Professional Counseling Program

Department of Counseling, Leadership, Adult Education, and School Psychology (CLAS)

Guidelines for Internship (COUN 5389)

Revision, May 2015

Dear Supervisor,

The bearer of this document is a graduate student majoring in Professional Counseling at Texas State University. Each student in the counseling program is required to satisfactorily complete a closely supervised internship experience prior to graduation. The intern who gives you this letter is entering his/her Site Based Internship class (COUN 5389). One of the requirements for this course specifies that the intern must work with a mental health agency, school, and/or other appropriate organization. It has been our experience that interns derive invaluable benefit from the "real world" experience of working under a clinical supervisor in an actual mental health agency or school counseling setting.

We genuinely appreciate the cooperation and willingness of organizations such as yours in helping our interns gain valuable experience outside of the academic setting. Because this experience is so significant in the professional development of our interns, quality on-site supervision is very important. Please note item 4 in the attached *Memorandum of Agreement* for specific information about on-site supervision requirements. Please note that an intern must receive a **minimum** of one hour per week of regularly scheduled individual supervision. Group supervision can also take place at the site, but cannot take the place of individual supervision. On-site supervisors agree to work with the intern in specifying work assignments and defining tasks/goals for the semester. In addition, an on-site supervisor serves as a professional resource for the intern, while directly evaluating the intern's work on a continuing basis throughout the supervised experience. For this reason, an administrative supervisor cannot be considered for the role of on-site supervisor.

Specific requirements for the student according to their area of specialization follow this letter. All students are required to accrue hours in face-to-face counseling contact with clients/students. For specific examples of direct and indirect services, see item 5 in the attached *Memorandum of Agreement*. Each intern is expected to complete two separate semesters of experience, accruing 300 hours of experience each semester, with 120 of the 300 hours to include direct client contact/counseling experience. Please note that interns seeking to fulfill the requirements of our marital, couple, and family track must complete at least 61of the 120 hours of direct services with couples or families, and only interns seeking to fulfill the requirements of our school counseling track must complete all 600 hours in a single semester.

In addition to on-site supervision, each intern also meets with a Texas State faculty member ("University Supervisor") every other week during the semester for group supervision. This time is used to discuss clinical, as well as administrative issues in order to ensure that the intern is meeting program requirements. The university supervisor also maintains contact with the on-site supervisor for purposes of support and to evaluate the intern's performance and progress during the semester.

Please review the enclosed material and know that your willingness to work with one or more interns is greatly appreciated. Feel free to contact the counseling program if you have any questions about an intern, the supervised internship course, or about the program in general.

Sincerely,
Practicum and Internship Coordinator
Professional Counseling Program – Texas State University

Enclosures

Important Internship/Supervision Information

- ***What is required of my on-site supervisor during the site-based internship?***

On-site supervisors *must be licensed or certified in their mental health field* in one of the following disciplines: LPC, LMFT, Psychologist, LCSW, or Certified School Counselor. Supervisors must have a minimum of a master's degree and two years of pertinent professional experience in the program area in which the student is completing clinical instruction. This is verified through the on-site site supervisor's *Professional Self-Disclosure Statement for Supervision*, required for site approval before the intern can begin working at a site. The supervisor is to be present and available at the internship site when the counselor intern is working. Direct observation and knowledge of the intern's counseling is expected, as opposed to evaluation of an intern's progress based upon reports from other clinicians in the internship setting.

- Be advised that a *Memorandum of Agreement, Supervisor Disclosure Statement,* and *Proposed Internship Activity Plan* must be submitted by every intern, every semester, for each internship site in which the intern plans to earn hours of counseling experience.

- Due to the complex nature of private practice work, the Professional Counseling Program does not allow students/interns to complete an internship experience in a private practice setting.

- ***Can interns accrue hours in between semesters?***

Texas State University has mandated the Professional Counseling Program allow students enrolled in COUN 5389: Site-based Internship to accrue clinical hours only during semesters in which they are enrolled. Due to enrollment and accreditation supervision standards, no hours can be accrued outside of established university semester timeframes. In other words, internship hours can only be accrued/earned between the first official class day and last final exam day of each semester. Students can access these dates through CatsWeb or the University calendar.

