Internship

COUN 6070
Fall/Spring/Summer Semester
Three Credit Hours

Contact Information

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Office Hours: Mondays and Tuesdays from 9am – 11am

Preferred mode of communication with professor: email
Preferred mode of communication with other students: email

Please Note: All students are asked to use university provided e-mail accounts when emailing his or her professor. Students' personal e-mail accounts should not be used in this case as University Policy must be followed. Emails and voicemail messages will receive a response within 48 hours (during university operating hours).

Course Description

Supervised work experience in clinics or other agencies engaged in professional counseling and therapy services. Prerequisite: Approval of Major Professor, Practicum Supervisor and Internship Coordinator - CR (credit) or NC (no credit) awarded.

Internship is designed to provide a transition from academia to the world of practice. Students have an opportunity, under the direct supervision of an appropriately credentialed practitioner in an appropriate setting, to apply the knowledge and skills they have acquired. This course should spread over two semesters, or one semester and an entire summer (i.e. both sessions) to allow time for assimilation and integration of skills and acquire consistency between the student's theory and his/her practice.

Prerequisites

Prior to enrolling in Internship, student must have successfully completed COUN 5005, COUN 5011, COUN 6067, COUN 5605, and the Summer Workshop.

This course, and the total program curriculum of which it is as a part, is accredited by the

Council on the Accreditation for Counseling and Related Educational Programs (CACREP). As such, it is to be taken in its proper sequence to maximize learning through the ULM Interactive Learning Model. This course is an advanced level course. The pre-requisite courses and/or learning experiences are stated in the Internship Application.

Course Objectives

Objectives	**CACREP Standards**
This course is designed to enable the student to:	
Assess, diagnose, and treat mental and emotional disorders using individual, group, and couples and family approaches.	
Produce case conceptualizations of clients.	
Receive 2.5 hours of weekly supervision.	
Students will learn the following CACREP standards:	
	CMHC 5.C.
Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management	3.a
Techniques and interventions for prevention and treatment of a broad range of mental health issues	3.b

Course Topics

Theories
Brief/Solutions Focused Approaches and Techniques
Legal and Ethical Issues
Maladaptive Behavior (Psychopathology and Diagnosis)
Assessment
Developmentally Appropriate Approaches/Interventions
Crisis Intervention
Trauma-informed care
Multicultural Issues and Considerations
Family Counseling

Group Work
Career Counseling
Licensure
Professional Advocacy

Instructional Methods and Activities

Lecture, individual supervision, group supervision, site supervision and/or supervision via videoconferencing, review of written documentation, and formal evaluation at the end of the semester.

Evaluation and Grade Assignment

Internship is graded on a CR (credit), NC (no credit) basis.

Grades will be determined through on-going dialog with the Site Supervisor and the Internship Instructor - and the combined results of the mid-term and final evaluation. The evaluation form, specific to each setting (agency), will be distributed to each student and site supervisors at the beginning of the semester. At that time the evaluation process will be discussed.

1. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) requires students to complete a minimum of **600** clock hours in supervised clinical experience at the internship level. Of those **600** clock hours, a minimum of **240** are to be spent in direct service to clients, **a minimum of one hour per week of individual supervision with the site supervisor** throughout the experience and a **minimum of one and a half hours per week (or equivalent) of group supervision** with the University supervisor on campus.

2. In addition to the above specific required allotments of time, there should be opportunities for students to become familiar with a variety of professional activities, make audio and/or video tapes of their interactions with clients, and learn how to use a variety of professional resources such as assessments instruments, computers, professional literature, information and referral to appropriate providers, etc.

3. Students are expected to keep logs of their experiences during internship. The logs are to be kept current and available to the faculty supervisor upon request and should include approximate hours spent in specific activities. Individual students may be assigned additional readings as their professional growth and development dictate.

4. In addition to the above, the student is expected to exhibit the behaviors and attitudes becoming a professional counselor and practice in an ethical manner in addition to giving

evidence of possessing the knowledge and skills of an entry level professional. This will be measured on the PCPE at both the Midterm and Final.

5. Site Supervisor's Evaluation Form (Midterm and Final)

6. Student's Evaluation of Site Supervisor and Site (Final)

7. Students will complete a Case Conceptualization to demonstrate competency in clinical knowledge, practice, and skills.

   Interns will complete one case conceptualization that will serve as the KPI for the class. The case conceptualization will be no longer than two pages single-spaced, and contain an Introduction, Supporting Materials, Conclusion, and Treatment Plan sections. Please refer to the example for guidance as to what goes into each section. Interns will also create a power point presentation of the case conceptualization and present it to the class using Zoom. This case conceptualization should be on a client that was not widely discussed in class and someone you have seen at least five time. No references are needed for this project.

