Rollins College



Department of Graduate Studies in Counseling

Course: PSY 695: Internship in a Mental Health Setting

Course Schedule: Fall 2009, Wednesday 6:45 – 9:15 pm, Rm. CSS 232

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Office Hours: Mondays 1 - 3:30; Wednesday 3 - 5:30;

By Walk-in or Appointment

Course Description:

Internship consists of both a supervised clinical experience and weekly group supervision meeting on campus. For licensure in Mental Health Counseling, students must acquire a total of 1,000 hours of clinical experience in a mental health setting from practicum and internship combined. At least 360 hours are spent in direct client contact. The remaining hours may be used for supervision, in-service education and training (with advance approval from the instructor), recording and reporting, staff meetings, and related case management and administrative responsibilities. A minimum of one hour per week of individual supervision by a licensed mental health professional is also required as is class attendance. Eligibility for this course requires having satisfactorily completed all other course work in the Master of Arts in Counseling program and approval of the Counseling faculty to enter this portion of the degree program.

Course Objectives:

- 1. Students will develop their role as a professional counselor and construct working relationships with other health care providers (CACREP II.K.1.b).
- 2. Students will demonstrate the ability to work with a variety of individuals and groups as well as work effectively in an agency setting (III, H.1, H.4.).
- 3. Students will demonstrate the ability to interview clients, co-construct goals, construct a treatment plan, use effective counseling skills and interventions, evaluate outcomes, and successfully terminate a client case (II.K.5.b.).
- 4. Students will be able to effectively offer crisis counseling services (MHC.C.5).
- 5. Students will work effectively with individual differences and respectfully counsel clients with varying ages, gender, cultural and ethnic differences and values (II.K.5.a., III.K.).
- 6. Students will provide evidence of their counseling skills by presenting cases to their supervision group, and providing their faculty supervisor with video or audio tape examples of counseling sessions accompanied by written self evaluation (III.H.5.).
- 7. Students will participate in both a group supervision forum and individual supervision through which they will examine professional, ethical, legal, and personal concerns (III.H.2.,H.3., H.7., I).
- 8. Students will conceptualize a theory of counseling and will articulate their theory in a final version of their *My Theory of Counseling* paper (II.K.5.c.).
- 9. Students will acquire knowledge of clinical supervision, including counselor development (MHC.C.8);
- 10. Students will learn about credentialing, certification and licensing in the field of counseling (II.K.1.e.).
- 11. Students will provide counseling services congruent with the ethics of the American Counseling Association and the legal requirements of the State of Florida (II.K.1.h., III.A.5.)

Required Texts:

- Echterling, L.G., Presbury, J. H., & McKee, J. E. (2005). *Crisis Intervention Handbook: Promoting Resilience and Resolution in Troubled Times.* Upper Saddle River, NJ: Pearson Education; ISBN: 0-13-0909897-5
- Wheeler, A. M., & Bertram, B. (2008). *The Counselor and the Law: A Guide to Legal and Ethical Practice*, 5th Ed. Alexandria, VA: American Counseling Association. ISBN-10: 1-55620-276-8 Brems, C. (2000). *Dealing with challenges in psychotherapy and counseling*. CA: Wadsworth/Thompson.

Course Reference Texts:

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, D.C.: Author.
- Jongsma, Jr., A. E., Peterson, L. M., McInnis, W. P. & Bruce, T. J. (2006). *The Child Psychotherapy Treatment Planner,* 4th Ed. Somerset, NJ: Wiley. ISBN: 978-0-471-78535-4
- Jongsma, Jr., A. E., Peterson, L. M., & Bruce, T. J. (2006). *The Complete Adult Psychotherapy Treatment Planner, 4th Ed.* Somerset, NJ: Wiley. ISBN: 978-0-471-76346-8
- Jongsma, Jr., A. E., Peterson, L. M., McInnis, W. P. & Bruce, T. J. (2006). *The Adolescent Psychotherapy Treatment Planner, 4th Ed.* Somerset, NJ: Wiley. ISBN: 978-0-471-78539-2
- Zimmerman, M. (1994). *Interview guide for evaluating DSM –IV psychiatric disorders and the mental status examination*. East Greenwich, RI: Psych Products Press.

