

Counseling Psychology Program

CNP 4751 Counseling Psychology M.A. Internship

CNP 4762 School Counseling Internship 2

M.A. INTERNSHIP PACKET 2013-2014

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INTRODUCTION

The Master's Internship for the Counseling Psychology program in the Morgridge College of Education, University of Denver (DU), is a fieldwork experience that provides a supervised transition from an academic setting to the professional field of counseling. The internship is generally undertaken during the second year of the master's program (typically Fall, Winter, and Spring quarters), and is coordinated by a professor from the Counseling Psychology program working with selected on-site supervisors (practitioners from approved field settings – students in the School Counselor concentration must be supervised by a licensed school counselor). Components of the internship include: 1) supervised experience in the field setting; and 2) additional individual and group consultation sessions with a Counseling Psychology staff member (the DU internship instructor).

The Counseling Psychology internship requires a minimum of 10-15 hours per week for Master's students. They must complete at least 600 hours of on-site work (generally 200 hours per quarter, over 3 quarters). This includes a minimum of 300 client contact hours. Of these, a minimum of 75 hours must be spent doing individual counseling. Individual counseling is defined as the student being the only counselor with one or more individual clients.

In the interest of professional standards as well as practical considerations, students are encouraged to pursue internship experiences in settings other than their normal place of employment. Internship experiences in normal places of employment may produce a conflict of obligations for the employer. Further, students must pursue internship placements that are different from their first-year practicum placements. Experiences in other settings will provide the student with a broader exposure to the counseling field, which is important in a training program. In those cases where students wish to continue their training at the same site where they completed their practicum, some change in tasks and training must occur. For example, the training experience could change from an outpatient setting to an inpatient setting at the same agency. Exceptions to these rules will be granted only on the recommendation of the advisor and with the approval of the Counseling Psychology faculty. The student must show that he/she will obtain new and relevant training and appropriate supervision if he/she remains at the site where practicum was completed.

ELIGIBILITY

In the Master's program, the student is eligible for internship upon (a) successful completion of the master's practicum (i.e., completing the course with a B or above) and (b) approval of the chosen internship site by the internship instructor or the Coordinator of the Master's Internships.



Morgridge College of Education

Counseling Psychology M.A. Internship and School Counseling Internship 2 CNP 4751, CNP 4762

FIELD SUPERVISOR MEMORANDUM

TO: Counseling Internship Field Supervisor

FROM:

SUBJECT: Supervision of Counseling Internship Students from the University of Denver

Thank you for agreeing to supervise one of our Counseling students for his/her internship. Your main requirement as a Field Supervisor is to meet with the internship student for at least one hour per week for a face-to-face supervisory conference, and to evaluate the student's performance at your site. Your comments may be based on observing the student's counseling sessions, listening to tapes, or reading session notes. It is expected that you will be responsible for screening clients and matching them with the supervisee's ability level. Students are encouraged to work with a diverse group of clients. Activities considered appropriate for the internship experience are direct services such as: individual, marital, family, and group counseling, consultation with parents and teachers, career counseling and assessment opportunities commensurate with the student's skills. Students are required to accumulate 600 hours on site over the course of 3 quarters. Of the required hours, students must have at least 75 hours of individual client contact. Students are also required to tape at least one of their sessions per quarter for review purposes at DU In addition, each student will be asked to present some of his/her counseling case material to the internship class on campus. Client names will not be used so that confidentiality is observed. When appropriate and if it is allowed by you and your agency, one or two site observations of the student by a DU supervisor may be arranged. If any of these requirements cannot be met at your site, please contact the internship supervisor at DU as soon as possible. The student must be able to meet these requirements in order to complete the internship course.

Students in the School Counseling Concentration must be supervised by a licensed school counselor.

We highly value the time and effort you will give to the supervision of this student. In exchange, we expect the internship student will give you service of good quality. It is the policy of our department at this time that supervisors will <u>not</u> be compensated by either the student or the University for supervision time.

