

Houston Graduate School of Theology

COU 752–753 Counseling Internship Peer Groups

Spring 2018, Mondays, 6:00-7:30 pm

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Houston Graduate School of Theology equips women and men to be ministers and messengers of God's mission of reconciliation through academic excellence, personal transformation, and leadership development

I. Course Descriptions

COU 752 Counseling Internship I One hundred fifty clock hours of supervised experience in counseling with an approved supervisor in an approved clinical or counseling center setting. The course includes meetings with a campus supervisor and peer group.

COU 753 Counseling Internship II One hundred fifty clock hours of supervised experience in a clinical setting with clients; practicum to include work with family systems and the use of family therapy counseling approaches. The course includes meetings with a campus supervisor and peer group.

II. Student Learning Outcomes (MAC-1, -2, -3, -4, -5)

Upon completion of the internship, the student will be able to:

- A. Develop a professional perspective and theoretical orientation aligned with client and facility needs.
- B. Adhere to and comply with facility policy.
- C. Understand and utilize on site instruction, training, and information to assist with providing counseling to the population served.

Upon completion of the Peer Group classroom requirement, the student will be able to:

- A. Present clinical cases in a case conference format.
- B. Be competent in relationship building within the expose the peer-to-peer supervision model.
- C. Articulate matters of ethical, moral, and spiritual concerns as they apply to the practicum experience.
- D. Provide professional peer emotional support during practicum experience.
- E. Review documentation issues, legal and practice issues as per the rules of the Texas State Board of Examiners of Professional Counselors.
- F. Integrate theories, experiences, and scripture to form a theological model of the counseling process and spiritual care in later life.

III. Fitness to Practice Evaluation for Counseling Students

Counselor educators are ethically obligated, through ongoing evaluation, to address the inability of some students to achieve counseling competencies. Fitness to Practice Evaluation is a process, which ensures that counseling students are:

- Meeting or exceeding program standards;

- Demonstrating the acquisition and effective application of ethical counseling skills to address a diverse population; and
- Exhibiting emotional and mental fitness in the interaction with clients, families, peers, and other professionals.

Counselor educators do the following:

- Assist students in securing remedial help when needed;
- Seek professional consultation and document their decision to dismiss or refer students for assistance; and
- Ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

All students will be evaluated during their enrollment in the MAC degree program and remediated, if necessary. The Fitness to Practice Evaluation Form is an instrument that is used to evaluate comportment of students enrolled in the Masters of Arts in Counseling (MAC) program. For MAC students, this instrument is used to assess students enrolled in COU 530 Theories in Counseling, COU 600 Counseling Skills and Techniques, and COU 751 Counseling Practicum I. The information that is gathered is aggregated by the Counseling Practicum Director who analyzes, stores, and reports the data to the Academic Office.

IV. Texts

DSM- 5. American Psychiatric Association. 5th Ed. 2013. Arlington, Va. ISBN 10: 0-890425558; ISBN 13: 978-0890425558

Erford, B. T., Hays, D. G., Crockett, S., Miller, E. M. (2011). *Mastering the National Counselor Exam and the Counselor Preparation Comprehensive Exam*. Upper Saddle River, N. J.: Pearson Education, Inc. ISBN 13: 978-0-13-701750

Hodges, S. (2010). *The Counseling Practicum and Internship Manual: A Resource for Graduate Counseling Students*. Springer Publishing Company, ISBN 0826118321.

Legal documents: (LPC track students) Download and print from the Texas State Board of Examiners of Professional Counselors web page:

- Title 22, Texas Administrative Code, Part 30, Chapter 681: Rules relating to the licensing and regulation of professional counselors, Texas State Board of Examiners of Professional Counselors, effective September 1, 2010.
- Occupations Code, Chapter 503. Licensed Professional Counselors.

