course?

   No. You can take these courses anytime.

3. As a registered intern, am I required to obtain continuing education?

   No, however, you may choose to take the HIV/AIDS and Domestic Violence requirements for initial Licensure while you are a registered intern.

4. I’ve just put my application for intern registration in the mail. Can I begin counting my hours now?

   No. Chapter 491.0045,F.S. requires that you register as an intern prior to commencing the post-master’s experience.

5. Can I complete my hours in less than 2 years?

   No.
Appendix I: Graduation Checklist Fall 2006
Professional Counseling Psychology Masters Program

45 CREDIT HOURS OF COURSEWORK

___ CYP 6526 Psychological Methods of Program Evaluation and Research (3)
___ CYP 6536 Principles & Methods of Psychological Consultation (3)
___ CLP 5931 Ethical Code in Psychological Practices (3)
___ CYP 6766 The Psychology of Cross Cultural Sensitization (3)
___ CLP 5185 Current Issues in Mental Health (3)
___ PCO 6206 Principles & Practices of Counseling & Psychotherapy (3)
___ CYP 5534 Groups As Agents Of Change (3)
___ CLP 5166 Advanced Psychopathology (3)
___ PCO 5311 Theory, Research, & Treatment of Addictive Behavior (3)
___ CLP 6436 Intro to Psychological Assessment (3)
___ CYP 6936 Current Issues in Community Psychology (3)
___ PCO 5251 Couples & Family Systems (3)
___ DEP 5405 Proseminar in Psychology of Adulthood & Aging (3)
___ CLP 6498 Diagnosis & Treatment of Sexual Disorders (3)
___ DEP 5068 Applied Lifespan Developmental Psychology (3)

AREA OF SPECIALIZATION & CLINICAL TRAINING

AREA I: 15 CREDIT HOURS OF CLINICAL TRAINING & COMPLETION OF A QUALIFYING PAPER

___ CLP 6945 Clinical Practicum (3)
___ CLP 6943 Advanced Clinical Practicum (3)
___ CLP 6948 Clinical Internship (3)
___ CLP 6949 Advanced Clinical Internship (6)

