Adler Graduate School
Richfield, MN

Training Manual for
Beginning & Intermediate
Internship (591-594)

September 2012 Revision
Susan Pye Brokaw (editor)

Alfred Adler, ca. 1880 (left) and ca. 1890 (right)

From Classroom to
Community. Committed
To Improving Human
Relationships

Practical Psychology.
Inspiring Change.
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Part I

Internship Program
The Internship Introduction

Students begin the Adler Graduate School (AGS) internship program after the first term at the institution and must be on a site before registering for the fourth course. This involves finding an internship site or sites and doing field placement work throughout the program until graduation. Students must be registered and attending a Internship class at the school to get credit for on site hours. Students are required to log a total of 500 or 700 hours (700 for Art Therapy) at internship sites to meet graduation requirements. Specialty areas and licensing tracts have different requirements. See “Logging Hours” for additional information. The internship portion of the program consists of five credits of group Internship and one credit of Individual Clinical Instruction. There are three levels of group internship beginner, intermediate, and advanced. Students are required to meet with the Director of Student services within the first three months of their program to discuss internship plans.

Various forms are required for courses and throughout the program. All forms are located in the forms section.

- Beginning Internship (#591-592): Beginners are at an internship site for a minimum of 4 hours per week, take each Internship course during a three month term, and receive .5 credits for each course. There are on-site responsibilities, but no counseling is done at this level. Grades are Pass/Retake based on meeting all course requirements.

- Intermediate Internship (#593-594): After most of the AGS core courses are completed, as well as the two beginning Internship courses required, pre-requisite courses (591-2), the student begins the intermediate courses (#593-594). They are taken over one to two consecutive three month terms and students receive .5 credits for each course. During course #593, the student eases into seeing clients and has an expected client load of one to two when entering #594. Grades are Pass/Retake based on meeting all course requirements.

- Advanced Internship (#597.1, 597.2 & 597.3): In the second year when taking Advanced Internship, students are required to have an active caseload of clients. A minimum of one new client presentation, (two preferred) must be presented for each section. A different case should be used for each course. Each course is one credit (one course per term) and is taken over three-three month terms. Students starting Advanced Internship must demonstrate that they are applying the techniques learned throughout the AGS program. Students will do a presentation in the final #597.3 to demonstrate that program outcomes have been achieved. If a student does not have the required clients, he or she takes additional intermediate courses until this requirement is met. These courses are graded Pass/Retake based on meeting all course requirements.

- Individual Clinical Instruction: Advanced students are also required to take course #598 in which they receive direct Internship from an AGS Clinical Instructor. This can be done any time following the completion of the first Advanced Internship course #597.1. Students work with one case over many weeks along with instruction by a clinical
instructor.

Detailed information about Advanced Internship and Individual Clinical Instruction will be given at the Orientation to Advanced Internship, which is a pre-requisite to #597.1. At that time students will receive the Advanced Internship Training Manual. Student Services should be contacted after completing #594 to sign up for this orientation.

If a student does not start internship within or immediately after the first term at Adler, additional time may be needed at the end of the program which may affect Financial Aid. See "Internship Diagrams for all Internship" below.

**Logging Hours for Licenses and Specialties**

Over and above the AGS requirements of 500 or 700 hours to meet graduation requirements, there are requirements for licenses and specialties. For Marriage and Family Therapy licensing, students are required to accrue 300 pre-degree hours of counseling to apply toward the total hours needed for licensing. Of these 300 hours of face to face counseling time, a minimum of 150 hours must be relationship counseling. For LPC licensing, students are required to accrue 700 hours (of which 150 hours must be face to face with the client) in a pre-degree field experience. The Art Therapy specialty requires 700 hours of counseling time (of which 150 hours must be family therapy). Of this, 350 hours of face-to-face counseling required.

**Internship Plan:**

There are four ways that student can progress in obtaining site hours and Internship. Students are required to meet with the Director if Student Services to select a plan. If a student fails to follow the plan agreed upon it may result in added time in the program and added expense to the student.

**Questions & Concerns Regarding Internship:**

The Director of Student Services provides three sessions of one hour regarding internship orientation for #591-4 and one orientation for #597-598. For further information contact the Director of Student services.

**Logs**

Logs must be kept of all hours worked on an internship site. Logs can be accessed on the AGS website and should be used to automatically calculate total hours. Excel software is needed and is available on the AGS computers.

There are four important types of hours that are clocked on logs to obtain licenses in the state of Minnesota.

1. Peer hours are client contact hours where therapy is not taking place. These include
intake interviews, assessments, running support groups, and case management.

2. Individual therapy hours occur when the therapist sees one client, couple, family, or group practicing therapy resulting in change based on a treatment plan. The meeting must be face-to-face. Phone and internet meetings are not counted as therapy except by the Board of Behavioral Health (LPC/LPCC licensure).

3. Relationship therapy follows the definition above of individual therapy but two or more people involved in a relationship must be present in the room such as families, couples, siblings or people living together. Group therapy can be counted in either area 2 or 3.

4. Internship hours are hours spent with the on-site supervisor and are counted over and above client contact licensing requirement hours.

**Instructions for filling out the logs are found preceding the logs in the forms section.**

**Additional Requirements and Policies**

Students must complete the Pre-Counseling Learning Contract with the supervisor when entering a new site. The form must be turned in to Student Services. The form is found in the forms section.

Malpractice insurance Requirement:

It is required that students purchase professional malpractice insurance upon entering the program and provide documented proof at each course registration. Forms are available at AGS from student services or in the Library or on line at AAMFT.org. Students can purchase insurance on-line with American Professional Agency, AAMFT or ACA. They will immediately send a confirmation that insurance has been obtained.

Confidential Case Materials Policy and Requirement:

*AGS students follow ethical guidelines in course papers or when sharing client information in class, when they use information obtained from clients or patients.*

All students are responsible for knowing, understanding, and following this policy. Students who violate this policy may be subject to review. The policy is inserted below.

**Policy On Student Use of Patient/Client Information**

AGS students are expected to adhere to the applicable ethical guidelines put forth by the American Association for Marriage and Family Therapy (AAMFT) and the American Counseling Association (ACA).

From time to time, students present to instructors and/or fellow students confidential client information, they have learned through their internships or other clinical settings. In presenting such information, students must follow AAMFT and ACA standards. For example, students should be familiar with AAMFT principle 2.3 which states:
“Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with sub-principle 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.”

AGS considers information to be “protected” or "disguised" within the meaning of these guidelines, if there is no reasonable basis to believe that the information could be used to identify any individual and if the following steps are taken:

1. Last and first names are removed or changed.
2. Geographic references (such as references to the city and street address) are removed or changed.
3. All dates directly related to the individual are changed or removed, including birth date, admission date, discharge date, and age.
4. Any numbers that could be used to identify the individual are removed, such as social security numbers, telephone numbers, fax numbers, patient numbers, account numbers, medical records numbers, or any other unique identifying number or code.
5. Computer information such as e-mail addresses, URLs, and Internet Protocol numbers are removed.
6. All photographic images are removed.
7. All other information, which could reasonably be used to identify the individual, is removed or changed.

If students have questions regarding whether they have adequately disguised a client/patient, student, research participant, or organizational client, they must contact an AGS Clinical Instructor or the Clinical Program Director to discuss the situation.

Written and/or recorded materials containing confidential client information learned at an internship or other clinical setting is destroyed in a confidential manner (i.e. shredded and/or erased) once they have been used and are no longer necessary. In addition, confidential information about a client/patient should not be preserved in written documents (such as a Master's Project or class paper) unless the information is properly disguised and the client or patient has given written authorization for the use of such information.

Appropriate Behavior and Dress

The impression that the counselor makes on the client is very important to the therapeutic process. Inappropriate dress or behavior can interfere with building a relationship with your client or with your effectiveness as a counselor. You will be working in a professional capacity and if you want to be treated as a professional, you must look and act like a professional. Inappropriate dress and your appearance, in general, can be distracting to clients when you want them to pay attention to what you are saying. What is appropriate in one setting might be inappropriate in another. Wearing inappropriate apparel or accessories can cause clients to disrespect your authority or expertise. For example, if a client becomes sexually attracted to the
therapist due to clothes that are revealing, it could greatly interfere with keeping a professional relationship. Students should meet with the on-site supervisor at the beginning of the internship to discuss the site’s expectations for appearance and dress that are appropriate when seeing their clientele. Some questions to discuss regarding appropriate dress might include:

- Wearing very expensive clothing when dealing with a very poor family
- Wearing piercings
- Whether larger tattoos showing is appropriate
- Wearing low cut tops or very short skirts
- Whether there is any type of clothing that would be taboo when serving persons from particular cultural backgrounds

Pre-MA Degree/Pre-Licensed Private Clinical Practice by AGS Students

The Adler Graduate School (AGS) strongly discourages private practice by AGS students who have not yet earned a counseling-related Master’s Degree. In general, AGS will not allow students engaged in their own private practices to use those experiences to satisfy AGS’ practicum/internship requirements.

September 2010

Philosophy and Process Concerning Avoidance of Dual Relationships and Conflicts of Interest in the Implementation of AGS’ Internship Program

- AGS wants students to be exposed to a number of internship opportunities, including private practices and, more specifically, private practices run by Adlerian-trained clinicians.
- All AGS faculty members, staff and key volunteers (e.g., Board members) will fill out the Conflict of Interest Disclosure Statement associated with the School’s Conflict of Interest Policy.
- Everyone must watch for dual relationships that reflect power imbalances and other conflicts of interest – e.g., an internship host that is also a student’s classroom teacher.
- We acknowledge that not all dual relationships or other conflicts of interest are significant enough to be considered problems and not of sufficient intensity that they necessitate avoidance or dissolution. Some of these relationships are merely one AGS representative/partner providing two unique and valuable services, as opposed to being exploitive.
- When dual relationships are seen or other conflicts of interest that do require special attention, they must be considered on an individual basis to determine which ones are the types of dual relationships that should be avoided. This is addressed in the very comprehensive Conflict of Interest Policy.
- This process will insure a transparent process that protects both instructors/partners and students from power imbalances that might otherwise be improperly managed. This
process will put those dual relationships and other conflicts of interest in the “light of
day” so that the rare “bad” situations that should not occur are avoided.

- Although AGS’ control is limited and our relationships with internship hosts are largely
  based on the honor system, once host sites have been deemed qualified and once potential
  conflicts of interest have been reviewed and deemed to not be an impediment to a
  relationship with AGS, the School will strive to provide oversight that will help in the
  anticipation and prevention of problems (e.g., internship hosts are not
  misinterpreting/mishandling billing for services provided by interns; internship hosts are
  not doing anything that is or will be perceived as financially exploitive; interns are not
  providing services in a fashion that will cause problems with Boards – now or in the
  future).
Licensing Internship plan for Mental Health Workers in a regular 21-month program (requires approximately an average of 6 hours a week on site.)

Internship requirements are 6 credits obtained in conjunction with coursework while at the site. If coursework is complete and hours are not; extra internship credits will be needed. The way the plan is executed will determine how financial aid will work. This plan is suited for those who begin interning in the first term.

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<thead>
<tr>
<th>Term 1</th>
<th>Term 2</th>
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<tbody>
<tr>
<td>Internship</td>
<td>Course 592</td>
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<td>Course 594</td>
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<tr>
<td>Course 591</td>
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Term 5
Course 597
Advanced Internship
15 hours
1 credit
One case study is required

Term 6
Course 597
Advanced Internship
15 hours
1 credit
One case study is required

Term 7
Course 597
Advanced Internship
15 hours
1 credit
One case study is required
This course may be taken in Term 6 if hours will be done

Course 598, Individual Clinical Instruction may be taken as soon as 1 597 Advanced Internship class is completed.

LMFT students must complete 500 hours; 200 peer; 300 therapy with a minimum of 150 of the 300 as family or relationship hours.

LPC students must complete 700 hours; 550 peer and 150 therapy.

Dual licenses require 700 hours with 300 therapy and a minimum of 150 as relationship hours.
Art therapy students must complete 700 hours with 350 as Art therapy.
Licensing Internship plan for **Mental Health Workers** in a regular **18-month program** (requires approximately an average of 7 hours a week on-site.)

Internship requirements are 6 credits obtained in conjunction with coursework while at the site. If coursework is complete and hours are not then extra internship credits will be needed and it might take longer to graduate. The way the plan is executed will determine how financial aid will work. This plan is suited for those who begin interning in the first term and may be already in the field. This is the shortest time frame for the MA degree. Extra time may be needed to accumulate required relationship hours for MFT licensure.

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<td>Internship</td>
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<td>Course 591</td>
<td>Course 592</td>
<td>Course 593 and 594</td>
<td>Course 597</td>
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<td>One case study is required</td>
<td>1 credit</td>
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- Course 598, Individual Clinical Instruction may be taken as soon as 1 597, Advanced Internship class is completed.
- LMFT students must complete 500 hours; 200 peer; 300 therapy with a minimum of 150 of the 300 as family or relationship hours.
- LPC students must complete 700 hours; 550 peer and 150 therapy.
- Dual licenses require 700 hours with 300 therapy and a minimum of 150 as relationship Hours.
- Art therapy students must complete 700 hours with 350 as Art therapy.
Licensing Internship plan for a regular **21-month program** (requires approximately an average of 5 hours a week on site.) Internship requirements are 6 credits obtained in conjunction with coursework while on site. If coursework is complete and hours are not; extra internship credits will be needed. The way the plan is executed will determine how financial aid will work. This plan is suited for those who begin interning in the second term who wish to finish in 21 months.

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<th>Term 1</th>
<th>Term 2</th>
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<td>No internship site</td>
<td>Course 591 Internship</td>
<td>Course 592 Internship</td>
<td>Course 593 and 594 Internship</td>
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<td>Term 5</td>
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- Course 598, Individual Clinical Instruction may be taken as soon as one 597, Advanced Internship class is completed.
- LMFT students must complete 500 hours; 200 peer; 300 therapy with a minimum of 150 of the 300 as family or relationship hours.
- LPC students must complete 700 hours; 550 peer and 150 therapy.
- Dual licenses require 700 hours with 300 therapy and a minimum of 150 as relationship hours.
- Art therapy students must complete 700 hours with 350 as Art therapy.
Licensing Internship plan for a regular **21-month program** (requires approximately an average of 6 hours a week on site.) Internship requirements are 6 credits obtained in conjunction with the time spent taking classes. I coursework is complete and hours are not the extra internship credits will be needed. The way the plan is executed will determine how financial aid will work.

This plan is suited for those who begin interning in the first term.

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<td>Course 591</td>
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<td>Advanced Internship</td>
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<td>Advanced Internship</td>
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<td>1 credit</td>
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<tr>
<td>One case study is required</td>
<td>One case study is required</td>
<td>This course may be taken in Term 6 if hours will be done</td>
</tr>
</tbody>
</table>

- Course 598, Individual Clinical Instruction may be taken as soon as 1 597, Advanced Internship class is completed.
- LMFT students must complete 500 hours; 200 peer; 300 therapy with a minimum of 150 of the 300 as relationship hours.
- LPC students must complete 700 hours; 550 peer and 150 therapy.
- Dual licenses require 700 hours with 300 therapy and a minimum of 150 as relationship hours.
- Art therapy students must complete 700 hours with 350 as Art therapy.
Licensing Internship plan for a regular **24-month program** (requires approximately an average of 5 hours a week on site.) Internship requirements are 6 credits obtained in conjunction with coursework while on site. If coursework is complete and hours are not, then extra internship credits will be needed. The way the plan is executed will determine how financial aid will work. This plan is suited for those who begin interning in the second term who wish to finish in 24 months.

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<td>No internship site</td>
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<td>Course 592 Internship 7.5 hours ½ credit</td>
<td>Course 593 Internship 7.5 hours ½ credit</td>
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<th>Term 5</th>
<th>Term 6</th>
<th>Term 7</th>
<th>Term 8</th>
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<tbody>
<tr>
<td>Course 594 Internship 7.5 hours ½ credit One case study is required</td>
<td>Course 597 Advanced Internship 15 hours 1 credit One case study is required</td>
<td>Course 597 Advanced Internship 15 hours 1 credit One case study is required</td>
<td>Course 597 Advanced Internship 15 hours 1 credit One case study is required</td>
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- Course 598, Individual Clinical Instruction may be taken as soon as 1 597, Advanced Internship class is completed.
- LMFT students must complete 500 hours; 200 peer; 300 therapy with a minimum of 150 of the 300 as relationship hours.
- LPC students must complete 700 hours; 550 peer and 150 therapy.
- Dual licenses require 700 hours with 300 therapy and a minimum of 150 as relationship hours.
- Art therapy students must complete 700 hours with 350 as Art therapy.
Part II

Beginning Internship
Beginning Internship - #591 and #592

In most cases, there will be no actual counseling or psychotherapy done by students. Prior to starting a beginning internship course, students are expected to arrange for a field site and start working at this site at the beginning of the academic term or shortly before. **No hours spent on site will be credited toward licensure or graduation if a student is not attending internship class 591 or 592.**

This site may be used for either the first year only or for all of the internship experience, depending on the availability of clients. A list of potential sites is available on the Adler web page at [www.alfredadler.edu](http://www.alfredadler.edu). New sites or openings on current sites are posted on the Adler e-mail as soon as they become available. Students must be sure that their e-mail addresses are current. Contact the AGS Library to assure that the library director has your correct email. If students are encountering difficulty finding a site, they should contact Evelyn Haas, AGS Director of Admissions and Student Services. Each site is assigned an AGS faculty liaison, Dr. Herb Laube that is available to address questions or concerns that students or site supervisors may have.