Required Assignments and Learning Experiences:

The course will consist of the following major activities:

- 1. Counseling and related activities (as described the "Guidelines for Internship") at the internship site
- 2. Record keeping as required by the site and for the course, including a weekly log.
- 3. Punctual attendance each week at the class/group supervision on campus.
- 4. Periodic individual supervision/consultation from the course instructor.
- 5. Weekly supervision for a minimum of one hour with appropriately credentialed site supervisor.
- 6. Submission of at least **two video or audiotapes** of a counseling session each semester.
- 7. Completion of the second draft of the *My Theory of Counseling* paper describing current assumptions and perspectives on counseling methods and outcomes. Peer review will begin during the Fall semester. Each student will review the *My Theory of Counseling* paper of two other students.
- 8. Participation in the Master Therapist Series and completion of a 10-page paper (Spring Semester).

Weekly Class Session/Group Supervision:

Weekly class will be conducted in a group supervision context devoted to peer supervision in which interns are responsible to bring up issues they are dealing with in their cases for which they would like feedback. Interns will share descriptions of internship sites, will present anonymous cases for discussion and analysis, give various practical and theoretical perspectives on mental health counseling, and discuss personal-professional issues that may have current influence on performance. Remember that interns take responsibility for asking for what they need from supervision. Each Intern will be responsible for presenting one case during the semester. When other peers discuss cases, all students are encouraged to give feedback as a way to develop their own clinical skills. Each student is expected to participate as a "treatment team member" during each presentation providing meaningful, clinical feedback and suggestions for treatment. It is also important to reflect on how one may be dealing with issues that others may present. Thus, participation and processing are a must.

Remember that part of supervision also involves examining at how clients affect one's life and how one continues to grow on a personal level. Counseling is a profession of lifelong learning.

FALL 2009 Tentative Course Schedule: PSY 695 Internship in a Mental Health Setting

#	Date	Topic Area	Reading/Assignments Due								
1	9/4	Internship Orientation: 9:30-4:30	Holt Auditorium								
	·····										
2	9/9	Building a Community ©	Bring to the first class meeting:								
		Course overview and planning.	Proof of current liability insurance								
		Schedule Faculty Supervision	Proof of membership in ACA								
		Appointments.	Copy of Summary of Practicum Hours form								
			Copy of Formula Sheet of Practicum – Internship								
			Transfer of Hours								
			> Intern Contact Information form								
			DUE: Brems (2000), Chapter 1								
			The Challenge of Meeting a New Client								
3	9/16		Brems (2000), Chapters 6&7								
		Dealing with emergencies in counseling	The Challenge of Threats of Suicide								
		ACA (2001) Ethical Standards	The Challenge of Threats of Violence								
4	9/23	Crisis Intervention	Echerling, Presbury, Mckee (2005)								
		Case Consultation #1:	> DUE: Read entire book								
5	9/30	Supervision and counselor development									
		•									
6	10/7	Case Consultation #2:	1st Audio/Video Counseling session DUE								
	10/10	Master Therapist Series: 1	Holt Auditorium 9am-4pm (Tentative Time)								
7	10/14	Association of Counselor Educators &									
		Supervisors Conference									
8	10/21	Case Consultation #3:	2 nd Draft of Personal Theory Paper (2 copies) for								
			peer review DUE								
			➤ <u>DUE</u> : Wheeler & Bertram (2008) Read entire								
			book								
9	10/28	Peer Supervision									
10	11/4	Case Consultation #4:									
11	11/11	Peer Supervision	2 nd Audio/Video Counseling session DUE								
12	11/18	Case Consultation #5:									
13	11/25	Peer Supervision									
14	11/25	Thanksgiving Holiday Breakூ	Thanksgiving Break								
14	12/2	Case Consultation #6:									
15	12/9	Course Wrap-up	Edited Personal Theory Papers returned to authors.								
			Final Oral Reflection of Internship Experience								

*Syllabus and Schedule Subject To Change to best serve learning objectives.

❖ Internship Activity Logs must be turned in weekly. Please have logs prepared prior to class. The site supervisor must sign the logs at least once per month.

^{❖ &}lt;u>Individual supervision</u> appointments with the faculty supervisor will be scheduled throughout the semester. *You are welcome to schedule an appointment as needed, for any issue of concern.