8. Students will submit a Professional Resume.

9. Students will submit their hours logs at midterm and at final. It will be your responsibility to have your Hours Logs completed and submitted by due date. If you believe you are not getting enough hours to complete the required 60 indirect and 40 direct, please contact your faculty supervisor ASAP. It would be wise to save your logs to multiple sources just in case something happens to your main source.

Grades will be assigned as follows:
A = 100-90%
B = 89 – 80%
C = 79 –70%
D = 69 – 60%
F = 59-0%

Class Policies and Procedures

Required Textbooks: TBA

Recommended Textbooks: TBA

Other Materials: TBA

Week/ Dates	Objectives/ Topics	Student Expectations & Outcomes	Due
Week one	Internship Procedures	Attend class Review Syllabus and class requirements/ student expectations Overview of internship expectations Review of documentation necessary from internship site supervisors	• Make sure all paperwork is complete and current.
Weeks 2-15	• Treatment Planning • Diagnosis • Techniques and Interventions/ Applying Theory • Job Search	• 90 minutes of Group Supervision • Case conceptualizations will be assigned during this time. • Resumes will be reviewed on Moodle during this time.	
		Student Intern Evaluations from site supervisors/Final Internship Logs Due Overall course evaluation from university supervisor	• Student Final Case Conceptualizations • Student Intern Evaluations from Supervisor • Final Internship Logs • Overall Course Evaluations • Final PCPE • Student Evaluation of Supervisor

Other Policies and Procedures

Attenance Policy : This is an online class so Moodle assignments are required weekly and students are required to check their ULM e-mails daily.

Make-up Policy: There will be no make-up assignments. No exceptions will be made without proof of an emergency that falls within the university excused absence guidelines (http://bit.ly/1LbMV0c)

Academic Integrity: Academic Integrity: Faculty and students must observe the ULM published policy on Academic Dishonesty. Please be advised that the university's policy regarding academic honesty is rigorously followed throughout this semester in this class. No cheating will be allowed, and it will be reported. All papers will be checked for plagiarism.

Course Evaluation Policy: At a minimum, students are expected to complete the online course evaluation. Students are strongly encouraged to provide feedback to the instructor about their experience in class and let the instructor know if they need extra support or alternative learning activities.

Student Services: Information about ULM student services, such as Student Success Center (www.ulm.edu/studentsuccess/), Counseling Center (www.ulm.edu/counselingcenter/), Special Needs (www.ulm.edu/counselingcenter/special.htm), and Student Health Services, is available at the following Student Services website www.ulm.edu/studentaffairs/.

Emergency Procedures: (N/A for online courses.)

Discipline/Course Specific Policies: Humor, language, or stories that are offensive, or suggest disrespectful ethnic, racial, gender, religious, or national origin-related biases will not be tolerated. A diverse student body is expected and encouraged in this course. One of the tenets of this course will be an atmosphere of respect and feeling at ease while contributing to the class. Disagreements in opinions are part of the academic endeavor; however, such disagreements must be conducted in civility without sarcasm. I take disrespectful behavior very seriously and thus encourage every student to extend the same respect they wish to receive to everyone else.

Grading and emailing: Instructor will have assignments graded within 7 days after the due date has passed. Instructor will respond to emails within 48 ULM operating business hours. If 48 hours have passed with no respond, respectfully email instructor again.

Late Policy: No assignments will be accepted after the last day of class. Otherwise, late papers may be accepted at the discretion of the professor with a penalty of 10% decrease in grade per day.

Student Services : The University of Louisiana at Monroe strives to serve students with special needs through compliance with Sections 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. These laws mandate that postsecondary institutions provide equal access to programs and services for students with disabilities without creating changes to the essential elements of the curriculum. While students with special needs are expected to meet our institution's academic standards, they are given the opportunity to fulfill learner outcomes in alternative ways. Examples of accommodations may include, but are not limited to, testing accommodations (oral testing, extended time for exams), interpreters, relocation of inaccessible classrooms, permission to audiotape lectures, note-taking assistance, and course substitutions.

Information about ULM student services can be found via these links:

Student Success Center www.ulm.edu/studentsuccess
Counseling Center www.ulm.edu/counselingcenter/
Special Needs at www.ulm.edu/studentaffairs/
Library www.ulm.edu/library/reference.html
Computing Center Help Desk www.ulm.edu/computingcenter/helpdesk
Current college's policies on serving students with disabilities can be obtained on the ULM website : www.ulm.edu/counselingcenter/

If you need accommodation because of a known or suspected disability, you should contact the Director for Disabled Student Services at:

Voice phone : 318-342-5220
Fax: 318-342-5228
Walk-In: ULM Counseling Center, 1140 University Avenue (this building and room are handicapped accessible).

Mental Wellness on the ULM Campus:
If you are having any emotional, behavioral, or social problems and would like to talk with a caring, concerned professional, please call one of the following numbers:
The ULM Counseling Center: 318-342-5220
The Marriage & Family Therapy and Counseling Clinic: 318-342-5678
Remember that all services are offered free to students, and all are strictly confidential.