Legal documents: (LMFT track students) Download and print from the Texas State Board of Examiners of Marriage and Family Therapists web page:

- Title 22, Texas Administrative Code, Part 35, chapter 801: Licensure and Regulation of Marriage and Family Therapists, Texas State Board of Examiners of Marriage and Family Therapists, effective April 27, 2003
- Occupations Code, Chapter 502. Marriage and Family Therapists.

Assignments

1. Weekly case presentation (written and oral)
2. Peer Group attendance and Participation
3. Review per practicum supervisor
4. Compilation of 15 complete case write-ups (template provided in class)
5. A complete case write-up and presentation

V. Grading Scale: PASS - FAIL

VI. Policies

- A. Regular attendance and regular submission of assignments on due dates in the syllabus is expected. The following guidelines have been approved for inclusion in all HGST syllabi and reflect standards for all courses:
 - Fall/Spring semester 15-session course – 3-absence maximum
 - Summer term 8-session course – 1-absence maximum (equals 4 hours).
 - 6-session hybrid – 1-absence maximum
 - 4-session hybrid – 0-absence maximum

If a student reaches the designated number of absences, the student will no longer be allowed to stay in the class. The student does have the opportunity to appeal to the Academic Dean and should assume responsibility for scheduling that meeting as soon as possible.
- B. Work is expected on the due date. Late papers will receive no less than a one-letter grade reduction.
- C. Turnitin.com
 1. All written assignments are subject to required submission to www.turnitin.com to check for originality and style. The assignments that are required for submission will be described in the syllabus.
 2. Students will create an account at www.turnitin.com. After doing so, the student will join the course page with the code and password supplied by the instructor. A list of assignments and due dates will be available on the course page.
 3. Students will submit assignments by the due date and time and will be required to submit the assignments in a hard copy format as well.
- D. Electronic Equipment Usage in Classrooms

It is expected that students will use technology (cell phones, laptop computers, iPads, etc.) during classes only for the purposes of class work. Therefore, students should turn off cell phones and refrain from texting and using laptop computers during classes except for the purposes of taking notes or doing research specifically authorized by the course instructor. Students who have emergency needs not covered by this policy must ask for an exception from the course instructor.
- E. *Please review the Academic Catalog for requirements regarding Incompletes and Plagiarism issues. For more information on Library Services, please download the Library Handbook from the HGST website.*

VII. Notes for Writing Assignments

- A. Writing assignments, for MAC students, should conform to APA standards, especially for guidelines on submission of academic papers. (See Purdue OWL: APA Formatting and Style Guide @owl.english.purdue.edu/owl/resource/560/01/).
- B. The student should utilize 12-point Times New Roman font throughout. The instructor prefers that the student **not** use presentation or report binders or folders. He prefers submission of papers with staples or binder clips.
- C. Critical or formal writing differs from colloquial writing or spoken English at several points. The student should note the following guidelines for critical writing. The instructor expects students to follow these guidelines strictly. Failure to do so will be penalized.
 1. Avoid 1st or 2nd person references (“I,” “we,” or “you”). Keep the written projects objective and professional.
 2. Never use contractions.
 3. Avoid passive voice construction (i.e. The student should write “God chose Joshua” rather than “Joshua was chosen by God.”). Some exceptions are necessary, but limiting the use of passive voice is a good policy.
 4. Be sure that number and tense always agree (i.e., Do not write in one place that “Brueggemann argues . . .” and at another place “Brueggemann argued . . .”). Subject-verb agreement is imperative.
 5. Spellcheck! Spellcheck! Spellcheck! Dr. Terrill does not tolerate misspelled words. Failure to spellcheck will result in a substantive reduction on the grade for written assignments.
 6. Grammar check works as well!
 7. All pronouns should have clear antecedents. Avoiding “it is” and “there is” in the paper removes much of the ambiguity of pronoun usage.
 8. Sentence fragments are unacceptable. Every sentence must have a subject and a predicate.