**Acceptable Clinical Activities:**

This level of internship consists of observation and interaction with an agency, their clients and its particular human service functions and clinically related activities. The intern becomes acquainted with the mission and purpose of the facility establishes a relationship with a supervisor, and/or coordinator and, then, spends a minimum of 4 hours per week at the facility observing clinical sessions, reading the agency's literature and program descriptions if there are any, and studying how the clinic maintains its functionality, approach and who are the clientele that are treated within the program. Consultation/Internship time will be established by the agency and maintained with a due diligence apropos to the sequence of treatment and care of the clients. This level of internship includes sitting in on sessions of psychotherapy and couples and family counseling with *another therapist*. Any face-to-face, direct contact hours need to be logged and identified as such on the log sheets located within the internship manual.

Internship Responsibilities: On site responsibilities may include orientation to the site, answering crisis lines and making referrals, doing intakes or other types of assessments, facilitating or co-facilitating a support group, or doing life skills work with clients.

Students may also attend staff meetings or in-services at the request of their site supervisor. Staff and office time plus peer hours make up the first 200 hours that are required. Students have a supervisor on-site who meets with student interns on a regular basis, either one-to-one, as a group, or both. If the supervisor does not fulfill this obligation, the student should notify the faculty liaison for the site. If the liaison is unknown, check with Ev Haas. The site supervisor needs to complete an evaluation each term. This is a requirement for the student to receive credit for the Internship
course. Forty to eighty hours of time per term are generally necessary if one is to log the 500-700 hours required for completion of the program in 18 months to 2 years.

Course Description: Beginning students are required to attend 7.5 hours of internship Instruction at AGS per three-month term. They observe more advanced internship students presenting cases; learn how to address many types of issues using Adlerian approaches and other appropriate therapeutic techniques; and discuss issues regarding field placement. These students may be asked to participate in role-playing situations where advanced students are seeking guidance. A Techniques binder will be given out with a list of the general and Adlerian outcomes that are expected of students. Students will collect useful techniques learned in classes and readings that could be used in therapy sessions. In the final #597.3 course the student will do a presentation with the binder, explaining how the techniques have been used in therapy sessions to achieve the required outcomes.

Course Requirements: Students meet for the required hours of Internship. If a class session is missed, students attend a make-up class at the end of the term and have the instructor sign the internship make-up form. Students sign up for this session and pay an additional fee. Students are also required to complete a reading assignment and write an assigned paper. Once again, 40 to 80 hours per term is recommended if one is to complete the required 500 or 700 hours in approximately 2 years.

Logs can be accessed on the AGS website and must be used to automatically calculate total hours.

It is required that logged hours, and the site Internship evaluation assignment and internship make-up form if a class was missed should be turned in with the course assignment to the instructor within 2 weeks of the completion of the applicable term. A Pre Internship Learning Contract must be completed with the site supervisor when starting a new site. All information should be stapled together with the course number, section, instructor and student's name listed on the title page. Proof of malpractice insurance should be provided at the beginning of the course. If paperwork is incomplete, it will be returned to the student and a grade of Incomplete will be given until all required materials are turned in.

Checklist for #591-592

___ Proof of professional Insurance must be submitted at first class
___ Purchase the book required for the course
___ Be on a site during the course
___ Attend 7.5 hours of Internship course during a three-month term
___ Log 40-80 hours per term on-site if possible using the website log
___ Have site supervisor complete a supervisor evaluation form
___ Complete reading and written assignment
___ Make-up any missed class and submit verification with paperwork
___ Submit all paperwork two weeks after the end of the term

September 2012 Revision
AGS 591-592—Beginning Internship
Course Syllabus

1. Course Designation:
   1.1 Course Numbers 591 and 592
   1.2 Prerequisite: Internship Orientation
   1.3 Beginning Internship
   1.4 Current internship placement required with 40-80 hours per quarter logged
   1.5 This course will yield .5 credits per section
   1.6 Each section is comprised of a total of 7.5 seated hours in class

2. Course Description:

   These courses offer students the opportunity to learn about typical problems brought to a therapist and Adlerian techniques that can be used in addressing those problems. Students observe more advanced students in their case presentations and learn how to address a variety of clinical issues using Adlerian and other appropriate therapeutic techniques. Students can pose questions about their clinical placements as well, and may be required to participate in role-play activities.

3. Required Reading:


   Other readings as assigned by the instructor.

4. Learning Outcomes:

   Students learn about Adlerian approaches to a variety of problems brought to therapy, and begin to develop an understanding of problem and goal identification. They are able to identify their skills as well as their limitations.
5. Assessment of Learning Outcomes:

Students submit the following documents:

- A copy of your professional malpractice insurance (submitted at first class). Without proof of insurance the class must be dropped.
- 2-3 page, APA format paper integrating what was learned from required reading, class participation, and internship experiences.
- Signed logs of client contact hours for the current quarter
- Signed and completed site supervisor evaluation forms. *(If a student works at more than one site during a quarter, a site supervisor evaluation is required from each site. If a student leaves a site mid-term, a supervisor evaluation is still required.)*
- All of these materials must be stapled together and turned in to the instructor two weeks following the end of the current quarter. *(If a student is registered for two sections of internship within one quarter, each instructor must receive all logs and site supervisor evaluations as well as the assignment.)*
- Students keep their own duplicate copies of logs and evaluations.

6. Course Content:

Brief lecture about specific techniques and process of treatment
Observation of advanced case presentations
Feedback from fellow students
Role playing the presenting case and appropriate techniques
WAYS TO ENCOURAGE YOUR CLIENT

by: Susan Pye Brokaw, LICSW, LMFT

ENCOURAGE MEANS: TO GIVE COURAGE WHERE IT IS LACKING!

1. Acknowledge the value and worth of the client regardless of anything done. Worth is what they are right now as they are right now.

2. Recognize their strengths talents, skills, positive characteristics and attributes.

3. Separate their behavior from their worth. “I know what you have done and you are still worthwhile, because your worth is who you are not what you have done!”

4. State your belief that the client can overcome this problem. Believe in the client when the client doesn’t believe in herself.

5. Minimize mistakes. It is a mistake and suggests a retake. It’s not a catastrophe, it is an “oops”.

6. Recognize and acknowledge the effort, no matter how small.

7. Notice even the small successes and build on them.

8. Agree on assignments that the client is certain can be done successfully. If he is not certain, the assignment is too big.

9. When she slips up, encourage her to pick herself up and try again. Believe and say, “You can do it!”

10. Point out how he has survived in spite of all the difficulties that he has had. “You can handle it!”

11. Notice what she has done right. “Wow, it was really great the way you handled that. I bet you feel really good about that.”

This encouragement cannot be overdone. Clients will soak it up like a dry sponge. Encouragement that affirms self worth should be done in every session.
****GOAL RECOGNITION****

COMMENTS BY DR. DREIKURS:
“The trained observer has no difficulty in recognition of the child’s goal and in classifying the category in which a particular behavior belongs”. “The recognition of the child’s goals is the basis for his treatment”. “Different approaches are indicated for each goal”.

GOAL 1 – ATTENTION GETTING MECHANISMS (AGM’S)
“Attention getting is almost universal in our young children before school age; it (should) disappear gradually during the first few years of school”.

ACTIVE CONSTRUCTIVE – AGM’S

1. Impression of excellence with purpose of praise and recognition. (They are often the delight of parents.)
2. Cute remarks
3. Performing for attention.
4. Stunts for attention
5. Being especially good, reliable, cooperative, industrious (maladjustment becomes apparent in situation where they cannot gain praise and recognition.)

PASSIVE CONSTRUCTIVE - AGM’S

1. Excessive pleasantness.
2. Excessive charm
3. The “Model Child”.
4. Stunts for attention
5. Being especially good, reliable, cooperative, industrious (maladjustment becomes apparent in situation where they cannot gain praise and recognition.)

ACTIVE DESTRUCTIVE – AGM’S

1. The show-off.
2. The clown.
3. Obtrusiveness.
4. The walking question mark.
5. The “infant terrible”.
6. Instability.
PASSIVE DESTRUCTIVE - AGM'S

1. Bashfulness.
2. Lack of ability.
3. Instability.
4. Lack of stamina.
5. Fearfulness.
7. Untidiness.
8. Self-indulgence.
10. Anxiety.
11. Eating difficulties.
12. Other performance deficiencies.

Note of Caution: Any of these characteristics may appear in the child and not be an attention getting mechanism. If it is an attention getting mechanism, the child will cease its actions when reprimanded. If the action continues after reprimand, it may be considered a symptom of a stronger goal.

In any event, the total situation of the child must be examined - the interactions between various member of the family, particularly between parents and child. It may copy successful actions of siblings but is more likely to use an opposite approach.

GOAL 2 - POWER

General Characteristics - The power struggle is similar to destructive attention getting, but is more intense and a reprimand intensifies the misbehavior. During a power struggle no interrelationship is too trivial to be used as an opportunity for challenge.

ACTIVE DESTRUCTIVE - POWER:

1. Argue
2. Contradict
3. Continue forbidden acts
4. Temper tantrums
5. Bad habits
6. Masturbation
7. Untruthfulness
8. Dawdling

PASSIVE DESTRUCTIVE - POWER:

1. Laziness
2. Stubbornness
3. Disobedience
4. Forgetting

GOAL 3 - REVENGE

General Characteristics - Child does things to hurt others; this may be for a limited time or in specific situations; may be the regular approach depending upon the degree of hostility. Being disliked serves to attain a social position.

ACTIVE DESTRUCTIVE - REVENGE:

1. Vicious
2. Stealing
3. Bed wetting
PASSIVE DESTRUCTIVE - REVENGE:

1. Violent Passivity

GOAL 4 - DISPLAYING INADEQUACY ("GIVE - UP"):

Child assumes real or imagined deficiency as means to safeguard prestige (inferiority complex).

PASSIVE DESTRUCTIVE (ONLY FORM) (PREVENTS ANYTHING BEING DEMANDED OF THEM)

1. Indolence
2. Stupidity
3. "Inaptitude"
4. "Hopeless"

Note: Progression beyond these behavioral methods becomes a pathological reaction. Here occurs the nervous disorders, psychosis, and psychopathic personality.
RECOGNIZING AND ENCOURAGING SPECIFIC ABILITIES FOR EACH CHILD

ADULTS WHO CREATE OPPORTUNITIES FOR BASIC TRAINING

1. Recognize each child’s special abilities and interests.
2. Recognize each child’s fears and weaknesses.
3. Recognize that developing a skill takes a lot of time and a lot of patience.
4. Recognize that as a child feels more capable, he/she becomes more willing to try new skills.

INSTRUCTIONS: Since opportunities are not readily available today, parents must deliberately create them to provide good basic training for adulthood. When parents set out to create situations which help children or students learn, they must first recognize the following:

List each child. Identify each child’s abilities and interests. Identify each child’s fears and weaknesses. Identify one way to specifically help each child listed recognize his/her capabilities.

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<th>CHILD</th>
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I can help this child recognize his/her capabilities by:
THE SIX STEPS IN PROBLEM SOLVING

STEP I. DEFINE THE PROBLEM

THIS IS A CRITICAL STEP IN PROBLEM SOLVING. THINK ABOUT WHETHER THIS IS THE REAL PROBLEM OR WHETHER THERE IS ANOTHER PROBLEM THAT RESULTED IN THIS PROBLEM, WRITE DOWN EXACTLY WHAT THE PROBLEM IS, AS YOU SEE IT.

STEP II. LIST ALL POSSIBLE SOLUTIONS

THERE SHOULD BE A MINIMUM OF THREE AND OFTEN EIGHT OR MORE SOLUTIONS TO A PROBLEM. SOME SOLUTIONS MAY BE A COMBINATION OF SOLUTIONS. BRAINSTORM ALL THE POSSIBILITIES WITHOUT LIMITATIONS. YOU CAN CROSS OFF THE UNREALISTIC ONE'S LATER.

STEP III. EVALUATE EACH SOLUTION

ASK YOURSELF IF THE SOLUTION WILL BE POSSIBLE TO CARRY OUT AND WHETHER IT WILL BE FAIR. IN EVALUATING THE SOLUTIONS, OTHER POSSIBLE SOLUTIONS OFTEN ARE DISCOVERED. YOU MAY ALSO CHANGE OR MODIFY SOME SOLUTIONS.

STEP IV. DECIDE ON THE BEST SOLUTION

STEP V. USE THE SOLUTION

THINK ABOUT HOW YOU WILL IMPLEMENT THIS SOLUTION. HOW WILL YOU ACCOMPLISH IT? HOW WILL YOU CARRY OUT THIS SOLUTION? HOW WILL YOU DO IT, IF YOU DO NOT HAVE THE COOPERATION OF OTHERS?

VI. EVALUATE THE SOLUTION

SOLUTIONS DO NOT ALWAYS WORK OUT AS YOU EXPECT THEM TO. SO, IT MAY BE NECESSARY TO RECONSIDER AND DO SOME MORE PROBLEM SOLVING. DECISIONS CAN ALWAYS BE REVISED OR CHANGED. YOU MAY WISH TO RETURN TO THE LIST OF POSSIBLE SOLUTIONS AGAIN. OR YOU MAY DECIDE THAT THIS SOLUTION IS WORKING AND CONTINUE TO USE IT. YOU MAY ALSO DECIDE TO MAKE SOME MODIFICATIONS/CHANGES IN YOUR SOLUTION.

SUSAN PYE BROKAW
BASIC PRINCIPLES IN DEALING WITH CHILDREN
by Dr. Rudolf Dreikurs

Golden Rule: "Do unto others as you would have others do unto you." This is the basis of democracy, since it implies equality of individuals.

Mutual Respect: Based upon the assumption of equality, is the inalienable right of all human beings. No one should take advantage of another - neither adult nor child should be a slave or a tyrant.

Encouragement: Implies faith in the child as he is, not in his potentiality. A child misbehaves only when he is discouraged and believes he cannot succeed by useful means. The child needs encouragement as a plant needs water.

Reward and Punishment are outdated. A child soon considers a reward his right and demands a reward for everything. He considers that punishment gives him the right to punish others, and the retaliation of children is usually more effective than the punishment of adults.

Natural Consequences, utilizing the reality of the situation rather than personal power, can exert the necessary pressure to stimulate proper motivation. Only in moments of real danger is it necessary to protect the child from the natural consequences of his disturbing behavior.

Action instead of words in times of conflict. Children tend to become "mother-deaf" and act only when raised voices imply some impending action, and then respond only momentarily. Usually the child knows very well what is expected of him. Talking should be restricted to friendly conversations and not used as disciplinary means.

Withdrawal - effective counteraction. Withdrawal is not surrender and is most effective when the child demands undue attention or tries to involve one in a power struggle. He gets no satisfaction in being annoying if nobody pays attention.

Withdrawal from the provocation, not from the child. Don't talk in moments of conflict, but friendly conversation and pleasant contacts are essential. Have fun and play together. The less attention the child gets when he is disturbing, the more he needs when he is cooperative.

Don't interfere in children's fights. By allowing children to resolve their own conflicts, they learn to get along better together. Many fights are provoked to get the adult involved, and by separating the children or acting as judge, we fall for their provocation, thereby stimulating them to fight more.
Take time for training and teaching the child essential skills and habits. If a mother does not have time for such training, she will spend more time correcting an untrained child.

Never do for a child what he can do for himself. A "dependent" child is a demanding child. Most adults underestimate the abilities of children. Children become irresponsible only when we fail to give them opportunity to take on responsibility.

Understanding the child's goal. Every action of a child has a purpose. His basic aim is to have his place in the group. A well-behaved and well-adjusted child has found his way toward social acceptance by conforming with the requirements of the group and by making his own useful contributions to it. The misbehaving child is still trying, in a mistaken way, to gain social status.

The four goals of a child's misbehavior. The child is usually unaware of his goals. His behavior, though illogical to others, is consistent with his own orientation.

1. Attention getting - wants attention and service.
2. Power - wants to be the boss.
3. Revenge - wants to hurt us.
4. Display of inadequacy - wants to be left alone.

Our reactions to a child's misbehavior patterns:
1. Feel annoyed - want to remind and to coax.
2. Feel provoked - "you can't get away with this!"
3. Feel deeply hurt - "I'll get even!"
4. Feel despair - "I don't know what to do!"

Fallacy of first impulse. By acting on our first impulse, we tend to intensify the child's misbehavior patterns, rather than correct them.

Minimize mistakes. Making mistakes is human. We must have the courage to be imperfect. Build on strength, not on weakness.

Danger of pity. Feeling sorry for the child, while natural, often adds harm to an already tragic situation, and the child may be more harmed by the pity than by the actual tragedy. Life's satisfactions depend on one's ability to take things in stride. Feeling sorry for someone leads to his self-pity and to the belief that life owes him something.

Don't be concerned with what others do, but accept responsibility for what we can do. By utilizing the full potential of our constructive influence, we do not have to worry about what others may do to the child. Compensation for the mistakes of others is unwise, and over-protection may rob the child of his own courage and resourcefulness.
A family council gives every member of the family a chance to express himself freely in all matters pertaining to the family as a whole and to participate in the responsibilities each member has for the welfare of the family. It is truly education for democracy and should not become a place for parents to "preach" or impose their will on children, nor should it deteriorate into a "gripe" session. The emphasis should be on "What can we do?"

Have fun together and thereby help develop a relationship based on mutual respect, love and affection, mutual confidence and trust, and feeling of belonging. Playing together, working together, sharing interesting and exciting experiences lead to the kind of closeness which is essential for cooperation.
“Let ‘Em Fight!” How to Rear Kids and Stay Sane
By Mark R. Arnold, from Minneapolis
The National Observer, January 1, 1972

Stan and Joanne Kaplan are suburbanites in their late 20’s whose three small children fight continually. Danny, 5, is “an absolute tyrant,” complains his despairing mother, and Michael and David, 3 year old twins, meekly submit to his thrashings. Punishing Danny prevents fights for only a few minutes, and intervening only provokes a shouting match that upsets everyone.

