



MASTERS OF ARTS IN COUNSELING

COURSE SYLLABUS

COU 691

INTERNSHIP

TIME/LOCATION	Monday,(4:00-5:30; 5:30-7:00); Tuesday, Thursday (5:30 pm to 7:00 pm) Site Locations and Lincoln Campus, Fred D. Brown Center; MAC Building
INSTRUCTOR	Dr. Owen L. Saunders, Adjunct Associate Professor Lincoln: (P) 473-1287 (C) 202-3622 e-mail: owen.saunders@doane.edu OwenLS1@aol.com
REQUIRED TEXTS:	None
RECOMMENDED READINGS	Baird, B.N. (2008). <i>The Internship, Practicum, and Field Placement Handbook: A Guide for the Helping Professions</i> , Upper Saddle River, NJ: Prentice Hall. Caine, R.N., & Caine, G. (1994). <i>Making connections: Teaching and the human brain</i> . Parsippany, NJ: Dale Seymour. Casement, Patrick. (1991) <i>Learning From the Patient</i> . New York: The Guilford Press, 1991 Crawford, R.L. (1994). Avoiding Counselor Malpractice. <i>The ACA Legal Series, Vol. 12, Theodore P. Remley, (Ed)</i> . Alexandria, VA: American Counseling Association Engels, W.E. & Associates (2004). <i>The Professional Counselor</i> , Alexandria, VA: American Counseling Association Faiver, C., Eisengart, S. & Colonna, R. (2000). <i>The Counselor Intern's Handbook</i> , NY: Brooks/Cole. Friedman, D., & Kaslow, N.J. (1986). The development of professional identity in psychotherapists: Six stages in the supervision process. In F.W.Kaslow (Ed.), <i>Supervision and training: Models, dilemmas and challenges</i> , 29-50. New York: Haworth Press. Gibbs, Leonard (2006). <i>Evidence-Based Practice for the Helping Professions: A Practical Guide with Integrated Multimedia</i> , Kandel, E.R., Schwartz, J.H., & Jessell, T.M. (2000). <i>Principles of neural science</i> . New York: McGraw-Hill. Mitchell, Robert (2001). <i>Documentation in Counseling Records</i> , Alexandria, VA: American Counseling Association Pachis, B., Rettman, S. & Gotthoffer (2005) <i>Counseling On The Net: Tips, Resources, Activities, and URL's</i> . Boston: Allyn & Bacon. Penn, L.S. (1990). When the therapist must leave: Forced termination of psychodynamic therapy. <i>Professional Psychology: Research and Practice</i> , 21, 379-384. Pipher, Mary (2003) <i>Letters To A Young Therapist</i> , New York: Basic Books
PREREQUISITES	Successful completion of <i>all</i> academic course work and COU 621 Practicum 1, COU 622 Practicum 2, and admission to Level 3.

COURSE DESCRIPTION AND OBJECTIVES

Intended as the culminating phase of formal training for career professionals in mental health counseling and related work, COU 691 is a one (1) to (6) semester hour graduate level course designed to afford students a supervised opportunity to successfully apply the knowledge and skills acquired in the academic portion of their MAC program, as well as to develop and refine a practical working mastery of mental health counseling theory and methods. In this experience process, the student is able to acquire new knowledge, while building and applying a solid foundation of professional expertise. Opportunity is provided for the demonstration of professional proficiency and independent competency.

METHODS OF INSTRUCTION

The Learning Method of the internship involves *direct* assessment, case formulation, treatment planning and implementation of intended counseling strategies with clients and therapy groups. It also includes *indirect* case management activity such as record keeping, treatment plans, and work within agency or clinic structures such as learning procedures to work with managed care companies and developing familiarity with the myriad of support activities necessary to effectively conduct counseling in various professional settings. This component of Internship involves personal supervision by *on-site* supervisors who will train, model and critique performance.

