



**WIU
DEPT OF COUNSELOR EDUCATION
CLINICAL MENTAL HEALTH
COUNSELING
INTERNSHIP PACKET
2015-2016**



WESTERN ILLINOIS UNIVERSITY
11/2015

Western Illinois University - Quad Cities
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Moline, IL 61265
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www.wiu.edu/counselored

Student Name: _____

WIU Internship Instructor: _____

WIU Program Coordinator Approval: _____

Counseling Internship

Counseling Internship is a more advanced and broader field experience where one of the major differences is that the primary responsibility for supervision shifts from the university faculty to the field supervisor. Its primary purpose is to promote students' entry into the profession under supervision. As counseling interns, students are expected to considerably broaden their knowledge of counseling-related professional activities, as well as their role within their field site. Within a broader context, additional direct service activities could include: assessment, consultation, independent group counseling, and programming. At the completion of internship, students are required to function as much like a professional counselor as possible. Counseling Internship consists of a minimum of 600 hours, which includes a minimum of 240 direct contact hours with clients plus 30 hours of group counseling (total= minimum 270 direct hours). These requirements are in compliance with CACREP and the recommendations of the Association for Specialists in Group Work (ASGW).

The Counseling Internship at Western Illinois University conforms to the guidelines established by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the recommendations of the Association for Specialists in Group Work (ASGW). Thorough documentation of internship work, adherence to ethical guidelines, and compliance with all course requirements is expected. While there are minimum requirements from CACREP, Internship Faculty may have additional course requirements. Regardless of the hours completed, students will not successfully complete Internship until they have satisfactorily met the requirements and are ready function independently as a professional counselor. The following are the minimum hour requirements established by CACREP, ASGW and followed by WIU:

Direct Service (minimum)	240 hours <i>plus</i>
Group Facilitation (minimum)	30 hours
Indirect Service	<u>hours as needed to total 600</u>
Total:	600 hours

Students enrolled in CN 597 Counseling Internship will be **required** to participate in a minimum of the following weekly supervisions:

Individual Supervision with Site Supervisor	1 hour weekly
*Group Supervision (class)	24 hours over semester
<i>*1.5 hours per week average internship</i>	

Supervision hours do not count towards the total hours for Internship.

INTERNSHIP APPLICATION AND AGREEMENT

Name

Last

First

M.I.

Home Address _____

City

State

Zip

WIU Address (if different from above)

City

State

Zip

Home Phone: _____ Cell: _____ Work: _____

WIU E-Mail: _____

Internship Dates: _____ to _____

Attach the following to this contract:

- ___ Signed *Internship Contract*
- ___ Signed *Confidentiality Policy*
- ___ Signed *Emergency Contact Form*
- ___ Signed *Student Agreement Form*
- ___ Copy of *Liability Insurance Policy*
- ___ Signed *Site Supervisor Agreement*
- ___ Request to Begin Internship 12/21/2015
- ___ Signed *In-between Semester Hours Form*
- ___ Signed *Field Experience Disclosure Form*

My initials and signature indicates that I accept and understand the following conditions and expectations related to Internship and that all the information herein is accurate.

___ I am responsible for completing the duties assigned to me at the Internship site in accordance with University, departmental, and cooperating agency or school policies and procedures, as well as the ethics, statutes, and laws governing the professional practice for counseling. ***Failure to act within these boundaries may result in one or more of the following: a failing grade for Internship, removal from the site, and/or termination from the Department of Counselor Education.***

- ___ I understand that I am responsible for the completion of the requirements of Internship and recognize that this will likely require balance and coordination with my other personal and professional responsibilities outside of my role as an Intern.

- ___ Early separation from the Internship requires *written approval of the faculty supervisor, the site supervisor and the CNED Department Chair. Failure to act within these boundaries may result in one or more of the following: a failing grade for Internship, removal from the site, and/or termination from the Department of Counselor Education.*

- ___ I will keep and submit appropriate Internship-related records and forms, including site supervisor evaluations.

- ___ I will meet with the site supervisor(s) regularly at times established by the site supervisor(s) for an average of one (1) hour per week of individual supervision.