Policies and Procedures:

Enrollment in this course is contingent upon having professional liability insurance. Documentation is required and must be submitted before making direct contact with clients. No exceptions will be authorized.

<u>Confidentiality</u> – In order to provide safety for individuals in the class and to protect the confidentiality of clients and class members: All case material will be presented anonymously (without identifying information) to protect the right to privacy of each client. Students will not discuss cases outside class session. It is suggested that the fact that case information may be staffed in group supervision be included in the informed consent content of the internship site. Material presented by class peers, including others' personal information, should be considered confidential and will be referred to ONLY while in class or privately with one another.

<u>Instructor Availability</u> – If, at anytime, you wish to discuss any issue related to the class with me, particularly those related to your performance in this class, please do not hesitate to contact me. I am very willing to set up an appointment with you at a time outside my posted office hours. Please don't wait until it is too late to help make this course a successful and rewarding learning experience for you. Your suggestions and ideas are always welcome, both during class and outside of class.

Attendance Policy – Attendance is required of all students registered and will be monitored. If it is impossible to attend class, notify me as soon as possible, prior to the class meeting. Students are responsible for all assignments even when not present. Class will start on time and time agreements for class breaks will be honored. Tardiness on the part of one person disrupts the flow of learning for fellow students. Please be prepared to begin and/or resume class as agreed.

Method of Evaluation and Grading – Internship is a pass/fail grading system.

Evaluation for PSY 695/696 -- The grade for this course will be determined using the following criteria:

60%	Overall performance at the Internship Site as evaluated by the instructor in consultation with the site supervisor.
20%	Presentation of audio/video case tapes and case Consultation that fulfill the requirements.
20%	Attendance and participation in the weekly class session

<u>Respect for Individual Differences</u> – The Graduate Studies in Counseling program endorses a learning climate that represents diversity and individual differences and encourages the open-minded exploration of differences among individuals. We do not expect all graduates of our program to think the same way, but we do expect that while they are students they will be accepting of differences and strive to understand how other peoples' perspectives, behaviors, and world views are different from their own.

Academic Honesty and Professional Conduct -- Students are expected to comply with the Student Conduct policies of Rollins College and with the ethical guidelines of their professional associations (e.g., American Counseling Association). Failure to perform in a reliable, competent and ethical manner, which results in being terminated by the Internship Site, will necessitate a review by the faculty and reenrolling in this course again during the next academic year. All course requirements including total hours and contact hours must be completed in order to meet May graduation deadlines. No internship activity will be conducted between the last class of the spring semester and the beginning of the fall semester, nor will any assignments be accepted during this period.

<u>Professional Associations</u> -- It is expected that each intern will be a member of the American Counseling Association. The emphasis in the Rollins College Counseling program is that each student is a professional who is committed to the counseling profession, and one of the ways that commitment is demonstrated is by being a

member of a professional organization. Attendance at local, state, and national meetings and workshops is strongly encouraged as are volunteer opportunities to assist with the development of these professional groups.

<u>Professional Development</u> – In addition to participation in professional associations, it is very important for professionals to read current literature in the field. Along with required readings for the course, interns are expected to investigate professional journal articles and books about their personal areas of interest and about the issues that are being presented by their clients. This initiative is a professional expectation of all Rollins College counseling interns.

Video/Audio Taping Guidelines

Video/Audio Tape Requirements

- All interns are required to turn in <u>two</u> audio or video tapes of counseling sessions per semester for review by the faculty supervisor on the dates assigned in the syllabus.
- A Clinical Counseling Tape Self Analysis must be completed which includes (1) competing the first page, (2) the Counseling Skills Scale, and (3) Basic Counseling Skills Analysis Chart
- Tapes must be audible. If counselor and client(s) cannot be heard and clearly understood, the tape will be unacceptable for this assignment.
- Before taping, interns must obtain informed consent from the client and/or parent or guardian. Please
 work in conjunction with your site supervisor to obtain the necessary permission to tape at your site and
 appropriate informed consent from the client(s), according to the site's guidelines. Plan ahead early in
 the semester to avoid missing assignment deadlines. If a sample informed consent is needed, please
 request one from your faculty supervisor.
- The tapes will be returned to the intern after they are reviewed and should be erased.