TYPE OF CLINICAL HOURS REQUIRED FOR EACH EMPHASIS:

Note: *To meet Program and CACREP standards, the following parameters for COUN 5389 Site-Based Internship are as follows:*

➢ Community Counseling (208.11)

The internship site is to provide the student with the opportunity to use preventative, developmental, and remedial counseling interventions with appropriate clientele and community interventions.

During each of the two, sequential, COUN 5389 Site based Internship experiences:

- 120 direct client contact hours must be in a community agency setting;
- A maximum of 25 hours of direct client contact hours can be carried over to the 2nd internship semester. This number does not reduce the agreed upon time commitment to the internship site during the 2nd semester.

Settings allowed for this degree track include community counseling agencies, as well as community agencies operating within a school setting. The counselor intern must log a minimum of 600 internship hours across 2 semesters: 240 direct client contact, 360 indirect hours.

➢ Marital, Couple, and Family Counseling (208.12)

The internship site is to provide the student the opportunity to demonstrate systemic approaches, primarily with couples and families.

During each of the two, sequential, COUN 5389 Site based Internship experiences:

- A minimum of 61 direct client contact hours must be with couples and/or families.
- The remaining 59 direct client contact hours may be with individual clients, working from a systemic perspective.
- A maximum of 25 hours of direct client contact hours can be carried over to the 2nd internship semester. This number does not reduce the agreed upon time commitment to the internship site during the 2nd semester.

For both the Community Counseling and the Marital, Couple, and Family Counseling degree tracks, the counselor intern will log a total of 600 hours across 2 semesters: 240 direct client contact counseling hours, and 360 indirect hours.

➢ School Counseling (201.21)

The internship site for one semester of COUN 5389 is to be in a PK-12 school counseling setting through the school counseling program at the school. The site supervisor should be a certified school counselor with a minimum of 2 years professional school counseling experience. The student intern will have the opportunity to demonstrate individual and group counseling approaches to enhance the personal, academic, and career success of K-12 students as well as demonstrate competence in consultation with parents and school staff, and coordination of the school counseling program.

- A total of 240 direct client contact hours should include individual and group counseling of students, classroom guidance presentations, consultation services to parents and teachers.
- The student intern must log a total of 600 hours: 240 direct client contact, 360 indirect hours.

** Phone contact hours can count for no more than one third of total direct hours in any track.*

MEMORANDUM OF AGREEMENT

In carrying out the terms of supervision of a master's level counseling intern in the Professional Counseling Program at Texas State University, the following is understood and agreed to by the undersigned:

1. _____ (Counseling Intern Name) will serve as a graduate-level counselor intern from the Texas State University Professional Counseling Program. The internship site is located at (Name and physical address of site) _____

   _____

2. The internship will begin on (semester start date) _____, and end on (semester end date) _____, for an approximate total of _____ clock hours of experience.
3. _____ (Supervisor name with credentials) will serve as On-site supervisor for counselor intern during the above-stated period. On-site supervisor's phone number at the site: _____and email address: _____
4. The On-site supervisor will be responsible for:
   - A. Providing a Professional Disclosure Statement for Supervision;
   - B. Providing weekly individual supervision, for a minimum of 1 hour per week;
   - C. Providing supervision on an emergency basis, as needed;
   - D. Providing ongoing evaluative feedback to the counselor intern as necessary;
   - E. Providing the ability to video/audio tape counseling sessions;
   - F. Completing a final written evaluation at the end of each internship semester.
5. Internship activities appropriate for professional practice in counseling:
   - A. <u>Direct Services</u> – All interns will provide at least 120 hours of face-to-face counseling services each semester (240 in one semester for school counseling), including:
     1. individual, group, couples, family counseling, and/or play therapy;
     2. parent, teacher, administrator consultation;
     3. group guidance activities (for school setting).
   - B. <u>Indirect Services</u> – All interns will provide the remaining 180 hours required each semester (360 hours in one semester for school counseling) in professionally relevant activities such as:
     1. workshops, in-service trainings, staffings, individual and group supervision;
     2. documentation, referrals, reviewing video/audio tapes, reading;
     3. consultation with other professionals;
     4. appropriate test administration and interpretation.