Internship also includes *faculty supervision* and instruction conducted through several mediums including a weekly conference seminar. In the seminar, conducted on campus, interns have the opportunity to gain valuable additional experience and skill development through several learning processes, two of which involve *faculty performance critiques* and *collegial consultation*.

- Your faculty internship supervisor will observe intern performance, including presentation of cases during seminar. Each presentation will be critiqued with respect to the quality of its content and the degree to which it adheres to professional standards of practice.
- In the manner of a professional consultation, colleagues attending the session will be expected to similarly critique presentations of one another, agreeing with or offering alternative case analysis, treatment recommendations and counseling technique suggestions.

The internship involves the direct, on-site supervised internship experience which consists of a *minimum* of 800 clock hours that includes:

- ☑ (1) a *minimum* of 320 clock hours of *direct* clinical work with clients;
- ☑ (2) a minimum of one hour per week of individual supervision with the on-site supervisor; and
- ☑ (3) a *minimum* of 1½ hours per week of faculty supervision via weekly internship conference seminars

ASSESSMENT OF LEARNING AND PERFORMANCE, GRADES

Internships are graded on a pass, fail basis. Successful completion of the internship is based on *demonstrated mastery of academic knowledge and skills and professional competency*. This mastery will be judged by the instructor, both subjectively and objectively in a variety of ways, and will consider many aspects of the interns performance as assessed by: observation, written and oral presentations, performance, attendance and participation in conference seminars and compliance with directions contained in this Syllabus and other instructions pertaining the internship. This evaluation will also emphasize the intern's direct clinical mental health work as evaluated by the on-site supervisor.

Interns will receive "feedback" regarding their performance. This will occur in a variety of ways; for example: (1) during weekly individual supervision sessions with on-site supervisors; (2) and in the form of seminar presentation critiques written and/or orally given to the intern by their faculty supervisor. From time to time, formal as well as informal discussions will be held to appraise an intern of performance strengths or concerns. These will be scheduled by the faculty supervisor and may occur during or after on-campus supervision conference seminars or through the medium of planned office visits. Written communication will also be a practical way to provide "feedback" via memorandum, letter or email.

PERFORMANCE REQUIREMENTS

The field of mental health is a challenging and rewarding profession. Like other health care occupations today, it is governed by a wide array of ethical as well as legal policies, laws and requirements. The internship is governed by those policies and requirements in the same fashion as are any other professional who is are engaged in the field of mental health practice.

▽ A. Ethical Considerations:

It is always the professional obligation of the individual mental health practitioner in training, or ultimately as a fully licensed professional, to practice ethically. Doane College interns are required as a minimum to:

1. Follow and comply with all federal laws, rules and regulations and those of State of Nebraska and the Department of Health and Human Services Division of Regulation and Licensure.
2. Follow all of the principles and guidelines provided in the most current Code of Ethics as published by the American Counseling Association.
3. Inform your clients that you are a Doane College Master of Arts in Counseling intern-in-training, practicing under the supervision of (Name) your *on-site supervisor* and Dr. Owen Saunders your Doane College *faculty supervisor*.
4. Safeguard confidentiality and right of privacy of:
 - a. Clients
 - b. Agencies
 - c. Staff
 - d. Fellow students
5. Become familiar with and proactively implement policies and practices enunciated in HIPPA, FERPA and other pertinent state and federal regulations.
6. Practice within your scope of practice and level of competence, that is, as an intern-in-training under active supervision
7. Familiarize yourself with and abide by the clinic or agency where you are interning, to include their policies and procedures.

▽ B. Attendance; Supervision Conference Seminars and On-site Supervision

To comply with accreditation, Doane College, and state requirements:

- Interns are required to actively participate in a minimum of one (1) hour of supervision per week with their on-site supervisor.
- Interns are also required to engage in one and one half (1½) hour each week of faculty supervision at Doane College through active participation in the on-campus Practicum/Internship conference seminar.

