CLC 7796, CLC 7797, CLC 7798 INTERNSHIP IN COUNSELING I, II, III
ASHLAND THEOLOGICAL SEMINARY
Spring 2016
Clinical Mental Health Counseling Program

Lee Wetherbee, Ph.D., LPCC-S and adjunct faculty
419-289-5995
lwetherb@ashland.edu

COURSE DESCRIPTION

This course continues the experience of an on-the-job internship experience in professional counseling under the tutelage of an on-site supervisor.

STUDENT LEARNING OBJECTIVES:

- Students will demonstrate their proficiency in using helping skills with actual clients.

- Students will continue development of their identity as counselors as evidenced by the refinement of “core counseling characteristics.”

- Students will evidence increased skills in: establishing therapeutic relationships, assessment (including diagnosis), treatment planning (including case conceptualization), treatment implementation, evaluating the counseling process and outcomes, and conducting case presentations.

- Students will demonstrate sensitivity to the needs of clients from various socioeconomic, gender, racial, ethnic, sexual orientation, religious, and physical ability backgrounds. Students will also demonstrate sound knowledge, understanding, and application of legal and ethical issues in counseling.

- Students will show improved skills in using individual and group supervision effectively, establishing and maintaining collegial relationships, giving and receiving feedback with peers and supervisors, and improving critical self-reflection and evaluation.

KNOWLEDGE BASE

Ohio Educational Requirement for Admission to the Examination for Professional Counselor Licensure—This course meets the Ohio Administrative Code (OAC) requirement for Internship—4757-13-01(A)(4)(d)(i-iii)

CACREP CMHC Standards Met in this Course Include:
A.8 – Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.
B.1 – Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
B.2 – Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in mental health counseling.

D.1 – Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.

D.2 – Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.

D.4 – Applies effective strategies to promote client understanding of and access to a variety of community resources.

D.5 – Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.

D.6 – Demonstrates the ability to use procedures for assessing and managing suicide risk.

D.7 – Applies current record-keeping standards related to clinical mental health counseling.

D.8 – Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.

D.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.

F.1 – Maintains information regarding community resources to make appropriate referrals.

L.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.

L.2 – Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.

REQUIRED TEXTS:

CMHC Internship Handbook. The handbook (as well as all forms necessary for the Internship experience) are available for download on the CMHC page on the Seminary website. The Handbook in particular is available at:


Section 4757-17-01 of the Ohio Administrative Code (available online at the CSWMFT Board website. (PLEASE READ and UNDERSTAND THIS PART OF THE LAW)

Students in CLC 7796 must review the internship overview available at the following link:

http://vimeo.com/49626504
CLASS STRUCTURE

Students will meet in their small groups led by a qualified professional. Within the small group, students will focus upon counseling skills development with special attention given to case conceptualization, as well as upon professional growth. This will be accomplished primarily through assigned case presentations, interactions within the group, and discussion of the internship experience.

REQUIREMENTS/GRADING

Attendance and Participation—Attendance is required in all large and small group sessions. In the small groups, students will give feedback to, and receive feedback from, colleagues regarding their case presentations (discussed below). Missing more than one class will interfere with the student’s and others’ progress and, without a bona fide reason, may impact the student’s participation in the program and/or grade. In consideration for group dynamics and the implications of professional development, students will not attend groups to which they have not been assigned as a means to “make up” group sessions they have missed.

Regarding participation in small groups, learning increases as student listening and verbal involvement increases. Students are encouraged to take risks and reveal their thoughts about and responses to both the case presentations as well as the counseling work they are conducting with clients (Caution: confidentiality must always be maintained with client information. Therefore, no identifying information is to be shared with the class when discussing your work with clients). Students are encouraged to intentionally look for similarities between their relationships with peers in group and relationships with clients, as discussion of similarities and differences can be very profitable. It is expected that students will openly and honestly consider both client dynamics (i.e., an outward focus) and personal dynamics (i.e., an inward focus) in their work. Student presenters should consider ahead of time what they want as a focus for feedback and ask colleagues directly.

Participation in Field Activities—Students will be required to regularly accrue internship hours, cooperate with assigned site tasks and procedures, and be receptive to direction by field supervisors.