If you have special needs that I need to be made aware of, you should contact me within the first two days of class.

Sexual Harassment or Gender-Based Discrimination:
Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity that receives federal funds, including federal loans and grants. Furthermore, Title IX prohibits sex discrimination to include sexual misconduct, sexual violence, sexual harassment and retaliation. If you encounter sexual harassment or gender-based discrimination, please contact the Title IX Coordinator at 318-342-1004; you may also file a complaint online, 24 hours a day, at: www.ulm.edu/titleix

How to use Moodle:
Moodle Training Guide (PDF)
Moodle Training Tutorial (video)
Moodle Training Manual (PDF)
Moodle Training Guide (PDF

Case Conceptualization and Treatment Planning Example

Introduction

Lauren is a 42-year-old Caucasian heterosexual female who reports to being a reformed Catholic. She earned a doctorate in veterinary medicine and has worked as a veterinarian for the last five years. Lauren entered therapy reporting her chief complaint was her recent separation with her husband Mark. Mark and Lauren have been married for only six months, and he left the house three weeks ago after telling her she is impossible to live with. For the last year, Lauren has been working through the settlement procedures with her ex-husband Cameron, whom she now owes $75,000 in alimony. She reports the stresses of dealing with Cameron have affected her relationship with Mark, as she lashes out at him when stressed out. During the intake, Lauren presented with signs of psychomotor agitation and fatigue.

In the last six or more months, Lauren reports to struggling with many symptoms. Lauren reports experiencing many panic symptoms, such as heart racing, sweating, shortness of breath, and dizziness at any given time, and have had 20+ panic attacks in the last six months. All of the panic attacks occur when she has to deal with Cameron. Lauren also reports experiencing much anxiety during the last year; she reports not dealing with much anxiety in the past and that this is new. Lauren describes that her sleep and eating has been affected in the last three months; she has much interrupted sleep and has no appetite. Last, Lauren reports several trauma-based symptoms related to physical abuse she suffered from Cameron. She reports being easily triggered to anger when arguing with Mark and has a hard time controlling the anger; has dreams of the times Cameron abused her; tries to avoid talking about the abuse with friends/family. Lauren reports to drinking alcohol, specifically 2-3 times a week. She has had a physical in the last six months and reports no medical problems.

Diagnostic Impression

Based on the signs observed and reported symptoms, Lauren qualifies for Other Specified Trauma (F43.8). The diagnosis may change as Lauren engages in therapy.

Supporting Material

Lauren was married to Cameron for seven years; she reports that she financially supported him during the entire marriage, and he committed several acts of emotional abuse toward her. She reports it was not till the end of the marriage that he began physically abusing her, which is most troubling for her.

Lauren's two primary areas of concern is her anxiety and trauma. When given the STAI, Lauren scored at the 25 percentile for Trait anxiety, suggesting her overall tendency for anxiety is low. However, the State anxiety scored at the 93 percentile, suggesting currently Lauren suffers from high anxiety. When given the DAPS, the PTS-T score suggested a moderate score, with elevated scores on the Reexperiencing scale, Avoidance scale, and Hyperarousal scale. The Positive and Negative Bias scores were within normal limits, suggesting Lauren answered truthfully about her trauma symptoms.

Lauren has several strengths. She has succeeded greatly in her career and holds this as a major accomplishment. Lauren also sees herself in the metaphor as a bulldozer, that she can put her nose to the

ground and push through anything. Lauren has many supportive friends and family members who she can go to for support, in addition to colleagues at work. Lauren is also very intelligent and insightful and is very motivated for therapy. Although Lauren is in a considerable amount of debt, she does have significant financial resources that she can use to live comfortably.

Lauren has two notable limits. First, she works the midnight shift at work which could present a problem for therapy, especially EMDR. Second, Lauren is a talker and gets off on many tangents. This could be due to her needing to tell her story or possibly used as a defense mechanism.

Lauren's current symptomology seems to stem from the abuse she suffered from her ex-husband Cameron, and are currently affecting her relationship with Mark. During the intake, Lauren reported 4-5 specific memories of the physical abuse that continually upset her. When mapping these specific memories, feelings of hopelessness, fear, and panic emerged; negative self-beliefs emerged, such as "I am not worth anything", "I do not deserve love", and "I did not try hard enough"; many psychosomatic symptoms were connected to these memories, such as a racing heart, adrenaline rush, and tightening muscles in the neck. Lauren reported that these thoughts, feelings, and bodily sensations always emerged when these memories came up for her, and that several triggers exist that activate these memories.

