

# Saint Cloud State University Chemical Dependency Internship Packet

Community Psychology, Counseling and Family Therapy

**EB B210** 

320-308-2160

http://www.stcloudstate.edu/ccp

**UPDATED 4/2019** 



#### **TABLE OF CONTENTS**

CONTENT	PAGE
INFORMATION ON REGISTRATION FOR INTERNSHIP AND 402/502	3-4
POLICY SHEET	5-6
INTERNSHIP AGREEMENT	7-10
FORMS, EVALUATIONS, LOGS	11
INTERNSHIP ORIENTATION REPORT FORM	12
INITIAL INTERNSHIP EVALUATION FORM	13
EVALUATION OF INTERN'S COMPETENCIES	14
INTERNSHIP HOURS LOG	15
CONTINUOUS EVALUATION FORM	16

#### APPENDIX A—FINAL EVALUATION

#### Our Mission

The mission of the Chemical Dependency Program is to prepare graduate and undergraduate students for employment in the field of addictions by educating them in the 12 Core Functions, and graduating well-rounded professionals and role models who will be leaders in the addiction field and the greater community.



#### INFORMATION ON REGISTRATION FOR INTERNSHIP

The following information has now been uploaded into Handshake. The information has been maintained in the manual as a paper copy for you. By completing your internship application on Handshake, you have agreed to abide by the policies, procedures and ethical standards of the Chemical Dependency Counseling program and agree to participate in the Chemical Dependency Counseling program's ongoing evaluation process. You have further agreed to allow data obtained for program evaluation to be used in future program authorized research. All information obtained by program evaluation will be held in confidence according to the St. Cloud State University policy. All data released for research purposes will be done so in an anonymous format.

<u>Chemical Dependency Internships</u>: You must have permission to register for CD internships. In order for faculty to enter permission the following requirements must be met:

- You must be admitted to the CD counseling program (which means you submitted an application, interviewed and were accepted into the program-you have also completed the admission paperwork.)
- All major coursework needs to be completed, except for CPSY 402/502. With each class having a grade of C or higher.

You must be able to pass a criminal background check.

- You must complete the internship application on Handshake. The link to Handshake can be found on the Community Psychology Website.
- Check to make sure your transcript states you are an admitted major or grad
  certificate depending on your program. When you are on internship all
  EVALUATIONS must also be turned in to Peter Eischens's mailbox in paper
  form. If your site requires other forms such as an agreement or contract- must be
  paper and in my mailbox. Faculty will not be able to accept paperwork that is
  emailed to them or slipped under their door.
- You can put the paperwork into Peter Eischens's mailbox- make sure you get the right one. You can also mail it to Peter Eischen at the CPSY Office: 720 4<sup>th</sup> Ave. S St. Cloud, MN. Do not fax.
- Please do not contact the department office requesting overrides; the office manager cannot do overrides for CPSY 402/502 or internship. Questions about Spring, Summer or Fall internships should be emailed to Peter Eischens's at pdeischens@stcloudstate.edu



#### INFORMATION ON REGISTRATION FOR INTERNSHIP

- Contact Peter Eischens if you are planning to do more internship hours than the 440 you are expected to complete each semester. You must also inform your internship supervisor if you are planning to complete internship hours when SCSU is on break between semesters. Students can only complete internship hours during breaks if given approval by their site with the understanding that the site is 100% liable for their intern during that time period. Students are only provided with insurance through the university while the semester is in session.
- You cannot do more than 40 hours per week, without approval from Peter Eischens usually for a once in a while event of two or three hours. The goal of internship is to get a great learning experience so that you are prepared to enter the work place. The goal is not to get done as soon as possible.

Last but not least, <u>PLEASE KEEP COPIES OF CONTRACTS</u>, <u>EVALUATIONS</u> <u>AND RELATED MATERIALS</u>.



#### **POLICY SHEET**

By completing the internship application on Handshake, you have agreed to abide by the policies, procedures and ethical standards of the Chemical Dependency Counseling program and agree to participate in the Chemical Dependency Counseling program's ongoing evaluation process. You have further agreed to allow data obtained for program evaluation to be used in future program authorized research. All information obtained by program evaluation will be held in confidence according to the St. Cloud State University policy. All data released for research purposes will be done so in an anonymous format.