A note about taping: Interns are encouraged to tape **as many** counseling sessions as possible, and review their own taped sessions for an expanded learning experience.

Select 3 separate recorded counseling sessions: the **two** review assignments and **one** for the in-class Case Consultation for which you would like feedback on your skills and/or direction on the case.

CLINICAL COUNSELING TAPE SELF ANALYSIS

(TO BE COMPLETED IN ADVANCE AND TURNED IN WITH TAPE OR TRANSCRIPT)

Purpose:

- 1. To provide the counseling student with an opportunity to review levels of competency in the performance areas of basic helping skills and procedural skills.
- 2. To enable the counseling student to identify areas for improvement in his/her counseling.
- 3. To provide the counseling student with a basis for identifying areas of emphasis within supervision.

Date:	
Student:	
Professor:	
Course:	
Media Reviewed: Audio/Video/Transcript	

Brief summary of session content:

Intended goals for this session and for this case:

Comment on counseling behaviors you believe are positive:

Comment on areas of counseling practice behaviors that you believe need improvement:

Concerns or comment regarding client dynamics:

<u>Plans for future counseling sessions with this client:</u>

COUNSELING SKILLS SCALE (CSS)

Adapted from Karen Eriksen with permission

This survey assesses the quality of student performance of counseling skills. It divides twenty specific "microskills" into six groupings. Please rate your performance for the session on the accompanying tape or transcript.

- +2 Highly developed: helpful, well-timed, and consistently well-performed
- +1 Well developed: helpful and well-timed when performed, but not consistently smooth
- 0 Developing skills: somewhat helpful but too many missed opportunities
- -1 Continue practice: not helpful or well-timed, or no skill exists when it should
- -2 Major adjustment needed: not at all helpful or well-timed
- NN Not performed, but not necessary: or other skills(s) within this "grouping" used to effectively meet this grouping's goals

Ī.	SHOWS INTEREST AND APPRECIATION		1				
1.	Body Language and Appearance – Maintains open, relaxed, confident posture with appropriate eye contact. Leans forward when talking, leans back when client talks on target. Uses head nods and body gestures to encourage client talk. Maintains professional dress.	-2	-1	0	+1	+2	
2.	Minimal Encouragers – Repeats key words and phrases. Uses prompts (uh huh, okay, right, yes) to let client know s/he is heard. Uses silence helpfully.	-2	-1	0	+1	+2	
3.	Vocal Tone – Uses vocal tone that matches the sense of the session and session goals. Vocal tone communicates caring and connection with client.	-2	-1	0	+1	+2	
4.	Evoking and Punctuating Client Strengths – Includes questions and reflections related to assets and competencies; positively reframes client experiences.	-2	-1	0	+1	+2	NN
II.	ENCOURAGES EXPLORATION						
5.	Questioning – Asks open-ended questions that encourage the client to continue talking and to provide information. Uses when needed and when theoretically consistent. Uses closed questions judiciously. Does not overuse questions.	-2	-1	0	+1	+2	NN
6.	Requesting Concrete and Specific Examples – Asks for concrete and specific instances when clients provide vague generalities. (Give me an example of how you might feel or behave when facing)	-2	-1	0	+1	+2	NN
7.	Paraphrasing (reflection of content) – Engages in brief, accurate, and clear rephrasing of what the client has expressed.	-2	-1	0	+1	+2	NN
8.	Summarizing – Makes statements at key moments in the session that capture the overall sense of what the client has been expressing.	-2	-1	0	+1	+2	NN
Ш	DEEPENS THE SESSION						
9.	Reflecting Feeling – States succinctly the feeling and the content of the problem faced by the client (You feelwhen)	-2	-1	0	+1	+2	NN
10.	Using Immediacy – Recognizes here-and-now feelings, expressed verbally or nonverbally, of the client or the counselor. Can be related to the counselor-client relationship. (As we talk aboutproblem, I sense you are feelingabout me. In turn, I'm feeling about how you are viewing the problem right now.)	-2	-1	0	+1	+2	NN
	serving Themes and Patterns – Identifies more overarching patterns of acting, king, or behaving in problem situations. (You regularly do[or kor feel])	-2	-1	0	+1	+2	NN
	Challenging/Pointing out Discrepancies – Expresses observations of	-2	-1	0	+1	+2	NN