A familiar problem? Yes, indeed. So the Kaplans brought the problem to an unusual family education center here, and they took home some unconventional advice: If the children fight, let them. Leave the room if it bothers you. Don’t mix in. Make them settle the spats themselves.

Behind the advice lies this provocative theory: Parents reward misbehavior by entering their children’s conflicts. Withhold attention, and the misbehavior may diminish. That reasoning may mystify many, but it makes perfect sense to the growing legion of parents who have become child-rearing disciples of 74 year old Chicago psychiatrist Rudolf Dreikurs. A Viennese immigrant with a thick accent and “little old wine maker” looks, Dreikurs believes that the façade of harmony in most American families makes a bitter struggle for power. As he sees it, this dreary scenario is acted out daily in millions of American homes.

Parents seek to impose their will on their children.
The children resist.
The result is a stalemate, leaving all involved angry, guilt-ridden, and frustrated.

A student of the late Alfred Adler, Dreikurs offers parents “a democratic alternative” method of child-rearing, one that increasing numbers of Americans are practicing. In the past five years, Dreikurs-oriented “parent study groups,” each enrolling from a few dozen to several hundred parents, have sprung up in two dozen cities. They use Dreikurs’ primer, Children: The Challenge, as a text.

Dreikurs’ views are controversial, for he argues that family harmony can stem only from parent-child relationships based on equality and mutual respect. Freely translated, that means adults must voluntarily relinquish power over their children’s lives. “In a democracy,” asserts Dreikurs, “you can no longer ‘make’ a child do anything for very long. Force simply does not work. What you must do is win his cooperation.”

His techniques for winning cooperation are ingenious, and families psychologically able to practice them insist they really work. Dreikurs calls for adults to extricate themselves from power conflicts, let the children accept the consequences of their own acts, and — most difficult of all — keep cool amid stress.

‘This is a movement’

Here in Minneapolis 5,000 parents have taken the basic 10-week Dreikurs child rearing course since a local enthusiast began promoting the doctor’s doctrine in 1966. Almost every night 40 or more parents and professionals (social workers, psychologists, teachers, clergymen, counselors) attend group counseling sessions at one of the eight nonprofit family education centers run by the four-year-old Alfred Adler Institute of Minnesota, here. In addition, Dr. Dreikurs’ videotaped child rearing lectures have been televised here and in 17 other cities.
“We estimate there are 20,000 people engaged in Dreikurs study groups at any one time,” says Dr. Walter O’Connell of Houston, president of the American Society of Adlerian Psychologists. “This is a movement that has grown like Topsy, with almost no attention from the media, largely out of a feeling of parental failure.”

No one knows precisely how many Americans consider themselves failures as parents, but more than 2,000,000 annually consult local family service agencies. The phenomenal sales of such books as Dr. Benjamin Spock’s Baby and Child Care (over 22,000,000 copies since 1946) and Haim Ginott’s Between Parent and Child (over 2,000,000 since 1965) suggest that millions are groping for guideposts to avoid serious mistakes with their kids.

“Parenthood,” says Miami psychologist Stephen E. Beltz, author of a new book on child rearing, “is the one profession entered into by most people with no training at all. It’s no wonder so many feel inadequate to do the job.”

‘Rousseau’s Noble Savages’

For those who need help, there is no end of willing advisors.

At one end of the spectrum, the permissivists believe that creative energies can flower only if young people are allowed to grow up, somewhat like Rousseau’s noble savages, free and unfettered.

Few authorities today still counsel letting children do precisely as they please, but some preach an almost equivalent brand of easygoing parental tolerance. A. S. Neill, founder of Britain’s experimental Summerhill school, teaches that “childhood is playhood.” He argues in a recent book that, “A wise society would not ask anyone under 20 to do a stitch of work.”

At the spectrum’s other end, the neoauthoritarians—stern disciplinarians—argue for a return to traditional rewards and punishments. “The Dr. No of child care authorities,” a magazine article recently called Bruno Bettelheim, director of Chicgo’s Orthogenic School for severely disturbed children and a Vienna-trained Freudian psychoanalyst. The leading neoauthoritarian, Bettelheim argues that children cannot develop self control and become responsible adults unless they conform to strict rules of conduct and behavior.

“What was wrong with old-fashioned authoritarian education,” Bettelheim writes, “was not that it rested on fear. On the contrary, that was what was right with it. What was wrong with it was that it disregarded the need to modify the fear in a continuous process so that irrational anxiety would steadily give way to more rational motivation.” The foremost behaviors is Harvard professor B. F. Skinner, author of the Utopian novel Walden Two, and the newly published Beyond Freedom and Dignity. Unlike the Freudians, the Behaviorists’ concern is not inner feelings, but outward conduct; they advocate conditioning men’s reactions to achieve predetermined results.

Two new books apply behavioral technology to child rearing. They are Stephen E. Beltz’s How to Make Johnny Want to Obey, and John and Helen Krum boltz’s Changing Children’s Behavior. Both books advocate a sophisticated system of bribes and favors, from warm praise to cold cash, to achieve socially desirable conduct in children.
‘Dreikurs in the Middle’

Critics say behavior modification manipulates human beings like animals, and that many young people today are rebelling precisely because they reject the rewards society holds out as the price for their conformity.

Resting somewhere between Summerhill and Walden Two is Dreikurs, chief exponent of “democratic” child rearing. A professor emeritus in psychiatry at the Chicago Medical School and director of the Alfred Adler Institute of Chicago, Dreikurs has preached for more than 30 years that democracy is more than a political arrangement. It is, he says, a value system that profoundly transforms all human relationships.

Most of the nation’s conflict — racial, sexual, generational — begins because people cling to the traditional authoritarianisms when democracy necessitates shared power, Dreikurs wrote in 1954. “Trying to impose one’s will on the child violates respect for him and makes him more rebellious,” Dreikurs has written, “while permissiveness and indulgence violates respect for one’s self and produces tyrannical children and anarchy in the home.”

To the uninitiated, Dreikurs’ doctrine is a compendium of puzzling do’s and don’ts. Don’t spank, yell, preach, lecture, command, order, reward or punish, threaten, or bribe, or call attention to mistakes. “When something goes wrong, all mothers do the same thing,” says Dreikurs. “They talk. Only the kids don’t listen: They’re mother-deaf. So the mothers yell; the kids are still mother-deaf. That’s why we say before you can do anything, you must learn to keep your mouth shut. Don’t talk, act.” An how should parents act?

Dreikurs’ first rule is: **Stifle the initial impulse** in dealing with misbehavior. It’s usually an emotional reaction, certain to make the situation worse.

Rule #2: **Ignore the undue demands of the child.** Misbehavior staged for the parents’ benefit is the only rewarded when they acknowledge it. Temper tantrums often disappear without an audience.

Rule #3: **Withdraw from power struggles.** Children are usually less interested in winning an argument than in provoking one. If parents refuse the bait, they won’t be caught. Parents unable to restrain themselves should leave the room. Many Dreikurs parents take refuge in the bathroom.

Rule #4: **Use natural and logical consequences,** not punishment. Punishment, says Dreikurs, is “retaliatory, not corrective.” Discovering the consequences of their acts teaches youngsters more effectively while also teaching them to exercise responsibility.

A child who won’t put his dirty clothes in the hamper needn’t be chastised or picked up after, Dreikurs says. Let go without clean clothes and he will get the message. Clothes not put in the hamper don’t get washed. Toys not put away—after one reminder—should disappear. A child who forgets his lunch should go hungry. A mother interrupted by bickering while making supper should patiently explain that she can’t function in such an atmosphere. “It’s up to you whether you want to fight,” she might say, “but if you do, supper will be delayed.”

Applying natural and logical consequences makes inevitable Rule #5 of “practicing Dreikurs”: **Each family member is responsible for his own actions; no one has a right to impose his will on anyone else.** Nor has anyone the right to interfere with another’s liberty.
Thus a parent can physically remove a child who disrupts the family’s TV watching. The child should be calmly told, however, that he may return when he can conduct himself without interfering with other’s rights.

Some footnotes: Dreikurs says parents may intervene if the child is actually or potentially in danger; the parent may remove a toddler playing in the street or permit the toddler to remove himself. Sticks, or other dangerous objects may be taken away from children fighting with them. A child who wants to play outside without a coat in winter should be allowed to (unless, for example, he has a cold); he’ll come in for the coat if he gets cold. But a child who jumps in puddles and comes in with wet feet should not be allowed to go out again; the consequences of being wet is that one needs to dry off.

Dreikurs’ critics argue that his “consequences” are little more than punishments in disguise. His followers contend that there are important differences between the two concepts. For one thing, his teachings involve choice: The child can choose to wear the dirty clothes. Too, the consequences are driven home without the rancor or humiliation inherent in punishment.

Traditional Authority Outdated?

“Logical consequences,” says Dreikurs, “express the reality of the social order; punishment, the power of a personal authority.”

The idea that adults have no right to impose their will on children galls many parents; it undermines the traditional authoritarian family structure. Dreikurs argues however, that authoritarian relationships can no longer work. In an age when poll-takers and style makers court the young, children will not meekly submit. More important, parents relieve themselves of a needless burden by relinquishing authority, Dreikurs says.

Consider Fay Moog, a 38-year-old Minneapolis housewife. She begins a phone conversation by asking if you can hold for a second. Returning, she explains she was busy with her youngest, Donald, a third grader, when the phone rang. She wanted to explain to him why it was important that she take time out for a lengthy phone call. “He’s been home from school sick for a week and is getting awfully restless,” she adds.

Mrs. Moog, an accountant’s wife, says frankly that her three children used to run her ragged. A relative introduced her to Dreikurs’ Children: The Challenge five years ago, at a time when she felt she needed help. She explains:

“I was having a difficult time with our oldest child, Dana. I was 27 when he was born, and I’m afraid I made him overprotected, spoiled. When the second child came, a girl, I felt, ‘That poor first kid,’ and I poured it on all the more. By the time he started school he was in trouble. I knew I was the cause of it. I was trying to control everyone’s life, but I couldn’t do anything about it.

“Dan wouldn’t get ready for school, so I would have to dress him. He wouldn’t do his work, or play with the other children; he just did whatever he pleased. I asked for a conference with the principal and asked him what I should do. All he could say was I should love (Dana) more. ‘For gosh sakes,’ I said, ‘How can I love him more? I love him so much now.’ I was crying all the time, I was so upset. I knew I was ruining the child. I even turned on my husband. He said, ‘Quit doing so much for him and let him make his own mistakes.’ I’d day ‘Well, you just don’t care as much as I.’”
‘I Kept My Mouth Shut’

Mrs. Moog began practicing Dreikurs at a step at a time.

“The first thing I tried was telling Dana he would have to get himself ready for school. I’d wake him once and get his breakfast. ‘The rest,’ I said, ‘is up to you.’ It took all my willpower to stay out of it. I would wash my hair before breakfast and do laundry, anything to keep myself from going to see how he was coming. The first day he barely made it out the door in time. But I kept my mouth shut.”

Now, says Mrs. Moog, the children take care of themselves in the morning. “I never even mention the time. They decide what they’re going to wear. If it doesn’t look clean or it’s a poor match, I might say, ‘Why don’t you see what it looks like in the mirror? But if they’re satisfied, it’s okay with me. The problem before was that I wasn’t really doing all those things for my children. I was doing them for myself. It wasn’t fair to any of us.

Dreikurs estimates that 75% of American families begin their day by fighting. Most fights, he insists, can be avoided by letting children shoulder their own responsibilities.

Dreikurs’ child-responsibility theory goes back to his days in pre-Hitler Vienna, where he and Alfred Adler operated a string of child-guidance clinics. Adler broke with Freud in 1911 over Adler’s belief—tested in these clinics—that misbehavior stems not from natural instincts, as Freud believed, but from mistaken goals.

In seeking to identify those goals and design therapy to correct them, Dreikurs developed a sympathy for children that sometimes shocked others. Once, substituting for Adler at a lecture, he was asked if he believed in spanking. “Yes,” he replied, “Parents who abuse children should be spanked.”

In 1937 Dreikurs fled Hitlerism. Settling in Chicago, he opened his first child-guidance center in 1939; today there are dozens, now called family-education centers, across the nation. There parents, teen-agers, and professionals learn Adlerian techniques of child guidance by observing psychologists counsel families with problems.

At one recent Minneapolis session, Stan and Joanne Kaplan—the young couple with the three warring boys—frankly discussed their problems. About 40 other parents listen intently as they described specific fights and their reactions of frustration and anger. They also noted that the boys rarely hurt one another. The boys were with other youngsters in a playroom nearby, supervised by Barbara Hertzke, 17, whose parents are confirmed Dreikurs followers.

After describing the problem the Kaplans were sent out of the room. Their three boys were brought in. They shifted uncomfortably on folding chairs while group leader Don Crannel, a psychologist and Methodist minister, asked them why they fight. “Could it be you feel discouraged?” he asked. No response. “Could it be you want to show Mommy she can’t boss you around?” A momentary grin crossed the face of Danny, the five and a half year old “troublemaker.”

Crannel later explained that he believes the three boys co-operate to upset their mother. Accordingly, the Kaplans were given some of the hardest advice in the Dreikurs manifesto: Profess Unconcern at Fighting.

**Family Councils Make Decisions**

They also were given advice easier to follow: Encourage the children when they are good. Show them they needn’t misbehave to get your undivided attention. Before
sending the Kaplans on their way, Crannel reminded them of one of Dreikurs’ favorite aphporisms: “Encouragement si to a child as water is to a plant.”

Some Dreikurs families also hold weekly family councils, with rotating chairmanships at which problems are calmly discussed—and resolved either by consensus or not at all. If conflicts develop at these sessions, any family member is free to leave.

Baby-sitter Barbara Hertzke, whose parents began practicing Dreikurs on their four children when she was 12, says her family has a stack of ring binders containing the minutes of five years of family councils. “It’s a kind of family history,” says her father, Karl Hertzke, a civil engineer. “You can even see how the children have developed handwriting skills over the years.”

Few would disagree with Dreikurs’ dictum that quiet actions speak louder than words. But other elements of his teachings do draw criticism. Some psychologists accuse him of dispensing cookbook recipes for instant action. Behaviorists contend the world is organized around a system of rewards and punishments to which children should learn to adjust.

A Minneapolis mother says she began wondering about the utility of taking refuge in the bathroom—as Dreikurs suggests—when she heard her children discussing her behavior. “Don’t worry about Mommy,” she remembers one child telling another. “She always goes in there when she’s mad. But in a few minutes, she’ll come out and make us lunch.”

Equality Concept Controversial

Most of the fire, though, is directed at Dreikurs’ concept of family equality and all that it implies. Traditionalist Bruno Bettelheim, for one, rejects the concept out of hand. A Freudian, Bettelheim thinks that “being pushed back when you push” is essential to self-control.

Children require discipline, even desire it, Bettelheim argues. Furthermore, “The idea of democracy within a family simply doesn’t apply. Some people—the parents—know more than others—the children; they should therefore be more equal.”

“Dreikurs,” Bettelheim adds, “would have our kids watching TV eight hours a day if they want, because we couldn’t interfere with their freedom to choose.”

Dreikurs’ followers reply that their children don’t watch TV eight hours a day. “Kids given responsibility in a non-threatening way will not abuse it, as a general rule,” says Harold McAbee, an Adlerian psychologist at Bowie State College in Maryland and former program director of a Jobs Corps center.

Emily Geckler, a young Minneapolis Mother who practices Dreikurs with her children, says: “I can’t say the problems are ever completely solved, but we do have a way of handling them that works for many people.”
### THE CRUCIAL Cs® AND RUDOLF DREIKURS' 4 SHORT-RANGE GOALS OF MISBEHAVIOR

**by Amy Lew, Ph.D. and Betty Lou Bettner, Ph.D.**

<table>
<thead>
<tr>
<th>Child'sBelief</th>
<th>Child'sFeel</th>
<th>Child'sNegativeGoal</th>
<th>AdultFeel</th>
<th>Adult'sImpulse</th>
<th>Child'sResponse toCorrection</th>
<th>CrucialCs</th>
<th>ConstructiveAlternatives</th>
<th>Child'sBelief</th>
<th>Child'sFeel</th>
<th>Child'sPositiveGoal</th>
</tr>
</thead>
<tbody>
<tr>
<td>I only count when I'm being noticed</td>
<td>insecure, alienated</td>
<td>ATTENTION</td>
<td>irritated, annoyed</td>
<td>REMIND</td>
<td>“temporarily” stops</td>
<td>CONNECT</td>
<td>Replace negative attention with positive attention. Plan activities together. Don't ignore the child; ignore misbehavior. Teach self-sufficiency.</td>
<td>I belong</td>
<td>secure</td>
<td>COOPERATION</td>
</tr>
<tr>
<td>My strength is in showing you; You can't make me or You can't stop me</td>
<td>inadequate, dependent, others are in control</td>
<td>POWER</td>
<td>angry, challenged</td>
<td>FIGHT</td>
<td>I insist that you do this as I say</td>
<td>misbehavior intensifies</td>
<td>CAPABLE</td>
<td>Don't try to win. Give opportunities and choices so child can display power constructively. Maintain friendly attitude.</td>
<td>I can do it</td>
<td>competent, self control</td>
</tr>
<tr>
<td>I knew that you were against me. No one really likes me. I'll show you how it feels</td>
<td>insignificant</td>
<td>REVENGE</td>
<td>hurt, wants to punish</td>
<td>PUNISH</td>
<td>How could you do this to me? us? them? I'll teach you a lesson.</td>
<td>wants to get even makes self disliked</td>
<td>COUNT</td>
<td>Avoid anger and hurt feelings. Maintain appreciation in relationship. Offer chances to help. Seek support and help in identifying positives. (Don't give up.)</td>
<td>I matter</td>
<td>significant, valuable</td>
</tr>
<tr>
<td>I can't do anything right so I won't try. If I don't try my failures won't be so obvious.</td>
<td>inferior, useless, hopeless</td>
<td>AVOIDANCE</td>
<td>despair, I give up</td>
<td>GIVE UP</td>
<td>It's no use.</td>
<td>passive, no change makes self disliked</td>
<td>COURAGE</td>
<td>Notice only strengths and ignore the negative. Set up steady exposure to manageable tasks that have a guarantee of success. No criticism.</td>
<td>I can handle what comes</td>
<td>hopeful, willing to try</td>
</tr>
</tbody>
</table>

**REMEMBER:** Misbehavior is a symptom of the child's discouragement about being able to feel the CRUCIAL Cs. Use encouragement and teach through natural and logical consequences. Consider and agree on choices together.