#### Admission

- Background checks are required for internship and may be requested by the program.
- I am aware of any legal records that would show up on my required background check for the internships.
- I must turn in all required paperwork for admissions into the program.
- Emails and all other interaction are a reflection of you, and affect acceptance into the program, continuation in the program, and acceptance into internships.
- Admittance into the program on the basis of sobriety is determined on a case-by-case basis.
- I am aware of, and will consult with, the C.D. program website to stay current with program information.
- I understand that I must post on D2L in a timely fashion for all classes that have D2L requirements.
- I understand that cheating in class will result in dismissal from the program.

#### **Internship**

- You need to have at least two years of sobriety prior to starting your internship.
- You need to have all coursework (except CPSY 402/502) completed with at least a C in each class prior to starting internship.
- In order to register for an internship, I must attend C.D. Information Day. Attendance is taken at each day.
- You must register for 12 credits per internship at the Undergraduate level. You must register for 6 credits per internship for the Graduate Certificate.
- CPSY 402/502 can be taken during first internship.
- Make every effort to avoid starting your internship if there are foreseeable personal issues that may impact the quality of your work.
- Although it may be an appropriate place to intern, it is not acceptable to intern at your place of employment as an employee. Your experience at the site should be reflective of an internship.



#### Chemical Dependency Program St. Cloud State University POLICY SHEET

- Internships begin and end in accordance with classes start and end date each semester and each internship is 440 hours.
- While on internship, I must post weekly on the internship D2L site.
- I understand that internship sites must be approved prior to registration for internships.
- For internships, I understand that I cannot intern more than 40 hours per week without my campus supervisor's prior written approval.
- I agree to follow the ethical codes of SCSU and the internship sites. Failure to do so may result in dismissal from the program.
- While on internship, evaluations must be submitted to campus supervisor according to schedule.

#### **Licensure**

- Completion of this program does not guarantee licensure.
- I understand that SCSU is responsible for academic requirements for the program. The Minnesota Board of Behavioral Health is your resource for questions regarding licensure.



#### A. Philosophy Statement Regarding Internships:

The Chemical Dependency Program exposes students to a variety of theories of and treatment of chemical dependency as part of the preparation for employment. The educational emphasis prepares students to use the multidimensional concept of chemical dependency and a systems approach to the treatment of individuals, their families, and other social systems. Preparation for employment includes knowledge, attitudes, and skills presented in the classroom into practice during internship in a recognized treatment setting and under the direction of a qualified professional Chemical Dependency counselor.

#### **B.** Rationale:

The two-semester internship experience follows the successful completion of course work in the CD program. The internship experience provides the opportunity for students to put into practice the knowledge, attitudes, and skills learned in the academic environment. Students will deliver a variety of clinical services to clients in a professional setting. Students will interact with the various professionals while they assume the appropriate functions of a Chemical Dependency counselor. At the conclusion of the internship experience, students are expected to be qualified to seek employment as an entry-level Chemical Dependency practitioner/counselor. Students complete 440 hours of internship per semester. This can completed in either inpatient or outpatient settings. Internships can be completed at the same site or at different sites depending on the needs of the student.

#### **C.** Selection of Internship Sites:

Students are encouraged to visit several prospective internship sites approximately a semester in advance of the internship experience. The purpose of the visits is to assist the student in the selection of an internship site that is compatible with the students' objectives. The CD program instructors will assist students in identifying possible internship sites. Following these visits, students complete an Internship verification form. Upon receipt and approval of the completed Internship verification form and supporting documents (including a background check), a student will be eligible for registration for internship. Students are required to attend mandatory Chemical Dependency Information Days.

#### D. Internship Objectives:

At the conclusion of the two internships, students will have demonstrated and been assessed by qualified faculty and agency staff as possessing entry-level Chemical Dependency practitioner/counselor abilities in the core functions. All competencies listed on the Internship Final Evaluation must be met according to criteria on the evaluation.