VIII. Bibliography

General

The Counseling Experience: A Theoretical and Practical Approach by Michael E. Cavanagh and Justin E. Levitov

Boundaries: When to say Yes, When to Say No, To Take Control of Your Life by Henry Cloud and John Townsend

The Complete Adult Psychotherapy Treatment Planner, 2nd edition by Arthur E. Jongsma and L. Mark Peterson

Integrative Psychotherapy by M. McMinn and C. Campbell

Diagnosis and Treatment

Quick Reference to the Diagnostic Criteria for the DSM V. Vital if you have to do four-axis diagnosis, has GAF scale.

Anger

The Angry Heart: Overcoming Borderline and Addictive Disorders by Joseph Santoro and Ronald Cohen – good resource for step by step journey and good insight into borderline issues. Has good exercises that you can adapt to your client.

Personality Disorders

I Hate You Don't Leave Me: Understanding The Borderline Personality by Jerold J Kreisman and Hal Straus - great overview of borderlines clients

Skills Training Manual for Treating Borderline Personality Disorder by Marsh M. Lineham- very useful handouts, Dialectical Behavior Therapy

Stress Management and Pain Management

The Relaxation and Stress Reduction Workbook, 5th edition by Martha Davis, Elizabeth Robbins Eshelman, and Matthew McKay – very popular stress book with a variety of cognitive behavioral coping techniques

Managing Your Pain before it Manages You by Margaret A. Caudill – very popular book for chronic pain management. You may adapt topics to use in psychoeducational group therapy.

Marriage and Domestic Abuse

Hope-Focused Marriage Counseling: A Guide to Brief Therapy – Christian perspective couples therapy. Good resource with a 100 interventions to use.

Battered into Submission: The Tragedy of Wife Abuse in the Christian Home by James Alsdurf and Phyllis Alsdurf- a surprising (for most) description of domestic abuse in the church

Keeping the Faith: Guidance for Christian Women Facing Abuse by Marie Fortune – a hopeful walk of recovery

Power/submission in marriage: (1) The Council on Biblical Manhood and Womanhood: www.cbmw.org; (2) Christians for Biblical Equality www.cbeinternational.org - deals with the issues of power, submission, head of house, etc.

Sexual Abuse

Transforming Trauma: A Guide to Understanding and Treating Adult Survivors of Child Sexual Abuse by Salter, A. C. (1995). Thousand Oaks: Sage Publications – in depth description and therapy options for treatment. This book gives good insight into the “mind of the abuser”; it is graphic.

Grief

The Grief Recovery Handbook: The Action Program for Moving Beyond Death, Divorce, and Other Losses by James, J. W., and R. Friedman (1998). New York: Harper Collins. – useful approach to grieving.

Interpersonal Relationships

I'm OK You're OK by Thomas Harris - an overview of transactional analysis, useful format for working with clients with their interpersonal problems

You may request information from the LPC Board as follows:

Texas State Board of Examiners of Professional Counselors
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3183, USA

E-mail: lpc@tdh.state.tx.us
Telephone: (512) 834-6658
Fax: (512) 834-6789
Website: <http://www.tdh.state.tx.us/hcqs/plc/lpc.htm>

To obtain an application packet or for any other information or inquiries, please contact the LMFT board at:
Texas State Board of Examiners of Marriage and Family Therapists
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3183

E-mail: mft@tdh.state.tx.us
Telephone: (512) 834-6657
Fax: (512) 834-6677
Website: <http://www.tdh.state.tx.us/hcqs/plc/mft.thm>

Websites

Mental Health Association of Greater Houston: www.mhahouston.org - Resource center

To report abuse and neglect in Texas: <https://reportabuse.ws>; login: professional, password: report1.