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HOW TO HOLD A FAMILY COUNCIL

A very effective way to bring more harmony and order not family life is to hold family councils on a weekly basis. There are no rigid rules to follow since you have to do what fits your family the best. But here are some guidelines which have proven effective with many families:

1. Choose a table, any shape, any size--where each member of the family can pull up a chair. The toddler should be encouraged to join the rest--he will soon learn not to disrupt. Encourage every person who lives in the home to join the meeting. This means that a grandparent, aunt or boarder shares the family council. Though attendance isn't mandatory, all are expected to abide by the decisions made there. So if they want a say in the decisions, they will be there. If a decision is made when they are not there which they do not like, they will be there for the next meeting to discuss it.

2. For the first meeting announce the chairman and the secretary. Mother and father have talked over the prospect with all young persons and are probably best prepared to start. If mother is the one who always keeps track of things, let dad be the secretary. If dad usually keeps the peace and maintains order, let mom be chairman. Each parent thus learns something right away. Provide a notebook and pen to make a permanent record of the decisions reached.

3. Request that the children take their usual places at the table and try to remain there until the meeting is over. It is not necessary to have all family members present in order to hold the family council, although it is desirable. When a cooperative spirit becomes increasingly established, all members of the family will join in the weekly council whenever possible for them to do so.

4. Rotate the official duties around the family circle. If dad sits at the head, acting as secretary, next week make John on his left secretary, mother at the other end is chairman. Next week Mary, on her left, will be chairman. Carry on this rotation so that everyone in the family who can read and write has a turn. When two children take the official roles, mother and father become plain participating members.

5. Set the agenda for the meeting to read like this:

   A. Reading of minutes (starting with second meeting).
   B. Old Business.
   c. Calendar for coming week.
   D. Bank and other financial transactions between parents and children.
   e. New Business.
   F. Future plans (Stress "Fun Together" items).
6. Call the very first meeting for the specific purpose of planning family fun to follow. Let each one have a "say" in what the fun will be. Mother and dad may offer suggestions, but should not force their own ideas.

7. It seems effective to prepare the young people in your family for the idea of a family council--its meaning as you see it and what you think it might accomplish.

8. Decisions that are made are the results of the democratic process which means full discussion, with everybody in the family being able to offer his thinking and being assured of being listened to by every other family member. **There is no decision settled by a majority vote.** All decisions must be by consensus or else no decision is reach, and the item in question is tabled until next week's meeting. Decisions which are made as a result of a majority vote means somebody is overpowered. The family council strives to teach the value and process of cooperation for the common good of all. With practice of the principle of mutual respect, following the democratic process, and assuming that cooperation and order are basic values that each family member desires, it should not take too long before decisions can be made by consensus by all.

9. One item seems worth mentioning: to reach an agreement means that all feel they gained--a compromise all feel that they lost--and nothing is settled.

10. It seems that Sunday afternoon is a good time for a family council. After church and dinner, the family meets to plan the rest of the day and work with a minimum of distraction from outsiders--which should be the primary consideration. You as a group have to decide your regular council meeting day and time.

The first meetings should last no longer than fifteen minutes, as this is as long as order can easily be kept in a family not used to acting jointly. When the family has some experience at holding meetings, ideas will come readily, but at first it is best for parents to be prepared.

A "Suggestion List" on the refrigerator will "store" ideas until the next family meeting.

A game around the table after the meeting might be an unusual treat for a family that has not yet learned to plan together. Refreshments can follow. The important result is that the pleasant atmosphere acquired in the meeting spill over into family life.

Successful operation of the council depends on all members of the family being equal. It is difficult for parents to give up some of their authority for awhile but repayment comes in increased cooperation from the children. Each child learns his own value to the family and the worth of every other member.
Meeting together does not imply that the parents must do whatever the children decide. Certain basic questions of health and welfare are exclusively parental responsibilities. However, many more family decisions can be discussed by all the family members than we have allowed in the past and the children can truly be involved in the decision-making process in a contributing and responsible way.

The family council is a good place to elect household tasks. This provides the whole family opportunity to share the responsibilities as well as the privileges of home. Under "new business" you can bring up "jobs". There are certain tasks the children could do without being asked each time. Together every member of the family participates in making a list: emptying wastebaskets, taking out garbage and trash, cleaning the bathroom, setting and clearing the table, helping with dishes, etc. To start off, let the children choose their own jobs, and decide how they will do them. Then rotate the chores from meeting to meeting. The children become more and more reliable in carrying out their work. Only rarely do you need to remind them.

A common problem that can be handled at the family meeting is conflict between brothers and sisters. A grievance can be brought up by any family member. Each person can have his or her say. A cardinal rule to be followed throughout the family councils is that everyone is heard that wishes to speak his thoughts on the subject at hand, and no one interrupts. The chairman can control this, if necessary, with the help of the group. Trouble spots are removed by group thinking. If someone tends to go on too long, use an egg timer for all who speak.

Remember—only the chairman should be addressed so as not to fall into the common difficulty family members have: Emotional outburst instead of logical approaches to the real problem at hand. Many family members have found that names for the first month may not be mentioned. The atmosphere will improve considerably.

For parties and holidays, the family as a group can plan for them. You can decide together who your guests shall be and what you will serve. If the parents have an adult party, the older children could help plan for it, and they may stay to help serve.

Holding a family council is not always easy, but in most homes, as you go from week to week, you will find that you all will look forward to these times for joint thought and action. As the children grow up and are busier with outside activities, it is the one sure time you know that you will all be together and enjoy the fun you can have as a family. The family council will help you to enjoy one another as people.

-Prepared by the Minnesota Society of Individual Psychology, now known as the Midcontinent Adlerian Community. For more information read: Children the Challenge by Rudolf Dreikurs or Raising Kids Who Can by Betty Lou Bettner and Amy Lew.
SOME WORDS OF ENCOURAGEMENT
Clint Reimer, Bethel District, Eugene, Oregon

These thoughts are intended to be of help to parents and teachers in working with children. Whether these suggested remarks will in fact be encouraging will depend on the attitudes of the adults using them. Is the feeling one of belief in the child, trust, confidence, acceptance, sometimes mixed with humor; or is the feeling one of moralizing, preaching or impatience?

1. You do a good job of ...
Children should be encouraged when they do not expect it, when they are not asking for it. It is possible to point out some useful act or contribution in each child. Even a comment about something small and insignificant to us, may have great importance to a child.

2. You have improved in ...
Growth and improvement is something we should expect from all children. They may not be where we would like them to be, but if there is progress, there is less chance for discouragement. Children will usually continue to try if they can see some improvement.

3. "We like (enjoy) you, but we don't like what you do."
Often a child feels he is not liked after he has made a mistake or misbehaved. A child should never think he is not liked. It is important to distinguish between the child and his behavior, between the act and the actor. (Deed and doer)

4. "You can help me (us, the others, etc.) by ..."
To feel useful and helpful is important to everyone. Children want to be helpful. We have only to give them the opportunity.

5. "Let's try it together."
Children who think they have to do things perfectly are often afraid to attempt something new for fear of making a mistake or failing.

6. "So you do make a mistake; now, what can you learn from your mistake?"
There is nothing that can be done about what has happened, but a person can always do something about the future. Mistakes can teach the child a great deal, and he will learn if he does not feel embarrassed for having made a mistake.

7. "You would like us to think you can't do it, but we think you can."
This approach could be used when the child says or conveys that something is too difficult for him and he hesitates to even so much as try it. If he tries and fails, he has at least had the courage to try. Our expectations should be consistent with the child's ability and maturity.

8. "Keep trying. Don't give up."
When a child is trying, but not meeting much success, a comment like this might be helpful.

9. "I'm sure you can straighten this out (solve this problem, etc.), but if you need any help, you know where to find me."
Adults need to express confidence that children are able and will resolve their own conflicts, if given a chance.

10. "I can understand how you feel (not sympathy, but empathy) but I'm sure you'll be able to handle it."
Sympathizing with another person seldom helps him, rather it conveys that life has been unfair to him. Understanding the situation and believing in the child's ability to adjust to it is of much greater help to him.
Part III

Intermediate Internship Information
Intermediate Internship (#593,594):

Intermediate Internship #593:
Students in Intermediate Internship course #593 are required to attend 7.5 hours of internship at AGS in a three month term to earn one-half credit. At some point in #593, they may do an optional informal presentation (no written case history necessary).

Intermediate Internship #594: Students in intermediate course #594 are required to attend 7.5 hours of internship at AGS in a three month term to earn one-half credit. Students are required to come to their first class prepared to give a formal presentation of a currently active case (using the case history format in the Internship Manual).

Acceptable Clinical Activities:
This level of internship typically consists of 6-10 hours per week in on site involvement at the agency. There can be involvement as a co-therapist with other licensed therapists for learning/training purposes, but eventually it is expected that the Adler Graduate Student evolve to seeing clients alone, when permitted by the supervisor. This would include individual and relationship modes of therapy.

Internship Responsibilities: Students continue with responsibilities associated with Beginning Internship. In #593, students begin to practice counseling/psychotherapy with clients (individuals, couples, families, people in relationships, and/or groups). Students may shadow a therapist or do co-therapy with a therapist or another student. It is expected that they see a minimum of one to two clients on their own prior to beginning #594. Ideally, therapy will be conducted across a variety of modalities, including couples and family modalities.

Course Description: Intermediate students are required to attend 7.5 hours of internship at AGS per term. The instructor teaches new techniques that would be useful and, in some circumstances students’ role-play the case.

Course Requirements: Students meet for the required 7.5 hours of course Internship. If a class session is missed, students attend a make-up class at the end of the term. Students sign up for this session and pay an additional fee. Cases are may be informally brought to AGS' Intermediate Internship class during #593 (not required), where they are reviewed by clinical instructors and student peers. Those taking #594 are required to formally present a case during the first class, provide a written case history with a minimum of three early recollections or goal of misbehavior (using the format in the manual) to all class members (ten copies) for review. The student reports client progress at the next class. A release form must be signed, by the client before the case is presented and placed in their file.

Forty to eighty hours of time per term is recommended to complete the required 500 or 700 hours in approximately 2 years. Students are required to complete a reading
assignment and write the assigned paper. Logged hours, the assignment, a signed supervisors evaluation and a make-up form if a class was missed are to be submitted. All paperwork must be stapled together and have a cover sheet stating the course number, section, students name and instructor. It is to be turned in to the instructor within 2 weeks of the completion of the applicable term. Proof of malpractice insurance should be provided at the beginning of the class. If paperwork is incomplete, it will be returned to the student and an Incomplete grade will be given until all required materials are turned in.

Checklist for #593-594

___Have professional malpractice insurance and submit proof at first class  
(otherwise class must be dropped)
___Purchase book required for the class
___Be on a site during the course
___Attend 7.5 hours of Internship course in a three month term.
___Log 40-80 hours on-site and total them on the form on the AGS website
___Have site supervisor complete a supervisor evaluation form
___Complete reading and written assignment
___Write up one current case history, make 10 copies for the class, and present the case in the first class (required for #594, optional for #593)
___Report progress on the case at the next class
___See one to two clients in #594
___Complete Confidentiality Agreement with Client (Form is in Forms section)
___Have professional malpractice insurance and submit proof at beginning of class  
(otherwise class must be dropped)
___Attend make-up class for a missed class and submit proof of attendance
AGS 593-594—Intermediate Internship
Course Syllabus

1. Course Designation:
   1.1 Course Numbers 593 and 594
   1.2 Prerequisite: Internship Orientation, 591, 592
   1.3 Intermediate Internship
   1.4 Current internship placement required with 40-80 hours per quarter logged
   1.5 This course will yield .5 credits per section
   1.6 Each section is comprised of a total of 7.5 seated hours in class

2. Course Description:

   Students continue to learn about typical problems brought to a therapist and the techniques that can be used in addressing those problems. Students in these courses are more actively involved in case discussions than they were in 591 and 592. They learn how to address a variety of clinical issues using Adlerian and other appropriate therapeutic techniques. They begin to formulate treatment plans. Students are encouraged to practice techniques through role play activities.

   Students enrolled in 593 who are providing direct psychotherapy are encouraged to make an informal or formal case presentation. By the time a student begins 594, he or she is expected to be conducting psychotherapy directly with individuals, couples, families, and/or groups. Students in 594 must engage in direct psychotherapy and to be prepared to make one formal case presentation at the first class meeting.

3. Required Reading

   (Chapters 2, 3, 5, 6 Chapters 1 & 4 optional)

   (Chapters 7-11 Chapter 12 optional)

   Other readings as assigned by the instructor.

4. Learning Outcomes:

   Students begin treatment planning and matching specific techniques with problems presented in therapy. Students in 594 prepare a formal written case presentation according the guidelines published in the Internship Manual.
5. Assessment of Learning Outcomes:

- Students in 594 prepare a written case for presentation during the first class meeting. Progress reports on these cases are made at the second meeting.

All students submit the following documents:

- Copy of your professional malpractice insurance (submitted at first class). Without proof of insurance the class must be dropped.
- 2-3 page, APA format paper integrating what was learned from required reading, class participation, and internship experiences.
- Signed logs of client contact hours for the current quarter
- Signed and completed site supervisor evaluation forms. (If a student works at more than one site during a quarter, a site supervisor evaluation is required from each site. If a student leaves a site mid-term, a supervisor evaluation is still required.)
- All of these materials must be stapled together and submitted to the instructor two weeks following the end of the current quarter. (If a student is registered for two sections of internship within one quarter, each instructor must receive all logs and the site supervisor evaluation.)

Students keep their own duplicate copies of logs and evaluations.

6. Course Content:

Brief lecture about specific techniques and process of treatment
593- Informal or formal case presentation
594- Formal case presentation
Feedback from fellow students
Role plays
TECHNIQUES FOR INTERMEDIATE COUNSELORS #593-594

Along with Lifestyle Assessments, there are many Adlerian Techniques that have been taught that should be applied with clients and discussed in supervision class. If any of these techniques are not familiar, review the texts on counseling or ask the supervision instructor to explain them. It is expected that these technique will be practiced at these two levels.

Affirm their self worth as innate, not earned.
Confront and reveal the hidden reason for what they do.
Interpret the purpose of the behavior.
Take the client through six steps of problem solving
Create a paradox – prescribe the symptom.
Spit in their soup.
Suggest they “act as if”.
Have them catch themselves acting according to old beliefs.
Tell them how they may use L.S. beliefs on the therapist.
Layout with the client, the steps to achieve the change they want.
Reframe the situation.
Agree with the extreme comments by further exaggerating them.
Mirror back to the client what you see.
Challenge their mistaken belief about their worth.
Use metaphors, parables’ and fairy tales to show them their behavior.
Give lots of encouragement in areas where they are discouraged.
Help them recognize the consequences of their behavior patterns.
De-phasize concerns with supportive humor
Stroke and spit
Use role reversal.
Give Anti-suggestion
Use the empty chair to see two sides of a situation.
Encourage specific ways to develop social interest.
Acknowledge the reasonableness of their mistaken idea.
Consider their experience and young age when beliefs developed.
Question what the pay-off is for continuing the behavior.
Show them how they set themselves up to have self-fulfilling prophecy.
Ask, “How would life be different if you didn’t have this problem”?
When a strong feeling is expressed, probe for a mistaken belief using an ER.
Have them collect examples are contrary to their belief.
Suggestions for Internship Work

Pay less attention to what the client says and look more at their actions and behavior
☑ Check the track record of their interpersonal relationships, especially the close relationships.
☑ Always ask yourself: “What is the hidden purpose in their symptoms?” or “What are they evading?”

How does the client see their functioning in the 3 main Life Tasks?
☑ Work
☑ Social
☑ Love - spouse or “loved one” and family (children)

What does the client want from counseling? Clarify this and agree together.
☑ To work on some specific problem(s)
☑ To get help and understanding of their psychological Life Style (psychodynamics)

Do a Life Style Assessment which includes a least 4 Early Recollections.
☑ What is their family or origin, Family Constellation and the significance in developing their Private Logic?
☑ What is their Life Style goal and what are the mistakes in it?
☑ Examples: perfection, superiority, control, people pleasing, be liked, be right, be best (to win-compete), be good(er), etc.
☑ Do you see the striving for superiority?

What is the self-interest vs. Social Interest behavior?
☑ Is the client here to learn about themselves and to change, grow, and overcome?

Is the client here to gain sympathy and get you on their side?

Is the client cooperative or in competition with you?

Is the client defensive and close-minded?

Are you courageous enough in confronting the client with Mistaken Beliefs, goals, and behavior?
☑ Use the stochastic method. Example: “could it be” or “what do you think of my analysis”

Relate the Life Style and Private Logic (beliefs) to the problems they brought to you in the first place. Encourage the client and help the client to develop Social Interest...
☑ Trust in self and others
☑ Cooperative attitude
☑ Friendly attitudes
To contribute and be useful as the mainspring in whatever the client does in life's tasks
- Cultivate a caring and empathic attitude towards others
- Practice mutual respect
- Be tolerant and patient
- Listen and speak openly

What homework have you given the clients?
- Do you suggest keeping a journal record of how it's going?
- Do you follow up on it in the next session?
- Is the client working on their issues?

