



**CLINICAL MENTAL HEALTH COUNSELING INTERNSHIP AGREEMENT  
Clinical Mental Health Counseling Internship Form 5**

Between Seattle University College of Education Counseling Program and A Community Agency

Name of Agency (hereafter referred to as "Agency"): \_\_\_\_\_

Internship Student Name: \_\_\_\_\_

Quarter/Year: \_\_\_\_\_

**PREAMBLE**

The Clinical Mental Health Counseling Program at Seattle University and many community agencies share common interests in and commitments to the value of Internship in preparing students for quality professional service in diverse communities. Seattle University students receive graduate college credit for agency-supervised Internship in clinical mental health counseling. This Clinical Mental Health Counseling Internship Agreement ("Agreement") delineates areas of responsibility for the Clinical Mental Health Counseling Program and the Agency, respectively.

**AGREEMENTS**

**A. The Clinical Mental Health Counseling Program Agrees To:**

1. Provide the agency supervisor with performance evaluation criteria for the Internship experience due at the end of the academic quarter.
2. Inform students that they are expected to conform to the rules, standards, and protocols the Agency sets with respect to client welfare, ethics, professional conduct, and Agency operations.
3. Inform the student as to the academic requirements associated with the Internship.
4. Indemnify the Agency, its employees, and its agents against and hold them harmless from any loss, claim, or damage arising out of the negligence of Seattle University faculty, staff, or students in their performance of this Agreement.

**B. The Clinical Mental Health Counseling Internship Instructor Agrees To:**

1. Communicate with the Site Supervisor and the student at the beginning of the placement to discuss educational goals and learning activities contained within the "Educational Objectives" (as described in this Agreement), as well as the process of evaluating the student's learning in the context of the Clinical Mental Health Counseling Program goals.
2. Maintain regular contact with the Site Supervisor and the student throughout the placement via email, phone, and site visits for the purposes of facilitating and reviewing the student's progress.

3. Review the student's performance with the Site Supervisor and the student as participants throughout the placement for the purposes of issuing a grade for the student.
4. Provide consultation to the Site Supervisor as necessary if problems arise in the placement.

**C. The Agency Agrees To:**

1. Interview and approve students proposed for placement consistent with Seattle University's nondiscrimination policies that prohibit discrimination against persons on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran.
2. Designate an Agency staff member who will serve as the Internship Site Supervisor and will direct student learning at the Agency. The Site Supervisor must meet the qualifying criteria stipulated in accordance with the Council for Accreditation of Counseling and Related Education Programs (CACREP). The agency will ensure that its supervisory staff meets applicable Washington State licensing requirements on an on-going basis including, but not limited to licensing requirements for counselors. This includes:
  - A minimum of a master's degree in counseling
  - A minimum of 3 years of professional counseling experience
  - Licensed in the State of Washington as an LMHC (preferable), Psychologist, or LICSW and identifies with the profession of mental health counseling.
3. Provide students a minimum of 600 hours of Internship experiences. These hours include 240 hours of on-site direct client contact (e.g., individual, group, family counseling and diagnostic intakes). 121 of the 240 hours need to be individual counseling. Internship students will be present at the agency approximately 20-24 hours a week between the start of the Seattle University Winter quarter and the end of the Summer term.
4. Site supervisor will provide an average of 1 hour of face to face individual or triadic (two supervisees meeting with supervisor) supervision per week.
5. Form #9 Disclosure of Information and Consent to Participate must be signed by all clients receiving services from Seattle University Internship students. The forms are the property of Seattle University and are to be emailed to the Counseling program for secure electronic storage.
6. Permit and assist with video recording of Internship student and client sessions with client permission. Sample video recordings are utilized in the University Internship class and viewed by the Internship Instructor, University Supervisor and peer cohort for continued professional development of counseling skills. Video recordings will be erased after supervision and evaluation during the Internship experience.
7. Provide the Clinical Mental Health Counseling Program with written policies, procedures, standards of care and protocols of the Agency that apply to Clinical Mental Health Counseling Program students and faculty involved at the Agency upon request.
8. Be committed to students as learners and understand that the Internship is an educational experience. Accordingly, the Agency agrees to:
  - a. Provide student counselors with a case load of clients with average of 10-12 clients per week over a 30-week Internship.
  - b. Access to a confidential office equipped with necessary technology needed to provide quality counseling services