To fulfill this second requirement, on-campus conference seminars are held three to four times weekly, including twice on Monday's (4:00 to 5:30) (5:30 to 7:00), and once on Tuesday and Thursday, from 5:30 pm to 7:00 pm. Interns are *required* to select and attend one session (1) each week during their internship. They may elect which day of the week they attend, and are welcome to attend more than one seminar in any particular week. In practical terms, each seminar is a "meeting of professional counselor colleagues" reviewing and discussing professional case assessments, case formulations and therapeutic interventions which they are conducting or have conducted with actual clients.

It is recognized that from time to time unforeseen events may prevent an intern from attending a seminar. This absence is to be made up as soon as the intern can reasonably arrange to attend one of the other seminars, either the same week, or by attending two the following week. If an intern does not attend a seminar for more than three (3) consecutive weeks they are regarded as not practicing under appropriate supervision and are immediately suspended from their internship.

▽ C. Samples of clinical work:

Each *term*, interns are required to orally present a minimum of two (2) complete and organized samples of their clinical work during one of the weekly on-campus supervision conference seminars. These “samples,” often described as *case formulations*, require the intern to select and organize the salient and relevant aspects of a clinical client/case situation in a professional synthesis.

This synthesis should draw on relevant data to present a theory based hypothesis that parsimoniously organizes and explains the majority of the relevant data and dynamics of the case, is derived from an effective *differential diagnosis* and *functional behavior assessment*, suggests an intervention strategy or treatment plan and leads to definable outcomes.

Several sequences or content formats might be used to effectively present a case formulation, clinical work sample. Following is a suggested outline that may be used for the presentation of the case to the weekly supervision conference seminar:

Presenting Problem(s)

- What brings the client in for counseling
- Your estimate of the problem
- A functional analysis of the problem, including what elicits and what maintains the problem(s)

Background, client history information:

- 🍏 Disguised name
- 🍏 Accurate age and occupation of the client.
- 🍏 Client's education background
- 🍏 Summary of family history
- 🍏 Present marital status, or relationship with a partner
- 🍏 Family to include summary or Genogram of immediate and extended family.
- 🍏 History of the problem
- 🍏 What the client has attempted in the past to resolve matters
- 🍏 Your estimate of the clients cognitive ability and adaptive behavior
- 🍏 Involvement of substances if any
- 🍏 Medical conditions that affect the problem or treatment

DSM Diagnostic Assessment using the APA Multiaxial format.

- 🍏 Axis I through V, as illustrated in DSM IV-TR.

A Treatment Plan overview

- 🍏 Define the key *treatment objectives*, as defined by your assessment
- 🍏 Stipulate for each condition(s) the counseling technique and/or behavior intervention strategy to be used.
- 🍏 Specify the family or “environmental conditions” influencing client issues and how you will address them e.g., appropriate systemic intervention(s).

When developing this information, consider:

- (a) Presenting Complaint or Issue: “What are we, the clinician *and* the client, concerned about here?”
- (b) Significant History: “What do I have to know about this person's background to understand and make sense out of their current situation?” What interventions have been previously tried?
- (c) Developmental functional or dysfunctional competencies: “Who is this person? How do they go about being a person? What is the developmental psychopathology that prevents this person from being more functionally competent in coping with their experience?”
- (d) Diagnosis: Your best use of the skills of differential diagnosis and the language of DSM-IV-TR to explain *your* conceptualization of this person and their experience. A multiaxial approach is important. Describe the dynamics underlying the clients presenting behavior and complaint(s). What condition(s) or influences are causing the problem.
- (e) Intervention Strategy: “What is your treatment plan? What can you do to facilitate increased functional competency in this individual in the situation they are experiencing?” Define the counseling method(s) or intervention(s) you consider most likely to be effective and why.

(f) Anticipated Outcome: “What do you expect to see if the client is getting better, i.e., becoming more functionally competent; what will that look like?”