Do you periodically assess the client's progress during the course of your counseling? Or are you letting the case drift?

If any physical or emotional problems ask "The Question"
- To reveal the task(s) being evaded
- If no matter - consider M.D. assessment if not already done.
TREATMENT PLAN FOR CLIENTS:

A FIVE STEP PROCESS FOR THERAPIST WORKING WITH CLIENTS

AS EXPLAINED BY: DR. MICHAEL MANIACCI
SUMMARIZED BY: SUSAN PYE BROKAW

"A client with this particular life-style (Axis II) has encountered a situation for which he or she is not adequately prepared (Axis IV). In order to safeguard, the client selects a particular group or cluster of symptoms to use to sidestep the demands and create distance (Axis I). Which symptoms are chosen may in part be due to an organ inferiority or an overburdening situation such as a handicap (Axis III). How adequately the client meets the tasks of life can be assessed. What degree of involvement he or she expects to return to can be assessed to gain a quick barometer of the amount of social interest present and to help align treatment goals (Axis V).”


I. DEAL WITH THE CRISIS:
   A. DO INTAKE - FIRST SESSION
   B. TAKE IDENTIFYING INFORMATION
      1. PRESENTING PROBLEM.
         a. WHAT ARE THE SYMPTOMS (AXIS I, DSM-IV)
         b. BACKGROUND DATA - WHEN IT STARTED
         C. REVIEW OF FUNCTIONING IN LIFE TASKS (AXIS V)
   2. CURRENT FUNCTIONING - HOW AFFECTING THEM NOW
   3. TREATMENT EXPECTATIONS - THEIR GOALS FOR TREATMENT. HOW WILL THEY KNOW THEY ARE DONE?
   4. CLINICAL SUMMARY: WHAT YOU HEARD, WHAT YOU’D LIKE TO DO ABOUT IT(SUMMARIZE THE NEXT FOUR STEPS), AND HOW DOES THAT SOUND TO THEM.

II. STABILIZE THE SITUATION - OFFER CLIENT CHOICES/SOLUTIONS/REFERRALS THAT WOULD EASE THE CURRENT SITUATION.

III. COMPLETE LIFESTYLE ASSESSMENT & ESTABLISH LIFESTYLE - PERSONALITY FEATURES (AXIS II)
IV. ESTABLISH THE TREATMENT PLAN
A. GOALS FOR TREATMENT
   1. SPECIFIC CONCRETE GOALS, SUCH AS “BETTER COMMUNICATION WITH SPOUSE.”
   2. DO NOT ACCEPT A FEELING AS A GOAL SUCH AS “MY GOAL IS TO BE HAPPIER”

B. OBJECTIVES OR STEPS TO ACHIEVE THE GOALS: WHAT YOU AND THE CLIENT WILL DO.
   1. SPECIFIC PLANNED OBJECTIVES, SUCH AS “TEACH CLIENTS THE AWARENESS WHEEL TO BETTER COMMUNICATE” OR ASSIGN BOOK TO CLIENTS THAT EXPLAINS COMMUNICATION TECHNIQUES.
   2. THESE STEPS SHOULD ULTIMATELY HELP CLIENTS ACHIEVE THEIR GOALS.

C. MAKE REFERRALS TO MEDICAL & ANCILLARY SERVICES WHERE NECESSARY RE: PHYSICAL COMPLAINTS (AXIS III), TESTING, SUPPORT GROUP ETC.
D. FEEDBACK TO CLIENT ON ASSESSMENT & PLAN

V. MOVE TOWARD SHORT AND LONG TERM GOALS - BEGIN WORKING WITH CLIENT TOWARD SHORT TERM GOALS
A. SHORT TERM GOALS:
   1. GIVE THEM TOOLS TO GET THROUGH THE PROBLEM - UP TO FIVE SESSIONS & MAX. OF 10 SESSIONS FOR I-V.A).
   2. RESOLVE THE PSYCHOSOCIAL STRESSERS (AXIS IV)
   3. THE AIM IS TO ACCOMPLISH ALL OF THE ABOVE IN 10 SESSIONS OR LESS TO SATISFY INSURANCE PROVIDERS
B. LONG TERM GOALS-(10-30 SESSIONS) - WHEN CLIENT ISN’T MOVING TO GOALS
   1. LIFE STYLE ISSUES (PERSONALITY FEATURES THAT KEEP CLIENT FROM MOVING TO GOALS (AXIS II)
   2. WHEN CLIENT ISN’T MOVING FORWARD, THERE ARE DEEP CORE MISTAKEN BELIEFS IN LIFE STYLE THAT ARE STOPPING PROGRESS OR GOING BACKWARD
   3. THERAPIST MUST EXPLORE THE CORE BELIEF THAT IS INTERFERING, RESTRUCTURE AND APPLY IT TO THE CURRENT SITUATION TO GET MOVING AGAIN
Early Recollections

1. Is it self focused? We focused? Could reflect negatively or positively on level of social interest.

2. Is something happening to the subject?
   a. by force or forces (person or persons, or situation)?
   b. Is the force male or female?
   c. Is the event a negative or positive experience?
   d. If negative, it suggests “victim”.

3. Is the subject under the control of an outside something or somebody? If so, it suggests a “controller” to counter control.

4. Is there a “victim” in the ER. See items 2, 4, 6, 12 for possible “victim”.

5. Is there cooperation (negative or positive) with others? Positive could suggest social interest.

6. Is the ER one where the subject is being treated (or felt as if) unfairly or unjustly? Suggests a belief that life is unfair, and/or sees self a “victim.”

7. Is the subject feeling humiliated and embarrassed by the event? Suggests over-concern for what people think of them.

8. Is the subject feeling happy, comforted, joyful, good about the event? It could suggest that this event and positive feelings represent to the subject the “ideal situation,” or it could mean the subject simply sees life in a positive way.

9. Is the subject incapable or unable to deal with the circumstances in the ER?
   a. Is the subject rescued by someone, and by what sex? Suggests dependence, and/or lack of problem solving.
   b. Is the subject immobilized or overwhelmed? Or defeated? Suggests feelings of inadequacy.

10. Does the subject triumph in the event?
    a. Do they feel good about it because they solved a problem or task? This may suggest need to succeed or it could suggest simply that subject is a problem solver.
    b. Or does the subject feel good because he or she won over another? This would suggest the person is competitive.

11. Is there performance, pride of accomplishment in the event? Suggests success need.

12. Is there a “put down” from someone else [parents, sibling(s)]? Suggests “victim,” and/or doesn’t measure up.
13. Is the ER an incident in which the subject is alone, not involved with others? Suggests the subject is possibly a "loner" and/or lacking in social interest.

14. Is the ER about an observing experience - reporting something he or she saw but not actually participated in? This suggests a person who is more of an observer in life, less a participant. The person is also a visual person.

15. Does the person treat themselves as "special" if by others? This person may expect to be treated special, and/or exempt from rules that govern others.

16. Is the subject getting things, or getting his or her way. This suggests a "getter"

17. Is the memory frightening (expressing fear), or is there danger in the ER? Suggests the subject sees life as frightening or life is dangerous. Fear memories often suggest the subject is controlling and overly cautious.

18. In the ER is the subject or others out of control, physically or emotionally? Is the subject losing or has lost control? These suggest the subject values control.

19. Is the person confused in the ER? This suggests the person dislikes not knowing something, or wants to know everything about a situation. This also may be a hint of control tendencies.

20. Is the position of the person above or below someone else or an object? Does the subject comment on their smallness. These imply an up or down, below or above perspective. Hints of inferior to superior movement.

21. Is the person doing the right thing, or the wrong thing? Or is someone else? This suggests rigidity in right and wrong; also, a critical attitude. This person may strive to be righter, or righteous.

22. Is the person being good? Or is he or she being bad and feeling guilty? This suggests a need to be good (not always for the right reason, or good to be gooder, or avoid negative consequences).

23. Does the ER have lots of detail and color? This suggests artistic or aesthetic tendencies. Sometimes excess detail suggests perfectionism and/or compulsiveness.

24. Is the person lead by someone else, or taken somewhere (to school)? This may suggest being controlled, hence may be a controller. It also may suggest dependency.
Some Adlerian Concepts to Think About in Therapy

- Encouraging the client
- Affirming self worth - clients have feelings of inferiority
- What is their private logic, that makes sense to them?
- What is the purpose of this behavior? What's the payoff?
- What's your hunch? Check it out! It's O.K. to be wrong.
- How will the client use their Life Style on you?
- What in your Life Style could affect the way you counsel this person?
- How does the person compensate for feelings of inferiority and how will they use that with you or others?
- Are you being understanding and respectful or critical and superior in your approach?
- Are you modeling what you want this client to learn?
- What is the process of communication?
- Do you counsel with a sense of humor?
RECOMMENDATIONS TO PARENTS DEALING WITH MISBEHAVIOR

by: Susan Pye Brokaw, LICSW, LMFT

The following are basic Adlerian principals that are often recommended to parents in dealing with their children's behavior problems. Please refer to books by Dreikurs, Nelson and Dinkmeyer & McKay for more detailed information. Work on one problem at a time until it is resolved. Expect the behavior to get worse before it gets better. Children will try to convince you it isn't working so you will stop using what works.

1. Use action, not words.
2. Withdraw from the disturbing behavior.
3. Allow natural consequences to take affect.
4. Create logical consequences.
5. Take time to train.
6. Offer choices that are acceptable to you.
7. Deal with them as a group. (Dreikurs: Put them in the same boat)
8. Don't feel sorry for children or they will feel sorry for themselves.
9. Have weekly family council meetings.
10. Ignore the behavior.
11. Do the un-expected.
12. Be firm and don't give in.
13. Develop order.
14. Never do for the child what s\he can do for self.
15. Give lots of encouragement.
16. Have a weekly family fun time.
17. Take time to listen.
18. Give responsibilities.
19. Teach cooperation by having them do it together.
20. Establish clear rules and stick by them.
21. Develop routine at new beginnings.
22. Avoid power struggles.
23. Decide what you will do and what you won’t do, rather than tell others what they must do.
24. Remove the child from the temptation or the temptation from the child.
25. Don’t talk during the conflict, take time to talk later.
26. Be consistent.
27. Minimize mistakes and let them try again.
28. Recognize the goal of the behavior and don’t get hooked.
29. Don’t get involved in the children’s fights, let them work it out.
30. Separate the child’s worth from the behavior.
31. Do nothing where you would ordinarily intervene. That will shock them!
32. Acknowledge the child’s accomplishments.
33. Avoid the first impulse and do something different.
34. Take time to plan.
35. Ask only once.
36. Affirm the child’s value and worth.
37. Always talk respectfully and expect the child to do the same.

SUSAN PYE BROKAW
14525 HIGHWAY SEVEN STE. 145D
MINNETONKA, MN. 55345

AAIM\PRINC.FLY
FIVE TASKS SATISFACTION

RATE EACH 1-10 (10 IS BEST POSSIBLE)

WORK

SPIRITUAL
AS YOU WOULD DEFINE IT

LOVE

PERSONAL
SELF CARE

COMMUNITY
FAMILY, FRIENDS & COMMUNITY GROUPS
THE SIX STEPS IN PROBLEM SOLVING

STEP I. DEFINE THE PROBLEM

THIS IS A CRITICAL STEP IN PROBLEM SOLVING. THINK ABOUT WHETHER THIS IS THE REAL PROBLEM OR WHETHER THERE IS ANOTHER PROBLEM THAT RESULTED IN THIS PROBLEM, WRITE DOWN EXACTLY WHAT THE PROBLEM IS, AS YOU SEE IT.

STEP II. LIST ALL POSSIBLE SOLUTIONS

THERE SHOULD BE A MINIMUM OF THREE AND OFTEN EIGHT OR MORE SOLUTIONS TO A PROBLEM. SOME SOLUTIONS MAY BE A COMBINATION OF SOLUTIONS. BRAINSTORM ALL THE POSSIBILITIES WITHOUT LIMITATIONS. YOU CAN CROSS OFF THE UNREALISTIC ONE'S LATER.

STEP III. EVALUATE EACH SOLUTION

ASK YOURSELF IF THE SOLUTION WILL BE POSSIBLE TO CARRY OUT AND WHETHER IT WILL BE FAIR. IN EVALUATING THE SOLUTIONS, OTHER POSSIBLE SOLUTIONS OFTEN ARE DISCOVERED. YOU MAY ALSO CHANGE OR MODIFY SOME SOLUTIONS.

STEP IV. DECIDE ON THE BEST SOLUTION

STEP V. USE THE SOLUTION

THINK ABOUT HOW YOU WILL IMPLEMENT THIS SOLUTION. HOW WILL YOU ACCOMPLISH IT? HOW WILL YOU CARRY OUT THIS SOLUTION? HOW WILL YOU DO IT, IF YOU DO NOT HAVE THE COOPERATION OF OTHERS?

VI. EVALUATE THE SOLUTION

SOLUTIONS DO NOT ALWAYS WORK OUT AS YOU EXPECT THEM TO. SO, IT MAY BE NECESSARY TO RECONSIDER AND DO SOME MORE PROBLEM SOLVING. DECISIONS CAN ALWAYS BE REVISED OR CHANGED. YOU MAY WISH TO RETURN TO THE LIST OF POSSIBLE SOLUTIONS AGAIN. OR YOU MAY DECIDE THAT THIS SOLUTION IS WORKING AND CONTINUE TO USE IT. YOU MAY ALSO DECIDE TO MAKE SOME MODIFICATIONS/CHANGES IN YOUR SOLUTION.

SUSAN PYE BROKAW
Clinical Internship Instructors

Following is a list of Clinical Instructors for #591-597 Beginning-Advanced Internship and #598 Individual Clinical Instruction. You must register for these courses. Please call the clinical instructor directly to schedule 598 Individual Clinical Instruction sessions.

Trish Anderson, M.A., LMFT
17113 Minnetonka Blvd. Ste 205
Minnetonka, MN 55345
W: (952) 933-4979
F: (952) 475-4429
tfanderson@visi.com

Roger Ballou, PhD, LMFT, LPC
Adler Graduate School
1550 East 78th Street
Richfield, MN 55423
(612) 861-7554
ballouroger@gmail.com

Marina Bluvshtein, PhD, LP, LMFT
4900 Hwy 169 N. Ste 309
New Hope, MN 55428
W: (763) 231-0333
marina.bluvshtein@alfredadler.edu

Susan Pye Brokaw, MA, LMFT, LICSW
5100 Thimsen Ave. Ste 130
Minnetonka, MN 55345
W: (952) 933-9926
H: (952) 474-3558
pyebrokaw@aol.com

Richard Close DMin, LMFT, LPCC
1016 West 14 Street
Hastings, MN 55033
651-437-1860
richard.close@mail.alfredadler.edu

Career Development Internship Instructor
Kate Simonson MA, ICL
651-482-9843
1038 Arbogast St
Shorewood, MN 55126
kate@lifedirectioncoach.com

Debra Orbuch Grayson, M.S., LMFT
10520 Wayzata Boulevard
Minnetonka, MN 55305
work # 612-419-5638
email: dgrayson@comcast.net

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311 Ramsey Street
St. Paul, MN 55102
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catherinemhedberg@yahoo.com

Herbert H. Laube, PhD
4006 Cedarwood Rd.
St. Louis Park, MN 55416
W: (952) 544-5719 & 612 861 7554 x113
H: (952) 927-4746
herblaube@aol.com

Daniel Zenga, Ed.D.
227 Westwood Dr
Mankato, MN 56001
W: (507) 345-1561
Dwz227@hotmail.com

Wolf, Jodi, MA, LMFT, RN
18020 Zumbro Ave
Shakopee, MN 55379
H: (952) 403.9434 / C: 651.592.5580
jwolf@mail.alfredadler.edu

Kate Simonson MA, ICL
651-482-9843
1038 Arbogast St
Shorewood, MN 55126
kate@lifedirectioncoach.com
Part IV

Individual and Group Didactic
Individual and Group Didactic

All MFT, LPC, LPCC and Art therapy students are required to take Individual and Group Didactic. School Counseling students who opt to attain a dual license with LPC or LMFT must complete didactic. The purpose of the didactic experience is to help students identify any beliefs, values, attitudes, private logic, assumptions, boundaries, biases, prejudices, apperceptions or blind spots that could interfere in the students ability to work with the various issues that may come up in their professional work. The didactic experience is focused on professional development. Professional development involves exploring the self-of-the-therapist, which includes all aspects of one’s personhood.

Individual Didactic #528

Individual Didactic is ten hours of one on one conversation with a didactic instructor. The instructor will gather Lifestyle data and address any possible issues that could affect the quality of counseling and psychotherapy provided by the student. If the instructor uncovers any issues where therapy is needed, they will discontinue the didactic temporarily while the student gets therapeutic help regarding the issues. When therapy is concluded, the student will return to the didactic instruction to complete the ten sessions. Didactic instructors do not teach other classes. All matters addressed in didactic are strictly confidential and are not shared outside of the didactic sessions.

Procedure:
Contact one of the five didactic instructors to make arrangements for the ten sessions soon after Lifestyle #515 is taken. Once arrangements for didactic sessions are made, you must register for Individual Didactic #528. Some instructors may require that a genogram or lifestyle from the Lifestyle #515 be provided.

Group Didactic #529

Group Didactic is a full weekend course and occurs on a Friday evening and all day Saturday and Sunday. This will be an interactive group experience focusing on professional development. You are required to attend the entire 20 hour weekend.

Procedure:
Group Didactic is offered twice during every term. Students can register for this course at any time, after completing at least five sessions of Individual Didactic and prior to the completion of the program.