	discrepancies. (You expect yourself to dowhen facing the problem of, but you doinstead. When this happens you feel about yourself.)						
12.	Reflecting Meaning and Values – Reflects the unexpressed meaning or belief/value system that is behind the words the client is saying. (You feel strongly about making choices based onbelief.)	-2	-1	0	+1	+2	NN
13.	Commonality of Meaning – Assists client to clarify specific meaning of phrases or words so counselor and client use same definition. (When you say you want respect, what needs to happen that you would call respect?)	-2	-1	0	+1	+2	NN
IV.	ENCOURAGES CHANGE						
14.		-2	-1	0	+1	+2	NN
15.	Using Strategies for Creating Change – Uses theoretically-consistent and intentional intervention strategies to help client move forward toward treatment goals [such as setting up reinforcement systems, using guided imagery, asking the miracle question, directives, self-disclosure, interpretation, advice, opinion, information instruction].	-2	-1	0	+1	+2	NN
16.	Considering Alternatives and their Consequences – Helps the client review possible solutions and the value of each over the long term. (One option would be, and that would mean Another option would be)	-2	-1	0	+1	+2	NN
17.	Planning Action and Anticipating Possible Obstacles — Reaches agreement about actions to take between sessions, who is responsible for them, and when they will be done. Helps client to list what obstacles might interfere and decide how to handle them. (So, you will do bydate. What could prevent you from accomplishing your plan?)	-2	-1	0	+1	+2	NN
٧.	DEVELOPS THERAPEUTIC RELATIONSHIP						
18.	Consistently engages in caring manner with client, particularly by demonstrating such core conditions as genuineness and authenticity, warmth and acceptance, respect and positive regard, and empathy.	-2	-1	0	+1	+2	
VI.	MANAGES THE SESSION						
19.	Opens session smoothly and warmly greets client. Begins work on counseling issues in a timely way. Structures session, directing client naturally through opening, exploration, deeper understanding, creating change, and closing; focuses client on essence of issues at the level deep enough to promote positive movement. Smoothly and warmly ends the session, in a timely way, planning for future sessions or for termination.	-2	-1	0	+1	+2	

Basic Counseling Skills: Analysis Chart

- 1) For your first twenty responses on your tape, mark an "X" in the box indicating which basic counseling skill you used. You may mark more than one skill.
- 2) Evaluate each response as Excellent, OK, or Needs Improvement
- 3) After completing the grid fill in the "Basic Skill Category Comments" box provided as well as in each skill category.
- 4) Answer the questions at the bottom of the chart.

Response # ► ▼Basic Counseling Skill	EX			3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Basic Skill Category Comments (+/-)
Open-ended question																						
Closed-ended question																						
Reflection of content	Х																					
Reflection of feeling																						
Summarization	Х																					
Information-giving																						
Self-disclosure																						
Confrontation																						
Interpretation (advanced empathy)																						
Immediacy																						
Other (specify																						
Other (specify)																						
Other (specify)																						
Other (specify)																						
For each response # evaluate your level of response in the same column																						
Excellent																						
OK	Х																					
Needs improvement (NI)																						

- 1) Reviewing your completed chart above, what pattern(s) do you notice:
 - a. Positive?
 - b. Negative?
- 2) Discuss how silence was used and explain the intention for its use in your session.
- 3) What will you commit yourself to working on based on your reflection of this chart.

Case Consultation Guidelines

for audio/video tapes and in-class case consultations

In-class Case Consultations

- All interns will present a case to their peer supervision group during the semester in order to obtain feedback about case conceptualization and ideas for treatment and interventions.
- Interns should treat this as a professional case presentation conducted according to ethical and professional guidelines.
- The information in the case summaries must be kept confidential at all times.
- All data contained presented (verbally or in writing) should be framed in a manner that will protect the privacy of the clients. Do not include any information that would identify the client (last names, unusual first names, address, specifics about employment, etc.).
- The Case Summary must be typed.