#### E. Responsibilities of the Agency Supervisor are:

- 1. To be responsible for relationships between the university and the agency. The first responsibility of the agency supervisor is to persons the agency services. This means that the agency supervisor should not permit the student intern to function in any way that seriously impairs the quality of the agency's services. At the same time, the agency supervisor should allow the student reasonable freedom of operation in order that an adequate training program can be completed.
- 2. To interpret the internship program to the agency administrator and to obtain the official agency approval of the student internship program.
- 3. To interpret the internship program to the agency staff and help the student gain acceptance as a member of the agency staff.
- 4. To help the student intern understand his/her job as it relates to the total population served.
- 5. To define the role of the student intern through:
  - a. Conference with the student to determine as nearly as possible the program the student will pursue, and inform the student and the university supervisor of internships in writing of the training schedule arranged.
  - b. Conferences (at least one per week) with the student to discuss problems that arise in the process of performing regular duties assigned, techniques of leadership and methods of operation used by the student intern, and factors that will aid the student to better understand duties pertaining to operations as they assist in the agency.
  - c. Informing the student of all regulations to be observed.
- 6. To evaluate the internship of the student:
  - a. To schedule periodic conferences with the students and university supervisor as well as intermittent evaluation to aid the student and to give specific indications of the student's progress.
  - b. To present criticisms in a constructive, objective, and tactful way.
  - c. To cooperate with the university supervisor of internships in establishing criteria for evaluating the student's work. The agency should use the criteria so determined as a basis for:
    - A written appraisal of the student's activities during the internshiptraining period. This would include an analysis of the student's strong and weak points and other information concerning the student that the agency supervisor thinks would be pertinent in the further education of the student.
    - ii. Completing the evaluation forms for the agency supervisor (see forms pp. 8-15).



#### F. Responsibilities of the University Supervisor of interns:

- 1. To represent the university in all official arrangements with cooperating agencies in the conduct of the internship progress.
- 2. To supervise arrangements for student internship assignments. Internship experiences shall be completed in primary care/inpatient/outpatient chemical dependency programs approved by the university supervisor.
- 3. To monitor the work of the student in the cooperating agency by D2L. As well as contact with the agency and with student intern.
- 4. To evaluate internship reports and to discuss these reports with the student and with the agency supervisor of the interns.
- 5. To evaluate the student's internship in cooperation with the agency supervisor of interns. It is the duty of the university supervisor of interns to assign the final grade of the student in the internship.
- 6. To serve as a resource person for both the cooperating agency supervisor and the student.
- 7. To conduct research and to exchange ideas directed toward improvement of the student internship-training program.

#### G. Student Reports:

- 1. Internship Confirmation Sheets and MnSCU contract are to be completed at the time of the agency interview, signed (all signatures and passing background check must be obtained prior to start of internship hours) by the student and agency supervisor, and returned to SCSU supervisor for signature. **This is completed through Handshake.**
- 2. Orientation Report to be completed by the student in conjunction with the agency supervisor and is due at the end of the second week of internship. (See form p. 6)
- 3. Report (in the form of an informal daily log) to be mailed to the SCSU supervisor on a weekly basis, on the D2L website for the class. Suggestions for the letter or log:
  - a. Describe the program and your experience as you see it at the end of each day.
  - b. Describe how you are meeting your stated goals/objectives.
  - c. Participate weekly in discussion section.

#### H. Other regulations governing student internships:

- 1. Internship assignments may be terminated only after conferences with the university internship supervisor and agency supervisor.
- 2. Students doing internship shall be entitled to regular agency holidays.
- 3. In case of illness or emergency preventing attendance, students should notify both agency supervisor and university supervisor, if possible.
- 4. Internship placements are scheduled during semester course sessions. Internships start the same day as courses begin and must be completed by finals week. Two semesters of 440 hours each (for a total of 880 hours) are required for CPSY 445, 446 for undergraduate. Two semesters of 545 (440 hours per internship) for graduate unless there is a double major. A maximum of 40 hours per week for internship.
- 5. Students must complete, in a timely manner, all D2L assignments.
- 6. Handshake application must be turned in **1 month** prior to the start of internship.



#### I. Evaluation:

Student will be graded according to work performed during the internship. The student's final grade will be based upon the following:

- 1. Evaluation reports given by the agency supervisor and staff members.
- 2. Meetings with student and university and agency supervisor via phone or on-site.
- 3. Reports in the form of an informal daily log kept by the student with 440 hours of documented time on site.
- 4. Evidence of significant professional growth through the appropriate use of skills on job assignments, tact, evidence of the realization of personal weaknesses, and a concerted attempt to correct these weaknesses, and the ability of the student to meet practical problems.
- 5. Active participation weekly on D2L site.

#### J. Grading:

A,B,C grades: <u>Satisfactory</u> performance and indicates probable success in the field as an entry-level Chemical Dependency practitioner.