Instructor Contact Information: (Bio’s are available on the website)

Jana Goodermont Jana@visi.com 612 338-2051
Leftheris Papageorgiou leftheris@hellenicadventures.com 612-827-0937
Ruth Katz ruthkatz@visi.com 612 338-5267
Thomas Wright twright42@comcast.net 763-545-7676
Rachel Greene Rachel@intuitivetherapyclinic.com 651-387-5312
Jere Truer truer02@iphouse.com 612-824-9745
Part V

Internship Site Information
Internship Site Information

All students are expected to begin volunteering at an internship site beginning the second AGS term. Students must be active at a site when taking the Beginning Internship course #591. **Hours on site will only count if the student is registered for an Internship course.**

How to obtain a field placement site

There is a list of approved sites on the AGS website. It can be found on the AGS website: Current student/internship information/internship site search. The Admissions and Student Services office often learns of new openings. Students can also develop a new site. The site must meet requirements stated under “requirements for approval of the site”. There is a new site approval form in the Internship Manual forms section. The site must be approved before the student begins work at the site.

When looking for a site, keep in mind your needs and be sure that the site fits these as much as possible. Things to consider are: your availability of days, evenings and weekends; supervisory arrangements; opportunities to work with clients; location of the site in relation to home and work; the type of work being done at the site; and the requirements that the site has for interns. Keep in mind that students cannot always get everything they would like from an internship site. Setting too many requirements will limit the options available. It is important to be flexible.

When making arrangements with the site, be clear about what you are able to do as a beginning, intermediate or advanced intern. Read the Internship Section (Beginning, Intermediate and Advanced) to have a good understanding of what can be done at the beginning levels, and as one moves to intermediate and advanced levels, what constitutes acceptable clinical activities. Exceptions are possible but must have approval, for those who have past experience in the counseling field.

When a new site is created, Student Services can provide a Site Manual.

If there is difficulty in finding a site, talk to the Director of Student Services.

Requirements for Approval of the Site

To be an acceptable field site, a licensed mental health professional must supervise the student. The license must be in a mental health field such as Marriage and Family Therapy, Social Work, Clinical Counseling, Psychiatry, or Psychology or Clinical Nurse Practitioner. With Clinical Instructor approval, Pastoral Counselors, Chaplains with special training or a licensed Alcohol and Drug Counselor (if the student’s internship experience is limited the chemical dependency issues) may be approved. It is not required that the supervisor be trained in Adlerian counseling and psychotherapy. Occasionally an exception is allowed regarding a license at the beginning level if a licensed supervisor oversees the supervisor. However, this is only possible with approval from a clinical instructor listed in the Internship Manual.
The supervisor must be willing to give regularly scheduled individual or group (several students) Internship. It is suggested that there be a minimum of 1 hour of supervision for every 20 hours of on site work. However, the number of hours is left up to the supervisor based on the student’s past experience and the requirements of the position. If adequate Internship is not given, the problem should be reported to Student Services.

The site should carry liability insurance. The student must also carry malpractice insurance. Forms are available from AGS student services or in the Library or from the AAMFT website. The insurance is inexpensive.

Students need to complete a contract with the site so that all parties are in agreement about what the volunteer position consists of and requires. This form is found in the forms sections of the Internship Manual and should be turned in to Student Services and the site supervisor when completed.

Before leaving a site, students should complete a “Student Evaluation of Internship” (found in the forms section) and turn it in to Student Services.

**Practicum/Internship Site Standards**

Practicum/Internship Site Standards Policy adopted by AGS Board of Directors – September 2010

The Adler Graduate School (AGS) is dedicated to the highest standards of ethicality and best practices in its practicum/internship program. These standards are applied to both the School itself and to affiliated sites. While the spirit of this commitment cannot be fully defined as to either prescribed or proscribed criteria/conditions, basic requirements of practicum/internship sites are identified below. Requirements of affiliated practicum/internship sites include:

- Provide students and clients with a respectful, hospitable service/learning environment
- Clarity concerning expectations of students
- Clarity concerning expectations of sites
- Appropriate learning opportunities/assignments for students
- Learning opportunities/assignments designed to continuously advance students’ learning
- Appropriate depth and breadth of Internship for students
- Appropriate levels of training (complementing Internship) offered for students
- Legally/ethically acceptable fees and billing practices – when fees and billing are germane

Affiliated practicum/internship sites will not:
• Expose students to less than the highest standards of ethicality/best practices
• Work with students when a conflict of interest is evident
• Impose financial obligations on students (e.g., rent)
• Reduce any compensation/stipend that a student might otherwise earn by subtracting fees for things that are usual and customary components of practicum/internship sites such as space and Internship
• Expect students to recruit clients
• Expose students to or involve students in the use of illegal/unethical client fees and/or billing practices

September 2010

**Pre-MA Degree/Pre-Licensed Private Clinical Practice by AGS Students**

The Adler Graduate School (AGS) strongly discourages private practice by AGS students who have not yet earned a counseling-related Master’s Degree. In general, AGS will not allow students engaged in their own private practices to use those experiences to satisfy AGS’ practicum/internship requirements.

**Field Site Faculty Liaison**

All sites are assigned an AGS faculty liaison, Dr. Herb Laube. If a student has a question or concern regarding the site or the site has a question or concern with the student, the faculty liaison is to be contacted to help resolve the situation or appointments can be made through the Student Services Office.

**Termination Protocol for Internships**

• When leaving an internship – whether at the end of a pre-determined period of time or before the end of a pre-determined period of time – AGS students are expected to conduct themselves in a professional manner
• Communicate clearly with internship representatives/supervisors
• In the case of terminations which occur according to plan, confirm plans with representatives/supervisors and provide clients with appropriate notice
• Execute termination plans with clients according to professional standards and supervisor expectations
• In the case of terminations that might occur before the end of a pre-determined period of time, clearly/candidly discuss all appropriate issues/concerns with internship representatives/supervisors
• Seek amicable resolution regarding issues/concerns
• Include AGS representatives (e.g., internship liaison from AGS) in finding resolution, if possible
• Inform AGS representatives of resolution achieved, in case of terminations before the end of a pre-determined period of time
- Regardless of termination circumstances, upon termination with internship site, submit all appropriate information (e.g., evaluations, hours) to AGS representatives.
- A supervisor’s evaluation must be obtained and submitted with course paperwork.
PART VI

LICENSURE
Explanation of Licensing Options:

- AGS requires a 48 credit MA – 13 courses and 6 credits of internship and a 3-credit Master’s Project.

- The LMFT Board requires 11 courses in 5 areas of competency, with a minimum of three courses in each of the following areas: human development; marriage and family systems; and marriage and family therapy. One course must be completed in research and one course in ethics. AGS requires two additional courses in the area of marriage and family therapy, resulting in the 13 courses needed for an MA.

- The BBHT Board requires ten courses for an LPC, with one course in each of the following ten areas of competency: human development; principles of etiology; family counseling and therapy; social and cultural issues; helping relationships; assessment and appraisal; research; ethics; career development; and group dynamics. AGS requires 3 additional Adlerian courses, resulting in the 13 courses necessary for an MA.

- The LPCC upgrade requires 24 additional credits, or 8 courses in 6 areas of competency, including principles of etiology (2 courses); cultural diversity; clinical interventions (2 courses); professional ethics; treatment planning; and evaluation methodologies. Some of these credits may come from courses already taken in AGS’ Master’s program and other courses will need to be added to accomplish the upgrade. For example, a second course in advanced skills is required, as is a psychopathology course. Two brand new courses will also be required, including Treatment Planning and Evaluation Methodologies of Interventions. If a student is not trained at AGS, depending on the transferability of credits, one may need to complete the entire 24-credit upgrade in order to be eligible for the LPCC.

- In Summary 11 courses in AGS’ MA program fulfill requirements for the LPC, LMFT and LPCC. More specifically, these eleven courses meet the requirements for the LMFT, with two more courses necessary for graduation from AGS. Ten of these 11 courses meet requirements for the LPC, with an additional 3 courses in Adlerian content necessary to meet AGS graduation requirements. Preparation for the LMFT and LPC licenses will lead to a 48 credit MA degree. If a student has been trained at AGS, the LPCC requires all of the 11 courses referred to above, plus the addition of four more courses to fulfill the missing requirements in the 24-credit upgrade described above. This MA degree would then equal 60 credits.

- The attached grid will be helpful in answering questions regarding other combinations of courses. In addition questions may be directed to AGS’ Director of Admissions and Student Services.
Licensure for Marriage and Family Therapy

Licensure for Marriage and Family Therapy (LMFT) may be something students are interested in pursuing.

Summary of LMFT Procedures: The following is not a complete list of all requirements and procedures of the LMFT, but rather a sampling to let students know what is involved. If students are interested in LMFT, they are encouraged to contact the board to receive the Permanent Rules.

Follow the LMFT Grid: The Office of Student Services provides the LMFT grid to students interested in the LMFT. Obtain one early in the program and be sure to follow it. This is a useful planning tool. The LMFT grid is designed to help students complete the educational requirements for the LMFT.

300 Pre-Degree Hours: “A clinical practicum in marriage and family therapy of at least 300 hours of clinical client contact with individuals, couples and families for the purpose of assessment and intervention. Of the 300 hours, no more than 150 may be with individuals.” (MN Board of Marriage and Family Therapy Permanent Rules, Pg. 6). If the Family hours aren’t completed at graduation, internship courses must be continued after graduation until hours are completed. 500 total hours must still be completed to graduate.

Written Examination: The examination may be taken online three times a year. Requirements must be completed three months before the exam. Call Student Services for more details and dates.

1000 Post-Degree Hours: “In calculating two years of supervised post-graduate experience in marriage ad family therapy, the Board shall accept a minimum of 1000 hours of clinical client contact and 200 hours of Internship over a period of not less than 24 months. The applicant must demonstrate a least 500 hours of the clinical client contact required in the following categories of cases: unmarried couples, married couples, separating and divorcing couples, and family groups including children.” (MN Board of Marriage and Family Therapy Permanent Rules, pg. 6-7) 4000 total hours must be reported under supervision of which the 1000 are face to face and the rest, learning your profession.

LMFT Oral Examination: The LMFT oral examination is taken after all the post-degree hours are completed and this is the last step before licensure. There is an application process for the LMFT oral examination. The oral examination is scheduled privately on a monthly basis.
### Licensing Explanations

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### September 2012 Revision

Beginning/Intermediate Internship Manual
Marriage & Family Therapy Requirements for Licensure

5300.0150 EXPERIENCE REQUIREMENTS.

Subpart 1. Supervised experience required. The two years supervised, postgraduate experience required by Minnesota Statutes, section 148B.33, subdivision 1, clause (4), must meet the requirements in subparts 2 to 6.

Subp. 2. Years of experience; computation. In calculating two years of supervised postgraduate experience in marriage and family therapy, the board shall accept a minimum of 1,000 hours of clinical client contact including the assessment, diagnosis, and treatment of mental illness as specified in subpart 3 with 200 hours of supervision by a Minnesota licensed marriage and family therapist over a period of not less than 24 months. All additional work used to complete this two-year experience may be supervised in a legal and ethical manner by a licensed mental health professional listed in Minnesota Statutes, section 245.462, subdivision 18, clauses (1) to (5), or 245.4871, subdivision 27, clauses (1) to (5), or both.

Subp. 3. Clinical client contact; requirements. The applicant must demonstrate at least 500 hours of the clinical client contact required in the following categories of cases:
A. unmarried couples;
B. married couples;
C. separating and divorcing couples; and
D. family groups including children.
This contact shall include experience in the assessment, diagnosis, and treatment of mental illness.

Subp. 4. Supervision; setting. The supervision by a Minnesota licensed marriage and family therapist shall take place in individual and group settings, according to items A and B.
A. The individual supervision shall take place in a setting in which a supervisor and not more than two supervisees are present.
B. The group supervision shall take place in a setting in which a supervisor and not more than six supervisees are present.

Subp. 5. Supervision requirements. Supervision must involve:
A. at least 200 hours of face-to-face contact between the supervisor and supervisee of which at least 100 hours must be in individual settings;
B. 100 hours of supervision per year; and
C. a focus on the raw data from the supervisee's clinical work that is made directly available to the supervisor through means of written clinical materials, direct observation, and audio or video recordings.

Subp. 6. Verifying supervised experience. A supervisee must verify the required supervised experience by completing a form supplied by the board. The form must be signed by the applicant's supervisor and be notarized. The form must include the setting, nature, and extent of the supervised experience, the time period involved, the number of hours of clinical client contact, the number of hours of supervision, and the name and qualifications of each supervisor.

Statutory Authority: MS s 148B.31; 148B.37; 214.06
History: 15 SR 1782; 23 SR 1540
Posted: June 11, 2008
LPC Requirements

148B.53 REQUIREMENTS FOR LICENSURE.

Subdivision 1. General requirements. (a) To be licensed as a licensed professional counselor (LPC), an applicant must provide evidence satisfactory to the board that the applicant:
(1) is at least 18 years of age;
(2) is of good moral character;
(3) has completed a master's or doctoral degree program in counseling or a related field, as determined by the board based on the criteria in paragraph (b), that includes a minimum of 48 semester hours or 72 quarter hours and a supervised field experience of not fewer than 700 hours that is counseling in nature;
(4) has submitted to the board a plan for supervision during the first 2,000 hours of professional practice or has submitted proof of supervised professional practice that is acceptable to the board; and
(5) has demonstrated competence in professional counseling by passing the National Counseling Exam (NCE) administered by the National Board for Certified Counselors, Inc. (NBCC) or an equivalent national examination as determined by the board, and ethical, oral, and situational examinations if prescribed by the board.

(b) The degree described in paragraph (a), clause (3), must be from a counseling program recognized by the Council for Accreditation of Counseling and Related Education Programs (CACREP) or from an institution of higher education that is accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation (CHEA). Specific academic course content and training must include course work in each of the following subject areas:
(1) the helping relationship, including counseling theory and practice;
(2) human growth and development;
(3) lifestyle and career development;
(4) group dynamics, processes, counseling, and consulting;
(5) assessment and appraisal;
(6) social and cultural foundations, including multicultural issues;
(7) principles of etiology, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;
(8) family counseling and therapy;
(9) research and evaluation; and
(10) professional counseling orientation and ethics.

(c) To be licensed as a professional counselor, a psychological practitioner licensed under section 148.908 need only show evidence of licensure under that section and is not required to comply with paragraph (a), clauses (1) to (3) and (5), or paragraph (b).

(d) To be licensed as a professional counselor, a Minnesota licensed psychologist need only show evidence of licensure from the Minnesota Board of Psychology and is not required to comply with paragraph (a) or (b).

Subd. 2. MS 2004 [ Expired, 2003 c 118 s 7]
Subd. 3. Fee. Nonrefundable fees are as follows:
(1) initial license application fee for licensed professional counseling (LPC) - $150;
(2) initial license fee for LPC - $250;
(3) annual active license renewal fee for LPC - $250 or equivalent;
(4) annual inactive license renewal fee for LPC - $125;
(5) initial license application fee for licensed professional clinical counseling (LPCC) - $150;
(6) initial license fee for LPCC - $250;
(7) annual active license renewal fee for LPCC - $250 or equivalent;
(8) annual inactive license renewal fee for LPCC - $125;
(9) license renewal late fee - $100 per month or portion thereof;
(10) copy of board order or stipulation - $10;
(11) certificate of good standing or license verification - $25;
(12) duplicate certificate fee - $25;
(13) professional firm renewal fee - $25;
(14) sponsor application for approval of a continuing education course - $60;
(15) initial registration fee - $50;
(16) annual registration renewal fee - $25; and
(17) approved supervisor application processing fee - $30.

History: 2003 c 118 s 7; 2004 c 279 art 5 s 2,3; 2005 c 147 art 5 s 1,2; 2007 c 123 s 38,39; 2007 c 147 art 9 s 30

148B.5301 LICENSED PROFESSIONAL CLINICAL COUNSELOR.

Subdivision 1. General requirements. (a) To be licensed as a licensed professional clinical counselor (LPCC), an applicant must provide satisfactory evidence to the board that the applicant:
(1) is at least 18 years of age;
(2) is of good moral character;
(3) has completed a master's or doctoral degree program in counseling or a related field, as determined by the board based on the criteria in items (i) to (x), that includes a minimum of 48 semester hours or 72 quarter hours and a supervised field experience in counseling that is not fewer than 700 hours. The degree must be from a counseling program recognized by the Council for Accreditation of Counseling and Related Education Programs (CACREP) or from an institution of higher education that is accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation (CHEA). Specific academic course content and training must include coursework in each of the following subject areas:
(i) helping relationship, including counseling theory and practice;
(ii) human growth and development;
(iii) lifestyle and career development;
(iv) group dynamics, processes, counseling, and consulting;
(v) assessment and appraisal;
(vi) social and cultural foundations, including multicultural issues;
(vii) principles of etiology, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;
(viii) family counseling and therapy;
(ix) research and evaluation; and
(x) professional counseling orientation and ethics;
(4) has demonstrated competence in professional counseling by passing the National Clinical Mental Health Counseling Examination (NCMHCE), administered by the National Board for
Certified Counselors, Inc. (NBCC) and ethical, oral, and situational examinations as prescribed by the board. In lieu of the NCMHCE, applicants who have taken and passed the National Counselor Examination (NCE) administered by the NBCC, or another board-approved examination, need only take and pass the Examination of Clinical Counseling Practice (ECCP) administered by the NBCC;

(5) has earned graduate-level semester credits or quarter-credit equivalents in the following clinical content areas as follows:

(i) six credits in diagnostic assessment for child or adult mental disorders; normative development; and psychopathology, including developmental psychopathology;
(ii) three credits in clinical treatment planning, with measurable goals;
(iii) six credits in clinical intervention methods informed by research evidence and community standards of practice;
(iv) three credits in evaluation methodologies regarding the effectiveness of interventions;
(v) three credits in professional ethics applied to clinical practice; and
(vi) three credits in cultural diversity; and

(6) has demonstrated successful completion of 4,000 hours of supervised, post-master's degree professional practice in the delivery of clinical services in the diagnosis and treatment of child and adult mental illnesses and disorders, conducted according to subdivision 2.