Case Consultation Format

- <u>Case Summary handout</u> (5 minutes to read) Distribute a typed copy of the <u>Case Summary</u> to each consultation participant. Participants are to read the case summary and make note of questions they wish to ask. (At the conclusion of the case presentation, collect all copies and destroy the rest.)
- <u>Media presentation of client</u> (5-10 minutes) Play a segment of video or audio clip of a session with the client(s) that is illustrative of the case-related issues. The cued location on the tapes and the appropriate equipment should be set up in advance and ready to operate before class begins.
- Question and answer period (5-10 minutes) Peers ask specific questions about the case to clarify their understanding of the client and/or the case. The case presenter answers the questions of all participants before moving on to the discussion period.
- <u>Case discussion/consultation</u> (30-40 minutes) Case presenter and participants engage in a discussion of the case with special consideration given to the questions stated in the beginning of the case summary. One of the purposes of the case presentation discussion is to provide consultation that will assist the presenter in further conceptualizing and successfully treating the case being presented, especially with regard to his or her theoretical orientation.

Case Summary Handout

Please follow the outline with the headings listed below and limit the case summary to two typed pages.

This is a set of general guidelines to use in preparing a written case presentation. Not every piece of information is necessary for each client case; however, the more complete the summary, the more accurately the consultation team can attempt to match treatment with the client.

- (1) Identifying data: A short paragraph of the most salient data that will concisely identify the client: e.g., sex, age, marital status, race, ethnicity, sexual orientation, education, occupation, disabilities, etc. Include the referral source if relevant.
- (2) Presenting problem: The issue, as the client presents it, which causes her/him to come for counseling at this time. The presenting issue should be described as clearly as possible with a history of the problem (time of onset, circumstances surrounding onset, ways client has coped, etc.) and a notation of similar or related problems in the past.
- (3) Psycho-social/family history: This section contains information which may or may not be directly related to the presenting problem, but which is important for constructing a picture of the client as a whole person. There are four central areas, which, ideally, will be at least touched upon in this section:
- <u>Family history</u>: Information may include answers to the following questions: How does the client perceive her/his family and her/his place in it? (Consider both current family and family of origin). What were the major types of communication and ways of handling conflict in the family? How did the client handle key developmental tasks, especially those involving separations (leaving home, losses through death or other means)? Were there significant, meaningful family events?
- <u>Personal and family health history</u>: Is the client's physical health good? If not, what are the problems? Did the client or any significant relative have a history of serious medical problems? What is the history of previous counseling or other treatment?
- <u>Academic/Career adjustment</u>: If a student, how is the client doing in school? Is she/he satisfied with current career direction? If employed, is the person experiencing satisfaction/stress?
- <u>Interpersonal situation and history</u>: What kind of social support system (family and friends) does the client have? How is it utilized? What kinds of problems, if any, does the client report in relationships? If the client's presenting problem is a relationship issue(s), this section and family history are of special significance. Cultural issues or concerns related to ethnicity, class, gender, sexual orientation, race, etc.
- **(4) Working conceptualization:** This is your conceptualization of the problem area and of the client as a whole. Generally, this is a place for a brief picture of the client's overall patterns, his/her strengths and problem areas. Include readiness and motivation for therapy. If a treatment plan has been established, consider attaching it to the case summary. A DSM multi axial diagnostic formulation is expected.
- **(5) Theoretical framework:** Briefly describe the theoretical approach you have used with this client. Include how you conceptualize the application of your approach to this specific case—the connection between the treatment plan and your theoretical framework. How does it reflect your belief about human behavior and change? How does your theoretical approach match your treatment plan? How have you modified your approach to accommodate the client's needs?
- **(6) Questions for discussion:** List 4 to 6 questions that you wish to have addressed in the discussion following your case presentation. These questions should reflect the concerns or problem areas that motivated you to select this case for consultation in the first place. The questions may be specific or general areas for which you seek help, theoretical approaches, relational (client-therapist) issues, possible strategies or techniques, treatment planning, referral suggestions, etc. You decide what information you want to obtain from the case discussion/consultation that follows your presentation.