- c. Support with developing individual and/or group counseling skills
  - d. Support of the student counselor in their development as a professional counselor.
  - e. Provide the student with necessary and appropriate support and instruction
  - f. Assist the student counselor in developing ethical and reflective decision-making skills
  - g. Provide the student counselor opportunities to work with diverse populations in accordance with Clinical Mental Health Counseling Program policies and CACREP.
  - h. Provide the student the opportunity to attend staff meetings, in-service training, or other such meetings that occur for regular staff; and
  - i. In accordance with the requirements of Appendix A, which is incorporated here by this reference, make provisions for the Internship student's safety while doing the Internship in potentially high-risk situations.
9. Retain full responsibility for client services and for establishing standards for the quality of services rendered by the students. Students placed within the Agency for Internship function as representatives of the Agency, and the Agency will maintain administrative and professional supervision of students insofar as their presence affects the operation of the Agency or the direct or indirect services to clients. In addition, the Agency will maintain the quality of client care or services without relying on the students' clinical training activities for staffing purposes.
  10. Provide the basic facilities and instruments necessary for students to accomplish their work, such as an office area, a desk, a telephone, and reimbursement for travel expenses on Agency business on the same terms as provided to the Agency's staff.
  11. Allow reasonable time for Site Supervisors to carry out their responsibilities under this Agreement.
  12. Inform the Clinical Mental Health Counseling Program of changes in the Agency's contact information (e.g., address or telephone number, director or coordinator, and Site Supervisor) and of other significant information (e.g., absence of Site Supervisor from the Agency for more than one week, student absence of more than three days, significant program or Agency changes that affect day to day work).
  13. To take immediate temporary action to correct a situation where a student's actions endanger client care. As soon as possible thereafter, the Agency's Site Supervisor will notify the University Internship Instructor of the action taken. The Clinical Counseling Program has final authority over the student's academic status in such situations and will review the matter and consider whatever written factual information the Agency provides. The Agency, however, has the right to terminate a student's use of the Agency's facilities when necessary to maintain the Agency's operation free of disruption and to ensure the quality of client care.
  14. Indemnify Seattle University, the Clinical Mental Health Counseling Program, and their faculty, staff, and students against and hold them harmless from any loss, claim, or damage arising out of the negligence of Agency's employees or agents in the performance of this Agreement.
  15. Acquire and maintain professional and general liability insurance appropriate for its own operations and for the risks associated with the activities and responsibilities the Agency assumes under this Agreement and provide evidence of such insurance at the Clinical Mental Health Counseling Program's request.

**D. The Agency's Site Supervisor Agrees To:**

1. Provide a suitable orientation to the Agency.
2. Develop with the student the "Educational Objectives" (as described in this Agreement), which includes the student's educational and experiential goals and the learning activities at the Agency that will facilitate the student in attaining these goals.
3. Assume primary responsibility for the implementation of the student's Educational Objectives at the Agency and coordinate with other staff, such as task supervisors or administrators, involved with the student.
4. Provide a minimum of one (1) hour of face to face individual or triadic supervision per week.
5. Involve the student in on-going evaluations of his or her performance focusing on the evaluation objectives. Inform the student about and examine with the student any difficulties in performance and develop approaches to address these issues. Meet with the University Supervisor and the student to review and assess the student's progress under the Learning Objectives. At the end of each quarter, complete a final written evaluation of the Internship. The Clinical Mental Health Counseling Program has the final and exclusive authority for assessing the student's academic and clinical progress and awarding the grade.
6. Inform the University Supervisor as soon as possible of any problems a student is having in the Internship and follow Clinical Mental Health Counseling Program procedures towards resolution.
7. Attend the required orientation for Internship Site Supervisors.

**E. General Provisions:**

1. The parties acknowledge and agree that no fees, charges, or other payments have been or will be exchanged between the Agency and the Clinical Mental Health Counseling Program or Seattle University in connection with this Agreement.
2. The students who are placed at the Agency for Internship pursuant to this Agreement have the status of learners, remain students (not employees) of Seattle University, and in no sense become or are considered employees of the Agency. Any services the students render are incidental to the educational purpose of the field education program. The Agency will ensure that clients are given proper notice that Seattle University students are not licensed counseling professionals and are placed at the Agency solely in an educational capacity.
3. The parties acknowledge that many student educational records are protected by the Family Educational Rights and Privacy Act ("FERPA"), and that generally student permission must be obtained before releasing specific student data to anyone other than Seattle University.
4. In the event there is a claim against the University, a student, or a Counseling Program faculty member, arising out of their performance under this Agreement, the Agency agrees to provide the University access and authority to investigate claims and to obtain such information from the Agency as it may require in the defense of claims related to students or faculty in the Internship.
5. This Agreement may not be assigned by either party without the advance written consent of the other.

6. Any notice to either party hereunder must be in writing signed by the party giving it, and shall be deemed given when mailed postage prepaid by U.S. Postal Service first class, certified, or express mail, or other overnight mail service, or hand delivered, when addressed as follows

Seattle University, College of Education  
Clinical Mental Health Counseling Program  
PO Box 222000, 901 12th Ave  
Seattle WA 98122-1090

Agency Mailing Address:

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Street, City, State, Zip Code

7. The Agency is performing the duties and services required under this Agreement as an independent contractor and not as an employee, agent, partner, or joint venture with the Clinical Mental Health Counseling Program or Seattle University.
8. This Agreement contains all the terms between the parties and may be amended only in writing signed by both parties.

