

# Department of Counseling & Student Affairs Clinical Mental Health / Marriage, Couple, & Family Practicum / Internship Site & Supervision Contract

Student Information			
Name	Kristen Dowell Arguedas	WKU ID (800#)	800088252
Topper Email	Kristen.Dowell947@topper.wku.edu	Phone	2703074151
Program	Clinical Mental Health	Faculty Advisor	Sauerheber
Clinical Term & Site I	nformation		
Prac/Internship Term		<b>Y</b> ear	2023
Contract Dates: From		Го	
Site Name	Twin Lakes	<u>.=</u>	
Site Supervisor	Luke Hatfield/Janice Netherland		
Faculty Supervisor	Dr. Coyt		
Complete and sub	mit Site & Supervision Form (this form	)	Date 5/2
Download & attach Practicum & Intern site supervisor upo	n a copy of the <i>Site Information Form</i> ( ship <u>Sites</u> ); review this form for accura date it if necessary. This will provide th	from the <u>Approvec</u> acy and have the e details of your	3/2
•	visor information to accompany this co		Date 5/2
are familiar with th	re reviewed the <u>Practicum and Interns</u> e roles and responsibilities of the prac rvisor, site supervisor, and clinical cod	ticum student,	Date 5/7
	ave read and will comply with the Dep		Date 5/2 Date 5/2
	(Video and Audio) to meet HIPAA star		Date 5/2
Indicate your prefers is available.	rred practicum course section if more	than one section	Section
Kinstn	Daniel Argued	as	5/2
Student's Signature	therland, ma, S.ACC		Date 5- 1-2012
Site Supervisor's Signa	iture		Date
Faculty Supervisor's Si	gnature		Date
Clinical Coordinator's S	signature		Date



# Department of Counseling & Student Affairs Clinical Mental Health / Marriage, Couple, & Family Practicum Application Form

Student Inform	mation				
Name	Kristen Dowe	ell Arguedas	WKU ID (800#)	800088252	
Address	409 Sunning	dale Way	City, State, Zip	Elizabethto	wn
Home Phone			Cell Phone	270307415	1
Topper Email	Kristen.Dowe	ell947@topper.wku.edu	Other Email	KristenDAr	guedas@gmail.com
Program	Clinical Ment	tal Health	Faculty Advisor	Sauerhebe	r/Coyt
Anticipated C	linical Term Ir	nformation			
Practicum	Semester	Summer	Year	2022	
Internship 1	Semester	Fall	Year	2022	
Internship 2	Semester	Spring	Year	2023	
	visor requirem	eal to you and their city locat ents to establish a new site	(discuss this with the		
3.			Location		
4.			Location		
-			<del>_</del> 0		
Glasgow, Eliza	ions in order o abethtown, Ow	f preference. For example, if rensboro, or other cities with			
-	s, Elizabethtow	n			
2					
3					
	s application to	age Checklist b be considered, submit all o	f the following docu	ments electro	onically; check that
Complete:	and submit <i>Pra</i>	acticum Application Form (th	is form)	Date	4/29/2022
	nofficial gradua		·-··/		4/29/2022
' -		nbership (i.e., аса, амнса, аамі	FT, KCA, KAMFT)		4/29/2022
	•	rance (i.e., ACA, AMHCA, HPSO)		Expiration	4/29/2022
Practicum	Orientation Co.	mpleted (no submission due: sign i	n at orientation required)	Date	4/29/2022