___ Successful Completion of Qualifying Paper:: Case Conceptualization

AREA II: 9 CREDIT HOURS OF CLINICAL TRAINING

6 CREDITS HOURS OF MASTERS THESIS

___ CLP 6945 Clinical Practicum I (3)
___ CLP 6948 Clinical Internship (3)
___ CLP 6949 Advanced Clinical Internship (3)
___ PSY 6971 Masters Thesis in Psychology (6)
___ Successful completion of Masters Thesis
<table>
<thead>
<tr>
<th>Name of Site</th>
<th>Address</th>
<th>Population</th>
<th>Presenting problem</th>
<th>Practice domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broward Outreach</td>
<td>2056 Scott St. Hollywood 33020</td>
<td>Adults, Children/ Family, Caucasian, Native American, African American, Asian, Hispanic</td>
<td>Chemical Dependency, Relationship Issues, Depression</td>
<td>Substance Abuse, Abuse/Trauma, Poor Self-concept, Homeless center</td>
</tr>
<tr>
<td>Chrysalis Center</td>
<td>4781 SW 108 Ave. Davie</td>
<td>Adolescents, Caucasian, African American, Hispanic</td>
<td>Anxiety, Chemical Dependency, Delinquency, Depression, Stress, Learning/academic, Domestic Violence</td>
<td>Substance Abuse, Crisis Intervention, Abuse/Trauma, Chronic Mental Illness</td>
</tr>
<tr>
<td>Children’s Psychology Associates</td>
<td>1625 N. Commerce Parkway</td>
<td>Child, Caucasian, Hispanic Physically challenged, Developmentally Disabled</td>
<td>Learning/academic, Autism/Behavioral, Personality Disorder</td>
<td></td>
</tr>
<tr>
<td>Children’s Bereavement Center</td>
<td>7600 S Red Road South Miami, 33143 Only Wednesday 6:30-9:30</td>
<td>Adult, child, adolescents Caucasian, Native American, African American, Asian, Hispanic</td>
<td>Loss of life and trauma</td>
<td>Child and adult bereavement support</td>
</tr>
<tr>
<td>Communities In Schools</td>
<td>11900 SW 128 St. Miami 33186</td>
<td>Adolescents Caucasian, African American, Hispanic, Haitian</td>
<td>Relationship Issues, Learning/academic, Depression</td>
<td>Crisis Intervention, Alternative High School</td>
</tr>
<tr>
<td>Charlee Homes for children</td>
<td>5915 Ponce de Leon Blvd. # 26 Coral Gables, 33146</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Lawrence Mental Health Center</td>
<td>6075 Golden Gate Pkwy Naples, 34116</td>
<td>Adult, Child, Adolescents, Couples, Families, Caucasian, Native American, African American, Asian, Physically Challenged, Visual/Hearing impaired</td>
<td>Chemical Dependency, Personality Disorder, Depression</td>
<td>Substance Abuse, Crisis intervention, abuse/trauma, geriatrics, chronic mental illness</td>
</tr>
<tr>
<td>Douglas Gardens</td>
<td>701 Lincoln Rd. Miami Beach, 33139</td>
<td>Adult, Geriatrics Caucasian, Native American, African American, Hispanic, Appalachian Physically Challenged, Developmentally disabled, visual/hearing impaired</td>
<td>Psychosis, depression, chemical dependency, anxiety, domestic violence, phobias, chronic pain, relationship issues, divorce, job-related, OCD, personality disorder, PTSD, stress</td>
<td>Substance abuse, crisis intervention, abuse/trauma, chronic mental illness</td>
</tr>
<tr>
<td>Service Organization</td>
<td>Address</td>
<td>Population Served</td>
<td>Specialties</td>
<td>Services Provided</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Family Counseling Services</td>
<td>10651 North Kendall Dr. Miami 33176</td>
<td>Child, families Caucasian, African American, Hispanic Developmentally disabled</td>
<td>Learning/academic, parenting, Depression, Stress</td>
<td>Developmental disorder, abuse/trauma</td>
</tr>
<tr>
<td>Fellowship House</td>
<td>5711 S. Dixie Hwy., South Miami, Fl 33143</td>
<td>Adults White, African American, Hispanic, Asian Special Needs</td>
<td>OCD, Psychosis, Depression</td>
<td>Forensics/Corrections, Substance Abuse, Crisis Intervention, Homeless, Abuse/Trauma, Chronic Mental Illness</td>
</tr>
<tr>
<td>Horizon Psychological Services</td>
<td>975 41 St. Miami Beach 33140</td>
<td>Adolescents, Families Caucasian</td>
<td>Delinquency, relationship issues, divorce, learning/academic, parenting, personality disorder, depression</td>
<td>Substance abuse, abuse/trauma, ODD, ADHD</td>
</tr>
<tr>
<td>The Journey Institute</td>
<td>2650 SW 27th Ave Miami 33133</td>
<td>Adolescents, families All races/ethnicities</td>
<td>Depression, delinquency, learning/academic</td>
<td>Forensics, abuse/trauma, chronic mental illness</td>
</tr>
<tr>
<td>Lighthouse</td>
<td>5960 SW 106 Ave Cooper City 33328</td>
<td>Adult, child, adolescents, families, geriatrics Caucasian, African American, Hispanic</td>
<td>Chemical dependency, psychosis, depression</td>
<td>Substance abuse, crisis intervention, chronic mental illness</td>
</tr>
<tr>
<td>Miami Behavioral</td>
<td>3850 W Flagler St. Miami 33134</td>
<td>Adult, child, adolescents, families, geriatrics Caucasian, African American, Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miami Vet Center</td>
<td>2700 SW 3rd Ave. Miami 33129</td>
<td>Adult, couples, families, geriatrics Caucasian, African American, Asian, Hispanic</td>
<td>PTSD, depression, Stress</td>
<td>Substance abuse, crisis intervention, abuse/trauma</td>
</tr>
<tr>
<td>Miami Children’s Hospital</td>
<td>3100 SW 62 Ave Miami 33155</td>
<td>Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Networks and School Adaptation</td>
<td>FIU/ Biscayne Bay</td>
<td>Adult, child, adolescents Caucasian, African American, Hispanic</td>
<td>Relationship issues, learning/academic, depression, stress</td>
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<tr>
<td>The Village</td>
<td>9400 NW 12th Ave. Miami, 33150</td>
<td>Adult, adolescents, families Caucasian, African American, Hispanic</td>
<td>Chemical dependency, PTSD, adolescent behavior disorders</td>
<td>Substance abuse, abuse/trauma, adolescent dual-diagnosis</td>
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<tr>
<td>Youth and Family Development</td>
<td>FIU-UP</td>
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<tr>
<td>Thompson Academy</td>
<td>1150 Hibiscus Dr. Pembroke Pines, 33025</td>
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<tr>
<td>What’s On Your Mind</td>
<td>11510 N. Interchange Cir. Miramar, 33025</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Address</td>
<td>City, State, Zip</td>
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<tr>
<td>Hollywood Pavilion Psychiatric Hospital</td>
<td>1202 North 37th Ave Hollywood, Fl 33021</td>
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<tr>
<td>Lutheran Family Services</td>
<td>4675 North State Road 7 Lauderdale lakes 33319</td>
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<tr>
<td>Henderson Mental Health Center</td>
<td>4720 N. State Road 7 Ft. Lauderdale, Fl 33319</td>
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<tr>
<td>Children’s Home Society</td>
<td>525 NE 13th St. Fort Lauderdale, Fl 33301</td>
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</tbody>
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