D and F grades: <u>Unsatisfactory</u> performance and indicates success in the filed as an entrylevel Chemical Dependency practitioner is not probable and/or violation of acceptable professional. /ethical standards have occurred.

If for any reason, the student receives a grade of D or F for the internship experience and wishes to appeal the decision, the procedures identified in the SCSU Student Handbook are to be followed.

#### **Evaluations and Other Forms**

The following forms, evaluations, and time logs must still completed and turned in by the intern and site supervisor. These forms, evaluations and time logs will be incorporated into your student file and provide the evidence required for completion of the Chemical Dependency program you are enrolled in. Please follow the directions on each form and contact Peter Eischens at <a href="mailto:pdeischens@stcloudstate.edu">pdeischens@stcloudstate.edu</a> if you have any other questions.



Internship Duties and Responsibilities:

### Chemical Dependency Program St. Cloud State University

### INTERNSHIP ORIENTATION REPORT FORM (DUE $2^{nd}$ WEEK)

Student's Name:	Date:
Student ID:	Phone:
Home Address:	
Residence During In	nternship:
Internship Agency:	
Agency Address:	
Agency Supervisor:	
Internship Schedule (Co	omplete as possible):



(DUE: END OF 3<sup>rd</sup> WEEK)

Instructions: Place an "X" opposite each item under the number, which applies. For ratings between two numbers, mark "X" on the line, which divides the two numbers. Please be as objective as possible.  The purpose of this evaluation is to provide an opportunity for feedback to the student regarding his/her initial progress in the internship and is not part of the criteria for satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS  1 2 3 4 COMMENTS  iative  dership & Organizing Ability  munications (Oral & Written)  operation  hniques & Skills	ame of InternDate												
KEY: (1) Excellent (2) Good (3) Fair (4) Poor  Instructions: Place an "X" opposite each item under the number, which applies. For ratings between two numbers, mark "X" on the line, which divides the two numbers. Please be as objective as possible.  The purpose of this evaluation is to provide an opportunity for feedback to the student regarding his/her initial progress in the internship and is not part of the criteria for satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS 1 2 3 4 COMMENTS  iative dership & Organizing Ability poperation	Agency												
Instructions: Place an "X" opposite each item under the number, which applies. For ratings between two numbers, mark "X" on the line, which divides the two numbers. Please be as objective as possible.  The purpose of this evaluation is to provide an opportunity for feedback to the student regarding his/her initial progress in the internship and is not part of the criteria for satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS  1 2 3 4 COMMENTS  tative  dership & Organizing Ability  mmunications (Oral & Written)  operation  hniques & Skills  ERALL RATING  No. Of Weeks  Comments:	Agency Supervisor		SCSU Supervisor										
Instructions: Place an "X" opposite each item under the number, which applies. For ratings between two numbers, mark "X" on the line, which divides the two numbers. Please be as objective as possible.  The purpose of this evaluation is to provide an opportunity for feedback to the student regarding his/her initial progress in the internship and is not part of the criteria for satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS  1 2 3 4 COMMENTS  tative  dership & Organizing Ability  mmunications (Oral & Written)  operation  hniques & Skills  ERALL RATING  No. Of Weeks  Comments:													
between two numbers, mark "X" on the line, which divides the two numbers. Please be as objective as possible.  The purpose of this evaluation is to provide an opportunity for feedback to the student regarding his/her initial progress in the internship and is not part of the criteria for satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS  1 2 3 4 COMMENTS  iative dership & Organizing Ability munuciations (Oral & Written)  operation hiniques & Skills  ERALL RATING  No. Of Weeks  Comments:	KEY: (1) Excellent	(2) God	od			(3) Fair	(4) Poor						
between two numbers, mark "X" on the line, which divides the two numbers. Please be as objective as possible.  The purpose of this evaluation is to provide an opportunity for feedback to the student regarding his/her initial progress in the internship and is not part of the criteria for satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS  1 2 3 4 COMMENTS  iative dership & Organizing Ability munuciations (Oral & Written)  operation hiniques & Skills  ERALL RATING  No. Of Weeks  Comments:	Instructions: Place an "X" oppos	ite each	iteı	n ui	nder	the number, which	applies. For ratings						
The purpose of this evaluation is to provide an opportunity for feedback to the student regarding his/her initial progress in the internship and is not part of the criteria for satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS  1 2 3 4 COMMENTS  iative  dership & Organizing Ability  muunications (Oral & Written)  operation  hniques & Skills  ERALL RATING  No. Of Weeks  Comments:							• • •						
regarding his/her initial progress in the internship and is not part of the criteria for satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS	objective as possible.												
satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS	The purpose of this evaluation is	to prov	ide	an o	рро	rtunity for feedback	x to the student						
satisfactory completion of the internship based on attainment of competencies identified in the final evaluation.  TING ITEMS 1 2 3 4 COMMENTS in the dership & Organizing Ability Inmunications (Oral & Written) Inhiques & Skills	1 1	-				•							
TING ITEMS  1 2 3 4 COMMENTS  iative dership & Organizing Ability mmunications (Oral & Written) operation hniques & Skills  ERALL RATING  No. Of Weeks  Comments:													
dership & Organizing Ability mmunications (Oral & Written) operation hniques & Skills ERALL RATING  No. Of Weeks  Comments:	in the final evaluation.												
dership & Organizing Ability mmunications (Oral & Written) operation hniques & Skills ERALL RATING  No. Of Weeks  Comments:							_						
dership & Organizing Ability mmunications (Oral & Written) operation hniques & Skills ERALL RATING  No. Of Weeks  Comments:	TING ITEMS	1	2	3	4		COMMENTS						
dership & Organizing Ability mmunications (Oral & Written) operation hniques & Skills  ERALL RATING  No. Of Weeks  Comments:  Agency Supervisor Signature			_		-								
mmunications (Oral & Written)  operation hniques & Skills  ERALL RATING  No. Of Weeks  Comments:  Agency Supervisor Signature													
peration hniques & Skills  ERALL RATING  No. Of Weeks  Comments:  Agency Supervisor Signature													
No. Of Weeks  Comments:  Agency Supervisor Signature	operation												
No. Of Weeks  Comments:  Agency Supervisor Signature	chniques & Skills												
Comments:  Agency Supervisor Signature	ERALL RATING												
Comments:  Agency Supervisor Signature	N. OSWI I	•											
Agency Supervisor Signature	No. Of Weeks	_											
Agency Supervisor Signature	Comments:												
	Comments.												
	Agency Supervisor Signature												
Student Signature	2												
	Student Signature												



