

Troy University
College of Education Counseling Programs
Master Syllabus – CACREP 2009 Standards

Course Number: CP 6660
Course Title: Internship: Mental Health
Semester Hours: 3
Pre-requisites: Completion of CP 6659 and adviser approval

Approved Delivery Models

Catalog Course Description: This course provides an opportunity for the student to perform under supervision a variety of activities that a regularly employed professional counselor in an agency setting would be expected to perform. Experiences are accompanied by regularly scheduled, weekly group supervision. Course equals 300 hours of internship. Students may take up to six semester hours of internship per semester with adviser approval. Each student must complete 120 hours of direct service with clients. Grading system is Pass / Fail.

Knowledge and Skills Outcomes: The program requires students demonstrate knowledge and skills in the eight common core counseling curricular areas, including: professional orientation and ethical practice; social and cultural diversity; human growth and development; career development; helping relationships; group work; assessment; and research and program evaluation (CACREP II G). In addition, the program is designed to provide students with the professional knowledge, skills, and practices necessary to address a wide variety of circumstances within the clinical mental health context. The program requires students to demonstrate skills and practices in the following domains (CACREP CMHC B, D, F, H,I, J, & L):

1. Demonstrates counselor characteristics and behaviors that influence the helping processes (CACREP II 5 b.);
2. Demonstrates the essential interviewing and counseling skills (CACREP II 5 c.)
3. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
4. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.
5. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling
6. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
7. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
8. Applies effective strategies to promote client understanding of and access to a variety of community resources.
9. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
10. Demonstrates the ability to use procedures for assessing and managing suicide risk.
11. Applies current record-keeping standards related to clinical mental health counseling.
12. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
13. 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.
14. Maintains information regarding community resources to make appropriate referrals.
15. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.
16. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.
17. 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.

18. 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.
19. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.
20. 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.
21. Applies relevant research findings to inform the practice of clinical mental health counseling.
22. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
23. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.
24. 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.
25. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.
26. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

Legend: CMHC- Clinical Mental Health Counseling

Approved Texts:

Baird, B.N. (latest edition). *The internship, practicum, and field placement handbook*. Upper Saddle River, NJ: Pearson Education.

Zuckerman, E.L. (latest edition). *Clinician's Thesaurus: A guidebook for writing psychological reports*. New York: Guilford Press. (newest edition)

Recommended Reading:

Other Materials: Students enrolled in this course are required to purchase Live Text and must have access to a computer and internet. Students enrolled purchase Live Text the same as purchasing a textbook.

Content:

Methods of Instruction: Internship is a tutorial form of instruction that provides students the opportunity to apply theory and develop counseling skills under supervision. Internship includes individual and small group counseling with clients who represent the ethnic and demographic diversity of the community (CACREP III).

The student must complete the internship at a site that provides a counseling environment conducive to modeling, demonstration, supervision, and training. The counseling environment includes all of the following (CACREP I H):

1. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.
2. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.
3. Necessary and appropriate technologies and other observational capabilities that assist learning.
4. Procedures that ensure that the client's confidentiality and legal rights are protected.

Each student's internship includes all of the following (CACREP III G):

1. Completion of a Practicum/Internship Application and Contract prior to beginning the course. This contract defines the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship (CACREP III E).
2. Documentation that students have professional liability insurance prior to beginning internship and throughout the internship experience (CACREP I S).
3. At least 120 clock hours of direct service, including experience leading groups.
4. An average of one hour per week of individual and/or triadic supervision throughout the internship with the onsite supervisor.
5. An average of 1 1/2 hours per week of group supervision with faculty member.
6. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).

7. Documentation of all practicum/internship experiences on the activities journals/log.
8. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.
9. Evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor.

Course Requirements- other than Live Text Requirements may vary by instructor

Performance Evaluation Criteria and Procedures: To pass the course, students must demonstrate knowledge and ability as specified by course objectives, assignments, assessments and activities.