This Agreement commences as of \_\_\_\_\_(month), \_\_\_\_\_(day), 20\_\_\_\_\_(year),  
and will continue in effect until \_\_\_\_\_(month), \_\_\_\_\_(day), 20\_\_\_\_\_(year),  
unless earlier terminated by either party with prior written notice to the other party.

Notwithstanding any such termination, any student already enrolled and participating in the Internship shall be allowed to complete the course upon approval of the Clinical Mental Health Counseling Program.

**1) Student Electronic Signature**

Student Signature: \_\_\_\_\_

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

Student Email address \_\_\_\_\_

**2) Site Supervisor Electronic Signature**

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

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

Site supervisor email address \_\_\_\_\_

**3) Agency Director Electronic Signature**

Agency Director Signature: \_\_\_\_\_

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

Agency Director email address \_\_\_\_\_

**4) Seattle University Counseling Placement Coordinator Electronic Signature**

Placement Coordinator Signature: \_\_\_\_\_

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

Seattle University email address \_\_\_\_\_

## **APPENDIX A - Guidelines for Enhancing Safety and Minimizing Risk in the INTERNSHIP**

Some forms of field experience include risks inherent in the counseling profession, such as providing services to clients or their families who may become unpredictable, angry or violent. The Clinical Mental Health Counseling Program is requesting Internship sites to adopt policies and procedures for enhancing safety and minimizing risk to students.

Internship sites must have written policies to address any work situation that entails risk, such as the following: home visits, any services outside the Internship site in isolated or high crime areas, services at night or weekends, services to clients who may become angry or violent, or who may be drug users and who may be intoxicated, exposure to pathogens or toxic substances and services that are politically sensitive and may result in threats of violence. This list is not to be considered exhaustive and each Internship site is to be responsible for determining its own situations where students' safety may be put in jeopardy.

Supervision of students must be consistent and adequate enough to allow time for the Internship site instructor to be assured of the student's competence, to apprise the student of potential risk, to deal with Internship site policy addressing safety and security, and to attempt to address the student's feelings about any risk that may be present.

The student should not be the sole representative of the Internship site in making critical decisions about client disposition especially where there are physical or legal implications such as involuntary hospitalization, threats of suicide or homicide. If the Internship site instructor is not available in such situations, there must be a written and fully understood protocol for notifying another staff person, a protocol for calling 911 or getting the client to an emergency facility that can meet the client's needs.

It is the Internship site's responsibility to train students in the safety policies of the Internship site. Do not have students see clients alone unless the student clearly has the knowledge and skills to do so. Students have a right and responsibility to refuse any assignment that they deem too dangerous to pursue at the time. The Internship site should maintain the quality of client care and services without relying on the student's placement activities for staffing purposes.

Students should also be trained to understand the issues involved in exposure to pathogens or toxic substances, reminding them that one's first duty is to reduce risk to one's clients, by one's own behaviors. Because some life-threatening illnesses are transmitted through the exchange of blood or body fluids (blood borne pathogens), train students about the potential of such risk in the Internship site (i.e., restraining a patient in the ER, cleaning the bloody lip of a child who has fallen), as well as the Internship site's procedures to reduce risk of infection.

Seattle University does not provide health and accident insurance for students participating in field placements.

**APPENDIX B – Information Regarding Internship Site Supervisor**

Name of Internship Student: \_\_\_\_\_ Date: \_\_\_\_\_

For purposes related to state, regional, and national accreditation, the Counseling Program request information pertaining to your qualifications as a site supervisor for our Counseling Practicum Students. If you would be so kind as to provide the following information about yourself, we will appreciate it very much.

Name of Internship Site Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Highest degree earned: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Institution granting that degree: \_\_\_\_\_

Major and/or area of specialization: \_\_\_\_\_

Counseling Years' Experience: \_\_\_\_\_

License and certification—describe and include counselor certification number(s):

\_\_\_\_\_

**Optional Information:**

Site Supervisor: Gender \_\_\_\_\_ Race: \_\_\_\_\_

**For supervisors who are not Licensed Mental Health Counselors (LMHC):**

Are you a member of a professional counseling organization? Please list name(s):

\_\_\_\_\_

Is “counselor” or “mental health counselor” part of your official job description? \_\_\_\_\_

If so, what specific counseling responsibilities do you have?

\_\_\_\_\_

In what other ways do you identify yourself with the counseling profession?

\_\_\_\_\_

Please email your form directly to the Program Director, Dr. Jackie Leibsohn, at [leibsohn@seattleu.edu](mailto:leibsohn@seattleu.edu), and a copy to Leesa Salcedo, Senior Program Assistant, at [lsalcedo@seattleu.edu](mailto:lsalcedo@seattleu.edu).

**This form must be on file prior to the starting date for each student's field experience.**