- ___ I will meet an average of one and a half (1 ½) hours per week for group supervision provided on a regular schedule throughout the internship and performed by a program faculty member. In this program, students meet for three (3) hours every other week for group supervision and will be required to make it up if absent, I understand that I will be required to make up any class absences.

- ___ I understand that specific state certification and licensing requirements may differ from programmatic requirements. I am responsible for knowing specific requirements or certification and licensure.

- ___ I understand that I am required to provide my own transportation to and from pre-clinical and clinical/student teaching field assignments. I attest that when using my personal auto, I am covered by valid auto insurance that provides at least the limits of coverage statutorily required to legally operate my vehicle in Illinois and all other jurisdictions in which I travel.

- ___ I understand that I am required to attend Internship Orientation on **January 14, 2016 at 5:00-8:00pm.**

- ___ I understand that I am required to take the Counselor Preparation Comprehensive Examination (CPCE) on **Saturday, February 27, 2016.** I understand that I am required to pass this exam as part of my requirements for gradation from WIU Department of Counselor Education

Student's Signature

Date

Site Supervisor Signature

Date

Department of Counselor Education
Western Illinois University – Quad Cities
INTERNSHIP: FIELD PLACEMENT CONTRACT
MUST BE TYPED
DUE WEDNESDAY DECEMBER 9
Incomplete Contracts will not be accepted

Clinical Mental Health Counseling

The University Program agrees:

1. To assign a **University faculty supervisor** to facilitate communication between University and site;
2. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
3. That the faculty supervisor shall be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or University occur; and
4. That the faculty supervisor is responsible for the assignment of a fieldwork grade.

The Internship Site agrees:

1. To assign a **Site Supervisor** who has appropriate credentials, time, and interest for training the counseling student;
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance;
3. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
4. To provide supervisory contact which involves some examination of student work using video tapes, observation, and/or live supervision; and
5. To provide written evaluation of student based on criteria established by the Department of Counselor Education.
6. To assure that interns are working under the regulations set forth by FERPA, HIPPA and Title IX.

Student Name: _____

Address _____ City _____ Zip _____

Student phone number: _____ WIU student email: _____

Full Name of field site _____ Phone (____) _____

Site address _____

Supervisor Name _____ Phone (____) _____ E-mail _____

Check One: Highest degree of supervisor: EdD PhD MS MSED MA other (specify) _____

Specific discipline (e.g., counseling, psychology): _____

Credential(s) of Supervisor: LCPC (IL), give number _____ Licensed Psychologist, give number _____

LMHC (IA), give number _____ LISW (IA), give number _____
 LCSW (IL), give number _____ Other _____

Type(s) of **counseling** in which student will be supervised:

Check all that apply:

General Marriage/Family Group Academic
 Career/Vocational Rehabilitation Child/Adolescent Other, Specify _____

Check all which apply: Type(s) of settings

Agency Hospital Non-Profit Organization Community Mental Health
 Higher Ed Counseling Center EAP Other, Specify _____

Time at Site:

<u>Monday</u>	<u>times</u>	<u># hours</u>
<u>Tuesday</u>	<u>times</u>	<u># hours</u>
<u>Wednesday</u>	<u>times</u>	<u># hours</u>
<u>Thursday</u>	<u>times</u>	<u># hours</u>
<u>Friday</u>	<u>times</u>	<u># hours</u>
<u>Saturday</u>	<u>times</u>	<u># hours</u>
<u>Sunday</u>	<u>times</u>	<u># hours</u>

TOTAL HOURS PER WEEK

The training activities below will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.

_____ will be the **WIU faculty supervisor** with whom the student and Site Supervisor will communicate regarding progress, problems, and performance evaluations.

Phone: _____ E-mail: _____

Suggested Internship Activities:

- Individual Counseling (personal/social nature; occupational/educational nature)
- Group Counseling (co-leading or leading)
- Intake Interviewing (includes social history, information gathering)
- Assisting with Report Writing (records, treatment plans, treatment summaries)
- Consultation (referrals, professional team collaboration)
- Career Counseling
- Assisting with Programming
- Individual Supervision; Group or Peer Supervision
- Case Conferences at Staff Meetings

Experience/Duties: List the various duties the student will perform, and indicate approximate time devoted to each per week. The field placement should provide opportunity for the student to engage in many of the professional activities performed by a full-time staff member at the site.