Lauren's life tasks and lifestyle suggest to be out of balance. While Lauren's work self is strong and suggests to provide a sense meaning and purpose, her relationship with her husband is strained. It is unknown at this time if she is utilizing her friends for support during this time, as she works many hours. In addition, Lauren's past and current relationship with her ex-husband – and the trauma that resulted - could have affected her lifestyle as to how she perceives herself, others, and the world in general.

Conclusion

Lauren's overall level of functioning is high. She manages to hold down two jobs and can care for the household responsibilities and has a strong support system. The general goals at this time are to repair her relationship with Mark and process the unresolved traumas of the physical abuse. These goals are realistic and attainable.

Treatment Plan

1. Long-Term Goal

Lauren will repair her relationship with her husband Mark.

1. Short-Term Goals

Lauren will call Mark twice a week for eight weeks with a 50% success rate.

Lauren will go on a date with Mark once a week for eight weeks with a 75% success rate.

2. Long-Term Goal

Lauren will resolve the traumas related to the physical abuse.

2. Short-Term Goals

Lauren will attend individual psychotherapy once a week for eight weeks with a 75% success rate.

Lauren will write in her journal once a week for eight weeks with a 75% success rate.

Lauren will write an ongoing letter to Cameron; she will work on the letter once a week for eight weeks

with a 75% success rate.

KPI Assessment COUN 6070 Grading Rubric

Pass: as evidenced by receiving a performance level of a 3 on a 5-point scale on each requirement/standard assessed through the assignment.

5 = Advanced: Skills and understanding evident at an exceptional level
4 = Proficient: Strong level of mastery of skills and understanding
3 = Basic: Understanding of concepts/skills evident
2 = Developing: In process of developing understanding of concepts and skills; growth needed
1 = Deficient: Insufficient understanding of concepts and skills; significant remediation needed
Note: Ratings of 3 or above indicate performing well for student's stage of development.

Assignment Specific	**CACREP Standard**	**Performance Level 1-5**
	CMHC 5.C.	
Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management	3.a	
Techniques and interventions for prevention and treatment of a broad range of mental health issues	3.b	

Assignment Specific Requirements and Professional Identity CACREP Standards

		Performance Level 1-5
Average	(i.e., total scores divided by number of requirements/standards)	
Percentage	(i.e., an average performance level of 3.5 will be 3.5/5 = 70%)	
Total Points	(i.e., syllabus assigns 30 points to assignment – 70% = 21 points)	

Live Observation Summary Sheet

This form is intended to assist you and your on-site supervisor in processing counseling skills and approach after a live observation. This form should be completed by you and your site supervisor and submitted to faculty supervisor to use as a tool in evaluating your progress in meeting practical skills course requirements. Feedback resulting from the live observation and review of this form will be used to enhance your clinical skills and support your professional development as a counselor. Please complete your portion as a counselor-in-training, and have your site supervisor complete the first portion of this form before submitting to the faculty supervisor.

Note: Be sure to protect client identity in completing this form.

Student name:	
Supervisor name:	
Theoretical approach(es) used:	
Client first or last Initial OR type of group facilitated:	
Date of session:	Date of form completion:

For Site Supervisor: Please share at least 3 skills you observed your Counseling Intern demonstrating, and note areas of strength and areas that might be further developed. Complete this form and discuss it with your Counselor-in-Training during supervision.

1. Skill demonstrated in session	
2. Skill demonstrated in session	
3. Skill demonstrated in session	
Areas of strength	
Skills to be further developed	
Is the student receptive to feedback?	
Is the student able to integrate feedback into future sessions?	
Is there a need for enhanced support or training? (Please note yes or no. If yes, please specify)	
Further comments	

For Student Counselor: Please include **3 interventions** demonstrated during the session and reflections as noted in this form. If the client only presented one concern, please note the different techniques used in addressing it. Please also complete the Plan for Next Session or Group. If more than one concern was presented, be sure to include distinct concerns under the heading *Client presenting concerns*. Discuss the information in this form with your Site Supervisor.

Client presenting concern(s) or group topic(s): include client clinical presentation, group stage and dynamics, characteristics of client(s).	
1. Intervention used (include skills demonstrated and rationale for your approach)	
Client(s) response	
How might you have approached this concern differently and why? (include reflections relevant to client or group needs)	
Client presenting concern(s) or group topic(s): include client clinical presentation, group stage and dynamics, characteristics of client(s).	
2. Intervention used (include skills demonstrated and rationale for your approach)	
Client(s) response	
How might you have approached this concern differently and why? (include reflections relevant to client or group needs)	
Client presenting concern(s) or group topic(s): include client clinical presentation, group stage and dynamics, characteristics of client(s).	
3. Intervention used (include skills demonstrated and rationale for your approach)	
Client(s) response	

How might you have approached this concern differently and why? (include reflections relevant to client or group needs)	
PLAN for Next Session or Group: Consider what worked and what might be done in the interest of meeting client(s) needs.	