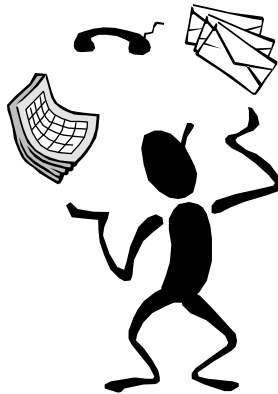


Internship Handbook

**Community Counseling
Marital, Couple and Family Counseling
Rehabilitation Counseling**



**Portland State University
Counselor Education Department
2010-2011 Internship Year**

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Letter of Welcome

Dear Intern:

You have worked very hard to get to this point in the Counselor Education Program. The Counselor Education Faculty are pleased that you are embarking on the exciting and challenging phase of your career called internship. We hope that it will meet many of your professional needs and personal goals.

To help you, your site supervisor, and your PSU faculty liaison structure and evaluate your time in internship we have created this Internship Manual. Please read it thoroughly. It will help you a great deal in understanding what you need to do to make your internship experience successful.

Of great importance is your use of the documentation forms provided in this Manual. Please read carefully the "Using Documentation Forms" guidelines presented on page 12. The Weekly Log forms on Pages 18 must be completed by the intern and submitted at the end of each academic term to the PSU faculty liaison, along with a Performance Evaluation (pages 27-29) completed by your site supervisor.

You will find other very useful information in this Manual. Please share it with your site supervisor as you work out your Site and Clinical Supervisor Agreement (pages 15-16).

Again, welcome to what we hope will be a rich and rewarding experience for you!

Sincerely,

Susan Halverson-Westerberg
Rick Johnson
Hanoch Livneh
Russ Miars
Liz Wosley-George
Lisa Aasheim
Tina Anctil

INTRODUCTION

The purpose of this manual is to acquaint internship students in the Counselor Education Program at Portland State University with the policies and procedures for the internship (field placement) sequence. The specified guidelines describe the responsibilities of students, field supervisors, and academic supervisors. The establishment and maintenance of communication among these parties are seen as essential components in producing a quality clinical experience for all students in the Counselor Education Program.

The internship experience allows the student to integrate the academic (theoretical knowledge) and clinical skills (practical applications) previously gained in the training program. As the three term sequence progresses, the student is expected to be able to demonstrate increased counseling skills and specialty track expertise.

Students will benefit from the internship experience in the following ways:

1. Have direct involvement with clients/students, supervisors, and peers.
2. Learn the operation of and services provided by specific agencies.
3. Have the opportunity to develop expertise in various areas of counseling.
4. Receive 600 hours of supervised clinical experience.

Internship Overview

Internship is the field-based component of your clinical counseling experience. You will begin internship each term by registering for COUN 504: Internship for 3 credits. CACREP and CORE standards require that you log a minimum of 600 hours during the full length of your internship (see the “Breakdowns of 600 hours required” for details). Internship students also supervise practicum students either in the clinic (GSE 5th floor) or the Helen Gordon Child Development Center Clinic. You supervise two terms of practicum students immediately following your completion of practicum. You are required to complete the supervision course (COUN 580) the term prior to starting your supervision of practicum students. The time you spend supervising a practicum student may be counted towards the required 600 hours (10 hours per term).

To facilitate the process of locating a satisfactory Internship site, we are requiring that you begin to make arrangements as soon as you complete your first term of practicum *or sooner*. Plan an internship experience that is appropriate to your specialization/track. Please note that the Oregon Board of Licensed Professional Counselors and Therapists requires that those aspiring to licensure as an MFT do their internship at a site that provides couples and families as clients (see “Breakdown...” for details).

Your supervisor at the Internship site must agree to provide you with a minimum of one hour per week of direct, individual supervision as well as 1-½ hours of group supervision on a weekly basis and quarterly formal evaluations. In addition, the site must be able to provide you with a variety of experiences similar to the roles and responsibilities expected of a staff counselor at the site and you must facilitate or co-facilitate a group. There should be an emphasis, however on direct client service since CACREP requires that you have a minimum of 240 clock hours of individual, group, couples or family counseling (another way of looking at this it that 240 of the required 600 hours for the internship must be logged as direct client contact).

While enrolled in internship, you must maintain a primary commitment and responsibility to the staff and clients at your work site. You are expected to be at your placement site during the weeks it is open, regardless of the PSU academic calendar. Any absences or time-off must be mutually agreed upon between the counselor-in-training and your site supervisor. Your faculty supervisor must be kept informed of any changes in your schedule or time off, as well.

If you are currently employed by a school or agency and wish to do your Internship at that site, you may do so assuming all regular requirements of an Internship site can be met. **Your Internship experience should expand and enhance your current job** responsibilities, not merely duplicate them. In addition, if you intend to establish an Internship at your regular place of employment, and counseling responsibilities are not a usual part of your position, you must arrange specific, significant time blocks for your work experience. Short time periods (i.e., 50 minute periods) do not constitute Internship placement and will not fulfill program requirements.

You are required to maintain **PROFESSIONAL LIABILITY INSURANCE COVERAGE** during your Internship placement year. You must supply written verification of your insurance coverage and successful completion of your practicum experience prior to the start date of your internship (see form A).

Forms for the required documentation are in this handbook. They need to be completed, signed and turned into your advisor prior to beginning your internship.

ACADEMIC REQUIREMENTS FOR INTERNSHIP

A student may begin the internship when he or she has met the following requirements:

1. Completed all prerequisites for the Internship experience.
2. Has a minimum overall GPA of 3.0 for all courses included in the plan of study.
3. Has successfully completed COUN 509 Practicum sequence.

All students must complete the internship within a one-year period.

- Students are expected to spend approximately 20 hours per week (at least two and one-half full days), for a minimum of three academic terms, at the internship site.
- A minimum of one hour per week is required for individual clinical supervision on site.
- 1.5 hours per week is required for group supervision.
- Specific schedules of internship hours will be determined jointly by the student and the internship supervisor. *The schedule provides the student with the minimum of 600 hours of supervised clinical experience, 240 of which must be direct client contact hours.*

Breakdown of 600 hour INTERNSHIP requirement

240 Direct Client Contact Hours for Community and Rehab Track

Type of Counseling Hours	Total Possible Hours
Direct Client Contact Hours	At least 240 hours
Minimum hours leading a group	At least 10 hours
Individual, Family, or Couples Counseling Hours	240 minus Group Hours
Total Direct Contact Hours (20 supervising practicum students)	240

240 Direct Client Hours for Couples, Marriage, and Families Track

Type of Counseling Hours	Total Possible Hours
Minimum Hours with Couples, Marriage, or Families	At least 123 hours (51% of 240 hours)
Minimum Hours Leading a Group	At least 10 hours
Individual Counseling Hours	240 minus (Group Hours + CMF Hours)
Total Direct Contact Hours (20 supervising practicum students)	240

600 Hour total includes, but is not limited to:

Direct Client Contact Hours, see above	At least 240 hours
Individual Clinical Supervision	1 hour/week, minimum 30 hours
Group Supervision	1.5 hours/week, minimum 45 hours
Clinic Business	No Minimum
Client Records	No Minimum
Client Referrals for outside services	No Minimum
Client Follow-ups/Phone calls	No Minimum

***Please note: The 40 contact hours you accumulated while in practicum and are not included in the internship hours (600 hr). The 40 contact hours from Practicum are only counted toward licensure.

~IMPORTANT Information about Paperwork~

Your **Academic Advisor** is the faculty advisor you have had since you entered the program. Your **Internship Supervisor** is the PSU faculty member who completes site visits and assigns grades for your internship. Your **Site Supervisor** is your supervisor at your internship location.

Submit to your Academic Advisor prior to beginning your internship:

1. Internship Application (Form A)
2. Proof of Insurance
3. Signed Internship agreement (Form B)

Submit to your Internship Supervisor at end of each quarter:

1. Internship Hour Summary, initialed by Site Supervisor (Form F)
2. Intern Performance Evaluation Form, signed by Site Supervisor (Form J)

Submit to your Internship Supervisor at end of Internship:

1. Weekly record of client contact hours (Form C-2)
2. Record of Supervision and Training In-service Hours (Form D)
3. Internship Hours Summary Form (Form E)
4. Student Evaluation of Internship and Supervision Experience (Form I)
5. Intern Performance Evaluation Form (final quarter ☺)(Form J)

FORMS	PAGE
A	13
B	15
C-1	17
C-2	18
D	19
E	20
G	21
I	25
J	27
K	30

Other Forms

It is highly recommended that you take the time to fill out the “Expectations of Supervisory Process Form” (Form G) based on the Supervisee’s Bill of Rights to ensure a clear definition of your needs and role at your internship site.

The “Consent to be Observed or Tape Recorded and Statement” (Form K) must be filled out by each client you are seeing if your internship site is set up for observation of video taping.

IMPORTANT PROFESSIONAL REMINDERS

You must maintain **professional liability insurance**. See *www.acait.com* for an application for insurance through the American Counseling Association Insurance Trust. You must supply written verification of your insurance coverage prior to the start date of your Internship. ACA insurance is preferred, but if you are employed by a school or an agency whose insurance covers you as an intern, you must show that in writing.

Review **ethical standards**:

- See the American Counseling Association website for the ACA Code of Ethics and Standards of Practice at *www.counseling.org/resources/codeofethics.htm*.
- See the ACES website at *www.siu.edu/~epsel/aces* for ethical guidelines for counseling supervisors.
- For Standards for Counselor Supervision, go to *www.siu.edu/~epsel/aces/ethicsnoframe.htm*
- *www.counseling.org/resources/ethicsproc.htm* has information about policies and procedures for processing complaints of ethical violations.
- Visit *jcomm.uoregon.edu/~tbivins/J397/Links/Worksheet.html* for a useful worksheet for ethical decision making.

Read more about ethics as they pertain to you as a counselor, supervisor, and supervisee in Appendix E.

Join **professional organizations** such as American Counseling Association (www.counseling.org).

Review what are considered to be your rights as a **supervisee** in supervision. Visit the University of North Texas's website at *www.coe.unt.edu/cdhe/supervision.html* and read the Supervisee's Bill of Rights. It has many suggestions for structuring the supervising relationship in clinical settings.

Familiarize yourself with the **Oregon Administrative Rules** (OARs). Go to *http://arcweb.sos.state.or.us/banners/rules.htm* to read about them.

POSTGRADUATE CONCERNS

Supervision and Licensure

To qualify for licensure as a professional counselor under ORS 675.715 (3), an applicant shall have completed three years of full-time supervised counseling experience. The applicant must have completed no less than 2,400 **direct client contact hours** (up to 800 of those hours may be completed during the clinical portion of the degree program) and 120 supervision hours with a qualified supervisor.

Other specific requirements apply. For further information, contact the Oregon Board of Licensed Professional Counselors and Therapists:
(503) 378-5499 email: lpc.lmft@state.or.us website: www.oblpct.state.or.us

Continuing Education

Every two years between April 1 and March 31 of even numbered years you must complete (40) clock hours of continuing education in order for your license to be renewed.

You may obtain the 40 clock hours in a variety of ways:

- all 40 hours may be education/training hours such as workshops, seminars, college classes;
- up to 20 hours may be gained through clinical supervision/consultation by a state licensed mental health professional;
- up to 10 hours may be obtained through “distance learning” including correspondence programs or television courses; or up to 10 hours may be attained for professional publication (5 per publication)
- at least 10 hours **MUST** be attended education/training

Other specific requirements apply. For further information, contact the Oregon Board of Licensed Professional Counselors and Therapists:

phone: (503) 378-5499
email: lpc.lmft@state.or.us
website: www.oblpct.state.or.us

LICENSURE INFORMATION

STATE OF OREGON

Community, Rehabilitation, Couples, Marriage, and Family, and School Counselors, completing specified courses in their Master's program, are eligible to apply for licensure as a professional counselor (LPC) in the State of Oregon. Those completing the Couples, Marriage, and Family Specialization are eligible for both the LPC and LMFT licenses. It is important that you read the requirements for licensure as either a Licensed Professional Counselor (LPC) or a Licensed Marriage and Family Therapist (LMFT) in the state of Oregon. The licensure statutes can be found online at www.oblpct.state.or.us. These statutes outline requirements for: a) education, b) exam, and c) post-Master's experience under supervision. Please read, print, and keep a copy for your records. Currently, the licensure board does not allow applicants to take a state exam until the applicant meets the three-year post Master's experience requirements. The state licensing board does recognize a satisfactory score from the National Board for Certified Counselors (NBCC) and the Commission on Rehabilitation Counselor Certification (CRCC). Because PSU is CACREP accredited, the NBCC allows program graduates to apply for and take the national exam upon graduation. Therefore, many of you may want to take the exam immediately upon completion of your program of studies. Please note that NBCC requires a minimum of five-quarter hours in eight of ten categories

When PSU's Counselor Education program was approved by the state licensing board, the following provision was made:

Graduates completing the 72 credit Master's program will be allowed to utilize the direct clinical service hours documented in their Master's program toward the 2,400 clock hours required for licensure, not to exceed 800 clock hours. NBCC has now increased required clock hours of experience to 2400 prior to the awarding of the NCC credential.

See [/www.oregon.gov/OBLPCT/index.shtml](http://www.oregon.gov/OBLPCT/index.shtml) for more information.

Certification: CRCC

Rehabilitation counselors are eligible for national certification from the Commission on Rehabilitation Counselor Certification (CRCC). Awarding of this certificate is dependent upon completion of a specified curriculum from a CORE accredited program and submission of a passing score on the CRCC exam. CRCC allows for this exam to be taken while enrolled in the last 25% of your program of studies. Normally, this would be the last term of enrollment.

See www.crc certification.com/certification_crcc.html for more information.

WASHINGTON STATE

Washington State Mental Health Counselor Certification

The Mental Health Counselor Certification requires formal graduate training and postgraduate supervised experience prior to obtaining this professional certification. Both the Washington Administrative Code and the Revised Code of Washington provide important information about the requirements for becoming a certified mental health counselor in Washington State. The Washington State Department of Health is the state agency responsible for overseeing the certification of counselors. For more information, please visit www.doh.wa.gov/nsqu/hpqad/coun or call Shellie Pierce at (360) 236-4902.

BOOK AND WEB RESOURCES FOR INTERNSHIP ADMINISTRATION

BOOKS

Alle-Corliss, L & Alle-Corliss R. (1998) *Human Service Agencies: An Orientation to Fieldwork*. Pacific Grove, CA: Brooks/Cole Publishing Company.

Halloway, E. (1995). *Clinical Supervision: A Systems Approach*. Thousand Oaks, CA: Sage Publications.

Baird, B. (1999). *The Internship, Practicum, and Field Placement Handbook: A Guide for the Helping Professions*. Upper Saddle River, NJ: Prentice Hall.

WEBSITES

www.counseling.org (American Counseling Association)

www.counseling.org/CACREP (CACREP site)

www.oblpct.state.or.us (Oregon Board of Licensed Professional Counselors and Therapists)

www.crccertification.com (Commission on Rehabilitation Counselor Certification)

www.nchrtm.okstate.edu/arca (The Alliance for Rehabilitation Counseling)

<http://nrca-net.org> (National Rehabilitation Counseling Association)

USING DOCUMENTATION FORMS

On the following pages 13-31, are useful forms that can be used in a variety of ways and adapted to meet individual needs. It is highly recommended that you use as many forms as possible for document your internship. Specifically, it is required that the **Site and Clinical Supervisor Agreement** on pages 15-16 be signed by all parties (with a copy retained by each).

On pages 21-24 is a comprehensive supervision agreement based on the Supervisee's Bill of Rights. It is intended for use as a tool for discussing the supervisory relationship. The Counselor Education Program's required evaluation form for each academic quarter is on outlined on page 6. If the Student's Evaluation of Internship and Supervision Experience form (pages 25-26) is to be used, it should be discussed with the site supervisor in advance.

Internship Application (Form A, Includes Practicum Verification)	13
Site & Clinical Supervisor Agreement (Form B)	15
Daily Record of Client Contact Hours (Form C-1)	17
Weekly Record of Client Contact Hours (Form C-2)	18
Record of Supervision and Training/ In service Hours (Form D)	19
Internship Hours Summary Form (Form E)	20
Supervision Agreement (Form G)	24
Student Evaluation Form of Internship and Supervision Experience (Form I)	28
Intern Performance Evaluation Form (Form J)	30
Consent to be Observed or Tape Recorded and Statement (Form K)	33

Counselor Education Program
Portland State University

~ Internship Application ~

Date: _____

Student: _____ Social Security #: _____
(Last, First, Mid. Initial)

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (HM.): _____ Alt Phone: _____

In Case of Emergency contact: _____ Phone: _____

Supervisor on site: _____ Site: _____

Phone: _____ Email: _____

Intern Track/Specialty: ___ CMF ___ Rehab ___ Community ___ School

Internship Year/Term: ___ Fall ___ Winter ___ Spring ___ Summer

Advisor: _____ Approval: Yes ___ No ___ Date: _____

Supervisor: _____ Approval: Yes ___ No ___ Date: _____

Intern Coordinator: _____ Approval: Yes ___ No ___ Date: _____
(Coordinators: Halverson-CMF, Lewis-School, Livneh-Rehab, Wolsey-George-Community)

Insurance Coverage: * _____ Expire: _____

Carrier name: _____ Policy #: _____

**Present proof when seeking Advisor Approval*

See page 2 for coursework requirements.

Form A-Internship (page 2 of 2)

Coursework completion **REQUIRED** prior to first day of Internship. Fill in completion date for each course. Advisor will review these requirements prior to approval.

X= required course for that track.

Course #	CMF Date	School Date	Rehab Date	Community Date
Coun 510, Abnormal Psych	X	X	X	X
Coun 541, Intro Counsel.	X	X	X	X
Coun 551, Theory & Interv. I	X	X	X	X
Coun 552, Theory & Interv. II	X	X	X	X
Coun 526, Effec. Teach, School Track II Only.		X		
Coun 569, Dev. Foundations	X	X	X	X
Coun 567, Using Test in Coun	X	X	X	X
Coun 566, Appraisal Instru.	X	X	X	X
Coun 509, Group Practicum	X	X	X	X
Coun 571, Group Counseling	X	X	X	X
Coun 585, Diag & Treat I	X	X	X	X
*Coun 509, Practicum (term 1)	X	X	X	X
*Coun 509, Practicum (term 2)	X	X	X	X

Give original of this document to Advisor.

***Practicum Verification**

Student Name: _____ Date: _____

Practicum Supervisor: _____

____ Current face-to-face client contact hours: _____ Date: _____

____ Projected total client hours by end of practicum experience: _____

Student's initials implies agreement

Practicum Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Site & Clinical Supervisor Agreement
Counselor Education Program
Portland State University Graduate School of Education

1. Community; Couples, Marriage, & Family; Rehabilitation Specializations
2. Internship Site and Experience Requirements
3. The clinical supervisor must have a minimum of a Master's degree in a clinical field and have two years post-Master's counseling experience.
4. The student must accumulate a minimum of 240 hours of direct client contact (10 hours of group facilitation) within a total internship experience of 600 hours over three academic quarters (minimum of 6 credits). This translates into roughly 20 hours per week on site. The student should be provided with a workspace as similar as possible to the professional staff of the agency.
5. The student must receive 1 hour of individual clinical supervision per week **and** 1½ hours of group supervision per week for the site to meet PSU's program accreditation requirements.
6. The clinical supervisor must complete a Quarterly Evaluation and goal setting form (provided), review it with the student and the PSU faculty liaison to the site, and have the original, signed copy placed in the student's permanent internship records file. A copy of the student's log of hours must accompany each quarterly evaluation.
7. The student must carry Professional Liability Insurance during the entire internship placement; adhere to the American Counseling Association's (ACA) Code of Ethics, and the code of ethics of the clinical supervisor if different from ACA.

PSU Faculty Liaison Role

1. To be available and consult with the site clinical supervisor about the student's progress and development, or any other issues that emerge during the student's placement.
2. Conduct at least three on-site visits over the course of the academic year (one each quarter). During each visit the student, clinical supervisor, and faculty member will meet to review the Quarterly Evaluation form and discuss student progress and goals.

(Form B-Internship page 2 of 2)

Signed Internship Agreement

As the designated **on-site clinical supervisor** I agree to the requirements for internship listed above:

Signature: _____

Name: _____

Degree: _____

Address: _____

License: _____

Office phone: _____

E-mail: _____

As a **PSU Master's student** I understand and accept the requirements for internship listed above.

Signature: _____

Name: _____

Phone: _____

E-mail: _____

Days and hours the student will be working at this site:

PSU faculty member's acceptance of internship agreement:

Signature: _____

Name: _____

Phone: _____

E-mail: _____

DAILY RECORD OF CLIENT CONTACT HOURS

Directions: Record the amount of minutes you spend with each of these client groups each day. You may want to record separately the specifics of the client counseling experiences (e.g.: age, focus of session, size of group). Duplicate form as needed.

Week of _____

Day	Individual	Couples	Family	Group
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Hours				

Total Client Contact Hours _____

Week of _____

Day	Individual	Couples	Family	Group
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Hours				

Total Client Contact Hours _____

Form D-Internship

RECORD OF SUPERVISION AND TRAINING/INSERVICE HOURS

Record the number of minutes you spend each week in individual supervision, group supervision, and trainings or in-services. You may also want to record with whom the supervision and training/in-service took place and what topic(s) were covered. Duplicate form as needed.

Date	Individual Supervision	Group Supervision	Training/In-service
Total Hours			

Student Signature _____

Date _____

Site Supervisor Signature _____

Date _____

Form E-Internship

INTERNSHIP HOURS SUMMARY FORM

Intern _____ Term/Year _____
Intern Phone Number _____ Credit Hours Registered _____
Site _____ Starting Date _____
Site Phone Number _____ Ending Date _____
Internship Course Title and Number _____
On-Campus Supervisor _____ Phone Number _____

Directions: For each term, total the number of hours you have recorded for client contact hours, supervision & training/in-service, and other activities.

Client Contact

Individual: _____

Couples: _____

Family: _____

Group: _____

TOTAL CLIENT CONTACT HOURS: _____

Supervision

Individual: _____

Group: _____

TOTAL SUPERVISION HOURS: _____

Training/In-service

TOTAL TRAINING/IN-SERVICE HOURS: _____

Other

TOTAL OTHER HOURS: _____

Student Signature: _____ Date _____

Site Supervisor Signature: _____ Date _____

SUBMITTING HOURS ON TK20:

Once you have a signed copy of your hours each term you will enter your hours into Tk20 and then turn the hours form into your faculty supervisor.

For help with the process of entering hours on Tk20 go to tkhelp@pdx.edu

Following is a step-by-step guide for logging your hours:

Getting to the hours log from the Tk20 Home Page:

1. On the tk20 home page click on **“Please start the Fieldexperience Counseling Internship W09”** under Pending Tasks.
2. Then use of following instructions from the Counseling Internship W09 tab.
You will see these instructions on the page, but once you start to create the artifact you will no longer be able to see these instructions

You will create and submit an Internship Hours Summary Sheet for each site (if multiple sites). To create this sheet:

1. Click on the Artifacts tab
2. Click the "Create" link on the left
3. Select "COUN: Internship Hours Summary Sheet" from the drop-down menu
4. Fill in all of the information on the sheet (be sure to give each sheet a different title if you are working in more than one internship site).

Use the Chart below as a guide to fill in the log.

5. Click the SAVE button
6. Click the Field Experience tab
7. Click the "Internship Hours Summary Sheet" sub-tab (next to the tab you are currently viewing)
8. Click the link that says "Attach Internship Hours Summary Sheet"
9. Select the summary sheet artifact that you created for this internship (the date next to each will help you identify the correct one)
10. Click the ADD button
11. Click SAVE if you want to add more documents or verify that your work is added - OR - click COMPLETE if you are finished.

Internship Hours Log:

The following information will guide you through filling out the artifact: COUN Internship Hours Summary Form. If you have questions about what to enter use the paper copy that you are submitting to your faculty internship supervisor as a guide.

Below are some specifics to help you fill in certain sections. The ones I left blank seem self-explanatory.

Section	Enter
Title	Internship Hours Summary Form 1 (this title is the same title as the paper copy). The number represents the term - 1, for first term, 2 for second term etc. If you have more than one internship site you will have more forms; you may have two or three forms for each term. You may have Internship Summary Form 1 and Form 2 and Form 3 in the first term alone and then Forms 4, 5 and 6 in the second term, and so on.
Description	You can enter a description or you can leave this section blank
Intern Name	
Intern Phone Number	Your home or cell phone number
Term/Year	The term and year that you are entering the information for: e.g.: Winter/2009
Credit Hours Registered	Number of credits of internship you are taking: e.g.: 3 (most of 07 cohort is taking 2)
Site Name	
Site Phone Number	
Starting Date	
Ending Date	If you are including hours beyond the term, such as hours during Spring Break, you can put the last day of the week you worked.
Internship Course Number and Title	This will be specific to your program: e.g. COUN 504: Intern: CM&F
On-Campus Supervisor Name	
Supervisor Phone Number	
Client Contact Hours Individual Couples Family Group	In each section put the total numbers for the term for each client type.
Total Client Contact Hours:	Enter the total for this site and this term.
Cumulative total client contact hours (all terms do date)	Enter all of the client contact hours to date for this specific site .
Supervision Hours Individual: Group:	
Total supervision hours:	Enter the hours for this specific site .

<i>Cumulative total supervision hours (all terms to date):</i>	Enter the hours for this specific site .
Training/In-service <i>Total training/in-service hours:</i>	
<i>Cumulative training/in-service hours (all terms to date):</i>	Enter the hours for this specific site.
Other <i>Total other hours:</i>	
<i>Cumulative total other hours:</i>	
Do you have more than one internship site?	Mark Yes if you are combining hours from more than one site. Mark No if you have one internship site.

SUPERVISION AGREEMENT

Based on the Supervisee's Bill of Rights

The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. This contract is designed to assist the supervisor and supervisee in establishing clear expectations about the supervisory process.

Supervisee

1. Read the Supervisee's Bill of Rights and this agreement. Complete the sections on skills, goals, and professional opportunities and bring this agreement to the initial supervisory session.
2. Prior to the first supervisory session, read the American Counseling Association Code of Ethics and Standards of Practice.

Introduction & Expectations of the Supervisory Experience

Supervisor

1. Introduce yourself; discuss your credentials, licenses, academic background, counseling experience, and your supervisory style.
2. Describe your role as a supervisor: teacher, consultant, counselor, evaluator,
3. Discuss your responsibilities: monitoring client welfare, teaching therapeutic skills, providing regular verbal and written feedback and evaluation, and insuring compliance with legal, ethical, and professional standards.
4. Ask the supervisee about his or her learning style and developmental needs.

Supervisee

1. Introduce yourself and describe your academic background, clinical experience and training.
2. Briefly discuss information you want to address during the supervisory meetings.
3. Describe the therapeutic skills you want to enhance and professional development opportunities you want to experience during the next three months.

List three therapeutic skills you would like to further develop.

1.

2.

3.

List three general goals you would like to attain during the supervisory process.

- 1.
- 2.
- 3.

List three specific counseling or professional development experiences you would like to have during the next three months. (Attending a conference, facilitating a group, presentation...)

- 1.
- 2.
- 3.

Expectations of the Supervisory Relationship

Supervisor & Supervisee

1. Discuss your expectations of the supervisory relationship.
2. Discuss how you will work towards establishing a positive and productive supervisory relationship. Also, discuss how you will address and resolve conflicts.
3. The supervisory experience will increase the supervisee's awareness of feelings, thoughts, behavior, and aspects of self which are stimulated by the client.
4. Discuss the role of the supervisor in assisting with this process.
5. Share your thoughts with one another about the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process.

Supervisee

Describe how you would like to increase your awareness of personal cultural assumptions, constructs, and ability to work with clients from diverse cultures.

Supervisor

If the supervisee needs to consult with you prior to the next supervision session, discuss how you would like to be contacted. Also, if you are unavailable during a period of time, inform the supervisee of an alternate supervisor who will be available in your absence.

Ethics & Issues in the Supervisory Relationship

1. Discuss the Code of Ethics and Standards of Practice. Review key issues not listed in this section.
2. A professional relationship is maintained between the supervisor and supervisee. The supervisor and supervisee do not engage in social interaction that interferes with objectivity and professional judgment of the supervisor.
3. After the initial supervisory meeting, the supervisee and supervisor can reestablish goals, expectations, and discuss roles of the supervisory process. The supervisor and supervisee provide one another with regular feedback.
4. During the initial counseling session, the supervisee will inform the client that she/he is in training and is being supervised. If the supervisee wishes to audiotape or videotape, the client needs to give written consent.
5. Discuss confidentiality and the importance of obtaining a written release from the client prior to consultation with other professionals who are serving the client.
6. The supervisor is ultimately responsible for the welfare of the supervisee's clients. During each supervisory session, the supervisee will review each client's progress and relate specific concerns to the supervisor in a timely manner.

Expectations of the Supervisory Process

Supervisor

1. Describe your theory of counseling and how it influences your counseling and supervision style.
2. Discuss your theory or model of supervision.

Supervisee

1. Discuss your learning style and your developmental needs.
2. Discuss your current ideas about your theoretical orientation.

Expectations of Supervisory Sessions

Supervisee

Discuss your expectations about the learning process and interest in reviewing audiotapes, videotapes, and case notes.

Supervisor

1. Describe the structure and content of the weekly supervisory sessions.
2. Discuss your expectations regarding supervisee preparedness for supervisory sessions. (Audiotapes, Videotapes, Case Notes)
3. CACREP standards require students in their internship experience to receive a minimum one-hour of individual supervision per week and ninety minutes of group supervision each week.
4. The weekly supervisory session will take place face-to-face in a professional environment that insures confidentiality. Decide the location, day, and time.

Location _____ Day _____ Time _____

Expectations Regarding Evaluation

Supervisee

Discuss your interest in receiving weekly feedback in areas such as: relationship building, counseling techniques, client conceptualization, and assessment.

Supervisor

1. Discuss your style of providing verbal feedback and evaluation.
2. Provide the supervisee with a copy of the formal evaluation you will use; discuss the evaluation tools and clarify specific items that need additional explanation.
3. Discuss the benefit of self-evaluation; provide a copy of self-evaluation forms, and clarify specific items that need additional explanation.

Supervisor's Signature Date

Supervisee's Signature Date

**Portland State University
Counselor Education Program**

Student Evaluation Form of Internship and Supervision Experience

Supervisor _____ Date _____

Agency _____ Graduation Date _____

Please use the following scale to rate your internship and supervision experience.

The internship and/or supervisor experience were:

- | | |
|-------------------------------------|------------------------------------|
| 1. Highly successful/beneficial | 4. Less than successful/beneficial |
| 2. Successful/beneficial | 5. Unsuccessful/non-beneficial |
| 3. Moderately successful/beneficial | N/A Does not apply |

Fill in the most appropriate rating

1. Agency policies and regulations as explained by field supervisor were _____
2. Agency roles and functions as explained by field supervisor were _____
3. Communications with you by field supervisor and other staff members were _____
4. Your opportunity to administer and interpret test data was _____
5. Your opportunity to diagnose clients' problems and needs was _____
6. Your opportunity to utilize your counseling theory was _____
7. Your opportunity to develop, plan, and implement counseling goals was _____
8. Your opportunity to utilize consultant services was _____
9. The contact and relationship between the agency and the university were _____
10. The adequacy of office space for counseling was _____
11. Your opportunity to exercise independent decision-making and assume responsibility was _____
12. Generally, the agency supervision was _____
13. Generally, the internship experience was _____

Form I-Internship (page 2 of 2)

Please answer the following questions:

14. If a position for a counselor would become available, would you want to work for this agency? (Circle one)

- | | |
|---------------------|-------------------|
| a) Definitely yes | d) Unlikely |
| b) Probably | e) Definitely not |
| c) Maybe (not sure) | |

15. What was the (approximate) total number of counseling sessions conducted by you (student) during internship? _____

16. What was the (approximate) total caseload size carried by you (student) during internship? _____

17. What was the (approximate) average number of counseling sessions conducted by you (student) per client during the internship? _____

Please use a scale from 1 (most common) to 6 (least common) to rank order the following:

18. What were the most common types of problems manifested by clients with whom you worked?

- | | |
|---|--|
| <input type="checkbox"/> Medical-physical | <input type="checkbox"/> Social-familial |
| <input type="checkbox"/> Psychological-personal | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Mental-cognitive | <input type="checkbox"/> Other (specify) |

Please use a scale from 1 (most common) to 10 (least common) to rank order the following:

19. What was the amount of time you spent in the following activities?

- | | |
|--|---|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Evaluation and testing |
| <input type="checkbox"/> Clerical work | <input type="checkbox"/> Staff meetings |
| <input type="checkbox"/> Other (specify) | |

20. Briefly summarize your feelings and thoughts about the internship experience.

21. Do you have any additional comments and recommendations for future students?

Intern Performance Evaluation Form

Student: _____	Date _____
Supervisor: _____	Site _____
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Intern's final term at site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Term in Practicum/Internship Sequence: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth or more	

This form should be completed by the site supervisor at the end of each term. Four domains of Intern competence are listed below along with specific items in each domain. Circle the number to the right of each item that best describes your perceptions of the intern's skills compared to all other people you have trained at the same level of professional development. If the current evaluation is for the intern's final term at the site, it should be treated as a summative evaluation. (The term "client" as used herein refers to any person receiving services including students, parents, teachers or patients.) IO = *Inadequate Opportunity to Observe*

NR = *Not Relevant to the Setting*

Counseling Skill Competency	<i>Clearly Deficient</i>		<i>Clearly Adequate</i>		<i>Clearly Excellent</i>		IO	NR
	1	2	3	4	5			
Explains the nature and objectives of counseling when appropriate.	1	2	3	4	5		IO	NR
Conducts a systematic and complete intake interview	1	2	3	4	5		IO	NR
Establishes a working relationship with clients.	1	2	3	4	5		IO	NR
Gains client confidence.	1	2	3	4	5		IO	NR
Conveys warmth to the client	1	2	3	4	5		IO	NR
Conveys competence to the client	1	2	3	4	5		IO	NR
Facilitates the client expression of thought and feeling	1	2	3	4	5		IO	NR
Specifies the client problems in concrete terms	1	2	3	4	5		IO	NR
Uses a variety of counselor responses.	1	2	3	4	5		IO	NR
Responds to client affect.	1	2	3	4	5		IO	NR
Helps client explore personal alternatives.	1	2	3	4	5		IO	NR
Establishes relevant counseling goals with client.	1	2	3	4	5		IO	NR
Balances between implementing planned strategies and remaining spontaneous in the counseling session.	1	2	3	4	5		IO	NR
Implements an intervention strategy consistent with client information and goals.	1	2	3	4	5		IO	NR

Evaluates client progress with respect to goals.	1	2	3	4	5	IO	NR
Addresses interpersonal dynamics between self and client (comments on the process)	1	2	3	4	5	IO	NR
Monitors own reactions to clients	1	2	3	4	5	IO	NR
Facilitates the client's resolution of concerns.	1	2	3	4	5	IO	NR
Appropriately refers and terminates clients.	1	2	3	4	5	IO	NR
Understands diverse cultural, ethnic, sexual, and social backgrounds and values	1	2	3	4	5	IO	NR
Conceptualization Skills	<i>Clearly Deficient</i>	<i>Clearly Adequate</i>	<i>Clearly Excellent</i>				
Conceptualizes a case accurately.	1	2	3	4	5	IO	NR
Develops appropriate goals as a result of conceptualization.	1	2	3	4	5	IO	NR
Understands interplay between strategies & goals.	1	2	3	4	5	IO	NR
Identifies key themes relevant to the client.	1	2	3	4	5	IO	NR
Identifies key factors maintaining client problems	1	2	3	4	5	IO	NR
Supervision Competency	<i>Clearly Deficient</i>	<i>Clearly Adequate</i>	<i>Clearly Excellent</i>				
Meets with supervisor as scheduled.	1	2	3	4	5	IO	NR
Forms working relationship with supervisor.	1	2	3	4	5	IO	NR
Handles feedback well.	1	2	3	4	5	IO	NR
Uses supervision constructively.	1	2	3	4	5	IO	NR
Open to growth and learning.	1	2	3	4	5	IO	NR
Professional Skill Competency	<i>Clearly Deficient</i>	<i>Clearly Adequate</i>	<i>Clearly Excellent</i>				
Willingly assumes responsibility	1	2	3	4	5	IO	NR
Establishes and maintains facilitative working relationship with staff.	1	2	3	4	5	IO	NR
Shares skills and competencies with peers and supervisors.	1	2	3	4	5	IO	NR
Keeps adequate and timely client records and documentation.	1	2	3	4	5	IO	NR
Behaves professionally (e.g., demeanor, dress, language, commitments, etc.).	1	2	3	4	5	IO	NR

Form K-Internship

CONSENT TO BE OBSERVED OR TAPE REOCRDED AND STATEMENT

I, _____, give _____

Client or Client's Parent or Guardian*

Counselor

a student in the Graduate Program in Counseling at Portland State University permission to audio/video tape our counseling sessions, and/or have visual records and observations of me. The contents of the tapes may be reviewed with an internship supervisor, counseling faculty, supervision group and Oral Board committee members, and are considered confidential.**

I am in agreement that the primary use of these recordings and observations is to increase the effectiveness of the student's counseling by provision of instruction and feedback. I am also in agreement that the materials abstracted from these recordings may be used and published for the purpose of treatment, education, and/or research in the interest of the advancement of school and community counseling programs. Furthermore, I understand that my name shall not be used in connection with these recordings or the materials abstracted from them. I agree that the material from these recordings cannot and will not be used for any purpose other than those specified above. Recording and/or utilization of materials under the terms of this signed consent shall not be subject to legal action.

I understand that my counselor is a graduate student in counseling, is not yet licensed and is under the supervision of a qualified supervisor.

Client Signature

Counselor Signature

Signature of Parent/Guardian if Client is a minor

Date

Witness Signature
(Campus Supervisor or Internship Site Supervisor)

*The term "client" as used herein refers to any person receiving services including students, parents, teachers, or patients.

**Clients have the right to confidentiality. Information revealed will remain within the professional setting. There are, however, legal exceptions to this right; information must be divulged

- (a) when ordered by the court, or
- (b) when the counselor and his or her supervisor determine that an individual may present a threat to self or others.

Oregon law requires the report of any known or suspected instance of child or adult abuse or neglect. It is understood that all information disclosed within these sessions will otherwise be kept confidential and will not be released to anyone outside of the agency without written permission, except where disclosure is required by law.

NOTE: A signed and dated permission form MUST be obtained for each client on and off campus, prior to any taping (audio or video).