▽ D. Professional ---Collegial Consultation

As noted above, Interns are expected to organize and present at weekly conference seminars clear, concise and relevant professional presentations of their clinical work.

Other interns, and practicum students, attending the seminar are expected to regard the presentation as a request for their consultation, and thereupon, assume the role of “consultant colleagues.” In this role one is expected to provide critical review, commentary and evaluation of the work presented. Consultation includes *active* (verbal) demonstration of:

- a. An understanding of the presenter’s case conceptualization and hypothesis: “Ask until you understand; confirm your understanding with the presenter to make certain you fully grasp their diagnostic hypothesis.”
- b. A professional critique of the assumptions, hypothesis and intervention strategy. “Is this the most parsimonious and effective way to organize and understand the data?” Does the assessment and judgment of underlying dynamics make diagnostic sense? Are there *better* alternative conceptualizations or a better differential diagnosis?
- d. Do the presenting intern’s therapeutic interventions and strategies make sense; are they clearly identified, justified. Are counseling intervention therapy strategies and technique aligned with the case formulation and case dynamics? “How does this strategy fit with the hypothesis? With best practices? With outcome based interventions? Can you offer a better fit?”
- e. Outcomes: “Are these the most likely or relevant signs of progress?”

▽ E. Writing Requirements:

There are three (3) mandatory writing requirements which are to be completed by each student during their internship: Treatment Plan, Progress Notes sample and a Letter of Referral.

1. **Treatment Plan:**

Once during the internship, a formal Treatment Plan is to be submitted to the intern’s faculty supervisor. The format for the plan may be one which is used at the clinic or agency where the internship is taking place or alternatively, may utilize a format copied from one provided by the supervisor. As a minimum the plan you submit *must* stipulate the condition(s) which is the focus of treatment, therapy method(s) to be used and intended treatment objective and desired outcome.

The Treatment Plan you submit should be about an *actual case* you have treated, and is to be derived from a case that you have presented during an on-campus consultation seminar. The identity of the individual, and family members, are to be disguised to maintain confidentiality. The dates of treatment and clinic or setting, client occupation and education, however, should be accurate.

Treatment plans are to be typed or if hand written, they must be legible. Professional appearance is important. They should be concise, but complete. If your clinic procedure was to work with the client to devise the plan, note that on the report.

You may submit an actual plan that you have developed and used at your internship site. If doing so, the document must be redacted to preserve confidentiality by eliminating last names and other “identifying information.”

2. **Letter of Referral:**

Once, sometime during the internship, each student is to write one “referral letter.” In this writing (hypothetical) scenario, you have a client whom you are referring to a psychiatrist, psychologist, mental health therapist or clinical specialist.

There are two likely reasons for your referral. One is that you feel the client needs special treatment or you want to work collaboratively on the case. Another is that you are referring the individual because you will be on a missionary trip to Kenya, and your practice will closed for several years. The client needs further, on-going or specialized treatment, hence the reason for your referral.

1. The letter is to be about an actual client whose name and identity is masked.
2. You have to actually know and have treated the client sufficiently well enough to write a complete letter
3. Preferably, it is a client you have seen for several sessions who is moving to a distant city and wants to continue therapy
4. The letter is to introduce the client to the new therapist and provide for continuity of care
5. The letter should follow the same outline as given for verbal presentations; or if that outline will not work in this situation, at the beginning of the letter explain the order of the material to the reader.
 - a. The letter should be two to three pages in length
 - b. Date the letter as of the date you last visited the client
 - c. The letter should be in a formal business format.
6. Care should be taken to correctly present your diagnostic understanding of the case dynamics, your assessment to include DSM Multiaxial determinations, treatment and history.

3. Progress Notes:

Approximately “half way through” and then at a “later date” in the internship, each student is submit a sample of case Progress Notes, or equivalent document, used to record a client’s treatment session. The format for these notes should be one that is actually used in the clinic or agency where one is interning and relate to a specific case being seen for counseling, with the client name and identifying information obscured or deleted. Preferably, the second Note submitted will pertain to the same client described in the first note, but will have been recorded from one to three sessions later.