6. The Counseling Program will designate a faculty member to serve as the "University Supervisor." There will typically be an on-site meeting during the course of the semester, as well as another form of contact with the On-site Supervisor. This meeting is designed to introduce the University Supervisor to the On-site Supervisor as well as to the facility, and to discuss goals for the semester. The University Supervisor will also meet with the counselor intern in a group supervision format (class) every other week for an average of 3 hours. Additional meetings may be scheduled as needed.
7. The counselor intern is responsible for the following:
   A. adhering to the administrative policies, rules, standards, schedules and practices of the facility and University;
   B. providing all necessary and appropriate supplies where required or when not provided by the facility and/or University;
   C. arranging for his/her own transportation;
   D. arranging a schedule for weekly individual supervision with the On-site Supervisor and group supervision (class) as scheduled by the University Supervisor;
   G. purchasing and maintaining professional liability insurance;
   H. adhering to all applicable ethical codes.
8. It is understood and agreed to by and between the parties that the On-site supervisor has the right to terminate the field experience of the counselor intern if, in the judgment of the On-site supervisor, the counselor intern's professional performance and development are below the requirements set by the site. Also, it is understood and agreed to by and between all parties that the Texas State University Professional Counseling Program has the right to terminate the field experience of the counselor intern for reasons concerning the performance of the counselor intern and/or the internship site. Such action will not be taken until the concerns have been discussed with the relevant and pertinent individuals.
9. It is understood and agreed to that the aforementioned parties may revise or modify this agreement and/or the activity plan by mutual agreement only through written amendment.

This agreement shall be effective when executed by all parties.

_____ Date:_____

On-site Supervisor

_____ Date:_____

Counselor Intern – Texas State University

_____ Date:_____

University Supervisor – Texas State University

PROFESSIONAL DISCLOSURE STATEMENT FOR SUPERVISION

(Sample Format)

Please submit a Supervision Disclosure Statement that includes the following information:

I. Qualifications and Experience of Supervisor

1. Information regarding highest degree earned and date conferred;
2. Amount of experience and training in clinical supervision;
3. Amount of experience and training as counselor, as well as in other professional roles;
4. Areas of specialization (e.g., adolescents, substance abuse, etc.)

II. Theoretical View of Supervision

1. Nature, course, and purpose of supervision;
2. Theoretical model of supervision used;
3. Potential techniques to be implemented

III. Process of Evaluation

1. Necessity and purpose of feedback;
2. Method, form, and frequency of feedback;
3. Separation between supervision and personal counseling

IV. Supervision Arrangements

1. Meeting times, frequency, location, etc.;
2. Cancellation policy;
3. Emergency contact information

V. Legal and Ethical Considerations Relevant to Clinical Supervision

1. Due Process
2. Documentation
3. Confidentiality

SITE-BASED INTERNSHIP

- A ***Proposed Internship Activity Plan*** must be presented to the University Supervisor prior to beginning the site-based internship experience. The plan should include:

    - each of the required activities of the internship, and an estimate of the amount of time (in hours) to be spent in each activity category;
    - specific topics or activities to be accomplished;
    - to whom the services will be provided, how the target persons will be identified and obtained;
    - the approximate amount of time expected to be spent in each activity.

    In the case of classroom guidance programs, specific topics for presentation should be provided. Copies of materials, lesson plans and/or sources of materials or other instructional aids should be included. ***Note*** *– in cases where these data or resources are not yet available, special arrangements to provide these data must be made with the University Supervisor.*

- Internship logs of activities (located on the last page of this document) must be maintained throughout the internship experience by the Counselor Intern. At the end of the semester, a completed ***Intern Activity Sheet*** must be turned in with a final ***Internship Log.*** This log will help the intern keep record of the activities he/she is involved in on a daily basis, such as:

    - <u>Direct Services (face-to-face):</u>
        i. individual counseling;
        ii. group counseling;
        iii. family counseling;
        iv. couples counseling;
        v. play therapy;
        vi. classroom guidance;
        vii. parent/teacher consultation;
        viii. intake sessions;
        ix. ARD, 504, GT, LEP, etc. meetings.

    - <u>Indirect Services:</u>
        i. training, workshops, staffings, inservice, conferences, supervision;
        ii. consultation with other professionals;
        iii. system support activities;
        iv. reading literature related to internship, documentation and reviewing audio/visual tapes.

- An ***Evaluation of Intern*** form must be completed by the On-site supervisor and submitted to the University Supervisor at the end of the internship.