TOTAL # \_\_\_\_\_

# Chemical Dependency Program St. Cloud State University EVALUATION OF INTERN'S COMPETENCIES (DUE: END OF SEMESTER)

Student Name:	Student ID:								
During each semester of internship, the student mu categories identified on the final evaluation. Compcompetencies receiving a rating below 2 during the addressed in the second semester of internship. All least one internship experience. Satisfactory completermined in part by meeting each of the followin 1. 80% of the identified competencies must be rate the first semester (440 hours) of internship.  2. At the conclusion of the second internship, all dexcellent.	etencies not addressed and those a first semester of internship must be competencies must be addressed during at etion of the internship assignment shall be g: ed number 3 or 4 – good or excellent – during competencies must be rated 3 or 4, good, or								
Please circle those competencies, which you verificate the second period of the second period period of the second period period period of the second period	vant to demonstrate during each semester.  2 <sup>ND</sup> Semester INTERNSHIP								
1. A B C 2. A 3. A B 4. A B C D 5. A B C D E F G H I J K L M N O 7. A B C D E F G H 8. A B C 9. A B C 10. A B C 11. A B C D E 12. A B C D E F G H 13. A B 14. A B C D E 15. A	1. ABC 2. A 3. AB 4. ABCD 5. ABCDE 6. ABCDEFGHIJKLMNO 7. ABCDEFGH 8, ABC 9. ABC 10. ABC 11. ABCDE 12. ABCDEFGH 13. AB 14. ABCDE								

TOTAL# \_\_\_\_\_



#### Chemical Dependency Program St. Cloud State University INTERNSHIP HOURS LOG

Student	: Name:					Student ID: Semester:									
Site:					Superviso	r:									
Start Da	ite: _					End Date:			Inte	Internship # 1 2					
Week	Screening	Intake	Orient	Assess	TX Plan	Counseling	Crisis Int.	Education	Case Mgt	Referral	Records	Consult	Total	Advisor Initials	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
Total															
Internsh	nip Complet	ed Succ	essfully [	_ Tota	al Hours _			Supervis	or				Date		
								Advisor					Date _		



#### **CONTINUOUS EVALUATION FORM**

This form is for students seeking a degree or certification in Chemical Dependency Counseling in the Department of Community Psychology, Counseling and Family Therapy. Any instructor of a course may file this form if a student's suitability to enter or continue in the program is in question. A student may be evaluated when there is reason to believe that the student has deficiencies or is unsuitable to continue due to ethical conduct, professional attitudes and behaviors, or essential mental or physical functions needed to perform the required skills. A copy signed by the instructor and preferably by the student must be submitted to the Chemical Dependency Program Coordinator for review by the faculty.