Enclosed is your copy of the student's internship evaluation form to be completed independently by you. The student is responsible for evaluating him/herself on a duplicate form and arranging a joint feedback session. Both forms must be returned by the student to the internship supervisor by the end of the quarter.

Please contact the Internship instructor with any questions or concerns.



Morgridge College of Education

Counseling Psychology M.A. Internship and School Counseling Internship 2 CNP 4751 and CNP 4762

AGREEMENT

THIS AGREEMENT, by and between

1)	Counseling Psychology Program Morgridge College of Education University of Denver Denver, CO 80208	
2)	School or Agency Name	
	Field Supervisor Name	
	Address	
	Phone	_Email:
3)	Student Name	
	Address	
	Phone	_Email:

Is for the purpose of providing Master's Internship experience for the above named student for:

Course Number: CNP 4751 or CNP 4762

Credits_____

Quarter_____

It is mutually agreed that the above-named school or agency will proved the following services and supervision for the above-named student:

- 1. An orientation to the school or agency and specific student duties.
- 2. Individual supervision with Field Supervisor for a minimum of one hour per week.

In addition it is agreed that:

- 3. Supervision of the student will be done in accordance with the guidelines established by the school or agency for all regular personnel.
- 4. The supervisor will actively work with the University of Denver staff in eliminating problems that might arise during placement.
- 5. The supervisor will submit a final evaluation on each student completing an internship and share the evaluation with the student.
- 6. The supervisor will be responsible for determining that assigned cases are within the ability of the student.
- 7. The student will be allowed to audiotape or videotape client for review by the DU Instructor.

It is mutually agree that the student will:

- 1. Arrange for own transportation.
- 2. Be at the agreed upon location at the following days and times (minimum 10-20 hours/week):
- 3. Be assigned the following specific duties and responsibilities:
- 4. Be accountable directly to the agency or school supervisor.
- 5. Follow the policies/regulations of the agency or school. Maintain client confidentiality.
- 6. Attend weekly seminars to discuss common problems and experiences. Dates of seminars will be arranged.
- 7. Keep a log of the time spent in the internship (dates, hours) and the duties performed.
- 8. Write an evaluation of his/her experience in the field to be submitted to the faculty instructor at the end of the quarter.

It is mutually agreed that the University of Denver Counseling Psychology faculty will provide the following:

- 1. Advise the student as to the requirements (seminars, reports, evaluations) involved in the internship course.
- 2. Provide coordinating seminars to discuss common problems and experiences and assist the student in report writing.
- 3. Maintain periodic contact with the field supervisor and the student to discuss the student's progress.
- 4. Give the student feedback regarding the faculty's consultation and maintain appropriate records for registration and grading
- 5. Provide consultation for audiotaped samples of counseling interviews.
- 6. Actively work with the agency in eliminating problems which arise during placements.
- 7. Observe confidentiality of information.

It is the expectation of all three parties involved that the above-stated conditions be met. Should they not be met, it is imperative that all three parties discuss why these expectations have not been met at the earliest possible date.

The following signatures verify agreement with the above-stated conditions:

Student	Date
Field Supervisor	Date
University of Denver Instructor	Date

GOALS/CONTRACT

Name			

Quarter_____Year____

1. List below your learning goals for this quarter at your internship site. Be <u>specific</u> about what counseling skills you want to work on and be realistic about what is achievable.

2. List counseling issues which are of concern to you and /or that you would like to discuss in the internship group during the quarter.

3. Original Contract for Internship Time

<u>Activity</u>

Number of Hours Per Week

4. Mid Quarter Contract for Internship Time

<u>Activity</u>

Number of Hours Per Week



Morgridge College

of Education Counseling Psychology M.A. Internship and School Counseling Internship 2 CNP 4751, CNP 4762

EVALUATION OF STUDENT'S INTERNSHIP PERFORMANCE

Name of Student: _	
Quarter:	Year:
DU Course Title ar	nd Number: CNP 4751: M.A. Internship or CNP 4762: School Counseling Internship 2
Name of Field Sup	ervisor:
Phone	Email
Internship Site:	
Address:	
How many Ph.D. s	tudents have you supervised?
How many M.A. st	udents have you supervised?
Which of the follow	wing activities have you performed as a supervisor?
	Observed students directly
\Box L	istened to tapes of students counseling
\Box R	ead session notes
\Box D	Discussed cases with students
\Box O	Other (please specify)
What percentage of	f overall internship hours did Student spend in direct and indirect client activities?
% Di	rect Client Activities (Counseling)
% Inc	direct Client Activities (e.g., case conferences, staff meetings, consultation, administrative duties)
Which of the follow	wing activities has the student performed?
\Box Ir	ndividual Counseling
\Box G	Group Counseling
$\Box C$	Couple and Family Counseling

The following evaluation is designed to facilitate the development of the student's professional skills. Our suggestion is that you and the student fill out copies of the evaluation separately, then set aside time to compare and discuss the results.

The evaluation is designed to be a developmental tool and not a tool to assign a grade. There are no sharply defined lines between the levels because growth is a continuous process. A trainee at any specific level may have ratings both above and below that level. For each evaluation area, circle the number where you believe your trainee's behaviors would fall. Your ratings can be marked anywhere on the scale. If you feel that the scales are too restrictive or if you want to elaborate on a specific area, please feel free to write your comments at the end of this section or in Part II. We greatly appreciate your feedback.

Evaluation Part I Relationship Skills		iation ed 🚽				→	Indeper Profess Level		N/A
Kelutionship Skills									
1. Talks at appropriate language level with clients.	1	2	3	4	5	6	7	8	
2. Uses language, tone of voice and other behaviors (eye contact, expression, etc.) which convey interest in the client.	1	2	3	4	5	6	7	8	
 Communicates his or her interests, feelings and experiences to the client when appropriate. 	1	2	3	4	5	6	7	8	
4. Other (please specify)-	1	2	3	4	5	6	7	8	

Assessment Skills A. Observational Skills:

1. Reports client's behaviors accurately (including client posture, expression, and verbalization).	1	2	3	4	5	6	7	8	
2. Backs up inferences about client characteristics (e.g., defensiveness, anxiety, attitudes, etc.) with specific behavioral observations.	1	2	3	4	5	6	7	8	

B. Use of Assessment Procedures:

At the end of this section, please list tests given by the student

1.	Selects appropriate assessment procedures based on referral information, initial contact and continuing interaction with client.	1	2	3	4	5	6	7	8	
2.	Demonstrates skill in administering assessment instruments: instructions are given clearly and administration is paced appropriately.	1	2	3	4	5	6	7	8	
3.	Demonstrates skill in scoring; recording is sufficient for full and accurate scoring.	1	2	3	4	5	6	7	8	
4.	Combines test data, referral information, observations and client statements into clear, theoretically verifiable statements about the client. Separates facts based on material at hand from speculations based on theory. Indicates basis for inferences.	1	2	3	4	5	6	7	8	
5.	Discusses evaluation results with client in language client can understand. Makes clear to client the status of assessment, statements, whether fact or hypothesis. Spells out for client how assessment is to be used in facilitating treatment.	1	2	3	4	5	6	7	8	

	Reports are written in non-technical language and with absence of jargon. Reports address questions raised by referrerimplications of assessment results are spelled out.	1	2	3	4	5	6	7	8	
7.	Other (please specify)-	1	2	3	4	5	6	7	8	
	rvention & Therapeutic Process Skills Individual:									
1.	Demonstrates knowledge of principles and processes of theoretical framework underlying mode of treatment used.	1	2	3	4	5	6	7	8	
2.	Formulates specific demonstrable and realistic treatment goals discusses them with client.	1	2	3	4	5	6	7	8	
3.	Takes appropriate therapeutic actions.	1	2	3	4	5	6	7	8	
4.	Makes appropriate referrals when required.	1	2	3	4	5	6	7	8	
5.	Other (please specify)-	1	2	3	4	5	6	7	8	
B.	Group:									
1.	Demonstrates awareness and knowledge of group development and process.	1	2	3	4	5	6	7	8	
2.	Formulates specific, demonstrable and realistic treatment goals discusses them with client.	1	2	3	4	5	6	7	8	
3.	Takes appropriate therapeutic actions.	1	2	3	4	5	6	7	8	
Ad	ministrative Skills									
Ad 1.	ministrative Skills Demonstrates knowledge of agency policies and procedures.	1	2	3	4	5	6	7	8	
		1	2	3	4	5	6	7 7	8	
1.	Demonstrates knowledge of agency policies and procedures.					-			-	
1. 2.	Demonstrates knowledge of agency policies and procedures. Reports for work on time. Sets appropriate fee discusses fees with client in a professional	1	2	3		5	6	7	8	
1. 2. 3. 4.	Demonstrates knowledge of agency policies and procedures. Reports for work on time. Sets appropriate fee discusses fees with client in a professional manner.	1	2	3	4	5	6 6	7 7	8	
1. 2. 3. 4.	Demonstrates knowledge of agency policies and procedures. Reports for work on time. Sets appropriate fee discusses fees with client in a professional manner. Other (specify)-	1	2	3	4	5	6 6	7 7	8	
1. 2. 3. 4. Eth	Demonstrates knowledge of agency policies and procedures. Reports for work on time. Sets appropriate fee discusses fees with client in a professional manner. Other (specify)- hics	1 1 1	2 2 2 2	3 3 3	4	5 5 5	6 6	7 7 7	8 8 8	
1. 2. 3. 4. Ett 1.	Demonstrates knowledge of agency policies and procedures. Reports for work on time. Sets appropriate fee discusses fees with client in a professional manner. Other (specify)- hics Demonstrates knowledge of ethical practices code.	1 1 1 1 1 1	2 2 2 2	3 3 3 3	4 4 4 4	5 5 5 5	6 6 6	7 7 7 7 7	8 8 8 8	
1. 2. 3. 4. Eth 1. 2.	Demonstrates knowledge of agency policies and procedures. Reports for work on time. Sets appropriate fee discusses fees with client in a professional manner. Other (specify)- nics Demonstrates knowledge of ethical practices code. Behaves in accordance with code of ethical practices.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3	4 4 4 4 4 4 4 4 4	5 5 5 5 5 5	6 6 6 6	7 7 7 7 7 7	8 8 8 8 8 8 8	
1. 2. 3. 4. Eth 1. 2. 3. 4.	Demonstrates knowledge of agency policies and procedures. Reports for work on time. Sets appropriate fee discusses fees with client in a professional manner. Other (specify)- tics Demonstrates knowledge of ethical practices code. Behaves in accordance with code of ethical practices. Shows judgment and responsibility in actions regarding client Respects the privacy of the client does not violate confidentiality	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4 4 4	5 5 5 5 5 5 5	6 6 6 6 6	7 7 7 7 7 7 7 7	8 8 8 8 8 8 8 8	

Relationship with Supervisor:

1. Keeps appointments with supervisor.	1	2	3	4	5	6	7	8	
2. Reads suggested material related to assessment or therapy.	1	2	3	4	5	6	7	8	
3. Acknowledges and incorporates supervisor's suggestions.	1	2	3	4	5	6	7	8	
4. Accepts feedback.	1	2	3	4	5	6	7	8	
5. Identifies own affect, needs, etc., in counseling relationship.	1	2	3	4	5	6	7	8	
6. Other (please specify)-	1	2	3	4	5	6	7	8	

Additional comments for any of the preceding areas:

Evaluation Part II

Summary of student's strengths and outstanding professional skills. (These are skills which are above the level to be expected of a student with comparable training and experience.)