- University Supervisors will complete the required licensure documentation forms for students pursuing LPC and LMFT licensure, as well as those pursuing RPT registration.

PROPOSED INTERNSHIP ACTIVITY PLAN

Description of Activity	Approximate time to be spent on activity

I have read the proposed activity plan and I agree that the Counselor Intern will be permitted to complete these activities under my supervision.

_____ Date:_____ Approved:_____ Date:_____

Counselor Intern **On-site Supervisor**

Copies provided to Counselor Intern, On-site Supervisor, and University Supervisor

Semester: Fall Spring Summer
Year: _____

TEXAS STATE

INTERN ACTIVITY SHEET

This form must be attached to a final Internship Log (located on last page of manual) and submitted to the University Supervisor at the end of the semester.

Counselor Intern Name:_____

Name of Internship Site:_____

On-site supervisor Name:_____

Direct Services	**Direct Hours**
Individual Counseling	_____
Play Therapy	_____
Couples Counseling	_____
Family Counseling	_____
Group Counseling	_____
Parent/Teacher Consultation	_____
Classroom Guidance (School)	_____
Intake Session	_____
ARD, 504, GT, LEP, etc. meetings (School)	_____

= _____ **Total Direct Hours**

Indirect Services	**Indirect Hours**
Supervision Total	_____
◈ Group Supervision hours	_____
◈ Individual Supervision hours	_____
Workshops/Training/Conferences	_____
Documentation/Recordkeeping	_____
Reading of relevant material	_____
Review of session recordings	_____
Making referrals	_____
Consultation with professionals	_____
System Support (School)	_____
Other (please list)	_____

= _____ **Total Indirect Hours**

= _____ **Total Hours for Semester**

Counselor Intern Signature Date

On-site Supervisor Signature Date

EVALUATION OF INTERN

(Community Counseling and/or Marital, Couple and Family Counseling)

In order to provide interns with feedback regarding their professional competencies and to keep the department informed as to the level at which our interns are performing in various internship placements, we request that On-Site Supervisors complete this form for this semester's internship. The completed form is to be discussed with the intern and then returned to the University Supervisor at the intern's final class meeting. Your cooperation and effort are greatly appreciated in this matter.

Counselor Intern:_____ Semester:_____

Agency/School:_____ On-site Supervisor:_____

Please use the following 5-point scale to assess this intern's counseling skills at the end of the semester at your internship site.

1 – Poor for an intern of his/her training and experience

3 – Average for an intern of his/her training and experience

5 – Excellent for an intern of his/her training and experience

Ability to conceptualize and understand client dynamics	1	2	3	4	5	N/A
Theoretical understanding of counseling	1	2	3	4	5	N/A
Listening skills	1	2	3	4	5	N/A
Accuracy of clinical perceptions	1	2	3	4	5	N/A
Communication skills	1	2	3	4	5	N/A
Sensitivity to client concerns	1	2	3	4	5	N/A
Assessment skills	1	2	3	4	5	N/A
Self-understanding and awareness	1	2	3	4	5	N/A
Openness to supervision/feedback	1	2	3	4	5	N/A
Openness to evaluation	1	2	3	4	5	N/A
Quality of interaction with colleagues	1	2	3	4	5	N/A
Professional demeanor	1	2	3	4	5	N/A
Knowledge and practice of the Code of Ethics	1	2	3	4	5	N/A
Overall rating of intern's counseling performance	**1**	**2**	**3**	**4**	**5**	**N/A**

Specific comments about the intern's performance at your agency/school would be very helpful. Please take a few minutes to give your impression about how this person performed in your agency/school, his/her strengths and limitations, as well as your suggestions regarding future training experiences for this intern. Should you require more space, feel free to attach additional comments to this form.

On-site Supervisor's Title:_____

On-site Supervisor's Signature:_____ Date:_____

Counselor Intern's Signature:_____ Date:_____

EVALUATION OF INTERN
(SCHOOL COUNSELING TRACK)

In order to provide interns with feedback regarding their professional competencies and to keep the department informed as to the level at which our interns are performing in various internship placements, we request that on-site supervisors complete this form for this semester's internship. The completed form is to be discussed with the intern and then returned to the university supervisor at the intern's final class meeting. Your cooperation and effort are greatly appreciated in this matter.