Course Enrolled:		Date:	
Student's Name:			
Please state the nature of the evaluation. (Attach addition	•	ovide specific examples to suppor erial if needed)	t this
Student Response: (Attach additional pages or	materials if need	led)	
Faculty Signature	Date	*Student Signature	Date
*The student signature here that the student agrees with	•	hat the student has read the evalu	ation, not
Copies: Student Peter Eischens/Coordinator			



# APPENDIX A Final Evaluation



Intern:	Student ID: Date:									
Internship Site:										
Site Supervisor:	te Supervisor: Faculty Supervisor:									
-	· -									
Please rate the intern on the following con	mpetencies:									
Key: (1) Poor (2) Fair (3) Good (Entry Level Competence) (4) Excellent N/A – Not										
Applicable/ or no Opportunity to O	Observe									

Satisfactory completion of the internship assignment shall be determined in part by meeting each of the following:

- 1. 80% of the identified competencies (see competency form) must be rated number 3 or 4 –during the first semester of internship.
- 2. At the conclusion of the second internship, all competencies must be rated 3 or 4 good or excellent.

1. SCREENING						COMMENTS
A. Gathering data which identifies whether the client is appropriate and eligible for admission to a particular	1	2	3	1	N/A	
program.	1	4	3	•	IV/A	
B. Matching the clients identified needs and circumstances with the most appropriate treatment alternatives.	1	2	3	4	N/A	
C. Gathering data which differentiates patterns of use into categories of use, abuse, and dependency.	1	2	3	4	N/A	

2. INTAKE						COMMENTS
A. Completing the administrative						
process by documenting the initial						
assessment, filling out the intake						
sheet, completing releases of	1	2	3	4	N/A	
information, collecting financial						
data, signing a consent for treatment,						
and assigning a primary counselor.						



2. ODJENJE A TRIONI	I					COMPARATES
3. ORIENTATION						COMMENTS
A. Describing to the client the						
general nature and goals of the						
program, rules governing client						
conduct and infractions that can lead						
to disciplinary action or discharge,	1	2	3	4	N/A	
the hours during which services are	1	_			1 1//12	
available, the treatment costs for the						
client, if any, and the client's rights,						
in a respectful understandable, and						
clear manner.						
B. Keeping informed an current						
regarding patients' rights legislation.	1	2	3	4	N/A	
A A GORGO TRATE	1					CONTRACTOR
4. ASSESSMENT						COMMENTS
A. Identifying and evaluating a						
client's strengths, weaknesses,	1	2	3	4	N/A	
problems, and needs for the	_	_		_	1 "12	
development of a treatment plan.						
B. Listing and describing diagnostic						
indicators which determine the	1	2	3	4	N/A	
appropriate level of treatment along		_		•	1 1/12	
the continuum of care.						
C. Describing the changes in						
physiological functioning, social						
behavior, and value systems relative	1	2	3	4	N/A	
to varying degrees of chemical use.						
D. Preparing accurate and concise		_				
client and family histories which	1	2	3	4	N/A	
include preexisting conditions.						
	1				1	T
5. TREATMENT PLANNING						COMMENTS
A. Preparing written individualized	1	2	3	4	N/A	
treatment plans.						
B. Working in conjunction with						
others as part of a multidisciplinary	1	2	3	4	N/A	
team.	_		آ ا	•		
C. Identifying and ranking problems	1	2	3	4	N/A	
needing resolution.	1	_			1,1/1	
D. Establishing agreed upon						
immediate and long-term goals.	1	2	3	4	N/A	
E. Deciding on a treatment process						
and the resources to be utilized	1	2	3	4	N/A	
6. GENERAL						COMMENTS
COUNSELING SKILLS						COMMINICAL
COURSELLING SKILLS	<u> </u>					<u>l</u>