Assessments: Students will demonstrate the accurate assessment of skills at the end of the course by completing the **self assessment**. The students will complete **final assessments** of supervision and also have internship and field site supervisors complete **midterm** and **final assessments**. The student will focus on areas of strengths and challenges at midterm to increase mastery of assessed skills at the final assessment. (CACREP Section III, G. 4) The students will complete the assessment of their internship site at the end of internship. Students must also complete the final self assessment of **disposition** in LiveText. Instructor will also complete evaluation of student **dispositions** in LiveText.

Documents: Agreements, Supervisor's Evaluation (URL LiveText), Instructor's Evaluation (URL LiveText), Student Evaluation of Site and Site Supervisor, Exit Survey – Evaluation of Program, Confidentiality Forms, Permission Forms, Other Clinical Forms.

LIVETEXT ASSIGNMENT: Comprehensive Case Study: Students in **CP 6660** will complete a comprehensive case study using biopsychosocial form, conceptualization from at least two theoretical perspectives, treatment plan, and intervention for a case study using a current client. The student will be required to meet all of the elements identified on the rubric.

CP 6660 Comprehensive Case Study Rubric

| Comprehensive Case Study Standards | 0-59% 1 No Understanding | 60-69% 2 Below Average | 70-79% 3 Average | 80-89% 4 Mastery | 90-100% 5 Advanced |
|--|---|--|--|---|--|
| CMHC: (6) H2 Initial Assessment | No understanding of how to conduct an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment to obtain information to assess individuals, families, couples, and systems. | Below average understanding of how to conduct an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment to obtain information to assess individuals, families, couples, and systems. | Average understanding of how to conduct an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment to obtain information to assess individuals, families, couples, and systems. | Mastered understanding of how to conduct an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment to obtain information to assess individuals, families, couples, and systems. | Advanced understanding of how to conduct an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment to obtain information to assess individuals, families, couples, and system. |
| CMHC: (6) D6, H3 Screening for comorbidity | No understanding of how to gather information necessary to screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. | Below average understanding of how to gather information necessary to screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. | Average understanding of how to gather information necessary to screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. | Mastered understanding of how to gather information necessary to screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. | Advanced understanding of how to gather information necessary to screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. |
| CMHC: (6) H1 Culturally appropriate assessments | No understanding of how to select appropriate comprehensive assessment interventions to assist in diagnosis, with an | Below average understanding of how to select appropriate comprehensive assessment interventions to assist in diagnosis, with an | Average understanding of how to select appropriate comprehensive assessment interventions to assist in diagnosis, with an | Mastered understanding of how to select appropriate comprehensive assessment interventions to assist in diagnosis, with an | Advanced understanding of how to select appropriate comprehensive assessment interventions to assist in diagnosis, with an |

