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Family Outreach Student Practicum/Internship Program

Family Outreach is a community-based program that provides FREE counseling services through the volunteer efforts of Master's Level Counseling Interns from Texas A&M University (Corpus Christi and Kingsville campuses) and local LPC-Interns. In exchange for services and help from these interns, we provide them with intensive supervision and training, as well as direct and indirect client contact.

Through our program, students will be exposed to individual and group counseling, psycho-educational programs, a multitude of reference and training materials, and they will establish professional relationships with many other agencies through collaboration on client needs. Options to audio and video tape individual counseling sessions are also provided in order to better assist their supervisor(s) in addressing their growth areas as a counselor.

Interns are assigned clients based on their individual interests including individual, couples, and family therapy experience. All interns are also provided with the opportunity to experience a diverse clientele and a variety of treatment modalities.

Before choosing a practicum site, here are three questions we encourage interns to ask themselves!

- 1.) At the practicum site I choose, will I obtain the experience and knowledge I need to be confident in my abilities as a counselor?
- 2.) Will I receive the supervision and training needed to better assist me in becoming a counselor?
- 3.) Based on my knowledge and experience I will gain from my practicum site, would I hire myself if I was an employer?

Family Outreach Student Practicum/Internship Program

Confidentiality Agreement and Notice to Employees, Contractors, Volunteers, and/or Practicum/Internship Students

The identities of our current and former clients, their personal communications to us, and their records are to be kept confidential by law. This organization requires that confidentiality laws be strictly followed. We cannot expect to treat our clients effectively unless they feel that they can talk freely without concern that their confidences will be revealed to others. Any employee or volunteer (including students) of Family Outreach who violates a client's confidentiality is subject to immediate dismissal. Further, that employee or volunteer, as well as Family Outreach of Corpus Christi is subject to a lawsuit brought by the client.

DO NOT:

- Reveal a client's identity in any way
- Use last name when addressing clients in the office
- Acknowledge client in public (wait for client to acknowledge you first)
- Discuss any therapeutic issues with client outside of appointment times
- Disclose that a person is a client to anyone, including the client's spouse
- Leave a client's file or progress notes unattended in the work environment
- Allow any paperwork with client's name to be visible on desk or computer
- Leave any client information unsecured when you are not around
- Remove client files from Family Outreach without supervisor's authorization
- Repeat anything a client discloses to anyone other than your supervisor(s)
- Show client's chart information to anyone other than your supervisor(s)
- Talk about a client with anyone other than your supervisor(s)
- Talk with your supervisor(s) about client in public (even without using names)
- Talk about client with your spouse or other members of your family or friends
- Give copies of anything in a client's chart to anyone other than supervisor(s)
- Talk to clients on the phone with others in the room
- Write down last names when taking messages from clients
- Verify appointments with anyone other than the client
- Acknowledge therapeutic relationship with clients that know each other

Note: Clients may sign a consent form allowing you to share information with other professionals working in collaboration with Family Outreach; however, before sharing any potential information you must first obtain approval from your supervisor at Family Outreach.

DO:

- Address clients in the workplace without using the client's name when other people are present
- Keep files and appointment books face down or otherwise out of view on your desk and throughout the workplace so that a client's name cannot be seen
- Strictly comply with a client's permission to disclose identity, confidences, or records when permission has been properly obtained in writing
- Observe all limits and conditions a client places on any permission to disclose confidential information

- Properly discard confidential materials not kept in the client's file by shredding them
- Maintain accuracy and integrity when documenting progress notes and client records
- Consider a client's confidentiality on the receiving end of fax communications, e-mails, and telephone message-taking devices; ensure that the intended recipient is the only recipient of such communications

It is possible that requests for information (including subpoenas) about our clients may come to you from law enforcement or other organizations. Tell your site supervisor immediately when you receive these types of requests and determine with your supervisor how to proceed. Do not assume that all documents are authentic (especially subpoenas). Judge's signatures should be verified through the courts and written consent to disclose information should be verified by the client. Note that "following orders" may not be sufficient justification in a court of law for breaching confidentiality.

Some exceptions to confidentiality may require or authorize certain disclosures about our clients. Immediately inform your site supervisor of any information you obtain about our clients that leads you to believe that you, the client, or anyone else may be endangered by the client. Immediately inform your supervisor of any information that leads you to believe that a client may be involved in some way, directly or indirectly, in the abuse or neglect of a child, elderly person, or disabled person. Meet with your supervisor at once and determine how to proceed. Note that "following orders" may not be sufficient justification in a court of law for breaching confidentiality.