Student's Goals: (Be specific)

Student Signature *date*

Site Supervisor Signature *date*

Site Director Signature *date*

WIU Internship Faculty Signature *date*

CNED Program Coordinator Signature *date*

CONFIDENTIALITY POLICY: INTERNSHIP

I. Disclosure

I understand that it is in violation of professional ethics and standards, as well as departmental policies, to discuss or disclose any part of my client's content or emotional expression outside of the counseling or supervision sessions without express written permission of the client and practicum supervisor.

II. DVD's

It is mandatory that students erase or destroy all videos of counseling sessions at the end of the semester in which Internship is conducted. This may be accomplished by the following:

- a. The student assumes responsibility to erase/destroy all videos at the end of internship (or after videos have been viewed). The student may use a tape eraser at the WIU-QC campus under faculty supervision.

- b. If a site desires to maintain control of the tapes, the Counselor Education Department needs to receive a letter stating that the tapes will be destroyed at the site at the end of the semester OR that the site will be responsible for the content of the tapes and releases WIU from any liability for maintaining possession of the tapes.

(Student Signature)

(Date)

(Site Supervisor Signature)

(Date)

(Site Director)

(Date)

STUDENT AGREEMENT: INTERNSHIP

Student is to complete this form and submit a copy of current professional liability policy.

1. I hereby attest that I have read and understand the American Counseling Association Code of Ethics and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum or internship, a failing grade, and documentation of such behavior will become part of my permanent record.
2. I agree to adhere to the administrative policies, rules, standards, and practices of the internship site.
3. I understand that my responsibilities include keeping my /internship supervisor(s) informed regarding my internship experiences.
4. I understand that I will not be issued a passing grade in practicum unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.

I verify that I have professional liability insurance as follows (check one):

_____private policy
_____ (Name of insurance company)

OR

_____professional organization
Enrollment _____ (name of organization)

(Amount of coverage) _____ (Period of enrollment)

*****Attach a copy of the policy to this form*****

(Student Signature) _____ (Date)

EMERGENCY/CRISIS MANAGEMENT: INTERNSHIP

Any situation involving a client that is of a serious nature requiring immediate medical or psychotherapeutic attention constitutes an emergency. Examples of emergencies/crisis include:

- Imminent suicide attempt
- Drug Overdose
- Aggressive Reaction (present or imminent)
- Physical illness or adverse physical reactions requiring immediate medical attention
- Psychotic reaction or other serious psychological disturbance
- Report of child abuse
- Severe depression, anxiety, etc.

Community Agency/School Policy: What is the agency policy about students managing a client crisis?

Procedures:

During Field Placement Hours:

Who is the student to contact?

Name _____ Phone (____) _____

If this person is not available who else can the student contact?

Name _____ Phone (____) _____

Outside of Field Placement Hours: If students are concerned about clients and need to contact a supervisor outside of their regular field placement hours, what are the procedures?

SITE SUPERVISOR AGREEMENT FORM: INTERNSHIP

Please initial each criterion. Checking the criteria indicates agreement on the part of the site & supervisor to fulfill CACREP Accreditation Requirements.

QUALIFICATIONS OF SITE SUPERVISORS:

To function as a site supervisor for practicum or internship, the professional:

- _____ 1. Must have a minimum of a master's degree in Counseling or related profession with equivalent qualifications, including appropriate certifications and/or licenses.

- _____ 2. Must have a minimum of two (2) years of pertinent professional experience (masters level) in the program area in which the student is completing clinical instruction.

- _____ 3. Must have knowledge of the program's expectations, requirements, and evaluation procedures for students, including requirements for the video taping of counseling sessions.

- _____ 4. Must be available to the student for adequate clinical supervision and consultation for a minimum of one hour every week for Practicum and Internship.

RESPONSIBILITIES OF SITE SUPERVISORS

- _____ 1. To acquire all official authorization necessary from the agency or institutional administration for the counseling student to work in the setting under the supervision of the site supervisor.