Student Liability Insurance—Prior to counseling any clients, students must purchase and maintain current student liability insurance. Proof of insurance must be submitted to the small group leader as soon as obtained or renewed. Students generally purchase such insurance through student membership in a professional organization (e.g., ACA) or through a private insurer. Students are referred to the Internship handbook for specifics on the practicum experience (handbook may be downloaded from the Counseling Program webpage or at: http://seminary.ashland.edu/upload/documents/CMHC_Internship_Handbook.pdf).

See your small group leader or Dr. Wetherbee for further clarification.

Case Study Presentation (CACREP CMHC A.8, B.1, B.2, D.5, L.1, L.2)—Each student will be responsible for presenting one counseling case study to the small group. The student will provide a copy of the case study (specific case study guidelines are available from the Midwest Counseling Program web page) to the small group professor and all class members one week prior to the student’s in-group presentation. Case presentations are NEVER to be emailed to group members or the professors.

Other group members are expected to review and constructively critique the case study prior to the
in-class presentation and offer feedback to the Counselor Trainee during the presentation. **If deemed necessary by the small group leader**, the student will submit a final version of the case study to the small group leader at the next class session, incorporating the feedback and revisions. The grade on the case study will be based upon the student’s conceptualization of the case, organization and analysis of the client information, the in-class presentation of the case, and willingness to receive and incorporate constructive feedback into the final version.

**Evaluation of Internship Participation** (*CACREP CMHC A.8, B.1, B.2, D.1, D.2, D.4, D.5, D.6, D.7, D.8, D.9, F.1, L.1*) — Learning and applying counseling skills is a complex endeavor which improves with experience and training. Students are encouraged to remember that at this stage of their personal and clinical development, they are continuing the journey and are not expected to be experts in counseling. To aid in students’ development, evaluations will be collected from the field supervisor(s), the small group professor, fellow class members (see section on case presentation), and students will be asked to evaluate themselves *(Note: The evaluation form for completion by the field supervisor and the student's self-evaluation form are available for download on the Clinical Mental Health Counseling Program web page)*.

**GRADES:** The Seminary grading scale will be followed.

- a. Attendance at all scheduled activities (i.e., large group, small group) with active and constructive participation in the small group process (**50 points**),
- b. Case Presentation (**50 points**),
- c. Timely completion of Practicum paperwork (**pass/fail**),
- d. Timely evaluations of supervisor and student (**pass/fail**)

**CONFIDENTIALITY:** All client-related material should be considered as confidential and treated accordingly. Students are expected to be familiar with ethical, legal, and clinical guidelines regarding confidentiality and should see the professor for clarification. **Violation of confidentiality guidelines, as well as any other ethical and/or legal guidelines, intentional or unintentional, is a serious breach of professional conduct and may result in dismissal from the program.**

**LATE ASSIGNMENTS:** Failure to complete assignments on time may, at the discretion of the professor, result in up to a $\frac{1}{2}$ grade-level reduction for work submitted less than one week late, with a possible one grade-level penalty for each full week the assignment is past due.

**INTERNSHIP PAPERWORK**

Each student will begin/continue their internship experience and document the work accordingly. The requirements are outlined in the Internship Handbook. Listed below is the paperwork due this term that is required to pass the class. All paperwork except for the Case presentations is to be placed in the Internship hanging folder in the cohort bins on a regular basis, or by the final due date.

- [ ] Proof of Professional Liability Insurance **Due before seeing clients**
- [ ] Internship Affiliation Agreement **Due before seeing clients**
- [ ] Supervisor’s Evaluation of Internship Student **Due the 14th class of the term**
- [ ] Internship Logsheet of Hours **Due the 14th class of the term**
Seminary Guidelines

ATS Academic Integrity Policy
Ashland Theological Seminary expects each student to uphold the Seminary’s core value of academic excellence by contributing to an environment that is both challenging and supportive. In such an environment a student will neither seek nor offer improper assistance. All students have an obligation to be forthright in their academic endeavors and to respect ethical standards. The work that one submits for academic evaluation must be one’s own, unless an instructor expressly permits certain types of collaboration. Academic integrity requires that each student will use one’s own capabilities to achieve one’s fullest potential and will neither offer nor accept aid that is not in keeping with regularly accepted standards of academic integrity. Failure to conform to this conduct shall constitute academic dishonesty. The full Academic Integrity Policy statement may be found in the Student Handbook.