I, _____, hereby acknowledge that I have read this confidentiality agreement and notice to employees/volunteers. I understand it fully, and I will strictly follow its terms.

Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Family Outreach Student Practicum/Internship Program

Practicum/Internship Contract: Volunteer Position

I, _____, have read the terms and conditions of confidentiality and supervision pertaining to my practicum/internship at Family Outreach of Corpus Christi.

I hereby accept Family Outreach as my practicum/internship placement for the _____ semester(s) [start date: _____ end date: _____] and understand that completion of my required hours for the university does not complete my requirements for this practicum. I agree to a “semester” contract. I agree to provide therapeutic services to clients of Family Outreach and be on time for my client appointments and supervision. I understand that scheduling supervision hours is my responsibility and that my supervision appointments must be scheduled at least one week in advance.

I understand that I will be required to observe and assist in group counseling sessions and psycho-educational programs. I understand as part of my indirect hours, I will be required to participate in fund raising/marketing events to help promote Family Outreach.

I agree to follow all program guidelines and requirements for completion of documentation, confidentiality, and delivery of services for each client assigned to me at this site. I agree to review audio taped sessions with my Family Outreach supervisor on a weekly basis. I agree to attend all scheduled supervisory sessions and understand that noncompliance with this policy could result in suspension of client privileges and/or termination of my placement with Family Outreach. I will notify my supervisor of any emergency situation that would prevent my attendance at these sessions.

I understand that if I am to terminate my practicum/internship contract with Family Outreach prior to the end of my contracted semester, I will provide two weeks notice and will attempt, by all means, to transfer my clients to another therapist and/or continue with those clients until such time as other arrangements can be made. I agree to notify my supervisor at Family Outreach regarding my professional liability coverage, and will arrange to acquire outside coverage through an independent agency. I also understand that in the case where I might be seeing clients between semesters, a lack of professional liability coverage will result in suspension of client privileges until coverage is verified by Family Outreach.

I understand that as a volunteer counselor for Family Outreach, I must represent myself as a professional in and out of the office. I also understand that this position is by my choice and may be terminated by Family Outreach at any time if my conduct is considered unprofessional or unethical. Any complaints or grievances with the program, staff, or supervisors are to be reported directly to Jody Kuhl, MS.

By signing below, I agree to all of the terms and conditions outlined in this counseling/supervision contract. I also agree to adhere to all agency policies.

Practicum Student/Intern

Date

Jody Kuhl, MS / Clinical Supervisor

Date

Applicant _____

Personal Life Experiences

This information is requested by the Casework Manager and will be discussed at the time of your interview. It will be kept confidential. You may choose to discuss rather than write a response to some of these questions.

1. Why do you want to volunteer in the area of child abuse and neglect?

2. Tell me about your childhood. What are some of your happiest (saddest) memories?

3. Tell me about your mother. What did you like best and least about her? Describe your relationship with her as a child and now.

4. Tell me about your father. What did you like best and least about him? Describe your relationship with him as a child and now.

5. Tell me about your siblings. Describe your relationship with them as children and now.

6. What was discipline like in your family growing up? Did it work?

7. Are you Single _____ Married _____ Divorced _____ Widowed _____

8. If applicable, please list the names of your spouse and the names and ages of your children.

9. Tell me about your relationship with them.

10. Who lives in your immediate household?

11. How do they feel about you volunteering?

12. If you have no children, what experience do you have with children?

13. What discipline or punishment techniques did you use with your children?

14. In what ways did you discipline your children differently than how you were raised?

15. Explain any abuse/neglect issues in your family, now or in the past.

16. Do you have personal knowledge of, or involvement in, situations where abuse/neglect has occurred outside your family?

17. What are your feelings about parents who abuse/neglect their children?

18. Has alcohol/drug abuse affected your life and/or the life of your family members? Explain

19. What opportunities have you had to deal with people whose life experiences differ from yours in areas such as values, economics, race/ethnic identity, lifestyle, ect.?

20. What things have you done that have given you the greatest satisfaction?

21. What has been the biggest disappointment in your life?

22. Describe a time in your life when you asked for help. How did you feel about reaching out? Was it helpful?

23. Are you currently dealing with any personal issues that might affect your volunteer work at Family Outreach? If so, describe your concerns.

24. What questions and concerns do you have about volunteering at Family Outreach?

Thank you for sharing this very private information. It will remain with the Casework Manager and be used to match you with Family Outreach clients and other direct service opportunities.