

COURSE SYLLABUS

Title of Course: **INTERNSHIP**

Course Nr: COU 691

Class Dates: Campus supervision sessions: Mondays 4:00-5:30 or 5:30 to 7:00; Tuesdays 5:30 to 7:00; Thursdays 5:30 to 7:00. On site clinical work as arranged.

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I. Catalog Description and Credit Hours of Course:

A supervised internship experience which consists of a minimum of 800 hours that includes: (a) a minimum of 320 hours of direct service work with clients; (b) a minimum of one hour per week of individual supervision with an on-site supervisor; and (c) a minimum of one and one-half hours per week of group supervision via weekly internship class meetings.

Students have the option of taking the internship full-time or part-time as follows: (a) full-time which is three credits per term and requires 40 hours per week for 20 weeks (five months or over two terms); (b) half-time requires 20 hours per week for 40 weeks (10 months or 4 ½ terms); and (c) one credit per term which requires 15 hours per week for 53 weeks (13 months or six terms).

The internship experience enables students to refine and further enhance the knowledge and skills applied during their practicum. In addition, the internship provides an opportunity for students to engage in all of the professional activities performed by a regularly employed staff member at the internship site.

II. Additional Description:

Intended as the culminating phase of formal education and training for career professionals in mental health counseling and related work, the course is 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 their working mastery of mental health counseling theory and methods. In this process the student is able to acquire new knowledge, while building and applying through direct experience a solid foundation of professional expertise.

Applicable to a variety of clinical, agency and managed care situations, internship involves opportunity to apply research, evidence based and theoretical concepts and methods in actual clinical practice. This will include case formulation, treatment planning and delivery of direct therapy counseling services based upon use of *functional behavior* and *differential diagnostic assessment* procedures, as well as state-of-the-art approaches to identify healthy as well as dysfunctional mental health conditions, taking into consideration: stage of life, age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality and other factors related to the assessment and evaluation of individuals, couples, groups and specific populations.

Internship also involves the holistic understanding of client styles of temperament, personality, coping, emotional defense mechanisms, acculturation, as well as social and environmental influences as they affect emotions and behavior.

III. Prerequisite(s):

Successful completion of *all* academic course work, both Practicums I and II (COU 621 and COU 622), and admission to Level 3.

IV. Course Integrated into Focus area:

Mental Health	Marriage, Couple and Family Counseling	Addictions	School Counseling
Required	Required	Elective	Elective

V. Course as Relates to External Requirements

CACREP Standards (2009)

PROFESSIONAL PRACTICE

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

SUPERVISOR QUALIFICATIONS AND SUPPORT

A. Program faculty members serving as individual or group practicum/internship supervisors must have the following:

1. A doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program.
2. Relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
3. Relevant supervision training and experience.

B. Students serving as individual or group practicum student supervisors must meet the following requirements:

1. Have completed a master's degree, as well as counseling practicum and internship experiences equivalent to those in a CACREP-accredited entry-level program.
2. Have completed or are receiving preparation in counseling supervision.
3. Be supervised by program faculty, with a faculty-student ratio that does not exceed 1:6.

C. Site supervisors must have the following qualifications:

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

D. Orientation, assistance, consultation, and professional development opportunities are provided by counseling program faculty to site supervisors.

E. Supervision contracts for each student are developed to define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship.

INTERNSHIP

G. The program requires completion of a supervised internship in the student's designated program area of 600 clock hours, begun after successful completion of the practicum. The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area. Each student's internship includes all of the following:

1. At least 240 clock hours of direct service, including experience leading groups.
2. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor.
3. An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.
4. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
5. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.
6. Evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor.

CLINICAL MENTAL HEALTH COUNSELING

Students who are preparing to work as clinical mental health counselors will demonstrate the professional knowledge, skills, and practices necessary to address a wide variety of circumstances within the clinical mental health counseling context. In addition to the common core curricular experiences outlined in Section II.G, programs must provide evidence that student learning has occurred in the following domains:

FOUNDATIONS

A. Knowledge

1. Understands the history, philosophy, and trends in clinical mental health counseling.
2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.
3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.
4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.
5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.
6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.
7. Is aware of professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems).
8. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.
9. Understands the impact of crises, disasters, and other trauma-causing events on people.
10. Understands the operation of an emergency management system within clinical mental health agencies and in the community.

B. Skills and Practices

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

COUNSELING, PREVENTION, AND INTERVENTION

C. Knowledge

1. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.
2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.
3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).
4. Knows the disease concept and etiology of addiction and co-occurring disorders.
5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.
6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.
7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.
9. Understands professional issues relevant to the practice of clinical mental health counseling.

D. Skills and Practices

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.