The following outline provides the structure for your paper:

I. Theory of Personality (assumptions and beliefs)

- A. The Nature of Human Beings
- B. Personality Development
- C. Determinants of Functioning
- D. Motivation for Change

II. Counseling Theory/System

- A. Primary Emphasis
- B. Therapeutic Relationship
- C. Counseling goals and objectives.
- D. Counseling process (*The most critical component; present logically and coherently.)
- E. Preferred counseling techniques and interventions

III. Theory/System Analysis

- A. Strengths
- B. Weaknesses and limitations
- C. Theory and counselor "fit"
- D. Plans for future development
 - 1) Theory/system
 - 2) Counselor
- IV. Summary
- V. References

Guidelines for providing peer feedback on personal theory/systems paper:

When offering feedback to your colleagues about their Personal Systems Papers, your focus should be comprehensive and should include: Content and meaning, flow of ideas, grammar and punctuation. Feedback should be provided both face-to-face and in written form.

Areas to cover include:

I. Content

- A. Adequate coverage of all the areas listed in the above outline.
- B. Flow of ideas that clearly delineates a rationale and continuity across all sections.
- C. Specific and understandable explanation of the counseling system.
- D. Strengths of the paper.
- E. Suggestions for improving the paper

II. Punctuation and Grammar

- A. Spelling errors.
- B. Wording: awkward wording, dangling phrases, incomplete sentences, etc.
- C. Errors in possessives, pronoun agreement, etc.

III. Overall Questions to Address

- A. Do the author's preferred methods of counseling match the rationale and philosophy statements?
- B. Is there congruency between the theory and the counseling system?
- C. Are there unanswered questions or areas that should be addressed more clearly in the final draft? In other words, inform the author if you don't understand their counseling system in order to help them explain it more comprehensively.

Weekly Internship Activity Log

	J 1 J		
Dates: from to			
Intern Name:			
Internship Site:			
			to the nearest half-hour:
ACTIVITY	Previous Total	This Period	Cumulative Total
Direct Contact: Individual			
Group			
Family & Relationship			
(e.g. classroom guidance, consultation) Other			
Direct Contact SUBTOTAL:			
Individual Supervision: Site			
Campus			
Group Supervision: Site			
Campus			
Peer Consultation: (P = provided; R			
=received)			
Administrative/Case Management:			
Other: (describe below)			
TOTAL HOURS:			
	Comments		
(thoughts, concerns, impressions, notes for	supervision, description	n of activities in "Oth	ner" Section above)
(incliging, concerns, impressions, necession	super vision, trese spiro.		
Gita Gamania ni Gi	.	N-4-	
Site Supervisor's Signature	L	Date	

Pre Supervision Questionnaire

Directions: Please thoughtfully and thoroughly answer each of the following questions.

Bring your TYPED responses to your first individual supervision meeting. Thank you.

- 1.) What has occurred between the time you first started your practicum, and this week--as you first begin your internship that indicates to you that you have improved as a counselor?
- 2.) Please identify five clinical skills that you posses and five personal attributes that indicate to you that you have the ability to be an effective counselor.
- 3.) Explain "what" you will do within the counseling session to experience feelings of personal and professional confidence during the counseling session.
- 4.) What will you do during counseling sessions that make clients realize that they are truly being heard and understood?
- 5.) What will a helpful counseling session look like to you? Please describe in detail.
- 6.) What goals do you have for your internship experience? In other words, by the end of the semester, what do you hope to have accomplished with regard to your counseling abilities? Please be specific.
- 7.) How will you know when you have achieved your goals?
- 8.) What can I, as your supervisor, do to help you reach your goals?
- 9.) Please describe your best supervision experience to date. Specifically, what was helpful about that supervision experience?
- 10.) How do you learn best?

Intern Contact Information

Please complete the following:

Site supervisor's phone number(s):
Site supervisor's email address:

Name:			Semester/Year:	Fall 2008
Home Address:				
Phones:				
Home:		Best times	s to call:	
Work:		Best times	s to call:	
Site:		Best times	s to call:	
Cell:		Best times	s to call:	
Other:		Best times	s to call:	
			•	
Email Addresses:				
	Internship site:			
Comp	olete site address:			
Site sup	ervisor and title:			
C:40 gran				

Typical schedule for site, work, and home in the event you may need to be contacted:

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat & Sun
Morning						
Α Ω						
Afternoon						
Evening						