- _____ 2. To determine experiences that can be provided to students in the setting are appropriate and will assist in professional growth. This includes assisting students with client referrals for individual and group counseling.

- _____ 3. To meet a minimum of one hour per week with the student to provide for regular clinical supervision and to be available at other times as needs arise. It is expected that the student and site supervisor will discuss the specific cases and experiences in the setting as well as the counseling profession at large. Some examination of student work using video tapes, observations, and/or live supervision are expected.

- _____ 4. To inform students of the procedures and policies of the agency or institution. A suggested, but not all-inclusive list would include: responsibilities, schedule, payment, assignment of clients, emergency procedures, record keeping, confidentiality and release of information.

- _____ 5. To provide regular, on-going evaluation and feedback to student regarding their performance. Site supervisors should contact the university supervisor immediately to discuss any concerns which arise during the semester which they do not feel comfortable handling alone. Problems or concerns should be taken care of in a timely manner.

- _____ 6. To meet with the university faculty supervisor at least one time during the semester and at other times as needed.

- _____ 7. To provide the university faculty supervisor and the student with a formal evaluation of the student's performance at mid-term and the end of the semester. Site supervisors are to meet with the student and discuss the evaluation prior to submitting it to the university supervisor.

- _____ 8. To provide student with adequate work space, telephone, office supplies, and staff to conduct professional activities.

- _____ 9. To be familiar with and abide by the ACA Code of Ethics.

- _____ 10. To assure an Internship environment that does not discriminate with regard to race, creed, color, sex, age, national origin, sexual orientation, social economic status or the presence of any sensory, mental, or physical handicap in the selection, assignment, and education of the students and/or clients.

The site supervisor agrees to take responsibility to fulfill the above criteria required for Counseling Internship.

Site Supervisor Signature
Date

Site Director Signature
Date

INTERNSHIP HOURS IN BETWEEN FALL AND SPRING SEMESTERS

The Department of Counselor Education provides an opportunity for some students who wish to accrue hours toward their internship requirement during the break between semesters. The Monday following finals week in December and the Sunday before classes begin in January, will be the interim between fall and spring semester at Western Illinois University. During this time the faculty member will not be available for weekly consultation. However, if the site supervisor agrees to be responsible for the weekly supervision during the interim period, the student can proceed with accruing hours. Thus, the learning experience is extended and continued as during the semester.

Students are permitted to accrue 100 hours: 50 indirect / 50 direct hours

****Students will NOT be allowed to accrue any hours during this time unless this form is completed and returned to the Counselor Education department before the end of the fall semester***.*

I am requesting permission to continue my counseling internship during this period at

_____ with supervision from _____.
(site) (site supervisor name)

(Student Signature) Date

(Site Supervisor Signature) Date

(Site Director Signature) Date

(WIU Internship Faculty Signature) Date

(WIU Program Coordinator Signature) Date

**Department of Counselor Education
Western Illinois University**

Field Experience Disclosure Form

Student Name: _____
(please print or type)

I understand that withholding information or giving false information may make me ineligible for admission to school/clinical field experiences, or continuation in the Department of Counselor Education. I certify that all information is true, correct, and complete. Falsification of any part of this document may result in automatic dismissal from the Department of Counselor Education.

(initial) **I affirm that since completing the initial background investigation for acceptance into the Department of Counselor Education on _____ I have not**
(date of initial background check)
incurred any criminal charges, convictions from prior charges, sentences from prior charges, warrants of arrest, investigation for possible criminal charges, or other activities that may prevent me from engaging in school/clinical field work or working with potential clients.

OR

(initial) **I have incurred the following changes since my initial background check that was conducted on _____:**
(date of initial background check)

Change 1: _____

Change 2: _____

Change 3: _____

Other pertinent information: _____

I am enrolling in the following course for the next term (circle appropriate course(s)):

CN 544

CN 547

CN 593

CN 597

Student Signature: _____ **Date:** _____

Place this Field Experience Disclosure form into a separate sealed envelope and attach to internship contract.

If this form is not in a sealed envelope your contract cannot be accepted.

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Revised 06.07.2011
Revised 02.20.2012
Updated 10.05.2012
Updated 03.15.2013
Revised 03.25.2013