4. Applies effective strategies to promote client understanding of and access to a variety of community resources.
5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
6. Demonstrates the ability to use procedures for assessing and managing suicide risk.
7. Applies current record-keeping standards related to clinical mental health counseling.
8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

DIVERSITY AND ADVOCACY

E. Knowledge

1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.
2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client.
3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.
4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.
5. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.
6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

F. Skills and Practices

1. Maintains information regarding community resources to make appropriate referrals.
2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.
3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

ASSESSMENT

G. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.
3. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.
4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.

H. Skills and Practices

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.
2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.
3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.
4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

RESEARCH AND EVALUATION

I. Knowledge

1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.
2. Knows models of program evaluation for clinical mental health programs.
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

J. Skills and Practices

1. Applies relevant research findings to inform the practice of clinical mental health counseling.
2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

DIAGNOSIS

K. Knowledge

1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.
2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.
3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.
4. Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.
5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.

L. Skills and Practices

1. Demonstrates appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.
2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.
3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

VI. Textbook(s):

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. Text revision). Washington, DC: American Psychiatric Association

VII. Recommended Readings:

Baird, B.N. (2008). *The Internship, Practicum, and Field Placement Handbook: A Guide for the Helping Professions*. Upper Saddle River, NJ: Prentice Hall.

Caine, R.N., & Caine, G. (1994). *Making connections: Teaching and the human brain*. Parsippany, NJ: Dale Seymour.

Casement, Patrick. (1991) *Learning From the Patient*. New York: The Guilford Press, 1991

Crawford, R.L. (1994). Avoiding Counselor Malpractice. *The ACA Legal Series, Vol. 12, Theodore P. Remley, (Ed)*. Alexandria, VA: American Counseling Association

Engels, W.E. & Associates (2004). *The Professional Counselor*, Alexandria, VA: American Counseling Association

Faiver, C., Eisengart, S. & Colonna, R. (2000). *The Counselor Intern's Handbook*, 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.), *Supervision and training: Models, dilemmas and challenges*, 29-50. New York: Haworth Press.

Gibbs, Leonard (2006). *Evidence-Based Practice for the Helping Professions: A Practical Guide with Integrated Multimedia*,

Kandel, E.R., Schwartz, J.H., & Jessell, T.M. (2000). *Principles of neural science*. New York: McGraw-Hill.

Mitchell, Robert (2001). *Documentation in Counseling Records*, Alexandria, VA: American Counseling Association

Pachis, B., Rettman, S. & Gotthoffer (2005) *Counseling On The Net: Tips, Resources, Activities, and URL's*. Boston: Allyn & Bacon.

Penn, L.S. (1990). When the therapist must leave: Forced termination of psychodynamic therapy. *Professional Psychology: Research and Practice*, 21, 379-384.

Pipher, Mary (2003) *Letters To A Young Therapist*, New York: Basic Books

VIII. Expectations of Students:

INTERNSHIP POLICIES AND 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. This internship is governed by those policies and requirements in the same fashion as are any other professional who is 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; 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 times weekly, Monday, Tuesday and Thursday, from 5:30 pm (1730) to 7:00 pm (1900). Interns are *required* to 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 colleagues” reviewing and discussing 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 present orally a minimum of two (2) complete and organized samples of their clinical work during a weekly on-campus conference seminar. 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, which is derived from an effective *functional behavior analysis* and *differential diagnosis*. Presentation should include a careful description of an appropriate therapy method and intervention strategy or treatment plan that 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 a case to the weekly 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

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.

Remember, when developing your presentation, it is wise to be sure you have clearly considered:

(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 functional behavior analysis and differential diagnosis and the language of DSM-IV-TR to explain *your* conceptualization of this person and their experience. A *multiaxial* approach is important. Have you described 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

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 Plans, 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* include the following content:

- Define the key dysfunctional condition(s) presented by the client and as defined by your DSM assessment
- Stipulate for each condition(s) the counseling technique and/or behavior intervention strategy to be used to address it.
- Specify the family or environmental conditions influencing client issues and how you will address them appropriate systemic intervention(s).

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. Plans should be concise, but complete. If your clinic procedure was to work with the client to devise the plan, note that on the report.

2. *Letter of Referral:*

Once, sometime during the internship, each student is to write one “referral letter.” In this writing 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.

▽ G. Professional Development Plan

Interns are to give the MAC faculty supervisor a brief, written statement of their *learning objectives* periodically or under specific conditions during their internship training.

Option A: By the end of the *second week of each term*, or if *changing internship training sites*, provide the faculty supervisor with summary of goals for the term and at the site, or sites (if more than one), or training setting where they 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 half a page summary to a more elaborately thought out plan.

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.