▽ F. Colleague ---Plan and Letter --- Critiques

Constructive “feedback” is a valuable avenue for improving one’s expertise. In the conference seminar we have a group of well educated graduate students, working at a masters degree level who can effectively provide a constructive critique of our treatment plans and referral letter, and who can improve their own skills in the process.

Interns are required to submit their Treatment Plans (2), Progress Notes (2) and Referral Letter (1) to their faculty supervisor who will, from time to time, duplicate and distribute one or more of them to seminar class members for their critique. Following their review, members are to return the letter or plan directly to the supervisor with their annotations and comments.

Writing effective treatment plans, progress records and referral letters represent an essential capability for which the mental health practitioner must be reasonably skilled. Yet, while these tools are used extensively, training on the process is seldom addressed in the clinic or private practice. Writing and critiquing a Treatment Plan, set of Progress Notes, and a Referral letter affords opportunity for the intern to benefit from the specific suggestions of their knowledgeable contemporaries, and enhance their own writing skill and ability to effectively use these instruments later in one’s own practice.

Readers (collegial reviewers):

- Read and offer thoughtful, positive constructive, critique of each Treatment Plan and Referral Letter you are given.
- Return your written critique within two weeks.
- Annotate corrections directly on the Plan or Letter if they are relatively simple. Use red or discernable colored ink. A set of suggestions to improve understandability or technical aspects of the letter/plan should be attached.
- Your critique must not be overly brief, e.g., saying “good letter!” is not sufficient. If you thought it was an excellent letter or plan and cannot find any way to improve it, explain what was helpful so the author can continue to incorporate those elements into their style. (One to three pages of critiquing is sufficient – the author likely cannot incorporate more feedback than that).

▽ **G. Professional Development Plan**

Interns are to give the MAC faculty supervisor a brief, written statement of their learning objectives: conditions during their internship training.

Option A: At the start of Internship at a specific clinic or site location, or if *changing internship training sites*, provide the faculty supervisor with a statement entitled: “What will I try to learn plan.” This plan is to summarize goals for the term and at that site or training setting where at which you are about to work. This summary must include a statement of: *what clinical competencies* are you planning to explore, develop, or master? What would you like to get out of this term or at the new internship site? This can be from a one-half a page summary to a more elaborately thought out plan of several pages.

Option B: If you do not do a prospective “What will I try to learn” plan, at the end of the term you will need to submit a “retrospective plan”. In this plan you will need to take three course learning objectives from the syllabus of each of the courses you have completed here in the Doane MAC Program and illustrate how that applied to your overall professional development at your site and describe specific clinical applications of each.

SUSPENSION OR RESTRICTION OF INTERNSHIP

A student internship will be suspended for cause. Conditions under which an intern internship will be suspended or restricted include, but are not limited to instances, where: an intern fails to perform the responsibilities of their internship in a professional manner, performs inadequately or conducts themselves in a manner that by any common sense standard is inimical.

Suspension and restriction will also result when an intern fails to adhere to the policies and standards outlined in this Course Syllabus such as those stipulated in the Standards for Student Intern Conduct, and includes instances when an intern does not follow oral and written directives which they are given by faculty and/or on-site supervisors.

Violation of Doane College standards and policies, as they are stated in the College Catalogue or Graduate Program publications such as the MAC Student Handbook, may also result in suspension or restriction.

An internship will be suspended or restricted when the intern fails to adhere to professional standards of ethics and conduct, such as those stipulated in this Syllabus and those outlined by the American Counseling Association, or if an intern violates state or federal laws and regulations.

Other instances in which suspension or restriction will occur include those where an intern: (a) fails to adhere to attendance requirements, such as missing three or more weeks of campus or on-site supervision; (b) fails to work successfully at an approved internship site, including ineffective or unsatisfactory work with clients, failure to adequately demonstrate professional competency, or poor interpersonal skills and behavior.

