



Counseling Psychology Program

CNP 4751

Counseling Psychology M.A. Internship

CNP 4762

School Counseling Internship 2

M.A. INTERNSHIP PACKET 2014-2015

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UNIVERSITY OF DENVER
Counseling Psychology M.A. Internship and School Counselor Internship 2
CNP 4751 and CNP 4762

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.



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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 not 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.



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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 provide 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 _____

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GOALS/CONTRACT

Name _____

Quarter _____ Year _____

1. List below your learning goals for this quarter at your internship site. Be specific 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.



EVALUATION OF STUDENT’S INTERNSHIP PERFORMANCE

Name of Student: _____

Quarter: _____ Year: _____

DU Course Title & Number: CNP 4751: M.A. Internship or CNP 4762: School Counseling Internship 2

Name of Field Supervisor: _____

Phone _____ Email _____

Internship Site: _____

Address: _____

How many Ph.D. students have you supervised? _____

How many M.A. students have you supervised? _____

Which of the following activities have you performed as a supervisor?

- Observed students directly
- Listened to tapes of students counseling
- Read session notes
- Discussed cases with students
- Other (please specify)

What percentage of overall internship hours did Student spend in direct and indirect client activities?

_____ % Direct Client Activities (Counseling)

_____ % Indirect Client Activities (e.g., case conferences, staff meetings, consultation, administrative duties)

Which of the following activities has the student performed?

- Individual Counseling
- Group Counseling
- Couple and Family Counseling
- Career Counseling
- Assessing
- Consulting
- Other (please specify) _____

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

	Remediation Needed ←————→	Independent Professional Level	N/A
Relationship 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		
3. 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	
6. Reports are written in non-technical language and with absence of jargon. Reports address questions raised by referrer--implications 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	

Intervention & Therapeutic Process Skills

A. 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	

Administrative Skills

1. Demonstrates knowledge of agency policies and procedures.	1	2	3	4	5	6	7	8	
2. Reports for work on time.	1	2	3	4	5	6	7	8	
3. Sets appropriate fee -- discusses fees with client in a professional manner.	1	2	3	4	5	6	7	8	
4. Other (specify)-	1	2	3	4	5	6	7	8	

Ethics

1. Demonstrates knowledge of ethical practices code.	1	2	3	4	5	6	7	8	
2. Behaves in accordance with code of ethical practices.	1	2	3	4	5	6	7	8	
3. Shows judgment and responsibility in actions regarding client	1	2	3	4	5	6	7	8	
4. Respects the privacy of the client -- does not violate confidentiality and does not refer to clients disrespectfully.	1	2	3	4	5	6	7	8	

Professional Relationships

1. Interacts with consultants and other professionals in such a way as to facilitate communication and foster cooperation.	1	2	3	4	5	6	7	8	
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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

Date Signed

Signature of Student

Date Signed

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MONTHLY INTERNSHIP LOG

Name: _____ **Quarter:** Fall __ Winter__ Spring __ Summer __ **Year** _____ **Month** _____

Site: _____ **Supervisor:** _____ **Phone:** _____

Dates:

Week 1	Week 2	Week 3	Week 4	(Week 5)

Direct Client Contact Hours

Individual							
Group Counseling							
Group							

Other:

Couples Counseling							
Couples							
Family Counseling							
Family							
Testing							
Testing							
Consultation w/ Clients							
Consult.							
Workshop/Presentation by Student							
Workshop							
Other: (Specify)-							
Other							
Subtotal:							(A)

Subtotal

							(B)

Supervision

Individual							
Group							
Staff Meeting/Training							
Other: (Specify)-							
Subtotal							(C)

Administrative/Case Management

Progress Notes							
Test Scoring/Interpretation							
Case Report Writing							
Audio/videotape Review							
Program Planning							
Case Consultation							
Observation							
Research (reading, etc.)							
Other (Specify)-							
Subtotal							(D)

A + B + C + D = Total Hours This Month

Previous Hours: _____

Total Cumulative Hours: _____

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INTERNSHIP HOURS – QUARTERLY SUMMARY

Student's Name _____

Quarter: Fall Winter Spring Summer Year: _____

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

Subtotal			
-----------------	--	--	--

Administration/Case Management Hours

Subtotal			
-----------------	--	--	--

Total Hours:

--	--	--

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Completed at the end of Internship (Spring)

SITE EVALUATION

Student Name: _____ Date: _____

Site: _____

Address: _____

Supervisor: _____ Phone: _____ Email: _____

Student level: ___ M.A. ___ Ph.D

Academic quarter: ___ Fall ___ Winter ___ Spring ___ Summer Year: _____

DU Internship Course Title and Number: _____

Check all the counseling opportunities that are available at this site:

- Individual Counseling
- Men
- Women
- Adolescents
- Children
- Special Populations (specify): _____
- Career Counseling
- Marriage and Family Counseling
- Group Counseling (specify populations): _____
- Consulting (specify with whom): _____
- Assessment
- Other (specify): _____

Types of clients served: _____

What kind of supervision is provided?

- 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? No Yes How much? _____

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)