Texas Adult Protective Services – 1-800-252-5400

Texas Child Protective Services – 1-800-252-5400

Both – CPS – APS – Online: Texas Abuse Hotline

Harris County CPS – 713-250-7000

Group Counseling Session Summary

Student Counselor's Name _____ Date _____

Client's Ages _____ Session Number _____

Group Focus/Problem _____

1. What are your treatment goals for this group?
2. What were your goals for this group session?
3. Did anything happen during the group session that caused you to reconsider your goals? How did you resolve this?
4. What was the major theme of the session? Was there any major important content?
5. Describe the *interpersonal dynamics* between you and the clients/students during the session. Specifically address *your reactions* to the client and why.
6. What group *theory* and *techniques* were predominant in this session and why?
7. How successful was the session (explain why)?
8. What did you learn about the group helping process from the group session?
9. What are your plans/goals for the next group session?
10. What specific questions do you have for your supervisor regarding this and future sessions? (Include tape counter numbers if submitting a tape for review with this form.)

Individual Counseling Session Summary

Student Counselor's Name _____ Date _____

Client's Initials _____ Client's Age _____ Session Number _____

Presenting Problem _____

1. What are your treatment goals for this client?
2. What were your goals for this session?
3. Did anything happen during the session that caused you to reconsider your goals? How did you resolve this?
4. What was the major theme of this session? Was there any major important content?
5. Describe the *interpersonal dynamics* between you and the client during the session. Specifically address *your reactions* to the client and why?
6. What *theory* and *techniques* were predominant in this session and why?
7. How successful was the session (explain why)?
8. What did you learn about the helping process from this session?
9. What are your plans/goals for the next session?
10. What specific questions do you have for your supervisor regarding this and/or future sessions? (Include tape counter numbers if submitting a tape for review with this form.)

Case Conceptualization:

Case conceptualizations provide a framework for counselors to present a client's concerns. It allows for a systematic approach to articulating the client's concerns including demographic information, background information on the client and their concern(s). It allows the counselor to articulate their hypotheses of client's problem and counselor's intervention strategies.

A case conceptualization can be very simple or very detailed. It depends on complexity of client problems, counselor's personal style, as well as what the counselor feels is relevant.

By providing a case conceptualization, the counselor is able to consult or staff a case.

However simple or detailed the case conceptualization is, it should include the following;

- *Background data*
- *Presenting concerns*
- *Test data and supporting materials*
- *Inferences and assumptions*
- *Goals of treatment*
- *Interventions*
- *Any other information that may be relevant*

Background data

CG is a 26 y/o male. This was initial session. His mood is unremarkable, his affect is somewhat flat. He is dressed casually. His hygiene is unremarkable. He maintains good eye contact and responds appropriately to the interview questions. He has been married for the past five years. They have a two-year-old son. He reports his marriage as being "fine." CG is an auto mechanic. He has been employed at this shop for the past 14 months. He enjoys his job and has had a raise recently. He graduated from high school and attended trade school. He has no medical problems. He relates that he drinks occasionally; about three to five times a month; usually two to four beers. He denies any other substances. He denies any psychiatric history and has never seen a mental health professional until today.

Presenting concerns

CG presented to you because he is having trouble sleeping. He is having increasing insomnia. He relates he is having trouble falling asleep. He then wakes up multiple times during the night. This has been going on for about six weeks. He has tried over the counter sleep aids. While is has not affected his work, he has overslept on numerous occasions. The only reason he has not gotten into trouble is that the owner does not come in until late morning and the other mechanics have covered for him. He also relates that his appetite has dropped markedly. He has lost about 15 pounds in the past month. He relates that he has also been quite uninterested in being intimate with his wife.

Test date and supporting materials;

None at this time.

Inferences and assumptions

CG relates insomnia as his primary concern. He also relates other symptoms; decrease in appetite, weight loss, and decrease in libido. His insomnia is beginning to cause occupational

problems. He does not articulate any depressive symptoms; however, his symptoms as well as his affect may indicate depression.

Goals of treatment

Goal one: gather more information on his symptoms.

Goal two: if client is amenable, meet with wife for collateral information

Goal three: to test for depression (Beck Depression Scale)

Interventions

Refer to urologist for libido/impotence

Possibly refer to Primary Care Physician for decreased appetite and weight loss

Continue to process concerns and symptoms

Any other information that may be relevant

None at this time.