An intern will be suspended if they: (1) have failed to register for the course; (2) do not have adequate liability insurance or if there is a limitation or discontinuation of liability insurance; (3) attempt to train under an unqualified or unapproved site supervisor; (d) undertake an internship at a clinic, site or agency that has not been approved.

Suspensions or restrictions will be determined on a case by case basis by the Doane College Director of Clinical Supervision.

While suspended a student may *not* represent themselves as a Doane College Intern or Intern-In-Training, may not see clients or function as a Doane College student at any internship site.

To be reinstated the student must meet with the Director of Clinical Placement and present a written request for reinstatement. The suspended or restricted student will be required to satisfactorily explain the absence, conduct, or condition of concern, and/or take other action as determined by the Director to correct any the problem that led to suspension or limitation which in the view of the Director rendered the Intern's practice inimical to themselves, the College or to have been in contravention of professional standards, college or course policies.

GENERAL INFORMATION:

Practical Requirements

1. A student must be *registered* in the Internship course *before* undertaking any work on site; an intern cannot collect internship hours before the first day of the term in which you are registered.
2. Students must provide a copy of current professional liability insurance in order to register for internship.
3. Students are expected to enroll in courses for each term in person during the "Formal Registration" dates for that term, as posted on the Doane College calendar. From time to time urgent circumstances may prevent a student from enrolling at the formal Registration time. Students may present a written petition to the Dean explaining why they were not able to register at regular Registration and request a late registration. No registrations will be accepted after the beginning of the sixth (6th) week of a term.
4. A student engaged in an internship must immediately notify the MAC program of any change in insurance status. Failure to immediately notify the program of change or discontinuation of insurance results in immediate suspension from the practicum.
5. MAC students must have a written, signed agreement with an internship site supervisor, on file, *before* representing themselves as an intern or student in training, and before working with clients or recording *any* internship hours.
6. To engage in an internship, a student must have successfully completed all academic course work and two practica, the records of which must be on file for each practicum site. The documents must include signed practicum agreements, a student evaluation of site; and a signed practicum site-supervisor evaluation of the intern students performance; a summary of experience and achievement of learning goals, and log of hours also signed by the on-site supervisor.
7. Upon completion, an intern must submit all documentation from their internship to the MAC office within two weeks of completing their internship hours.

Practicum and Internship Logs

Accurate Record Keeping

Each student is to keep an accurate log of the time spent in the internship. This record is to be submitted on the Doane College forms as provided to you during the course Orientation; either the paper or the spreadsheet official version of the form is acceptable. All time spent in internship activity is to be recorded on the form.

Additional Policies

At least 800 on-site hours are required for successful completion of the internship. As a minimum 320 hours, forty percent (40%), of those hours must be “direct contact” mental health service with a client, couple or family.

Interns must document this time to include: individual supervision with the on-site supervisor that averages a minimum of one (1) hour per week; and (c) group supervision via the weekly internship conference seminar meeting that equals or exceeds a minimum of one and one half (1½) hours per week.

Definitions of Direct and Indirect Internship Training

“Direct Client Contact Hours” are defined as those hours spent directly with clients. The purpose or goal of the client meeting is mental health counseling or psychotherapy. Each of the parties, the counselor-in-training (intern) and the client must understand the purpose of the meeting and that they intend to enter into a professional therapeutic relationship as defined and governed by the Ethical Code of the American Counseling Association. The intern engages in *direct* meeting sessions only with and/or under supervision of a licensed practitioner.

The services provided in the client meeting are services defined and governed by Nebraska statutes which govern and regulate mental health counseling; they are services that require and can only be provided by a licensed mental health professional. Nebraska statutes regulate both the title and the practice of mental health counseling. Services that are called mental health counseling must be offered by a licensed professional, and the practice or function of professional mental health counseling without appropriate licensure or certification, no matter what it is called, is prohibited.

If a type of service is such that it can be provided by individuals who are not licensed as mental health professionals they are *not* Direct Client Contact Hours. If the services can be provided by “well trained” volunteers or by skilled teachers, community service workers or case managers, by family specialists or by family support workers, by the internship site agency definition and by state law they are not mental health counseling services and are *not* Direct Client Contact Hours.

“Indirect Internship Hours” are those hours required by the site or site supervisor in order for the student to be prepared for or after having provided direct client services. Some examples of Indirect Hours are: chart notes and record keeping, case conferences or staffing, chart review, client reception or telephone coverage, agency orientation or training. These are all functions directly related to providing mental health counseling services to the clients of this agency or practice. In-direct hours *do not* include hours spent at an elective training or workshop.

Program Overview and Limitation on what constitutes Indirect hours

The Master of Arts in Counseling Program is divided into two parts. The first part of the program consists largely of academic, in-class, independent and supervised study, and involves primarily scholastic work aimed at acquiring the basic knowledge and skills of the professional mental health counselor, and the development of a personal professional identity as a counselor. The MAC academic curriculum provides students with a comprehensive and adequate exposure to the knowledge and skills of professional mental health counseling. However, this is only an initial and basic knowledge and skill set.

The second part of the program, which occurs during the Practicum and Internship, focuses on helping students successfully apply and practice the knowledge and skill gained from course instruction. The second part is intended on affording opportunity to operationalize one's identity and skill by experiencing and demonstrating a high degree of sound professional competency in the delivery of mental health counseling services.

It is expected that the professional mental health counselor will continue to pursue their own professional development throughout their career; in fact that continued pursuit is required by licensing laws in all states. There is always new research and more to learn. The pursuit of knowledge is encouraged and expected of the MAC student or graduate. However, during internship, workshops and conferences taken independently while the student is an intern, may occur in a time frame coinciding with the internship, but if they are not a direct part of the prescribed on-site training or clinic activity and/or are not a part of the Doane curriculum ---they are regarded as a quest for knowledge and skill, but *not* a part of the practicum or internship. Such work is not credited to either indirect or direct internship course hours.

**STANDARDS
FOR STUDENT
INTERN
CONDUCT**

Doane College requires that all students adhere to the ethical principles of the counseling profession as set forth in: the American Counseling Association Code of Ethics; the regulations of the Nebraska Department of Health, Bureau of Examining Boards in accordance the Nebraska Mental Health Practice Certification Act; and the laws of the State of Nebraska and the United States of America.

Nebraska statutes prohibit independent practice in mental health by non-licensed individuals. Counselors-in-training must assure that they are practicing under adequate clinical and academic supervision.

Regardless of previous credentials, education or past experience when entering the MAC program, participation in a *counselor training program* indicates that the student is committed to developing a professional identity as a mental health counselor and is intent on developing professional knowledge and skills necessary to achieve expertise in this career field.

The development of this identity and specific professional competency occurs throughout graduate-level training. It is appropriate for students, whatever their previous experience, to view themselves as counselors-in-training. Engagement in any relevant professional activities should be done in such a way that reflects and respects these commitments and maintains professional integrity.

In addition:

1. The program requires the highest standards of professional and personal conduct from all students.
2. Doane College requires each student to abide by the policies and procedures of the program and to comply with the program's standards.
3. A student intern, or their immediate family, may not establish or continue a therapeutic relationship with any faculty member, on-site supervisor, site training agency, program or colleague while registered in this course.
4. A student may not represent themselves as an intern or as a counselor-in-training unless they are *registered* in this internship course and have arranged for and are actively working under the operational faculty supervision of the Director of Clinical Placement and/or Dean of the MAC Program.
5. Failure to comply with these standards of conduct will result in disciplinary action and may lead to suspension or dismissal from the program.