Intern's Name:_____ Semester:_____

School:_____ On-site Supervisor:_____

Please use the following 5-point scale to assess this intern's counseling skills at the end of the semester at your internship site.

1 – Poor for an intern of his/her training and experience

3 – Average for an intern of his/her training and experience

5 – Excellent for an intern of his/her training and experience

Program Planning

Organizes counseling program by assessing needs, setting goals, & formulating action plan

1 2 3 4 5 N/A

Provides accountability standards for school counseling program (evaluation, use of data, etc.)

1 2 3 4 5 N/A

Initiates and coordinates school wide guidance

1 2 3 4 5 N/A

Seeks input from teachers, administrators, and others in planning the school counseling program

1 2 3 4 5 N/A

Manages time effectively and provides services for all students in a timely manner

1 2 3 4 5 N/A

Counseling

Demonstrates knowledge of counseling theories by selecting appropriate models & techniques for individual and group counseling

1 2 3 4 5 N/A

Uses appropriate counseling processes for individual and group sessions to meet developmental, preventative, and remedial needs of students

1 2 3 4 5 N/A

Follows up individual and group counseling to monitor student progress

1 2 3 4 5 N/A

Demonstrates basic counseling skills (therapeutic relationship, empathy, reflection, etc.)

1 2 3 4 5 N/A

Consultation and Coordination

Demonstrates knowledge of consulting processes and techniques with students, parents, teachers, and administrators

1 2 3 4 5 N/A

Assists parents and teachers in understanding and responding to developmental needs of students

1 2 3 4 5 N/A

Advocates for all students

1 2 3 4 5 N/A

Makes appropriate referrals of students to school and community programs

1 2 3 4 5 N/A

Presents instructional/informational programs to parents, teachers, community (teacher inservice, parent education, etc.)

1 2 3 4 5 N/A

Shares information about students appropriately and in confidential manner with school personnel, parents, and community agencies

1 2 3 4 5 N/A

Interprets testing results and other student data accurately for individual planning

1 2 3 4 5 N/A

Professional Practices

Adheres to ethical standards of the counseling profession

1 2 3 4 5 N/A

Follows laws, policies, and procedures which govern school programs

1 2 3 4 5 N/A

Openness to supervision/feedback and evaluation

1 2 3 4 5 N/A

Quality of interaction with colleagues

1 2 3 4 5 N/A

Professional demeanor

1 2 3 4 5 N/A

Overall rating of intern's counseling performance

1 2 3 4 5 N/A

Specific comments about the intern's performance at your agency/school would be very helpful. Please take a few minutes to give your impression about how this person performed in your agency/school, his/her strengths and limitations, as well as your suggestions regarding future training experiences for this intern. Should you require more space, feel free to attach additional comments to this form.

On-site Supervisor's Title:_____

On-site Supervisor's Signature:_____ Date:_____

Counselor Intern's Signature:_____ Date:_____

**** This Internship Evaluation is to be completed by each Counselor Intern before the end of each semester.**

INTERN EVALUATION OF SITE

1) Intern's Name:_____ Phone #:_____

Date:_____ Email:_____

2) Internship site:_____

Internship site address:_____

Name, phone number and email of site contact person:_____

_____

3) This evaluation describes my experience at the above-named site during the following semester of my internship experience (check only one):

First ___ Second ___ Third ___ Fourth ___ More ___

4) Was this your final semester at this site? ___ Yes ___ No

ENVIRONMENT/CLIMATE

Check the appropriate blank

5) During which week of this semester did you reach 50% of your total direct contact hours?

First___; Second___; Third___; Fourth___; Fifth or later___;

I never reached 50% of my direct contact hours this semester____

6) Types of client/student problems with which you worked this semester (check all that apply):