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| | awareness of cultural bias in the implementation and interpretation of assessment protocols. | awareness of cultural bias in the implementation and interpretation of assessment protocols. | awareness of cultural bias in the implementation and interpretation of assessment protocols. | awareness of cultural bias in the implementation and interpretation of assessment protocols. | awareness of cultural bias in the implementation and interpretation of assessment protocols. |
| CMHC: (6) D9 Self-awareness as a counselor | Does not recognize his or her own limitations as a clinical mental health counselor and to seek supervision and refer client when appropriate. | Below average ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision and refer client when appropriate. | Average ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision and refer client when appropriate. | Mastered ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision and refer client when appropriate. | Advanced ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision and refer client when appropriate. |
| CMHC: (6) L1 Diagnostic tools | No understanding of appropriate use of diagnostic tools, including the current edition of the <i>DSM</i> , to describe the symptoms and clinical presentation of clients with mental and emotional impairments. | Below average understanding of appropriate use of diagnostic tools, including the current edition of the <i>DSM</i> , to describe the symptoms and clinical presentation of clients with mental and emotional impairments. | Average understanding of appropriate use of diagnostic tools, including the current edition of the <i>DSM</i> , to describe the symptoms and clinical presentation of clients with mental and emotional impairments. | Mastered understanding of appropriate use of diagnostic tools, including the current edition of the <i>DSM</i> , to describe the symptoms and clinical presentation of clients with mental and emotional impairments. | Advanced understanding of appropriate use of diagnostic tools, including the current edition of the <i>DSM</i> , to describe the symptoms and clinical presentation of clients with mental and emotional impairments. |
| CMHC: (6) D1, J1 Developing goals and objectives | No understanding of how to develop collaboratively with the client goals and objectives that are realistic, measurable, objective, and time limited. | Below average understanding of how to develop collaboratively with the client goals and objectives that are realistic, measurable, objective, and time limited. | Average understanding of how to develop collaboratively with the client goals and objectives that are realistic, measurable, objective, and time limited. | Mastered understanding of how to develop collaboratively with the client goals and objectives that are realistic, measurable, objective, and time limited. | Advanced understanding of how to develop collaboratively with the client goals and objectives that are realistic, measurable, objective, and time limited. |
| CMHC: (6) D8, J1, J3 Counseling interventions w/ comorbidity | No understanding of counseling interventions based on counseling theories consistent with current professional research and practice with clients including those with addictions, co-occurring disorders. | Below average understanding of counseling interventions based on counseling theories consistent with current professional research and practice with clients including those with addictions, co-occurring disorders. | Average understanding of counseling interventions based on counseling theories consistent with current professional research and practice with clients including those with addictions, co-occurring disorders. | Mastered understanding of counseling interventions based on counseling theories consistent with current professional research and practice with clients including those with addictions, co-occurring disorders. | Advanced understanding of counseling interventions based on counseling theories consistent with current professional research and practice with clients including those with addictions, co-occurring disorders. |
| CMHC: (6) B1 Legal and ethical | No understanding how to apply ethical and legal standards. | Below average understanding how to apply ethical and legal standards. | Average understanding how to apply ethical and legal standards. | Mastered understanding how to apply ethical and legal. | Advanced understanding how to apply ethical and legal standards. |
| CMHC: (6) C5, F5 Level of intervention | No understanding of appropriate level of treatment (outreach, outpatient, day treatment, or inpatient) and treatment modalities (group, individual, etc). | Below average understanding of appropriate level of treatment (outreach, outpatient, day treatment, or inpatient) and treatment modalities (group, individual, etc). | Average understanding of appropriate level of treatment (outreach, outpatient, day treatment, or inpatient) and treatment modalities (group, individual, etc). | Mastered understanding of appropriate level of treatment (outreach, outpatient, day treatment, or inpatient) and treatment modalities (group, individual, etc). | Advanced understanding of appropriate level of treatment (outreach, outpatient, day treatment, or inpatient) and treatment modalities (group, individual, etc). |
| CMHC: (6) C7 Biopsychosocial concerns | No understanding of the principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning. | Below average understanding of the principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning. | Average understanding of the principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning. | Mastered understanding of the principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning. | Advanced understanding of the principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning. |
| CMHC: (6) D2, | No understanding of | Below average | Average understanding | Mastered | Advance |

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| F3 Multicultural competencies | how to apply multicultural competencies to treatment, referral, and prevention of mental and emotional disorders. | understanding of how to apply multicultural competencies to treatment, referral, and prevention of mental and emotional disorders. | of how to apply multicultural competencies to treatment, referral, and prevention of mental and emotional disorders. | understanding of how to apply multicultural competencies to treatment, referral, and prevention of mental and emotional disorders. | understanding of how to apply multicultural competencies to treatment, referral, and prevention of mental and emotional disorders. |
| CMHC: (6) D1 Counseling Process | No understanding of the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. | Below average understanding of the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. | Average understanding of the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. | Mastered understanding of the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. | Advanced understanding of the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. |

Student Instructions: The student will submit the FORM titled CP 6660 Internship Instructor’s Summary Student Document to the instructor in Live Text.