THE ON-CAMPUS

Study responsibility: There is a huge body of knowledge that you

**SUPERVISION
CONFERENCE
SEMINAR**

have explored throughout your academic course of study in the MAC program. Now, in your internship, you will have opportunity to effectively select and apply those theoretical concepts or techniques in direct work with clients and supervisors in the field, and through case presentation and consultation on campus during faculty supervised conference seminars. This professional collegial “grand rounds” setting ---provides the opportunity to practice and refine and *demonstrate your professional mastery* of the functions of a mental health counselor.

The on campus conference seminar is an essential element in the process. The faculty and college will carefully structure and teach within the context of the seminar, but learning and mastery is *your* responsibility. The opportunities afforded by cooperative collaborative consultation, with onsite supervisors, faculty and colleagues in the internship and participation in the on campus conference seminar is important.

The seminar is a venue in which questions can be raised and addressed, theories analyzed, and advanced professional learning facilitated.

- You are *encouraged* to raise questions during the seminar so that inquiry will disclose where clarification is needed, and afford opportunity to add depth and resolve questions likely held by more than one person.
- Your comments, personal-life experience, observations, and ideas *are* welcome and *beneficial* to everyone's learning. This is particularly true in this type seminar. However, when discussing specific mental health cases or individuals, whether you are referring to yourself, your family, acquaintances, or speaking about past or present cases ----do *not* identify who you are talking about.
- It is important to recognize that the function of an informal advisor and that of a personal friend is based on personal life experience; but the function of the *professional* mental health therapist is based on “professional experience,” training, extensive academic study and involves knowledge based on research, science and professional literature, not just opinion.

It is important *you* be given personal attention. In addition to consultation by your colleagues *during seminar* sessions, to resolve questions not clarified in seminar, or to address something that concerns you, the faculty instructor will be available after class. But because time is often congested after each session, you may wish to make an appointment to visit with the instructor at another time. Appointments are encouraged. If you wish to contact the instructor, refer to the telephone numbers or email address listed on Page 1 of this Syllabus.

Seminar Scheduling and Cancellations: Because work at internship sites does not follow the College schedule, the on-campus faculty supervised conference seminar will be held on a continuous basis. Except for holidays, sessions will be held weekly during and between semesters.

Should bad weather, or unforeseen event cause an unexpected cancellation of a seminar session every attempt will be made to contact you. Sessions can be made-up by simply attending an additional regular session in subsequent weeks. However, if it is determined that a make-up is necessary plans will be made to reschedule.

**OFFICIAL CONTACTS
AND
COMMUNICATIONS**

Official correspondence and communication is sent to an intern’s Doane College email address, and/or email address you provide the graduate office secretary. Keep this address up-to-date, and most importantly...check your email frequently. Also insure that the graduate office has a current phone number where you can be reached in case faculty or staff need to contact you.

**TIME
LIMITATION**

You have selectively chosen the MAC program as the foundation for a professional career. The internship is a rewarding, enjoyable part of your studies.

It is a very challenging course intended to facilitate learning, professional growth and mastery. While students can work long hours and carry heavy loads of responsibility you cannot force growth. Growth happens with time, experience, thought and desire. Keep in mind that this is a professional course designed to facilitate your effectiveness as a counselor in the complex process of *identifying* and then successfully addressing the needs of *clients*.

For this reason thirty hours (30) per week is generally the maximum time students may spend at an internship site without becoming tired and wearing themselves out. It is usually the optimum time one can be engaged in intense case work and also continue to undertake collateral research and fulfill other family and academic commitments.

In some cases, the internship is, however, of such nature that more than thirty hours are needed. There are also occasional instances where interns benefit from additional time in case work and can do so without adverse health and family problems. Therefore, the policy is that not more than 30 hours per week can be counted as direct or indirect hours. However, exceptions can be made on a case by case basis in which an intern may be authorized to log up to a maximum of forty (40) hours per week, but only *after* personal discussion and written approval of the Director of Clinical Supervision.