A. Describing a minimum of three	1	2	2	4	NT/A	
theories of counseling	1	2	3	4	N/A	
B. Assisting the client in exploring,						
developing, and pursuing personal	1	2	3	4	N/A	
growth and recovery goals						
C. Utilizing available physical						
surrounding to set an appropriate	1	2	2	4	TAT/A	
stage for interviewing and	1	2	3	4	N/A	
counseling sessions.						
D. Establishing a therapeutic						
relationship which focuses on the	1	2	3	4	N/A	
client's needs and is non-exploitive.						
E. Defining the purpose of each	4	_	_	4	NT/A	
session with the client.	1	2	3	4	N/A	
F. Using basic attending skills to	1	2	2	4	NT/A	
establish a counseling relationship.	1	2	3	4	N/A	
G. Limiting self-disclosure to what	1	2	2	4	NT/A	
will benefit the client.	1	2	3	4	N/A	
H. Helping clients take						
responsibility for their own	1	2	3	4	N/A	
behavior.						
I. Affirming client's strengths and	1	2	3	4	N/A	
reinforcing positive behaviors.						
J. Addressing the therapeutic						
relationship and processing it with	1	2	3	4	N/A	
the client when it is appropriate.						
K. Summarizing the interview		_	_	4	<b>NT/</b> 4	
contents with the client.	1	2	3	4	N/A	
L. Helping the clients to recognize						
self-defeating coping strategies by			_		<b>N</b> T/ A	
identifying discrepancies and	1	2	3	4	N/A	
recurring patterns of behavior.						
M. Responding in an open and						
supportive manner to the needs of	1	2	3	4	N/A	
the clients.						
N. Using the client's cultural context						
and values to initiate and further the	1	2	3	4	N/A	
recovery process.						
O. Utilizing conflicts productively.	1	2	3	4	N/A	

7. GROUP COUNSELING		-		COMMENTS
SKILLS				



						-
A. Describing a minimum of three	1	2	3	4	N/A	
models of group counseling.	$ar{\Box}$	oxdot	-		- 17	
B. Describing group dynamics and					/.	
identifying methods of assessing	1	2	3	4	N/A	
group progress.	Щ	Щ				
C. Negotiating roles and	1	2	3	4	N/A	
responsibility with co-facilitator.		Щ	-		11/12	
D. Establishing role as group	1	2	3	4	N/A	
facilitator or co-facilitator.	•				14/73	
E. Establishing group purpose and						
guidelines and attending to their	1	2	3	4	N/A	
maintenance.						
F. Facilitating interaction among	1		_	4	<b>T</b> .T / A	
group members.	1	2	3	4	N/A	
G. Processing group dynamics	1		2	4	<b>B</b> T/A	
during group sessions.	1	2	3	4	N/A	
H. Processing group experience with						
appropriate colleagues outside of	1	2	3	4	N/A	
group.						
Bronk.						<u>I</u>
8. CASE MANAGEMENT						COMMENTS
A. Coordinating the treatment and	$\vdash \vdash$	$\vdash$	$\dashv$			COMMITTIES
services identified within the	1	2	3	4	N/A	
	*	_		, <b>"</b>	14/12	
treatment plan  B. Working in conjunction with	$\vdash \vdash$	$\vdash$	-			
others as part of a multi-disciplinary	1	2	3	4	N/A	
	1	4	٥	4	IN/A	
C. Hillian assessment names and	$\vdash \vdash$		$\dashv$			
C. Utilizing support persons and	1	2	2	4	TAT / A	
agencies as resources in the	1	2	3	4	N/A	
treatment process.		Ш				
9. CRISIS INTERVENTION						COMMENTS
						COMMENTS
9. CRISIS INTERVENTION  A. Identifying a decisive, crucial event in the course of the client's						COMMENTS
A. Identifying a decisive, crucial	1	2	3	4	N/A	COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to	1	2	3	4	N/A	COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to compromise or destroy the treatment	1	2	3	4	N/A	COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to compromise or destroy the treatment effort.						COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to compromise or destroy the treatment effort.  B. Soliciting the client's input on	1	2	3			COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to compromise or destroy the treatment effort.  B. Soliciting the client's input on possible solutions.						COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to compromise or destroy the treatment effort.  B. Soliciting the client's input on possible solutions.  C. Involving appropriate						COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to compromise or destroy the treatment effort.  B. Soliciting the client's input on possible solutions.  C. Involving appropriate professional and/or managerial		2	3	4	N/A	COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to compromise or destroy the treatment effort.  B. Soliciting the client's input on possible solutions.  C. Involving appropriate professional and/or managerial personnel and utilizing the full				4		COMMENTS
A. Identifying a decisive, crucial event in the course of the client's treatment which threatens to compromise or destroy the treatment effort.  B. Soliciting the client's input on possible solutions.  C. Involving appropriate professional and/or managerial	1	2	3	4	N/A	COMMENTS