CP 6660 Instructor’s Summary Student Document

| Topic CP 6660 Internship | 0-59% 1 No Understanding | 60-69% 2 Below Average | 70-79% 3 Average | 80-89% 4 Mastery | 90-100% 5 Advanced |
|--|--|---|---|--|--|
| Comprehensive Case Study Standard: CMHC Section II 5c,d CMHC B1, C5, C7, D1, D2, D6, D8 D9, F3, F5,J1, J3, L1 | No understanding of how to complete a comprehensive case study using biopsychosocial form, conceptualization from at least two theoretical perspectives, treatment plan, and intervention for a case study using a current client. | Below average understanding of how to complete a comprehensive case study using biopsychosocial form, conceptualization from at least two theoretical perspectives, treatment plan, and intervention for a case study using a current client. | Average understanding of how to complete a comprehensive case study using biopsychosocial form, conceptualization from at least two theoretical perspectives, treatment plan, and intervention for a case study using a current client. | Mastered understanding of how to complete a comprehensive case study using biopsychosocial form, conceptualization from at least two theoretical perspectives, treatment plan, and intervention for a case study using a current client. | Advanced understanding of how to complete a comprehensive case study using biopsychosocial form, conceptualization from at least two theoretical perspectives, treatment plan, and intervention for a case study using a current client. |

Exit Survey Assignment in LiveText

The student will complete and submit the Exit Survey Assignment to their instructor in LiveText. This requires following a link to complete the actual survey then typing their name on the assignment template and submitting the document to their instructor in LiveText. This will allow the instructor to track student progress toward completion of the survey.

Student Final LiveText Assignments Last Internship – Complete the Final Self-Assessment Dispositions and Exit Survey in LiveText – See directions below.

| Final LiveText Assignments | Required to Complete Last Internship Course |
|---|---|
| <u>Assignment – Final Dispositions – Self Evaluation</u> | <ol style="list-style-type: none"> 1. Click the Forms tab in LiveText account. 2. Choose the form specific to <i>your</i> program (i.e Substance Abuse, Clinical Mental Health, School Counseling, Student Affairs Counseling). |

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| | 3. Complete the form and click the Submit Form button located at the bottom. |
| <i>Assignment – <u>Exit Survey</u></i> | Final Assignment to Evaluate Program – Complete Survey Link: http://c1.livetext.com/misk5/formz/public/52701/5it9Vxe5uH |

Remediation:

Students who do not meet the required level of mastery on a common assignment will be remediated prior to the end of the semester by the course instructor.

Additional Services:

ADA: Students with disabilities, or those who suspect they have a disability, must register with the Disability Services Coordinator in order to receive accommodations. Students currently registered with the Disability Services Office are required to present their Disability Services Accommodation Letter to each faculty member at the beginning of each term. If you have any questions, contact the Disability Services Coordinator.

Absence Policy: In registering for classes at the university students accept responsibility for attending scheduled class meetings, completing assignments on time, and contributing to class discussion and exploration of ideas. In severe cases of inclement weather or other emergency conditions, the Office of Executive Vice Chancellor and Provost will announce cancellation of classes through the local and regional media as well as through the University’s web site.

Plagiarism Policy:

Faculty teaching courses in the College of Education must include the definition of plagiarism below and the paragraph that follows in each syllabus. Following this information, instructors should clearly state the consequences for plagiarism. The consequences outlined in the syllabus must meet the guideline outlined in the current edition of the *Oracle*.

Information placed in each course syllabus:

The College of Educations defines plagiarism as:

- Three consecutive words that are not common professional language used from another source without quotation
- Rephrasing another author's words without appropriate citation
- Using another author's ideas or data without appropriate citation
- Submitting another author's or student's writing as one's own
- Directly quoting a source without using appropriate APA or MLA style (whichever is required by the instructor) citation to show that it is a direct quote.
- Intentionally taking information from a source and not giving appropriate credit

Students who commit plagiarism will be subject to disciplinary actions as outlined in *The Oracle* for Academic Misconduct and violation of the Honor Code. The Standards of Conduct and Disciplinary Procedures define university procedures in these matters. Students have the right to request consideration by the Student Services Conduct Board.

Consequences for plagiarism in (course number) are as follows: *{*NOTE TO FACULTY*: This is where faculty will outline consequences for plagiarism in any assignment/assessment/activity in (course prefix and course number) as follows: Penalty/Failure can only be applied to the assignment. Only in situations where the assignment is critical to successful completion of the course may the faculty fail the student for the course.}*

Date Revised

August 8, 2011