Academic Support Services
If you need assistance with writing projects for your coursework, contact the ATS Academic Support Center. The center provides free sessions with a peer consultant who can help you with all of your concerns about academic support including writing, critical thinking, documentation, reading skills, study skills, test taking skills, time management. Contact the center if you have a question about how to complete your assignment, if you have documentation questions, or if you would like to have your paper evaluated for areas needing improvement. The ATS Academic Support Center can be reached at 419-289-5162 or by e-mail at atswc@ashland.edu.

Students with Disabilities
Ashland University makes every effort to comply with the Americans with Disabilities Act. Students who have a specific physical, psychiatric or learning disability and require accommodations are encouraged to inform their instructors of their needs early in the semester so that learning needs can be appropriately met. It is the student’s responsibility to document the disability with Disability Services in The Center for Academic Support on the 7th floor of the Ashland University Library, 419-289-5904.

ATS Grading Scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percent</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>97-100</td>
<td>Superior achievement of course objectives, diligence and originality, high degree of freedom from error, outstanding evidence of ability to utilize course knowledge, initiative expressed in preparing and completing assignments, positive contributions verbalized in class.</td>
</tr>
<tr>
<td>A-</td>
<td>92-96</td>
<td></td>
</tr>
<tr>
<td>B+</td>
<td>89-91</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>86-88</td>
<td>Good work submitted, commendable achievement of course objectives, some aspects of the course met with excellence, substantial evidence of ability to utilize course material, positive contributions verbalized in class, consistency and thoroughness of work completed.</td>
</tr>
<tr>
<td>B-</td>
<td>83-85</td>
<td></td>
</tr>
<tr>
<td>C+</td>
<td>80-82</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>77-79</td>
<td>Acceptable work completed, satisfactory achievement of course objectives, demonstrating at least some ability to utilize course knowledge, satisfactory class contribution.</td>
</tr>
<tr>
<td>C-</td>
<td>74-76</td>
<td></td>
</tr>
<tr>
<td>D+</td>
<td>71-73</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>68-70</td>
<td>Passing but minimal work, marginal achievement of course objectives, poor performance in comprehension of work submitted, inadequate class contributions.</td>
</tr>
<tr>
<td>D-</td>
<td>65-67</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Below 65</td>
<td>Unacceptable work resulting in failure to receive class credit, inadequacy of work submitted or of performance and attendance in class.</td>
</tr>
</tbody>
</table>
### Core Counseling Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1 Low</th>
<th>2</th>
<th>3 Avg.</th>
<th>4</th>
<th>5 High</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstration of attentiveness to, and interest in, others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Communication of friendliness, warmth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sincerity/genuineness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sense of humor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Emphasis upon support (Reassurance/encouragement more than insight/interpretation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Accurate empathy (“understanding”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Acceptance of others’ beliefs/values (&amp; reflection of same)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Helpful engagement of others at an emotional level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Tact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Objectivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Self-disclosure (moderate &amp; as appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Credibility and confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Patience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Ability to provide direction/coherence to interactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sub-Totals**

**Total**
Students will provide a computer-generated copy of their case presentation to each member of the practicum/internship small group and their small group professor one class session prior to their scheduled presentation date. Students are to utilize the following case presentation outline in preparing their case study. The case study should adequately represent the client who is the focus of the case and the discussion without compromising confidentiality. Case outlines should be approximately 3-4 pages in length.