_____ Academic concerns (e.g., scholarship/financial aid, academic/career planning, scheduling, testing/placement, graduation issues, etc.)
_____Adjustment disorders (e.g., adjusting to divorce, adjusting to a new school, job or community, grief, transition issues, etc.)
_____Adult-child conflicts (including parent-child & student-teacher conflicts)
_____Anger/Conflict management & resolution problems
_____Anxiety disorders of adulthood (e.g., panic disorder, social phobia, PTSD, etc.)
_____Anxiety disorders of childhood and adolescence
_____Bipolar disorders (including cyclothymia)
_____Psychotic disorders (e.g., schizophrenia, paranoia, etc.)
_____Depressive disorders of childhood and adolescence
_____Depressive disorders of adulthood
_____Developmental disorders (e.g., academic skills disorders, other learning disabilities)
_____Disruptive behaviors (e.g., "hyperactivity", conduct disorder, disruptive classroom behavior, etc.)
_____Dissociative disorders (e.g., fugue, depersonalization, etc.)
_____Eating disorders (e.g., anorexia, bulimia, severe dieting, excessive exercise, etc.)
_____Emotional/Physical/Sexual abuse and related problems
_____Legal problems (e.g., gang related problems, probation)
_____Psychoactive substance dependence disorders (e.g., alcohol, cocaine, etc.)

ENVIRONMENT/CLIMATE (cont'd)

Circle the appropriate number.	Seldom	Often	Consistently	N/A
7) Interns are treated respectfully by the clients/students.	1	2	3	N/A
8) The intern feels the staff supports intern involvement in the agency/school.	1	2	3	N/A
9) Physical facilities are available for intern use (e.g., office, office supplies, etc.)	1	2	3	N/A
10) The intern feels that the administration at the internship site supports the training program.	1	2	3	N/A
11) Interns receive clerical support.	1	2	3	N/A
12) The intern feels there is camaraderie among staff at the internship site.	1	2	3	N/A
13) Staff members act professionally and ethically toward clients/students at all times.	1	2	3	N/A
14) Staff members act professionally and ethically toward interns at all times.	1	2	3	N/A
15) Staff members act professionally and ethically toward each other at all times.	1	2	3	N/A

Comments or recommendations on environment/climate at internship site:

ENVIRONMENT/CLIMATE (cont'd)

Circle the appropriate number.	Seldom	Often	Consistently	N/A
16) The site provides appropriate references, books and materials.	1	2	3	N/A
17) This site is consistent in its treatment programming.	1	2	3	N/A
18) The site provides an adequate forum for discussing treatment related issues.	1	2	3	N/A
19) The site gives interns adequate guidance on ethical issues.	1	2	3	N/A
20) There are sufficient clients for interns.	1	2	3	N/A
21) The site appropriately uses various therapeutic techniques and approaches.	1	2	3	N/A
22) Client/student problems are appropriate to the intern's level of training.	1	2	3	N/A
23) The on-site supervisor helps the intern set goals for supervision and facilitated the intern's professional development.	1	2	3	N/A
24) The professional staff is readily accessible to the intern.	1	2	3	N/A
25) The staff maintains regular contact with the intern.	1	2	3	N/A

Comments or recommendations on environment/climate at internship site:

INTERNSHIP PREPARATION

26) I rate my preparation for this internship experience as:

Poor _____ Adequate_____ Good_____ Excellent_____

27) To what courses/experiences do you attribute your preparedness?

28) What improvements, new courses and/or new experiences do you believe are needed to improve your professional preparedness for internship placement?

Student Name:	Week of: to
Practicum/University Supervisor:	Group/On Site Supervisor:

Practicum & Internship Weekly Log

For each activity, document the total number of hours engaged in each activity for each day. For special activities (i.e. seminars, workshops, etc.), list the title as well as the hours spent. Total the activity hours per week, as well as cumulatively, across EVERY row. * For Internship, the on-site supervisor must sign off on each weekly log.

	FIELD SITE	MON	TUE	WED	THUR	FRI	SAT	SUN	WEEKLY TOTAL	PREVIOUS WEEK	CUMULATIVE TOTAL
Direct	Enter Date: mm/dd/yy	/ /	/ /	/ /	/ /	/ /	/ /	/ /			
	• Client(s)-Individual *Intake sessions										
	• Client(s)-PlayTherapy										
	• Client(s)-Couple										
	• Client(s)-Family										
	•Client(s)-Group/ Classroom Guidance										
	Cumulative Direct Hours									+	=
Indirect	• Group Supervision (including class time)										
	• Individual Supervision										
	• Observation • Consultation										
	• Workshops or Seminars Attended										
	• Reading/research										
	• Making referrals • Systems Support										
	• Recordkeeping										
	• Other:										
	Cumulative Indirect hours									+	=
									Direct + Indirect Hours = Total		

* (Internship) On-Site Supervisor Signature: Date: