

in the refinement of the quality of their work with individual clients, couples or families in preparation for internship.

Underlying this second phase is an emphasis on the development of professional skills that are applicable to a variety of clinical, agency and managed care situations, and involve opportunity to apply research, evidence based and theoretical concepts and methods in actual clinical practice. This will include case formulation, treatment planning and in the latter stages of Practicum II, delivery of direct therapy counseling services and assessment utilizing *functional behavior* and *differential diagnostic assessment* procedures.

In all phases, learning involves state-of-the art approaches to identify healthy as well as dysfunctional mental health conditions, taking into consideration: stage of life, age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality and other factors related to the assessment and evaluation of individuals, couples, groups and specific populations.

Both practica involve the holistic understanding of client styles of temperament, personality, coping, emotional defense mechanisms, acculturation, as well as social and environmental influences as they affect emotions and behavior.

III. Prerequisite(s):

To be enrolled in COU 622 (Practicum II) a student must: (1) have successfully completed Practicum I COU 621; and (2) completed all required and elective course work. The exception is that with approval of the MAC program Assistant Dean, a student may be enrolled in and attending one 3 credit academic course.

IV. Course Integrated into Focus area:

Mental Health	Marriage, Couple and Family Counseling	Addictions	School Counseling
Required	Required	Elective	Elective

V. Course as Relates to External Requirements

CACREP Standards (2009)

PROFESSIONAL PRACTICE

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

SUPERVISOR QUALIFICATIONS AND SUPPORT

A. Program faculty members serving as individual or group practicum/internship supervisors must have the following:

1. A doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program.
2. Relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
3. Relevant supervision training and experience.

1. Have completed a master's degree, as well as counseling practicum and internship experiences equivalent to those in a CACREP-accredited entry-level program.
2. Have completed or are receiving preparation in counseling supervision.
3. Be supervised by program faculty, with a faculty-student ratio that does not exceed 1:6.

C. Site supervisors must have the following qualifications:

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

D. Orientation, assistance, consultation, and professional development opportunities are provided by counseling program faculty to site supervisors.

E. Supervision contracts for each student are developed to define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship.

PRACTICUM

F. Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 9-week academic term. Each student's practicum includes all of the following:

1. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
2. Weekly interaction that averages one hour per week of individual supervision throughout the practicum by a site supervisor.
3. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member .
4. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.
5. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

CLINICAL MENTAL HEALTH COUNSELING

The Doane MAC Practicum consists of work both unique to or characteristic of the practicum and learning experience activity which is oriented to phasing into and engaging in the clinical mental health counseling internship. In the latter stages of Practicum students who are preparing to work as clinical mental health counselors will demonstrate the professional knowledge, skills, and practices necessary to address a wide variety of circumstances within the clinical mental health counseling context. Eventually, during internship common core curricular experiences outlined in Section II.G, will be the focus of learning. Leading to that level, much practicum work will move toward and may directly involve learning that will include the following domains:

FOUNDATIONS

A. Knowledge

1. Understands the history, philosophy, and trends in clinical mental health counseling.
2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.
3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.
4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.
5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.
6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.
7. Is aware of professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems).
8. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.
9. Understands the impact of crises, disasters, and other trauma-causing events on people.
10. Understands the operation of an emergency management system within clinical mental health agencies and in the community.

B. Skills and Practices

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

COUNSELING, PREVENTION, AND INTERVENTION

C. Knowledge

1. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.
2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.
3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).
4. Knows the disease concept and etiology of addiction and co-occurring disorders.
5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.
6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.
7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.
9. Understands professional issues relevant to the practice of clinical mental health counseling.

D. Skills and Practices

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
4. Applies effective strategies to promote client understanding of and access to a variety of community resources.

5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
6. Demonstrates the ability to use procedures for assessing and managing suicide risk.
7. Applies current record-keeping standards related to clinical mental health counseling.
8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

DIVERSITY AND ADVOCACY

E. Knowledge

1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.
2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client.
3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.
4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.
5. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.
6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

F. Skills and Practices

1. Maintains information regarding community resources to make appropriate referrals.
2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.
3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

ASSESSMENT

G. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.
3. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.
4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.

H. Skills and Practices

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.
2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.
3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.

4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

RESEARCH AND EVALUATION

I. Knowledge

1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.
2. Knows models of program evaluation for clinical mental health programs.
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

J. Skills and Practices

1. Applies relevant research findings to inform the practice of clinical mental health counseling.
2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

DIAGNOSIS

K. Knowledge

1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.
2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.
3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.
4. Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.
5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.

L. Skills and Practices

1. Demonstrates appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.
2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.
3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

VI. Textbook(s):

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association

VII. Recommended Readings:

Baird, B.N. (2008). *The Internship, Practicum, and Field Placement Handbook: A Guide for the Helping Professions*, Upper Saddle River, NJ: Prentice Hall.

Caine, R.N., & Caine, G. (1994). *Making connections: Teaching and the human brain*. Parsippany, NJ: Dale Seymour.

Casement, Patrick. (1991) *Learning From the Patient*. New York: The Guilford Press, 1991

Crawford, R.L. (1994). Avoiding Counselor Malpractice. *The ACA Legal Series, Vol. 12, Theodore P. Remley, (Ed)*. Alexandria, VA: American Counseling Association

- Engels, W.E. & Associates (2004). *The Professional Counselor*, Alexandria, VA: American Counseling Association
- Faiver, C., Eisengart, S. & Colonna, R. (2000). *The Counselor Intern's Handbook*, NY: Brooks/Cole.
- Friedman, D., & Kaslow, N.J. (1986). The development of professional identity in psychotherapists: Six stages in the supervision process. In F.W.Kaslow (Ed.), *Supervision and training: Models, dilemmas and challenges*, 29-50. New York: Haworth Press.
- Gibbs, Leonard (2006). *Evidence-Based Practice for the Helping Professions: A Practical Guide with Integrated Multimedia*,
- Kandel, E.R., Schwartz, J.H., & Jessell, T.M. (2000). *Principles of neural science*. New York: McGraw-Hill.
- Mitchell, Robert (2001). *Documentation in Counseling Records*, Alexandria, VA: American Counseling Association
- Pachis, B., Rettman, S. & Gotthoffer (2005) *Counseling On The Net: Tips, Resources, Activities, and URL's*. Boston: Allyn & Bacon.
- Penn, L.S. (1990). When the therapist must leave: Forced termination of psychodynamic therapy. *Professional Psychology: Research and Practice*, 21, 379-384.
- Pipher, Mary (2003) *Letters To A Young Therapist*, New York: Basic Books

VIII. Expectations of Students:

PRACTICUM POLICIES AND PERFORMANCE REQUIREMENTS:

The field of mental health is a challenging and rewarding profession. Like other healthcare occupations today, it is governed by a wide array of ethical as well as legal policies, laws and requirements. The Practicum student is governed by those policies and requirements in the same fashion as are any other professional who is engaged in the field of mental health practice.

∇ A. Ethical Considerations:

It is always the professional obligation of the individual mental health practitioner in training, or ultimately as a fully licensed professional, to practice ethically. Doane College practicum students are required as a minimum to:

1. Follow and comply with all federal laws, rules and regulations and those of State of Nebraska and the Department of Health and Human Services Division of Regulation and Licensure.
2. Follow all of the principles and guidelines provided in the most current Code of Ethics as published by the American Counseling Association.
3. Inform your clients that you are a Doane College Master of Arts in Counseling intern-in-training, practicing under the supervision of (Name of) your on-site supervisor and Dr. Belau your Doane College faculty supervisor.
4. Safeguard confidentiality and right of privacy of:
 - a. Clients
 - b. Agencies
 - c. Staff
 - d. Fellow students
5. Become familiar with and proactively implement policies and practices enunciated in HIPPA, FERPA and other pertinent state and federal regulations.
6. Practice within your scope of practice and level of competence, that is, as an intern-in-training under active supervision

7. Familiarize yourself with and abide by the clinic or agency where you are interning, to include their policies and procedures.
8. In accordance with the principle of “informed consent,” obtain, in advance of your work with them approval of the client (i.e., an individual, couple, legal guardian) consent to observe their treatment and/or participate in or provide direct services.

▽ B. Attendance; Supervision Seminars and On-site Supervision

To comply with accreditation, Doane College, and state requirements:

- Practicum students are required to actively participate in a minimum of one (1) hour of supervision per week with their on-site supervisor.
- Students are also required to engage in one and one half (1½) hour each week of faculty supervision at Doane College through active participation in Practicum/Internship supervision seminar.

Practicum and Internship supervision seminars are held twice weekly: Mondays, and Thursdays, from 4:00 to 5:30 pm, and 5:30 to 7:00 pm. Interns are *required* to attend one session (1) each week during their practicum and internship. They may elect which day of the week they attend, and are welcome to attend more than one seminar in any particular week. In practical terms, each seminar is a “meeting of professional colleagues” reviewing and discussing case assessments, case formulations and therapeutic interventions which they are conducting or have conducted with actual clients.

It is recognized that from time to time unforeseen events may prevent an intern from attending a seminar. In the event of any absences, the student will be expected to notify the counseling office. This absence is to be made up as soon as the intern can reasonably arrange to attend one of the other seminars, either the same week, or by attending two the following week. If an intern does not attend a seminar for more than three (3) consecutive weeks they are regarded as practicing without the appropriate supervision and are immediately suspended from their practicum or internship.

▽ C. Samples of clinical work:

1. Practicum I:

It is recognized that Practicum I students may not have opportunity to work directly with clients or individual cases. Consequently, they are not expected to formally present “cases” during the supervision seminar. However, students are expected to submit written case summaries. This might be a case they have observed or alternatively, can be a review of a group or mental health activity with which they have had experience during their onsite work. Descriptive discussion might involve discussion of clinical practices they are learning, questions they have regarding assessment or treatment procedures.

After completion of phase one, as the student progresses to their Practicum II experience, they are expected to gradually be given increased case responsibility, moving from observation, or joint therapy to monitored and direct client counseling. At this point, having sufficient clinical experience, Practicum II students are required to present case examples of their work during the supervision seminar. The student

is required to present a minimum of two complete and organized samples of their clinical work with a client, couple, or family. This “sample,” requires the selection and organization of the salient and relevant aspects of a clinical client/case situation in a professional synthesis.

This synthesis should draw on relevant data to present a theory based hypothesis that parsimoniously organizes and explains the majority of the relevant data and dynamics of the case, which is derived from an effective *functional behavior analysis* and *differential diagnosis*. Presentation should include a careful description of an appropriate therapy method and intervention strategy or treatment plan that leads to definable outcomes.

Several sequences or content formats might be used to effectively present a case formulation, clinical work sample. Following is a suggested outline that may be used for the presentation of a case to the weekly conference seminar:

Presenting Problem(s)

- What brings the client in for counseling
- Your estimate of the problem
- A *functional analysis* of the problem, including what elicits and what maintains the problem

Background, client history information:

- Disguised name
- Accurate age and occupation of the client.
- Client’s education background
- Summary of family history
- Present marital status, or relationship with a partner
- Family to include summary or Genogram of immediate and extended family.
- History of the problem
- What the client has attempted in the past to resolve matters
- Your estimate of the clients cognitive ability and adaptive behavior
- Involvement of substances if any
- Medical conditions that affect the problem or treatment
- GAF score

DSM Diagnostic Assessment using the APA Multiaxial format.

- Axis I through V, as illustrated in DSM V.

Remember, when developing your presentation, it is wise to be sure you have clearly considered:

- (a) Presenting Complaint or Issue: “What are we, the clinician *and* the client, concerned about here?”
- (b) Significant History: “What do I have to know about this person’s background to understand and make sense out of their current situation?” What interventions have been previously tried?
- (c) Developmental functional or dysfunctional competencies: “Who is this person? How do they go about being a person? What is the developmental psychopathology that prevents this person from being more functionally competent in coping with their experience?”
- (d) Diagnosis: Your best use of the skills of functional behavior analysis and differential diagnosis and the language of DSM-IV-TR to explain *your* conceptualization of this person and their experience. A *multiaxial* approach is important. Have you described the dynamics underlying the clients presenting behavior and complaint(s). What condition(s) or influences are causing the “problem.”

(e) Intervention Strategy: “What is your treatment plan? What can you do to facilitate increased functional competency in this individual in the situation they are experiencing?” Define the counseling method(s) or intervention(s) you consider most likely to be effective and why.

(f) Anticipated Outcome: “What do you expect to see if the client is getting better, i.e., becoming more functionally competent; what will that look like?”

▽ **D. Professional ---Collegial Consultation**

Practicum I and II students are expected be able to discuss with site-supervisors and at supervision seminars clear, concise and relevant professional descriptions of what they are learning relevant to administrative and clinical work.

During supervision, practicum students are expected to regard presentations by other students and interns as a situation in which there is an explicit request for “their consultation.” This means that when not presenting their own case or experience, the student is to assume the role of “consultant colleagues.” In this role one is expected to provide critical review, commentary and evaluation of the case work, critique comments, strategies and insights presented by others during the session. Consultation includes *active* (verbal) demonstration of:

- a. An understanding of the presenter’s case conceptualization and hypothesis: “Ask until you understand; confirm your understanding with the presenter to make certain you fully grasp their diagnostic hypothesis.”
- b. A professional critique of the assumptions, hypothesis and intervention strategy. “Is this the most parsimonious and effective way to organize and understand the data?” Does the assessment correctly identify problem conditions and influences? Do judgments make diagnostic sense? Are there *better* alternative conceptualizations or a better functional behavior analysis or differential diagnosis?
- c. Do the presenting intern’s therapeutic interventions and strategies make sense; are they clearly identified, justified. Are counseling intervention therapy strategies and technique aligned with the case formulation and case dynamics? “How does this strategy fit with the hypothesis? With best practices? With outcome based interventions? Can you offer a better fit?”
- d. Outcomes: “Are these the most likely or relevant signs of progress?”

▽ **E. Writing Requirements:**

Practicum I students are not required to complete any specific writing requirement.

Practicum I and II students are required to submit to their faculty supervisor one (1) Treatment Plan. The format for the plan may be one which is used at the clinic or agency where the practicum is taking place, or alternatively, may utilize a format copied from one provided by the supervisor. As a minimum the plan *must* include the content described on the following page:

Treatment Plan:

- a. Define the key dysfunctional condition(s) presented by the client and as defined by your DSM assessment
- b. Stipulate for each condition(s) the counseling technique and/or behavior intervention strategy to be used to address it.

- c. Specify the family or environmental conditions influencing client issues and how you will address them appropriate systemic intervention(s).

The Treatment Plan you submit should be about an *actual case* you have treated or observed. On the one hand diagnostic detail and history must be complete and as totally accurate as possible based on available information. This is necessary to insure a quality learning experience in which diagnostic assessment practices and case analysis methods are effectively taught and learned.

However, it is absolutely essential that while functional detail is maintained that all *personally identifiable information* must be redacted. That means, that to protect the client's confidentiality, the identity of the individual, and/or family members described in the plan are to be removed. Only a disguised first name should be used to maintain their anonymity. The dates of treatment and clinic or setting, client occupation and education, however, should be accurate.

Treatment plans are to be typed, or if hand written they must be legible. Professional appearance is important. Plans should be concise, but complete. If your clinic procedure was to work with the client to devise the plan, note that on the report.

IX. STANDARDS OF CONDUCT

A. General:

Doane College requires that all students adhere to the ethical principles of the counseling profession as set forth in: the American Counseling Association Code of Ethics; the regulations of the Nebraska Department of Health, Bureau of Examining Boards in accordance with the Nebraska Mental Health Practice Certification Act; and the laws of the State of Nebraska and the United States of America.

Nebraska statutes prohibit independent practice in mental health by non-licensed individuals. Counselors-in-training (Practicum students and interns) must assure that they are practicing under adequate clinical and academic supervision.

Regardless of previous credentials, education or past experience when entering the MAC program, participation in a *counselor training program* indicates that the student is committed to developing a professional identity as a mental health counselor and is intent on developing professional knowledge and skills necessary to achieve expertise in this career field.

The development of this identity and specific professional competency occurs throughout graduate-level training. It is appropriate for students, whatever their previous experience, to view themselves as counselors-in-training. Engagement in any relevant professional activities should be done in such a way that reflects and respects these commitments and maintains professional integrity.

In addition:

1. The program requires the highest standards of professional and personal conduct from all students.
2. Doane College requires each student to abide by the policies and procedures of the program and to comply with the program's standards.

3. A Practicum student, or their immediate family, may not establish or continue a therapeutic relationship with any faculty member, on-site supervisor, site training agency, program or colleague while registered in this course.
4. A student may not represent themselves as Practicum student, Intern or as a counselor-in-training unless they are *registered* in the appropriate course, and have arranged for and are actively working under the operational faculty supervision of the Director of Clinical Placement and/or Dean of the MAC Program.
5. Failure to comply with these standards of conduct will result in disciplinary action and may lead to suspension or dismissal from the program.

B. Suspension or Restriction

A student will be suspended for cause. Conditions under which an which a Practicum student will be suspended or restricted include, but are not limited to instances, where: a student fails to perform the responsibilities of their practicum in a professional manner, performs inadequately or conducts themselves in a manner that by any common sense standard is inimical.

Suspension and restriction will also result when a Practicum student fails to adhere to the policies and standards outlined in this Course Syllabus such as those stipulated in the Standards for Practicum student Conduct, and includes instances when they do not follow oral and written directives which they are given by faculty and/or on-site supervisors.

Violation of Doane College standards and policies, as they are stated in the College Catalogue or Graduate Program publications such as the MAC Student Handbook, may also result in suspension or restriction.

An practicum will be suspended or restricted when the student fails to adhere to professional standards of ethics and conduct, such as those stipulated in this Syllabus and those outlined by the American Counseling Association, or if an intern violates state or federal laws and regulations.

Other instances in which suspension or restriction will occur include those where student: (a) fails to adhere to attendance requirements, such as missing three or more weeks of campus or on-site supervision; (b) fails to work successfully at an approved practicum site, including ineffective or unsatisfactory work with clients, failure to adequately demonstrate professional competency, or poor interpersonal skills and behavior.

A Practicum student will be suspended if they: (1) have failed to register for the course; (2) do not have adequate liability insurance or if there is a limitation or discontinuation of liability insurance; (3) attempt to train under an unqualified or unapproved site supervisor; (d) undertake practicum at a clinic, site or agency that has not been approved.

Suspensions or restrictions will be determined on a case by case basis by the Doane College Director of Clinical Supervision.

While suspended a student may *not* represent themselves as a Doane College Practicum student or Student-In-Training, may not see clients or function as a Doane College student at any mental health treatment or counseling site.

To be reinstated the student must meet with the Director of Clinical Placement and present a written request for reinstatement. The suspended or restricted student will be required to satisfactorily explain the absence, conduct, or condition of concern, and/or take other action as determined by the Director to correct any the problem that led to suspension or limitation which in the view of the Director rendered the student's practice inimical to a client, couple, family, themselves, the College, or to have been in contravention of professional standards, college or course policies.

X. General Information:

A. Administrative:

1. A student must be *registered* in the appropriate practicum course *before* undertaking any work on site; a student may not record or receive credit for practicum hours before the first day of the term in which they are registered.
2. Students must provide a copy of *current* professional liability insurance in order to register for internship.
3. Students are expected to enroll in courses for each term in person during the "Formal Registration" dates for that term, as posted on the Doane College calendar. From time to time urgent circumstances may prevent a student from enrolling at the formal Registration time. Students may present a written petition to the Assistant Dean explaining why they were not able to register at regular Registration and request a late registration. No registrations will be accepted after the beginning of the sixth (6th) week of a term.
4. A student engaged in a practicum must immediately notify the MAC program of any change in insurance status. Insurance coverage must remain in force during the time the student is engaged in practicum activity. Failure to maintain active coverage or failure to immediately notify the program of change or discontinuation of insurance results in immediate suspension from the practicum.
5. MAC students must have a written, signed agreement with an internship site supervisor, on file, *before* representing themselves a Practicum student or student in training, and *before* working with clients or recording practicum hours.
6. To engage in a practicum, a student must have successfully completed academic course work as specified in the Prerequisites section of this syllabus. Course work must be documented and on file in the students MAC graduate program records.
7. Three types of records are required to be kept and submitted by practicum students, including Site Agreement, Performance Appraisal and Log documenting hours engaged in appropriate training activity.:
 - a. Before beginning the Practicum, the student must obtain a *Site Agreement*, signed by the Site Supervisor.
 - b. When advancing to the next level, i.e., moving from Practicum I to II or to internship, at the conclusion of each phase, the student is also responsible to obtain an original written *Appraisal* of their performance, signed by the site supervisor.
 - c. Time logs, documenting ---recording attendance and participation in the official activities of the practicum must be submitted, with an original site-supervisor signature verifying the accuracy of the log.

Original copies of Agreement and Appraisal documents and logs must be signed by the site supervisor and on file in a student's records before they will be permitted to engage in or continue clinical work.

8. Upon completion of each phase (Practicum I or II), a student must submit all documentation (see above) to the MAC secretary within *two weeks* of completing their practicum hours for which credit is being requested and documented.

B. Practicum and Internship Logs

1. Accurate Record Keeping:

Each student is to keep an accurate log of the time spent in the practicum. This record is to be submitted on the Doane College forms as illustrated in the Student Handbook and/or as specified by the MAC Assistant Dean. All time spent in practicum activity is to be recorded on the form.

At least 100 hours at each level, Practicum I and II, for a total of 200 hours is required for successful completion and advancement to the internship. Essentially, a minimum of forty percent (40%) or 80 of those hours must be "direct contact" mental health service with a client, couple or family. Direct contact, for example, at the practicum level may include work in observation of professional therapy methods as well as actually conducting counseling jointly with a supervisor.

In addition, Practicum students must document both direct and indirect hours to include: individual supervision with the on-site supervisor that averages a minimum of one (1) hour per week; and (c) faculty supervision with their via the weekly group on-campus conference session that equals or may exceed one and one half (1½) hours per week.

2. Definitions of Direct and Indirect Internship Training:

"Direct Client Contact Hours" are defined as those hours spent directly with clients. The purpose or goal of the client meeting is mental health counseling or psychotherapy. Each of the parties, the counselor-in-training (practicum student) and the client must understand the purpose of the meeting and that they intend to enter into a professional therapeutic relationship as defined and governed by the Ethical Code of the American Counseling Association. The student engages in *direct* meeting sessions only with and/or under supervision of a licensed practitioner.

The services provided in the client meeting are services defined and governed by Nebraska statutes which govern and regulate mental health counseling; they are services that require and can only be provided by a licensed mental health professional. Nebraska statutes regulate both the title and the practice of mental health counseling. Services that are called mental health counseling must be offered by a licensed professional, and the practice or function of professional mental health counseling without appropriate licensure or certification, no matter what it is called, is prohibited.

If a type of service is such that it can be provided by individuals who are not licensed as mental health professionals they are *not* Direct Client Contact Hours. If the services can be provided by "well trained" volunteers or by skilled teachers, community service workers or case managers, by family specialists or by family support workers, by the practicum site agency definition and by state law they are not mental health counseling services and are *not* Direct Client Contact Hours.

“Indirect Practicum hours” are those hours required by the site or site supervisor in order for the student to be prepared for or after having provided direct client services. Some examples of Indirect Hours are: chart notes and record keeping, case conferences or staffing, chart review, client reception or telephone coverage, agency orientation or training. These are all functions directly related to providing mental health counseling services to the clients of this agency or practice. In-direct hours *do not* include hours spent at an elective training or workshop.

3. Additional discussion about “direct and indirect” activities:

The Master of Arts in Counseling Program is divided into two parts. The first part of the program consists largely of academic, in-class, independent and supervised study, and involves primarily study aimed at acquiring the basic knowledge and skills of the professional mental health counselor, and the development of a personal professional identity as a counselor. The MAC academic curriculum provides the students with a comprehensive and adequate exposure to the knowledge and skills of professional mental health counseling. However, this is only an initial and basic knowledge and skill set.

The second part of the program which occurs during the Practicum and Internship focuses on helping students successfully apply and practice the knowledge and skill gained from course instruction. This second part is intended to afford opportunity to operationalize one’s identity and skill by experiencing and demonstrating a high degree of sound professional competency in the delivery of mental health counseling services.

It is expected that the professional mental health counselor will continue to pursue their own professional development throughout their career; in fact that continued pursuit is required by licensing laws in all states. There is always new research and more to learn. The pursuit of knowledge is encouraged and expected of the MAC student or graduate. However, during practicum, workshops and conferences taken independently while the student is in practicum, may occur in a time frame coinciding with the course, but if they are not a direct part of the prescribed on-site training or clinic activity and/or are not a part of the Doane curriculum ---they are regarded as a quest for knowledge and skill ---but *not* a part of the practicum. Such work is not credited to either indirect or direct practicum course hours.

4. Supervision Seminar

Study responsibility: There is a huge body of knowledge that you have explored throughout your academic course of study in the MAC program. Now, in the practicum, students have opportunity to effectively select and apply those theoretical concepts or techniques in direct work with clients and supervisors in the field, and through case presentation and consultation on campus during faculty supervised conference seminars. This professional collegial “grand rounds” setting ---provides the opportunity to practice and refine and *demonstrate professional mastery* of the functions of a mental health counselor.

The on campus conference seminar is an essential element in the process. The faculty and college will carefully structure and teach within the context of the seminar, but learning and mastery is *the student’s* responsibility. The opportunities afforded by cooperative collaborative consultation, with onsite supervisors, faculty and colleagues and participation in the on campus supervision session is important.

The seminar is a venue in which questions can be raised and addressed, theories analyzed, and advanced professional learning facilitated. From the perspective of the student:

- You are *encouraged* to raise questions during the seminar so that inquiry will disclose where clarification is needed, and afford opportunity to add depth and resolve questions likely held by more than one person.
- Your comments, personal-life experience, observations, and ideas *are* welcome and *beneficial* to everyone's learning. This is particularly true in this type seminar. However, when discussing mental health cases or individuals, whether you are referring to yourself, your family, acquaintances, or speaking about past or present cases do *not* identify who you are talking about.
- It is important to recognize that the function of an informal advisor and that of a personal friend is based on personal life experience; but the function of the *professional* mental health therapist is based on “professional experience,” training, extensive academic study and involves knowledge based on research, science and professional literature, not just opinion.

It is important a student be given personal attention. In addition to consultation by colleagues *during seminar* sessions, to resolve questions not clarified in seminar, or to address something that is of concern to a student, the faculty supervisor will be available after class. But because time is often congested after each session, therefore, a student may wish to make an appointment to visit with the supervisor at another time. Appointments are encouraged. If a student wishes to contact the supervisor, refer to the telephone numbers or email address listed on Page 1 of this Syllabus.

Seminar Scheduling and Cancellations: Because work at practicum sites does not follow the College academic schedule, the on-campus faculty supervised conference seminar *will* be held on a continuous basis. Except for holidays, sessions will be held weekly during and between semesters.

Should bad weather or unforeseen event cause an unexpected cancellation of a supervision session every attempt will be made to contact each student by email. Sessions can be made-up by simply attending an additional regular session in subsequent weeks. However, if it is determined that a make-up is necessary plans will be made to reschedule.

D. Official Contacts and Communication

Official correspondence and communication is sent to an intern's Doane College email address. Keep this address up-to-date, and most importantly...check your email frequently. Also you are advised to insure that the graduate office has a current phone number where you can be reached in case faculty or staff needs to contact you.

E. Time Limitation

You have selectively chosen the MAC program as the foundation for a professional career. The practicum is a rewarding, enjoyable part of your studies. It is a very challenging set of two similar courses intended to facilitate learning, professional growth and mastery. While students can work long hours and carry heavy loads of responsibility you cannot force growth. Growth happens with time, experience, thought and desire. Keep in mind that this is a professional course designed to facilitate your effectiveness as a counselor in the complex process of *identifying* and then successfully addressing the needs of *clients*.

For this reason thirty hours (30) per week is generally the maximum time students may spend at a practicum site without becoming tired and wearing themselves out. It is usually the optimum length of

time one can be engaged in intense case work and also continue to undertake collateral research and fulfill other family and academic commitments.

In some cases, the practicum is, however, of such nature that more than thirty hours are needed. There are also occasional instances where students benefit from additional time in case work and can do so without adverse health and family problems. Therefore, the policy is that not more than 30 hours per week can be counted as direct or indirect hours. However, exceptions can be made on a case by case basis in which a practicum student may be authorized to log up to a maximum of forty (40) hours per week. In such cases, this is done only by permission of the MAC program Director of Clinical Supervision *after* personal conversation with the student.

XI. Basis for Intern Evaluation:

Practicums are graded on a pass, fail basis. Successful completion of the practicum is based on *demonstrated mastery of academic knowledge and skills and professional competency*. This mastery will be judged by the faculty instructor, both subjectively and objectively in a variety of ways, and will consider an student's:

- a. demonstration of professional competency in the clinical setting working directly with clients and staff
- b. as evaluated by the on-site supervisor;
- c. performance as assessed by: observation, written and oral presentations,
- d. punctuality, attendance;
- e. quality of participation in supervision conferences and;
- f. compliance with guidelines and policy contained in this Syllabus and other instructions pertaining the
- g. internship.

Practicum I and II students will receive "feedback" regarding their performance. This will occur in a variety of ways; for example:

- (1) during individual supervision sessions with on-site supervisors;
- (2) in the form of seminar presentation critiques written and/or orally given to the intern by their faculty supervisor.

From time to time, formal as well as informal discussions will be held to appraise a student's performance, including strengths or concerns. These will be scheduled by the faculty supervisor and may occur during or after on-campus supervision sessions or through the medium of planned office visits. Written communication will also be a practical way to provide "feedback" via memorandum, letter or email.

XII. Methods of Instruction:

The Learning Method of the Practicum involves many strategies, including *observation, listening* and *copying* assessment practices, case formulation, treatment planning and implementation of counseling strategies with clients, families and therapy groups ---as modeled-demonstrated by on-site supervisors. Initially, in Practicum I, emphasis is focused on learning *indirect practices*, such as case management, record keeping, work within agency or clinic structures, learning procedures to work with managed care

companies and developing familiarity with the myriad of support activities necessary to effectively conduct counseling in various professional settings.

Gradually, in “phases” it is intended the Practicum student will be given increased responsibility and assigned to participate in activity *directly with clients, families or groups* when deemed appropriate by the on-site supervisor. As the student demonstrates increasing expertise and knowledge, the supervisor will move learning activity from observing to engaging wherein the student will join with the supervisor in the conduct of therapy with clients. Eventually, the supervisor will turn more of the counseling activity over to the student who, as he/she advances in Practicum II, to a condition where the student will conduct much or most of counseling with clients, under direct observation and supervision of the site-supervisor.

In addition, Practicum I and II include *faculty supervision* and instruction conducted through several mediums including a weekly conferences. One conference, generally lasting one hour is held weekly on site with the practicum supervisor. The other conference, referred to as “faculty supervision” is also conducted weekly and held on campus. In this latter “supervision session” practicum students have the opportunity to gain valuable additional experience and skill development through several learning processes, two of which involve *faculty performance critiques* and *collegial consultation*.

- The faculty supervisor will observe student performance and participation, including (as the student moves into the later phase of Practicum II) presentation of cases. Each presentation will be critiqued with respect to the quality of its content and the degree to which it adheres to professional standards of practice.
- In the manner of a professional consultation, other practicum students and interns (colleagues) attending the session critique each other’s presentation, agreeing with or offering alternative case analysis, treatment recommendations and counseling technique suggestions.

Overall, Practicums I and II involve on-sit supervised experience which consists of a *minimum* of 100 clock hours that include:

- ☑ (1) a *minimum* of 40 clock hours of *direct* clinical work with clients;
- ☑ (2) a minimum of one hour per week of individual supervision with the on-site supervisor; and
- ☑ (3) a *minimum* of 1½ hours per week of faculty supervision via weekly internship conference seminars

XIII. Academic Policy Statement:

In addition to policies and guidelines detailed in Section 5, it is important to keep in mind that academic honesty is one of the most important qualities influencing the character and vitality of Doane College. Academic dishonesty is defined to include those acts which would deceive, cheat, or defraud so as to promote or enhance one’s scholastic record. It includes: academic misconduct, dishonesty, plagiarism and cheating or knowingly or actively assisting another person in doing the same.

Violations of academic honesty represent a serious breach of discipline and professional conduct, and may be considered grounds for disciplinary action, including dismissal from the Master of Arts Counseling Program and from the College. Students are responsible for upholding the principles of academic honesty as they would another professional and ethical standard. Refer to:

<http://www6.Doane.edu/judaffairs/code.html>

Honest, ethical conduct during examinations dictates that individual work is mandatory. Students are required to *Turn-off* all electronic devices; cell phones, pagers and place them off the desk/table top, *out-of-sight*. Use of notes, texts or other materials during an examination, asking questions of another student or looking at other student's test paper or answers is forbidden. Violation of these directions and/or Doane College examination policies will result in an automatic failing grade for an examination where violation occurs.

IVX. Students with Disabilities Statement:

If a student has a special need addressed by the Americans with Disabilities Act (ADA) or feels a need for a particular accommodation or assistance to facilitate their effective attainment of course objectives and successful learning, please notify the instructor at the beginning of the course.

You must register as a student with a disability in the office of the Dean, Master of Arts in Counseling. It is the responsibility of the student to notify the instructor prior to requesting reasonable accommodation. Failure to do this may result in not receiving the requested accommodation or assistance. Refer to: <http://www.doane.edu/cs/services/disability.htm>

XIV. Civility, Respect and Classroom Etiquette:

Doane College strives to offer learning experiences and opportunities designed to help students think effectively, develop the capacity to communicate, differentiate values, and make relevant judgments. To do this successfully, many times multiple perspectives will be presented; some of which may represent points of view on which everyone will not agree. A successful educational experience requires a shared sense of respect among and between students, the instructor and various points of view.

Further, it is to be expected that the instructor will treat all students with dignity and respect –it is also expected that student will treat the instructor and other students with the same respect. In order to facilitate this process more effectively, students are asked the following: 1) before class turn-off all electronic devices including cell phone, iPods, laptop computers, and note pads; 2) place all electronic equipment out-of-sight; 3) refrain from text messaging during class; 4) avoid distracting behavior, e.g., popping gum, noisy eating, clipping finder nails; 5) cease talking and side conversation when the instructor or other students are speaking; 6) maintain respectful interactions. Finally, personal criticism, ridicule or harassment of any kind will not be tolerated.

XV. Professional Performance Evaluation:

Some of the criteria used by this course's instructor have been cited in Section X. In addition, keep in mind that Professional Performance, as assessed within the Master of Arts in Counseling program is guided by the characteristics identified in the Graduate Catalog and described in the rubrics published in the Student Handbook. The beliefs and attitudes related to the areas of *competence*, *reflection* and *caring*, are the guiding influence with the nine foundational counselor dispositions assessed throughout the program. These are: 1) Genuineness, 2) Congruence, 3) Non-judgmental Respect, 4) Emotional Awareness, 5) Ethical Understanding, 6) Concreteness, 7) Empathy, and 8) Professional Commitment.

XVI. Professional Identity and Theoretical Orientation

An online portfolio is maintained in the student's personal file on the Program website.

See <http://www4.Doane.edu/counsel/Program/know-base.htm> (link to be built).