10. CLIENT EDUCATION						COMMENTS
A. Providing information to						
individuals and groups in a variety						
of forms, concerning the chemical	1	2	3	4	N/A	
dependency and available services						
and resources.						
B. Preparing an outline and						
bibliography of a lecture, noting	1	2	3	4	N/A	
relevant source materials.						
C. Preparing and presenting						
informative and factually accurate						
lectures using language the audience	1	2	3	4	N/A	
understands.						

11. REFERRAL						COMMENTS
A. Identifying the need of the client that cannot be net by the counselor or agency and assisting the client to utilize the support systems and community resource available.	1	2	3	4	N/A	
B. Using appropriate procedures for obtaining and releasing information according to legal standards and ethical guidelines.	1	2	3	4	N/A	
C. Recognizing that the counselor's responsibility to the client continues until this responsibility is assumed by another professional or has been terminated by mutual consent.	1	2	3	4	N/A	
D. Terminating the therapeutic relationship when the client is no longer benefiting from it, or referring to another when appropriate.	1	2	3	4	N/A	
E. Doing appropriate and timely follow – up on client referrals.	1	2	3	4	N/A	



12. REPORTS AND						COMMENTS
RECORD KEEPING						
A. Treating all information						
regarding clients in an appropriate,						
confidential manner and in	1	2	3	4	N/A	
accordance with governmental						
guidelines.						
B. Writing clear and coherent						
internal and external documents	1	2	3	4	N/A	
concerning clients and families.						
C. Documenting accurate and						
concise client and family histories	1	2	3	4	N/A	
which include preexisting	1	4	3	4	1\(\frac{1}{A}\)	
conditions.						
D. Recording treatment goals which						
are related to problems and issues in	1	2	3	4	N/A	
the client and family.						
E. Recording progress of the client						
and family relation to treatment	1	2	3	4	N/A	
goals and methods.						
F. Documenting an individualized	1	2	3	4	N/A	
aftercare plan.						
G. Writing an accurate discharge	1	2	3	4	N/A	
summary.	1	<i>L</i>	3	4	IN/A	
H. Documenting written and verbal						
communication with other	1	2	3	4	N/A	
professionals.						

13. CONSULTATION						COMMENTS
A. Consulting with colleagues and						
other professionals, to facilitate	1	2	3	4	N/A	
quality care for the client.						
B. Working in conjunction with						
others as part of a multi-disciplinary	1	2	3	4	N/A	
team.						



14. FAMILY AND						COMMENTS
SIGNIFICANT						
RELATIONSHIPS						
A. Establishing rapport with family	1	2	3	4	N/A	
members and significant others.	1		3	•	11//1	
B. Utilizing skills which involve						
family members and significant						
others in the treatment and recovery	1	2	3	4	N/A	
process, without exploiting the						
family to benefit the client.						
C. Facilitating communication	1	2	3	4	N/A	
between family members.	1	2	3	4	IN/A	
D. Using and modeling interpersonal						
communication skills which						
promote mutual understanding and	1	2	3	4	N/A	
offer ways to resolve conflict.						
E. Data maining and other ath						
E. Determining whether other						
clinical issues such as physical,			•	_	NT/A	
psychological, or sexual abuse may	1	2	3	4	N/A	
be present within the family and						
making appropriate referrals.						

15. ETHICAL BEHAVIORS AND PROFESSIONAL						COMMENTS
ATTITUDES						
A. Demonstrating the integration of the ICDP Code of Ethics through	1	2	3	4	N/A	
professional behaviors.						



Additional Comments:		
		•
Student Signature		
Agency Supervisor Signature		
Agency Supervisor Email		
Agency Supervisor Phone Number		
SCSU Supervisor Signature		
Internship Site	Date	