**CASE STUDY PRESENTATION IN SMALL GROUP**

The following should be considered as guidelines for the student’s small group case study presentation (students are not to read their presentations):

- Begin with *prayer*, asking for the Spirit’s guidance and help
- Student presenter reminds the group of the *two questions* the class is to consider
- Student presenter presents the information about the case, using caution *to not include any identifying information* and *not to simply read* the information to the group.
- The student *answers questions* that colleagues and the professor might have and *receives feedback* on the case.
- Once the presentation is completed, the class reviews and *constructively* critiques the case study and provides beneficial feedback to the presenter. **NOTE: Feedback given in class by fellow students and the professor do not constitute clinical supervision!** Following the presentation, class members will return the written outlines to the presenter for review of any written comments. The presenter is then responsible for destroying the copies after reviewing them.
- Following the presentation, the student (with the assistance of the professor) facilitates a time of *critical thinking* regarding the case.
- If in the judgment of the small group leader revision is necessary the student presenter will revise the case incorporating feedback and suggestions from peers and the instructor into a *new written report* which is due to the instructor the following week.
  - Critical thinking allows one to expand one’s understanding of the client in context. The following are guides and examples to critical thinking about the presentation:
    - What kind of therapeutic alliance does the student have with this client? What obstacles are present which may impede a strong working alliance with this client?
    - Why does this diagnosis best fit this client? (This is go beyond mere diagnosis to discussions of value/harm of diagnostic labels, cultural understandings of disorders, etc.).
    - What themes emerge from this case? (This is to enhance reflection on the information and to expand conceptualization of the case).
    - What are we missing? (This is to expand the opportunity to truly hear the client’s story and to consider alternatives).
    - For the student to ask: “How does my worldview help or hinder me from fully understanding this client’s story?” (To assist the student to reflectively do a self-assessment, to consider blind spots and assumptions regarding the story of the client).
CASE PRESENTATION OUTLINE

Student Name:_____________________________________________________

CASE PRESENTATION QUESTIONS

List 2 questions that you would like the small group members and the professor to reflect upon as they listen to your presentation. These questions will serve to help guide the post-presentation discussion.

PRESENTING CONCERN/S

Brief Demographic Description of Client: include age, ethnicity, gender, spiritual status, occupation, education, marital/family status, living situation. (3-4 sentences maximum)

Presenting Concern: state in the client’s own words why she or he has come for counseling at this particular time, including referral source. (1-2 sentences)

Brief History of Presenting Concern: Estimated date of onset, triggering events, intensity, frequency, changes noted, other personal issues mentioned. (1-2 sentences)

Brief Mental Status: Affect (prevailing mood); Behavior (dress, grooming, habits, speech); Mental Status (beliefs, memory, attention span, orientation X 3).

HISTORY

(This section should be about 1-2 paragraphs)

Family: include past & present; description of relationships w/family members; living arrangements; parents’ occupations; family history of alcoholism or chemical dependency, physical or sexual abuse, suicide, mental illness.

Social Relationships: include past & present; social supports available; unwanted sexual experience or physical abuse; legal or police involvement.

Academic and Work: past & present.

Medical: past & present medical conditions; prescription medications; hospitalizations; etc.

Counseling: previous counseling, include self-help groups such as Alcoholic or Overeaters Anonymous or Al-Anon.

ASSESSMENT OF THE RELATIONSHIP

Therapeutic Relationship:
- What are the strengths & weaknesses of your relationship with this client?
- What multicultural factors are present that may impede/enhance your ability to form a strong therapeutic alliance with this client? Describe & explain.
What might you do to overcome any obstacles?

- What is your hypothesis of this client’s willingness to change? What should the focus of change be with this client?
  - Is this client willing to change or resistant towards changing? What can you do to assist in motivating the client for change?

**Ethical Concerns:**

- What boundary issues do you anticipate with this client?
- What other ethical concerns might you anticipate?
  - Briefly indicate appropriate section/s of the *ACA Ethical Code (2014).*
- What steps have you taken or are taking to resolve any ethical dilemmas or to avoid ethical or boundary violations?

**ASSESSMENT OF THE CLIENT**

Include impressions of the client’s strengths and weaknesses that will impact your therapeutic alliance and your counseling interventions.

**TENTATIVE DIAGNOSIS**

Discuss your tentative preliminary/initial diagnosis of this client *use the DSM 5 3 axis format* and give a brief *rationale* for your choice.

**BRIEF TREATMENT GOALS**

Identify 1-2 brief, short-term, measurable treatment goals (within 1-2 months) for this client and indicate 1-2 possible counseling interventions for each goal. How will you assess if/when the client accomplishes the goals?