Summary of student's skills which need improvement. Please make brief suggestions for working on these skills. (These are skills which are not far below the level expected of a student with comparable training and experience, but which most immediately stand in the way of professional growth.)

Summary of deficient areas which need immediate correction. Please make brief suggestions for working on these skills. (These are skills considerably below the level to be expected of a student with comparable training and experience.)

Summary of populations or types of clients the student would benefit from working with in the future.

Other:

Use Additional Pages if Necessary

Signature of Supervisor

Signature of Student

Date Signed

Date Signed

MONTHLY INTERNSHIP LOG

Winter Spr	ing Sumr	ner Year_	Month
		Phon	e:
			1
Week 3	Week 4	(Week 5)	
			Individual
			Group
			Couples
			Family
			Testing
			Consult.
			Workshop
			Other
		Subtotal:	(A)
			(B)
			-
			-
_			(C)
			(C)
	1	1	7
			-
			-
			-
			-
			-
			-
			-
	ļ		-
1			(D)
		A + B + C	+ D = Total Hours This N
Ľ	umulative	umulative Hours:	A + B + C - umulative Hours:

INTERNSHIP HOURS – QUARTERLY SUMMARY

Student's Name		
Quarter: Fall Winter Spring Summ		
Supervisor:	_ Phone:]	Email:
Internship Site:		
Address:		

Direct Client Contact Hours	Hours From Previous Quarters	Current Hours	Cumulative Hours
Individual Counseling			
Group Counseling			
Vocational/Career Counseling			
All Other Direct Client Hours			
Subtotal			

Class Hours

Subtotal		

Supervision and Consultation Hours

|--|

Administration/Case Management Hours

Subtotal		

Total Hours:			
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SITE EVALUATION

Student Name:		Date:		
Site:				
Address:				
Supervisor:	Phone:	Email:		
Student level: M.APh.D				
Academic quarter:Fall	WinterSpring	Summer Year:		
DU Internship Course Title and Nu	umber:			
Check all the counseling opportuni	ities that are available at this s	ite:		
 Career Counseling Marriage and Famil Group Counseling (Consulting (specify Assessment 	s (specify): by Counseling (specify populations): with whom):			
Types of clients served:				
What kind of supervision is provided?				
o Individual Supervision	Hours/Week:			
• Group Supervision	Hours/Week:	Number of Students in Group:		

What are the on-site responsibilities of the student (e.g. biofeedback with inpatient pain patients, short term groups with alcoholics, etc.)?

What is the theoretical orientation of the supervision (i.e. quality and style)?

Are there unique demands of this site that have not already been discussed? (full-year commitment, requires at least 15 hours weekly, etc.)

Do you have any comments about this site you feel would be helpful to an interested student?

Is there an opportunity for a paid practicum or internship	? NoYes	How much?
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Would you recommend this site? _____No ____Yes

Yes--under the following conditions (e.g. must have prior experience with alcoholism, request a specific supervisor, family counseling is the main type of service)

INFORMATIONAL INTERVIEW

1. Name:	Date:
2. Agency:	
3. Person Interviewed:	Title:
4.	
5.	
6.	
7.	
8.	
0.	
9.	
10.	

Possible questions to ask:

What is the mission and/or philosophy of the agency/school?
Describe the types of services offered?
How do clients obtain services?
What is the fee structure?
What data are collected on clients?
How is treatment effectiveness monitored or assessed?
Describe the staff (numbers, specialties, and/or different divisions of the agency/school)
What types of clients are not served and/or referred?
When staff is hired, what criterion is used?
What are the expectations of an intern?
What criteria would an outstanding intern fulfill?
What advice do you have?
Are there any special projects that an intern might do to help the agency/school?