#### **Practicum & Internship Informed Consent**

- I attest that I have met the following academic requirements which include:
  - a. Reviewed the P&I manual carefully and understand that I am responsible for asking questions or acquiring any clarification about the contents of the manual.
  - b. Read the departmental policies and understand that I am responsible for following them.
  - c. Completed (or in process) CNS 554, 555, 558, 559, and 560 with a grade of B or better.
  - d. Attended the mandatory CMHC/MCFC practicum and internship orientation.
- 2. I understand that as a practicum student, I must do the following:
  - a. Complete all required paperwork on the P&I website by the deadlines listed.
  - b. Review the Site Information Forms and do the necessary research to determine the ideal placements for my clinical experiences.
  - c. Discuss my practicum and internship options with my Faculty Advisor and/or Clinical Coordinator.
  - d. Once my Practicum Application Package has been approved by the Clinical Coordinator. I will follow the application instructions on the Site Information Form to apply to the sites indicated on my form. If I wish to contact other sites not originally indicated, I will notify the Clinical Coordinator.
  - e. If I wish to establish a new site that has not yet been approved, I will review and follow the instructions in the P&I manual to ensure the site and supervisor meets the requirements and contact the Clinical Coordinator to proceed in approving the site.
- 3. Upon enrolling in Practicum, I agree to the following:
  - a. To adhere to the policies, rules, standards and practices set forth by the Department of Counseling and Student Affairs for the Practicum/Internship experience that are expected of me as outlined in the Practicum and Internship Manual.
  - b. To review the American Counseling Association (ACA) Code of Ethics and other ethical codes or guidelines related to my site and behave according to these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum/internship and a failing grade, and documentation of such behavior will become part of my permanent record.
  - c. To adhere to the administrative policies, rules, standards, and practices of the practicum site.
  - d. To accept responsibility for keeping my practicum and internship Site Supervisor(s) informed regarding my clinical experiences.
  - e. To be issued a passing grade in practicum/internship only when I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required. That is, I must earn at least a "B" in practicum in order to proceed into internship. Furthermore, the same rule applies to progression from the first semester of internship to the second semester of internship.
  - f. To understand that an assessment of my progress throughout the program (including practicum and internship) will be conducted. This assessment will include consideration of my academic performance, professional growth, and personal development.
  - g. To obtain and review a video recording all of my counseling sessions and show the tapes during individual and group supervision.

Student Signature Argueola S	5/2/2022 Date
Clinical Coordinator	Date



## Department of Counseling & Student Affairs Clinical Mental Health / Marriage, Couple, & Family Site Information Form

# **Agency Information**

Agency Name (& program name)	Twin Lakes Counseling Services, LLC			
Physical address (street, city, state, zip)	346 South Main Street, Leitchfield, KY 42754-1428 P. O. Box 4237, Leitchfield, KY 42755-4237			
Phone	270-230-1777	Website		
Description of the site a	nd mental health couns	eling opportunities du	ring practicum or internship	,
wrap around associates, have the opportunity to o	a billing specialist, reco	eptionist and an execuews, conduct counseli	gers, three community based utive assistant. Students will ng session with individuals, facilitate group counseling	ll .
			ies available (if applicable).	
We have plenty of individ	dual counseling clients and family counseling	available for sessions clients, however, they	for this student. We have a will be able to participate in	
Characteristics of the po				
Our community is predor	minantly white, howeve s a small Asian popula	r, we do have some A ion in our community,	frican American, Bi-racial, a but have not had Asian and/or sexuality issues. W	
Primary counseling mod	lalities used at this site			
CBT, TR-CBT, REBT, P	erson Centered,			
Professional developme	nt opportunities availab	le at this site		
We encourage our staff	o participate in training	opportunities and cor	tinuing education classes.	
Days and times facility is	s open for students to s	ee clients		
Monday through Saturda	y 8 a.m. to 8 p.m.			
Minimum semester com	mitment 3 M	aximum number of stu	idents per semester 2	•
Directions to site				
			Vestern Kentucky Parkway Go to the second light. Tur	'n

left into Southgate Mall. Park in front of Fuller Physical Therapy Center. There is an outdoor

breezeway in the corner. We are down the breezeway on the right

# **Practicum & Internship Requirements Met**

Indicate the site requirements that your agency will be able to accommodate. (see the WKU Counseling and Student Affairs Practicum and Internship Manual for more details)

	Yeş	NO
Direct & Indirect Hours  Throughout practicum, students must complete at least 100 total clock hours over the summer 10-week academic term (minimum 8 hours on site weekly). At least 40 clock hours must be in direct service with actual clients that contributes to the development of counseling skills.	<b>V</b>	
During practicum, the Marriage, Couple, and Family Program students must receive a minimum of 12 direct hours with clients in a relational modality (e.g., parent-child, sibling-sibling, couples, mother-daughter, etc.)	V	
Throughout internship, students must complete at least 300 total clock hours each fall and spring semester (minimum 18 hours on site weekly). At least 120 clock hours must be in direct service with actual clients.	<b>V</b>	
During internship, the Marriage, Couple, and Family Program students must receive a minimum of 36 direct hours with clients in a relational modality (they must complete 130 clock hours of direct service in order to meet state licensure requirements).	<b>/</b>	
Video Recording Students are required to tape their work to show during individual and group supervision.		
Students may videotape and show their sessions with clients.	<b>V</b>	
Students may audiotape and show their sessions with clients.		
Audio/videotaping equipment is available onsite for intern use (if No, interns must provide their own equipment).		<b>✓</b>
Clinical Supervision		
A qualified site supervisor (see the Practicum and Internship Manual for details) is available to provide individual/triadic supervision for at least 1 hour each week, remain onsite whenever students are seeing clients, accompany students on direct service hours outside of the agency, provide regular feedback to students, complete midterm and final evaluations, and consult with faculty supervisors as required.	<b>V</b>	