(b) If coursework in paragraph (a) was not completed as part of the degree program required by paragraph (a), clause (3), the coursework must be taken and passed for credit, and must be earned from a counseling program or institution that meets the requirements of paragraph (a), clause (3).

Subd. 2. Supervision. (a) To qualify as a LPCC, an applicant must have completed 4,000 hours of post-master's degree supervised professional practice in the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in both children and adults. The supervised practice shall be conducted according to the requirements in paragraphs (b) to (e).

(b) The supervision must have been received under a contract that defines clinical practice and supervision from a mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6), or by a board-approved supervisor, who has at least two years of postlicensure experience in the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders.

(c) The supervision must be obtained at the rate of two hours of supervision per 40 hours of professional practice. The supervision must be evenly distributed over the course of the supervised professional practice. At least 75 percent of the required supervision hours must be received in person. The remaining 25 percent of the required hours may be received by telephone or by audio or audiovisual electronic device. At least 50 percent of the required hours of supervision must be received on an individual basis. The remaining 50 percent may be received in a group setting.

(d) The supervised practice must include at least 1,800 hours of clinical client contact.

(e) The supervised practice must be clinical practice. Supervision includes the observation by the supervisor of the successful application of professional counseling knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders.

Subd. 3. MS 2010 [Expired, 2007 c 123 s 40 para (c)]

Subd. 4. Conversion to licensed professional clinical counselor after August 1, 2011. An individual licensed in the state of Minnesota as a licensed professional counselor may convert to
a LPCC by providing evidence satisfactory to the board that the applicant has met the requirements of subdivisions 1 and 2, subject to the following:
(1) the individual's license must be active and in good standing;
(2) the individual must not have any complaints pending, uncompleted disciplinary orders, or corrective action agreements; and
(3) the individual has paid the LPCC application and licensure fees required in section 148B.53, subdivision 3.

Subd. 5. Scope of practice. The scope of practice of a LPCC shall include all those services provided by mental health professionals as defined in sections 245.462, subdivision 18, and 245.4871, subdivision 27.

Subd. 6. Jurisdiction. LPCC's are subject to the board's statutes and rules to the same extent as licensed professional counselors.

History: 2007 c 123 s 40

Post Degree Requirements

148B.531, Minnesota Statutes 2007

Copyright © 2007 by the Office of Revisor of Statutes, State of Minnesota.
148B.531 POSTDEGREE COMPLETION OF DEGREE REQUIREMENTS FOR LICENSURE.
An individual whose degree upon which licensure is to be based included less than 48 semester hours or 72 quarter hours, who did not complete 700 hours of supervised professional practice as part of the degree program, or who did not complete course work in all of the content areas required by section 148B.53, subdivision 1, paragraph (b), may complete these requirements postdegree in order to obtain licensure, if:
(1) all course work and field experiences are completed through an institution of higher education that is accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation (CHEA) or through a counseling program recognized by the Council for Accreditation of Counseling and Related Education Programs (CACREP);
(2) all course work and field experiences are taken and passed for credit; and
(3) no more than 20 semester credits or 30 quarter credits are completed postdegree for purposes of licensure unless the credits are earned as part of an organized sequence of study.

History: 2005 c 147 art 5 s 3
PART VII
Forms
Adler Graduate School

Pre-Internship Learning Contract

1550 E. 78th St., Richfield, MN USA 55423

Complete this form with prospective supervisor and return to Faculty Supervisor for approval and return to the Director of Student Services.

Every AGS student must establish a learning contract in association with their graduate internship experiences. Learning contracts will be established at the beginning of the graduate internship experiences and are meant to guide the applied learning experience and must be approved by the individual student, the student's internship supervisor and an AGS representative.

Student ____________________________________________________

Address ____________________________________________________

Telephone (h) __________________________ (w) __________________________

Internship Site ______________________________________________

Site Address ________________________________________________

Primary Supervisor __________________________ degree ______ license #__________

Phone number_________________________ e-mail__________________________

Secondary Supervisor __________________________ degree ______ license #__________

Phone number_________________________ e-mail__________________________

Start Date __________________________ Estimated End Date __________________________

Days of the week (Day or Evenings) and hours to be on site __________________________

Estimated Number of Hours per Week:

Direct Client Counseling ________ Educational Activities ________

Supervision ________ Support Group ________

Group Therapy ________ Staff Responsibilities ________

Other (explain) ____________________________________________

Indicate Population Student Will Work With:
( ) Children ( ) Adolescent ( ) Adult ( ) Families ( ) Couples ( ) Groups

Explain Training Experience Provided: (Treatment planning, record keeping, training for specific issues, training for doing groups, etc.)

_________________________________________________________________

_________________________________________________________________
Student Professional Liability Insurance: **
Company: ___________________________ Policy #: ________________________
**Attach a copy of your insurance

Students Responsibilities:

Supervisors Responsibilities
I. Regular face to face Supervision (individual or group) will be: _________
II. Agency/site related education (e.g., history of agency, services offered, etc.)
III. Professional/direct counselor training (e.g., treatment planning, record keeping, managing a counseling session, etc.)
IV. Personal (e.g., cultural competency, self-awareness, values clarification, etc.)
V. Evaluate cultural competency, self awareness, values clarification, proficiency, effective use of Internship, participation in evaluation sessions, etc.)
VI. Set learning goals:
   A. Personal (work)
   B. Professional

Student Signature ___________________________ Date _________
Primary Supervisor Signature ___________________________ Date _________

AFFIDAVIT: I have read and approved the Pre-Internship Clinical Training Contract. I certify that the information is correct regarding the supervisor status and licensure. For purposes of ongoing learning, if a student is employed at her/his internship site, she/he is encouraged to engage in and be supervised in client-related activities that are outside the scope of her/his regular employment. Client-related activities that resemble regular employment are acceptable.

Adler Internship Director (AGS) ___________________________ Date _________

Adler Graduate School Student Services office or Internship Supervisor:
( ) Internship Approved
( ) Denied

Reason for Denial ___________________________ Date: _________

Rev.9/12
New Site Approval Form
(Approval process is initiated by student)

Student Name: ________________________________________________________________

Name of Site: ________________________________________________________________

Address: ________________________________________________________________
  Street Address
  City     State   Zip Code

Telephone Number: ____________________________________________________________

Fax number: ________________________________________________________________

Contact person: _____________________________________________________________

Phone #: ________________________ Fax #: ______________________________

E-mail address: _____________________________________________________________

Description of site: __________________________________________________________

Description of duties/ responsibilities: __________________________________________

Supervisor’s credentials: ______________________________________________________

Internship Level:
☐ Beginning Intern (doing only peer counseling)
☐ Intermediate Intern (Doing co-therapy and/or gradually taking on therapy cases)
☐ Advanced Intern (Seeing three to six therapy cases)

AGS students are required to obtain insurance before beginning an internship.

Insurance Company________________________________________________

Copy of Policy turned into Adler for files     Yes____    No____       Date________

This site is ☐ approved    ☐ not approved.

Signature of Internship Director: ____________________________ Date: __________
# Adler Graduate School
## Student Internship - Site Supervisor Evaluation

**Student’s Name:** _____________________________________  
**Internship Site:** ___________________________  
**Month/Year:** ____________

**Supervisor’s Name:** _________________________________________________  
**Phone:** ___________________________

**Internship Type:** _____Peer/Support _____Therapy

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<th>Please rate how well the student is meeting</th>
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<th>Meets</th>
<th>Above</th>
<th>Exceptional</th>
<th>Notes</th>
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### INTERNSHIP EXPECTATIONS:

#### Joining/Communication Skills

- **Listening Skills**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Empathic Skills**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Ability to create and maintain rapport**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Sensitivity to individual cultural issues & differences**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Sensitivity to societal issues**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Knowledge of client population**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

#### Professional Skills

- **Treatment planning**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Record keeping/case notes**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Adheres to internship contractual agreement**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Professional administrative practices**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional

- **Quality of client presentation/discussion**
  - [ ] N/A  
  - [ ] Below  
  - [ ] Meets  
  - [ ] Above  
  - [ ] Exceptional
## Student Internship - Site Supervisor Evaluation

**INTERNSHIP EXPECTATIONS:**

### Clinical Skills
- Ability to promote client growth/change
- Ability to identify ethical issues
- Handling of client dilemmas
- Displays clinical competence & self confidence
- Appropriate integration of theory and interventions

### Professional Demeanor
- Willingness and ability to apply new ideas
- Appropriate professionalism: dress, language, behavior
- Responsiveness to needs & opportunities of Internship site
- Recognition of personal limitations
- Identifies focus for self-growth
- Displays community mindedness

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Adler Graduate School
Student Internship - Site Supervisor Evaluation

What is your overall impression of the student’s abilities, considering his/her current experience and training?

Other comments or concerns?

This student ____has ____has not satisfactorily completed this internship requirement.

________________________________________________________________________  _______________
Supervisor’s Signature                      Date

September 2012 Revision
Information for Logging Hours

School and Boards Requiring Logged Hours
Adler Graduate School requires 500 hours on a site of which 300 must be doing therapy. The Marriage and Family Licensing Board requires 300 pre-degree hours doing therapy, in which at least half must be doing relationship therapy. The Board of Behavioral Health and Therapy requires 700 pre-degree hours. All hours on the site can be counted. (ATCB) requires 700 pre-degree hours. 350 must be Art Therapy and 150 of that must be relational Art Therapy. The remaining 350 may be peer or other types of hours.

Completing Logs:
Logs are found on AGS website and automatically calculate total hours. Excel software is needed and available on the AGS computers.

Sections on the Logging Form
There are four sections on the logging form.

The first section is used for logging all hours on site to meet AGS hour’s requirement of 500 hours.

The second section is for logging hours for the Minnesota Board of Marriage and Family Therapy. These hours will be a duplication of some hours recorded in the previous section. This section allows students to track the 300 pre-degree hours required for MFT licensing and must include 150 hours of relationship hours.

The third section is to record hours of supervision on or off site (not class time). There are two kinds of supervision. Individual supervision is face-to-face supervision with the supervisor. Group supervision is when a supervisor does face-to-face supervision with a group of students. One hour of supervision for every 20 hours of on site time is recommended. Hours of supervision can only be logged in this section.

The forth section is for the supervisor’s signature. There should always be a signature by a licensed supervisor. At times the on site supervisor is not licensed. In that case, the on-site supervisor should sign as the supervisor and the off-site licensed supervisor should sign in the licensed supervisor space.

Tracking Hours Requirement for AGS
There are a total of 500 hours required by AGS. Each month on site, all hours must be recorded for credit. An internship course must also be attended during the current three-month period. Each month the new hours are to be added to the previous accumulated hours to show the current total of cumulated hours to date. The final month should show that 500 hours have been accumulated or 700 for LPC and Art Therapy.
Definition of Terms

Peer Counseling: Any direct contact with clients that is not counseling, such as: doing intakes, answering crisis lines, leading support groups or meeting with clients to give encouragement, support or instruction in the six steps of problem solving.

All Other Staff Time: All time spent on site that is not with clients. It may include, training, paper work, meetings, etc.
Art Therapy: For Art Therapy students. Time spent doing art therapy

Individual Therapy: Face to face therapy done with an individual.

Group Therapy (Individual): Therapy with a group of individuals whose only relationship to each other is the group.
Group Therapy (Relationship): Therapy in a group with two or in a relationship with others in a relationship.

Relationship Therapy: Face to face therapy done with two people in a relationship.
If two in a relationship are regularly being seen in sessions but on occasion one is seen alone to discuss the relationship, it can be counted as relationship therapy. For example: if a family is being seen, but a parent is seen alone to discuss a specific relationship issue, it can be counted as relationship therapy. Relationship hours may also be counted if people are living together in group homes, nursing homes and other long-term care facilities where the interaction becomes a family system.

Relationship Group Therapy: Face to face therapy with a group made up of more than one set of people in relationships.

Monthly Total: A total of all the hours accumulated for the current month

Previous Cum: All hours accumulated up to the current month

New Cum: The total of the current month’s hours and previous cumulated hours

Individual Supervision: Face-to-face supervision with the on-site or off-site supervisor.

Group Supervision: A group of students meeting with a supervisor for supervision. (One hour for every twenty hours of supervision.)

Site Supervisor: An on-site supervisor who is supervising the student but is unlicensed. This signature is not acceptable unless a licensed supervisor also signs the form.
Licensed Supervisor: The licensed on-site or off-site supervisor (including type of license) who is supervising the student. All students must have a licensed supervisor sign log forms.

Rev 7/12
Internship Log

Name __________________________
Internship Site ____________________
Term __________________ Month __________ Year __________

RECORD HOURS WORKED IN EACH CLASSIFICATION FOR ADLER GRADUATION REQUIREMENT
500 for LMFT  700 for LPC, LPCC

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<th>Group</th>
<th>Relationship</th>
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Site Supervisor Signature __________________________
Date __________________________

Licensed Supervisor Signature __________________________
Date __________________________

At least one licensed signature required

September 2012 Revision
Adler Graduate School
Case History Form
(For use in 594, 597 & Advanced Internship and 598 Individual Clinical Instruction)

This is a guide for the client case histories presented to the Advanced Internship and Direct Internship instructors. This report should be typewritten with the exception of the genogram. Headings should be used and information should be given in as brief a manner as possible. Be sure to refer to your Internship manual regarding confidentiality requirements as you prepare this document.

The following sections are required for all cases. At the end of this form, you will find additional data that are required based on the specific treatment modality, i.e. children, couples, or families.

Client Pseudonym(s)/Initials: _____________________________ Age(s): ___________

M___ or F: ___ Marital Status: _____________ Years Together: _______

Occupation(s): _____________________________________________________

Date of Initial Session: _________________ Number of sessions: ______

Genogram, Family Map or suitable alternative: Attach a genogram which includes at least three generations of the client family.

Referral and Presenting Problem: State briefly who referred the client for counseling (ex: self, physician, friend, relative) and the primary problem for which help is being sought (ex: discordant relationships, job problems, self esteem issues, depression, anxiety).

History of the Problem: How long has the client had this problem? When did it begin and under what circumstances? Describe its severity. Why is help being sought now? Discuss previous attempts at counseling.

Current Situation: Summarize pertinent information about the client’s work, living arrangements, and social situation.

Family History: Describe circumstances in which client was raised (OR family background and family history). Include birth order, economic class, social status, parental and sibling characteristics and interactions, and significant changes or stressors (positive or negative). Also include any history of chemical use or mental illness in the family. Identify strengths and vulnerabilities of the family and its members.

Social Adjustment: Describe peer relationships. Discuss the role client played in peer group and how he/she felt with peers. Describe relationships with family members.

September 2012 Revision
**School Adjustment:** Describe academic record and behavioral adjustment. Identify special needs or disabilities.

**Work Adjustment:** Comment on work history. Emphasize ability to find and hold jobs, relationships with fellow workers and supervisors. Determine average length of stay on job and longest period of time in single job.

**Marital History:** Describe relationship histories beginning with length of courtships, length of marriages, prior marriages or significant relationships. Describe the marriages/relationships in terms of the nature of the relationship and whatever is deemed important and relevant (ex: type of communication, roles, abuse).

**Lifestyle Assessment:** For adults and teen clients, a minimum of family constellation and ordinal position, and three early recollections.

**Treatment Plan:** The plan should include client goals and methodology for achievement of goals, along with a multi-axial diagnosis.

**Help Needed:** Identify specific ways in which you would like assistance with this case (ex: diagnosis and assessment, treatment planning, role playing interventions and techniques)

**ADDITIONAL DATA:**

**Children:** Identify the mistaken goal amongst the four goals of misbehavior. Describe in detail the child’s school adjustment, special needs or disabilities, whether there has been out-of-home placement or adoption of this child or siblings. Identify whether there has been sexual activity, what the child’s hobbies and interests are, including use of technology and media.

**Couples:** Detailed characterization of this marital/committed relationship history. Identify whether either person has a history of or current mental illness, substance abuse, or other addictions. Describe whether there has been or currently is financial stress or domestic violence. Identify any military history and its impact on the relationship. Identify each person’s current investment in the relationship. Identify ages of children if applicable and describe the couple’s parenting relationship. Determine whether there have been any deaths in the couple’s created family.

**Families:** Provide detailed information about the family relationships, history of mental illness, sexual or physical abuse, children placed outside of the home, adoptions, deaths, miscarriages. Describe parenting styles and methods of discipline. Describe any unique alignments or estrangements.

Revised 10/08
Adler Graduate School

Student Evaluation of Internship
Final Report

Student Name: ____________________________________________

Internship Level: _________________ Period Covered: ____________

Agency: __________________________ Phone: ___________________

Agency Address: __________________________________________

Internship Supervisor: _________________________________

Internship Supervisor’s Title: ________________________________

Part I: Briefly describe the clients served and the kinds of services offered.

Part II: Were you able to meet your goals? If yes, why; if not, why not?

A. Personal Goals

B. Professional Goals

Part III: Student’s Learning:

1. Briefly list the professional and personal growth you have experienced during this internship experience.
2. What do you consider to be your greatest strengths, both personal and professional?

3. What do you consider to be the personal and professional areas in which you need further growth?

4. What important factors regarding professional work environments, your professional needs, and personal issues will you consider in searching for subsequent internship sites or employment?

Part IV: Agency Learning Environment

Please rate the following aspects of the agency setting and learning environment.