IX. STANDARDS OF CONDUCT

A. General:

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.

B. Suspension or Restriction

A student internship will be suspended for cause. Conditions under which an 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.

X. General Information :

A. Administrative:

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 collecting *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 with the Dean 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 Graduate Office within two weeks of completing their internship hours.

B. Practicum and Internship Logs

1. 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 illustrated in the Student Handbook; 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.

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.

2. 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.

3. On-Campus Supervision Seminar

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

D. Official Contacts and Communication

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 you are advised to insure that the graduate office has a current phone number where you can be reached in case faculty or staff needs to contact you.

E. 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

XI. Basis for Intern Evaluation:

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 faculty instructor, both subjectively and objectively in a variety of ways, and will consider an intern's:

- (1) demonstration of professional competency in the clinical setting working directly with clients and staff as evaluated by the on-site supervisor;
- (2) performance as assessed by: observation, written and oral presentations,
- (3) punctuality, attendance;
- (4) quality of participation in conference seminars and;
- (5) compliance with guidelines and policy contained in this Syllabus and other instructions pertaining the internship.

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) 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.

XII. 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, work within agency or clinic structures, 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

XIII. Academic Policy Statement:

In addition to policies and guidelines detailed in Section 5, it is important to keep in mind that academic honesty is one of the most important qualities influencing the character and vitality of Doane College. Academic dishonesty is defined to include those acts which would deceive, cheat, or defraud so as to promote or enhance one's scholastic record. It includes: academic misconduct, dishonesty, plagiarism and cheating or knowingly or actively assisting another person in doing the same.

Violations of academic honesty represent a serious breach of discipline and professional conduct, and may be considered grounds for disciplinary action, including dismissal from the Master of Arts Counseling Program and from the College. Students are responsible for upholding the principles of academic honesty as they would another professional and ethical standard. Refer to: <http://www6.Doane.edu/judaffairs/code.html>

Honest, ethical conduct during examinations dictates that individual work is mandatory. Students are required to *Turn-off* all electronic devices; cell phones, pagers and place them off the desk/table top, *out-of-sight*. Use of notes, texts or other materials during an examination, asking questions of another student or looking at other student's test paper or answers is forbidden. Violation of these directions and/or Doane College examination policies will result in an automatic failing grade for an examination where violation occurs.

IVX. Students with Disabilities Statement:

If a student has a special need addressed by the Americans with Disabilities Act (ADA) or feels a need for a particular accommodation or assistance to facilitate their effective attainment of course objectives and successful learning, please notify the instructor at the beginning of the course.

You must register as a student with a disability in the office of the Dean, Master of Arts in Counseling. It is the responsibility of the student to notify the instructor prior to requesting reasonable accommodation. Failure to do this may result in not receiving the requested accommodation or assistance. Refer to: <http://www.doane.edu/cs/services/disability.htm>

XIV. Civility, Respect and Classroom Etiquette:

Doane College strives to offer learning experiences and opportunities designed to help students think effectively, develop the capacity to communicate, differentiate values, and make relevant judgments. To do this successfully, many times multiple perspectives will be presented; some of which may represent points of view on which everyone will not agree. A successful educational experience requires a shared sense of respect among and between students, the instructor and various points of view.

Further, it is to be expected that the instructor will treat all students with dignity and respect –it is also expected that student will treat the instructor and other students with the same respect. In order to facilitate this process more effectively, students are asked the following: 1) before class turn-off all electronic devices including cell phone, iPods, laptop computers, and note pads; 2) place all electronic equipment out-of-sight; 3) refrain from text messaging during class; 4) avoid distracting behavior, e.g., popping gum, noisy eating, clipping finger nails; 5) cease talking and side conversation when the instructor or other students are speaking; 6) maintain respectful interactions. Finally, personal criticism, ridicule or harassment of any kind will not be tolerated.

XV. Professional Performance Evaluation:

Some of the criteria used by this course's instructor have been cited in Section X. In addition, keep in mind that Professional Performance, as assessed within the Master of Arts in Counseling program is guided by the characteristics identified in the Graduate Catalog and described in the rubrics published in the Student Handbook. The beliefs and attitudes related to the areas of *competence*, *reflection* and *caring*, are the guiding influence with the nine foundational counselor dispositions assessed throughout the program. These are: 1) Genuineness, 2) Congruence, 3) Non-judgmental Respect, 4) Emotional Awareness, 5) Ethical Understanding, 6) Concreteness, 7) Empathy, and 8) Professional Commitment.

XVI. Professional Identity and Theoretical Orientation

An online portfolio is maintained in the student's personal file on the Program website. See <http://www4.Doane.edu/counsel/Program/know-base.htm> (link to be built).