## Site Supervisor

Site Supervisors must be appropriately experienced, credentialed, and licensed. All Site Supervisors must be a Licensed Professional Clinical Counselor (LPCC) or a Licensed Marriage and Family Therapist (LMFT). Exceptions must be approved by the Clinical Coordinator.

Name	Janice Netherland	Highest earned degree	L <del>CSW-</del>	LPCC-B
Job title	Therapist	Licenses/Certifications	Ŀcs₩	LPCC-®
Work phone	270-230-1777	License number & date		016-512
Work email	twinlakescounselingservice@windstrean	Years of clinical experience		CPCC-3/22

### Clinical professional and licensed experiences (minimum 2 years required)

Social Service Clinician for Department of Community Based Services 2012-2015 Mental Health Therapist for Associates in Counseling 2015-2016 PRN Therapist for Boys & Girls Haven 2016-2017 Clinical Therapist/Program Director for Spectrum Care Academy 2016 to the present

#### Supervision training and experiences

Professional Care Health & Rehab, completed a two week practicum 2010
Ohio County High School Family resource Center, completed a two week practicum, 2011
Green/Taylor County DCBS office, completed a six month practicum 2012
Summit Manor Nursing Home completed a one-year practicum.

## **Alternate Site Supervisor**

If a qualified alternate site supervisor is available, please provide the following information:

Name	Luke Hatfield	Highest earned degree	M.Ed., LPCC
Job title	Owner/Therapist	Licenses/Certifications	LPCC License
Work phone	270-230-1777	License number & date	103148, 2/18/2011
Work email	twinlakescounselingservice@windstrear	Years of clinical experience	14 years

#### Clinical professional and licensed experiences (minimum 2 years required)

October 2012 - Present - Twin Lakes Counseling Services, Leitchfield, KY Owner/Therapist July 2014-February 2016 - Associates in Counseling, Leitchfield, KY Owner/Therapist May 2007 - February 2012 - Communicare, Leitchfield, KY Therapist February 2011 - February 2012 - Daugherty Counseling Center, New Albany, IN Therapist May 2005 - April 2007 - Spectrum Care Academy, Glasgow, KY Intern Therapist

#### Supervision training and experiences

Domestic Violence CEU Certificate (3) Suicide & Risk Management Training (6) Vaiety of CEUs yearly since Licensure

# **Application Process**

Application instructions including site representative contact information	
Submit resume and references to Luke Hatfield at twinlakescounselingservice@windstre	am.net
Estimated due dates for the application materials (summer, fall, and spring semesters)	
We will abide by WKU's guidelines for application.	
Expectations of the student on site	
We will expect students to abide by the KCREP standards, our agency guidelines, keep pup to date, be open and willing to learn and receive feedback, and be present and on time appointments.	
<b>Courses</b> : Before applying for practicum/internship, CMHC and MCFC graduate students must successfully complete a series of classes including professional studies (identity & ethics), group counseling, social and cultural diversity, counseling theories, and techniques of counseling. Are there other <u>courses</u> or clinical experience prerequisites that you request of your interns? If so, explain.	Yes No
Your requirements are sufficient.	
<b>Financial compensation</b> for practicum and internship students is not required (e.g., salary, benefits, stipend, tuition assistance, professional development funds, etc). However, if available, please describe:	<b>V</b>
arrangement	
Form completed by Date completed	
Luke Hatfield, M.Ed., L.P.C.C. February 5, 2019	
Instructions for Site Representatives	

Thank you for your interest in working with our department and students! Please complete and submit this form annually or whenever site or supervisor information changes. This form will be posted on our website for students to review.

Return the form and a current resume/CV to Dr. Cheryl Wolf, Clinical Coordinator, at cheryl.wolf@wku.edu.

If you have questions, please contact:
Dr. Cheryl Wolf
Clinical Coordinator
Counseling and Student Affairs
Western Kentucky University
<a href="mailto:cheryl.wolf@wku.edu">cheryl.wolf@wku.edu</a>
(270) 745-4484