1. Quality of interaction with and acceptance from other staff:
   Low 1 2 3 4 5 High

2. Quality of inservices:
   Low 1 2 3 4 5 High

3. Quality of consultations:
   Low 1 2 3 4 5 High

4. Quality of other educational programs:
   Low 1 2 3 4 5 High
5. Agency’s responsiveness to student’s education and learning:
   Low  1  2  3  4  5  High

6. Quality of Orientation and training procedures:
   Low  1  2  3  4  5  High

7. Were staff in general helpful:
   Low  1  2  3  4  5  High

8. Adequacy of office space and physical setting/equipment (i.e. phone, desk, supplies):
   Low  1  2  3  4  5  High

**Part V: Learning Opportunities and Responsibilities**

1. Were client assignments, groups and projects relevant to your learning goals available to you?
   _____yes   _____no

2. Was there an opportunity to work with diverse populations and was it properly supervised?
   _____yes   _____no

3. Were the level of skills required for the assignments appropriate for your ability and growth needs?
   _____yes   _____too advanced   _____too elementary

4. a. What proportion of your time was spent in direct work with individuals, families or groups?

   b. Describe how you were involved in the above:

5. Describe other activities in which you were involved:

6. To what extent were you able to integrate and apply theoretical material with applications?
Part VI: Supervisor:

1. a. Did you and your supervisor have a scheduled time to meet for conferences each week?
   
      _____yes  _____no

   b. Was this commitment kept regularly by the supervisor?
      
      _____yes  _____most of the time  _____no

   c. How frequently did you meet?

   d. How long, on average, were your meetings?

   e. Was your supervisor usually present at the agency during the hours that you were there?
     
      _____yes  _____sometimes  _____no

2. Comment on the following. The supervisor:

   a. Was clear and consistent about the expectations of this placement.
     
     ______________________________________

   b. Encouraged and engaged in mutual assessment of learning needs, expectations and progress on an on-going basis.
     
     ______________________________________

   c. Provided clear, understandable feedback on an ongoing basis.
     
     ______________________________________

   d. Was accessible for support and consultation.
     
     ______________________________________
e. Facilitated the process of integration into the agency system. ________________________________

f. Encouraged critical assessment, implementation of techniques and evaluation of work with clients and groups. ________________________________

g. Facilitated learning of specific practice skills and techniques. ________________________________

h. Encouraged awareness of professional values & encouraged professional behavior consistent with those values. ________________________________

i. Was able to help integrate theoretical material with practical application. ________________________________

3 a. Describe the general ways in which your supervisor approached your learning (e.g. case discussion, theoretical discussion, self-awareness, etc.):

b. What techniques did your supervisor use to assess your performance? (e.g. process recordings, taped interviews)

4. Were there other staff at the agency who played a key role in your Internship and/or learning?
Part VII: Site

1. What are the major strengths of this site for interns:

2. Please comment on limitations of this setting in relation to your learning:

3. What suggestions do you have for improving the overall quality and effectiveness of this site?

4. Would you recommend that student interns be placed in this agency in the future?
   Yes, why? No, why

Signature: ______________________________
Student: ______________________________
Date: ____________________________
Submit to the office of Student Services
Authorization Form For Use of Patient/Client Information

I understand that I will be receiving counseling services from an Adler Graduate School clinical intern while receiving services at ______________. I understand that as part of the intern's educational course work, he or she may present, orally and/or in written and/or recorded form, to instructors and/or other students, information about my counseling sessions, which may include personal information about me. I understand that this information will only be shared with others if the intern has “disguised” identifying information about me and other persons or organizations. I understand that information is considered "disguised" if there is no reasonable basis to believe that the information could be used to identify me and if the following steps are taken:

1) Last names are removed and first names are removed or changed.
2) Geographic references (such as references to the city and street address) are removed or changed.
3) All dates directly related to the individual are changed or removed, including birth date, admission date, discharge date and age.
4) Any numbers that could be used to identify the individual are removed, such as social security numbers, telephone numbers, fax numbers, patient numbers, account numbers, medical records numbers, or any other unique identifying number or code.
5) Computer information such as e-mail addresses, URLs and Internet Protocol numbers are removed.
6) All photographic images are removed.
7) All other information, which could reasonably be used to identify the individual, is removed or changed. I authorize the intern to present, orally and/or in written and/or recorded form, information about my counseling sessions, so long as such information is “disguised” as described above.

By: ____________________________________________________________

Date: _______________________________________________________________________

Witness:  __________________________________________________________

Date: _______________________________________________________________________

September 2012 Revision
INTERNERSHIP CLASS MAKE-UP

Date:__________________________________________________________

Student’s Name:________________________________________________

Internship Course Number:________________________________________

For ____Fall Term   ____Winter Term    ____Spring Term   ____Summer Term

Primary Instructor:_______________________________________________

Make-up Class Instructor:__________________________________________

This student has successfully completed the make-up class.

Instructor Signature

ATTACH THIS FORM TO THE ASSIGNMENT PACKET WITH THE LOGS, EVALUATION AND PAPER AND SUBMIT TO YOUR INSTRUCTOR
Part VIII:

Master’s Project
ADLER GRADUATE SCHOOL
Master’s Project Proposal Form

Request to Academic Vice President for Approval of Master’s Project Proposal

1. Date: ________________________________________________________________

2. Name of Student: ______________________________________________________

3. Project Advisors:   Chairperson_________________________________________
                        Reader________________________________________________________

4. Type of Master’s Project proposed
   __ 3 credit research project (literature review)
   __ 3 credit experiential project
   __ 2 credit research project and portfolio (for school counseling students only)

5. Project title or subject: ________________________________________________

6. Inclusive dates:    From__________________________    To__________________________

7. Description of proposed project
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

8. Description of methods to be employed in the proposed Master’s Project
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

9. Will project include human subjects?   _____Yes   _____No

   (If no, skip to signature lines at bottom of application)

10. If yes to number 9, refer to Human Subjects Research Review Process in the MP Guidelines, describe these human subjects and how they will be integrated into this project
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

__________________________________________________________________________________
11. If yes to number 9, what are your plans for obtaining individual human subject’s informed consent to participate?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12. If yes to number 9, will you use existing data concerning human subjects or will you gather new data?

_____________Existing data                         ______________New data

13. If yes to number 9 and you will be gathering new data concerning human subjects, explain data collection methods:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

14. If yes to number 9, regardless of whether you will gather existing or new data, describe plans for:

a) preserving confidentiality of data: b) storage of data; c) eventual disposal of data
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

15. If Experiential Project, what is your plan for community/professional presentation as a part of the project?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

I attest to the honesty and accuracy of information contained in this application.

Student Name ____________________________  Student’s Program: __________________________
Student Signature ______________________________________________________________________

Signatures required for approval of application

Chairperson Signature: __________________________________________________________________

Reader Signature: _______________________________________________________________________

Academic Vice President Signature: _______________________________________________________

When completed, turn this proposal in to Chris Helgestad

__ Copy for Chair;   ___ Copy for Reader;   ___ Copy for Student (mailbox # ____); Copy on File _____
**Human Subjects Research Review Process**

(Appropriate Forms Available On-Line and in the Media Center)

1) This process applies to Master’s Projects

2) Student prepares proposal for review by Chairperson, Reader and Academic Vice President (AVP).

   If the proposed project includes human subjects and/or raw data concerning human subjects – that is, more than a literature review – the following three areas (steps 3 through 5) must be addressed. If necessary, step 6 will also be executed.

3) The process for gathering data/information and type of data/information must be described.
   
   a) Data/information gathered through research methods including surveys, interviews, observations
   
   b) Data/information gathered from previous research
   
   c) Degree of invasiveness in research methods and degree of intimacy of data/information collected

4) The following criteria must be adequately addressed.
   
   a) Ensure subjects' safety
   
   b) Subjects’ risks minimal and reasonable relative to subjects’ benefits
   
   c) Sound research design
   
   d) Process for selection of subjects must be defensible
   
   e) Informed consent sought and documented, as appropriate
   
   f) Adequate plan to monitor data collected
g) Ensure privacy/confidentiality of data

h) Additional safeguards for vulnerable subjects

5) Proposed human subjects research must be reviewed and approved by the AVP.
   a) AVP and a student’s Chairperson and Reader will independently review proposals
   b) AVP, Chairperson or Reader may direct applicant to adapt proposal, before approval granted
   c) AVP must approve final proposal before work with Chairperson and Reader begins

6) Based on the review of steps 3 through 5, at the AVP’s discretion, the human subjects research being proposed may be subject to approval by AGS’ Program Coordinators Council.

April 2008
Part IX

Graduation
You are almost done! Only a few more steps and you will graduate.

Graduation Checklist:

☐ Fill out the Graduation Ceremony Questionnaire.

☐ Check at Student Services for exact Graduation date.

☐ Check at Student Services for exact location and time.

☐ Schedule Financial Aid Exit Interview.

☐ Schedule Exit Interview with AGS President.

☐ Make sure the Media Center Coordinator receives a digital copy of the Masters Project Research Paper.

☐ Send out invitations.

☐ Enjoy yourself!
Petition for Graduation

As you approach the completion of your studies for a Masters Degree at the Adler Graduate School you will need to complete this form. The ideal time to begin the process is the mid-term of what you consider your final term. No degree will be conferred and no transcripts will be sent to the state boards until this form is completed. Please avoid disappointment by leaving time for the process to be completed. Return this form to the Director of Student Services.

1. Please print your full name as you would like it to appear on your diploma and final official transcript:

__________________________________________________________________________________

2. Email address: ___________________________

3. Home Phone (_____) ______ - ____________

4. Cell / Other Phone (_____) ______ - ____________

4. Anticipated Graduation / Degree Conferral Date ______ / _______
   (month)          (year)

6. How many graduation announcements/invitations would you like to request? ________________

7. Will you participate in Adler’s graduation ceremony? Yes / No (If no, skip remaining questions)
   (circle one)

   (Please note that students participating in the graduation ceremony will be charged a fee to offset the costs of announcements and caps and gowns. Please see the Adler website for current fees.)

8. To assist us in ordering caps and gowns, please indicate your height: ________ _______
    (feet)            (inches)

9. Would you like to be a speaker at the graduation ceremony? Yes / No
   (circle one)

10. If you feel it would be helpful, please indicate the phonetic pronunciation of your name in the space below:

__________________________________________________________________________________
APPENDIX

CODE OF ETHICS Effective July 1, 2012

Preamble  The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association’s Bylaws, the Revised AAMFT Code of Ethics, effective July 1, 2012.

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee. The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Principle I Responsibility to Clients  Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.
1.1 Non-Discrimination. Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.

1.2 Informed Consent. Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

1.3 Multiple Relationships. Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others. Sexual intimacy with current clients, or their spouses or partners is prohibited. Engaging in sexual intimacy with individuals who are known to be close relatives, guardians or significant others of current clients is prohibited.

1.5 Sexual Intimacy with Former Clients and Others. Sexual intimacy with former clients, their spouses or partners, or individuals who are known to be close relatives, guardians or significant others of clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. After the two years following the last professional contact or termination, in an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients, or their spouses or partners. If therapists engage in sexual intimacy with former clients, or their spouses or partners, more than two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client, or their spouse or partner.

1.6 Reports of Unethical Conduct. Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.
1.7 No Furthering of Own Interests. Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.8 Client Autonomy in Decision Making. Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Referrals. Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.

1.11 Non-Abandonment. Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

1.12 Written Consent to Record. Marriage and family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

1.13 Relationships with Third Parties. Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

1.14 Electronic Therapy. Prior to commencing therapy services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that electronic therapy is appropriate for clients, taking into account the clients’ intellectual, emotional, and physical needs; (b) inform clients of the potential risks and benefits associated with electronic therapy; (c) ensure the security of their communication medium; and (d) only commence electronic therapy after appropriate education, training, or supervised experience using the relevant technology.

Principle II Confidentiality Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Disclosing Limits of Confidentiality. Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients’ right to confidentiality.
Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information. Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual’s confidences to others in the client unit without the prior written permission of that individual.

2.3 Confidentiality in Non-Clinical Activities. Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.4 Protection of Records. Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.5 Preparation for Practice Changes. In preparation for moving from the area, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

2.6 Confidentiality in Consultations. Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

2.7 Protection of Electronic Information. When using electronic methods for communication, billing, recordkeeping, or other elements of client care, marriage and family therapists ensure that their electronic data storage and communications are privacy protected consistent with all applicable law.

Principle III Professional Competence and Integrity Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Maintenance of Competency. Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy
through education, training, or supervised experience.

3.2 Knowledge of Regulatory Standards. Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

3.3 Seek Assistance. Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

3.4 Conflicts of Interest. Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Veracity of Scholarship. Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

3.6 Maintenance of Records. Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.7 Development of New Skills. While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.

3.8 Harassment. Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Exploitation. Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.10 Gifts. Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.

3.11 Scope of Competence. Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.12 Accurate Presentation of Findings. Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

3.13 Public Statements. Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.14 Separation of Custody Evaluation from Therapy. To avoid a conflict of interest,
marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist’s perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.

3.15 Professional Misconduct. Marriage and family therapists are in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

Principle IV Responsibility to Students and Supervisees Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation. Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Therapy with Students or Supervisees. Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees. Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. If a supervisor engages in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

4.4 Oversight of Supervisee Competence. Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.
4.5 Oversight of Supervisee Professionalism. Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees. Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

4.7 Confidentiality with Supervisees. Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

**Principle V Responsibility to Research Participants** Investigators respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Protection of Research Participants. Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.2 Informed Consent. Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.

5.3 Right to Decline or Withdraw Participation. Investigators respect each participant’s freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

5.4 Confidentiality of Research Data. Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver
previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

**Principle VI Responsibility to the Profession** Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

**6.1 Conflicts Between Code and Organizational Policies.** Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

**6.2 Publication Authorship.** Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

**6.3 Authorship of Student Work.** Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student’s program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

**6.4 Plagiarism.** Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

**6.5 Accuracy in Publication and Advertising.** Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

**6.6 Pro Bono.** Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

**6.7 Advocacy.** Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

**6.8 Public Participation.** Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.
Principle VII Financial Arrangements  Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

7.1 Financial Integrity. Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.

7.2 Disclosure of Financial Policies. Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

7.3 Notice of Payment Recovery Procedures. Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

7.4 Truthful Representation of Services. Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

7.5 Bartering. Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

7.6 Withholding Records for Non-Payment. Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client’s treatment solely because payment has not been received for past services, except as otherwise provided by law.

Principle VIII Advertising  Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

8.1 Accurate Professional Representation. Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.

8.2 Promotional Materials. Marriage and family therapists ensure that advertisements
and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services and consistent with applicable law.

8.3 Professional Affiliations. Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

8.4 Professional Identification. Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

8.5 Educational Credentials. In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources; (b) from institutions recognized by states or provinces that license or certify marriage and family therapists; or (c) from equivalent foreign institutions.

8.6 Correction of Misinformation. Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

8.7 Employee or Supervisee Qualifications. Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

8.8 Specialization. Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

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Appendix B: Mandated Reporting Responsibilities

In the state of Minnesota all licensed mental health professionals are mandated by law to override confidentiality and report mandated information to an appropriate government agency or state licensing board.

The laws regarding the definitions of reportable violations and the circumstances under which an intern or licensed mental health professional is required to report, are complex and extensive. These are available for Adler students to review via each Minnesota state licensing board’s website, or by searching the laws online under the “Revisor of Statutes, State of Minnesota.” Mandatory reporting is a legal term which establishes the requirement that interns and licensed mental health professionals will, upon discovery of reportable information, override confidentiality between themselves and their client(s) and report the information to an appropriate governmental agency, licensing board, law enforcement, or any appropriate combination of these.

Failure to report is a violation of the law and can result in serious and lasting consequences including prosecution, fines, suspension of license, or its permanent revocation. In addition, the clinician may be open to litigation by the effected parties.

Under Minnesota state law the following are reportable:

1) Physical, sexual, or emotional/psychological abuse of a minor under the age of 18. This can include medical, educational, or physical neglect.
2) Physical, sexual, emotional, or financial abuse of an elder on the part of that elder’s designated caregiver. This can include intentional or unintentional neglect of the elder.
3) Prenatal exposure to a controlled substance (including alcohol) on the part of the mother when the pattern of use is habitual and excessive.
4) Threats of violence on the part of a client when there is a specifically named individual whom the client states he or she intends to harm or kill.
5) Statements on the part of a client that he or she intends to commit self-harm or suicide.
6) Impaired behavior on the part of another therapist or other mandated professional that is discovered directly or through a client’s report. This includes other therapists, teachers, and clergy members.

Child and elder abuse should be reported to the county in which you are practicing. For children contact Child Protective Services. For elders contact county social services. These reports must be made within 24 hours of the discovery.

Prenatal exposure to a controlled substance on the part of a pregnant mother should be reported to Child Protective Services in the county in which you practice within 24 hours. Threats of violence made by the client you are seeing should be reported to the party who has been named in the threat, and also to law enforcement immediately.

A client who states the intent to harm or kill him or herself should be evaluated using an accepted risk management assessment protocol. If the client needs emergency services or an inpatient evaluation and will agree to it, transportation from your office should be arranged.
immediately. If the client refuses needed emergency services and leaves your office, contact law enforcement immediately.

Impaired professionals should be reported to your licensing board as a starting point. They will advise of you further steps.

Interns who encounter any of the above circumstances, or others that seem questionable should not hesitate to consult immediately with an on-site supervisor, an AGS clinical instructor, or the agencies listed above for each circumstance. These agencies and boards are available for consultation and should be called for input and direction for determining if a situation is reportable. They are glad to do this and welcome such calls. If an intern or licensed mental health professional makes a report in good faith they remain free from litigation even if the reported situation turns out not to be true.

This review is not intended as medical or legal advice, nor as a substitute for appropriate clinical supervision or consultation regarding specific cases.