

GOVERNORS STATE UNIVERSITY  
COLLEGE OF HEALTH PROFESSIONS  
DIVISION OF HEALTH AND HUMAN SERVICES  
ALCOHOLISM SCIENCES

COURSE SYLLABUS

COURSE TITLE: INTERNSHIP  
COURSE NUMBER: HLSC 88M  
FOR: Graduate Students  
INSTRUCTOR: Cheryl L. Mejta, Ph.D.  
TIME: By Arrangements  
OFFICE: F 1103  
OFFICE HOURS: Tuesdays, 2:00-4:30 pm; Thursdays, 2:00-4:30 pm;  
Other hours by appointment.  
OFFICE PHONE: (312) 534-5000, X2139  
TRIMESTER: Spring/Summer 1987

GSU ARCHIVES  
HLSC 88M

COURSE DESCRIPTION:

The internship is considered to be the culmination of your formal training as an Alcoholism/Substance Abuse Specialist. At this juncture, a high degree of competency is expected and each student will be required to adequately display his/her level of competence. Students can specialize in Alcoholism/Substance Abuse Counseling, Administration, Research, Prevention or Education. It is expected that internship sites will adequately meet specialization needs.

TIME REQUIREMENT:

For each credit hour, a student is expected to spend 40 clock hours at the internship site. In addition to the intership hours each student is required to attend two hours of seminar every two weeks. Seminar is a separate one-hour graded experience which is independent of the time you spend at your sites.

COMPETENCIES: Upon completion of the internship, the student is able to:

- 1) Present him/herself as a Professional in the alcoholism/substance abuse field.
- 2) Demonstrate skills appropriate to his/her speciality (e.g., counseling, administration, prevention, etc.).

- 3) Keep detailed reports of clinical and administrative work performed (e.g., clinical charts, administrative policies, etc.).
- 4) Evaluate treatment effectiveness.
- 5) Evaluate agency effectiveness.

**EVALUATION:**

1. Participation and attendance: Attendance and participation at the internship sites are mandatory.
2. Logs (see sample sheets): You are required to pass in detailed logs of your on-site activities every 2 weeks. You may use the sample sheets or any reasonable facsimile.
3. Counseling Notes (see sample sheets): You are required to keep counseling notes on an individual or group counseling session on a weekly basis. These are to be submitted every two weeks.
4. Supervisory Appointment: All students are required to make and keep one supervisory appointment with the instructor.
5. Evaluation by Clinical Site Supervisor: Your clinical site supervisor will complete the attached intern evaluation form. This evaluation will be used in determining your final grade.

Grades will be assigned on an A, B, C, D, F, I scale.

**AFFILIATION AGREEMENT****CONCERNING**

**THE ALCOHOLISM SCIENCES PROGRAM  
DIVISION OF HEALTH AND HUMAN SERVICES  
COLLEGE OF HEALTH PROFESSIONS  
GOVERNORS STATE UNIVERSITY**

**AND**

\_\_\_\_\_

\_\_\_\_\_

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, between \_\_\_\_\_ (hereinafter referred to as the "Practicum Site") and Governors State University (hereinafter referred to as the "University").

In consideration of the mutual promises and agreements hereinafter set forth, the Practicum Site and University agree as follows:

**A. Purpose of Affiliation**

- (1) The purpose of this document shall be to state the policies of the University with regard to its affiliations with clinical practicum sites, to provide for administration of such affiliations, and to set forth the certain general terms and conditions of the affiliation as it affects the Alcoholism Sciences Program at the University.
- (2) The goal of practicum affiliations by the University is to provide clinical experiences for students in Alcoholism Sciences.

**B. Practicum Site Obligations**

- (1) The Practicum Site will provide clinical space, facilities, and services necessary for students to complete a practicum.
- (2) The Practicum Site will provide supervision of student clinical experiences including assistance and direction, feedback and a written assessment at the end of the practicum.
- (3) The Practicum Site will advise each assigned student in the Program of his/her responsibility for complying with existing pertinent Practicum Site rules and regulations.
- (4) Specific and mutually agreed upon information regarding the number of students to be assigned to the Practicum Site and the dates of their assignment will be coordinated with the University.

**C. University Obligations**

- (1) The University will provide specific and mutually agreed upon information regarding the number of students to be assigned to the Practicum Site and the dates of their assignment.
- (2) The University will advise the assigned students of their responsibility for complying with the existing pertinent rules and regulations of the Practicum Site.
- (3) A faculty member from the University will make regular visitations to the Practicum Site when a student is engaged in a practicum experience.
- (4) The University will provide liability coverage for students and faculty of the university.

**D. Joint**

- (1) Neither party to this Affiliation Agreement shall be legally liable for the consequences, whether bodily injury or property damage, occasioned by act, neglect, or operation of law, chargeable to the other party. Where workmen's compensation, or other obligations for payment of benefits may arise, this Agreement will neither enlarge nor diminish such obligation. It shall be the intent of each party to be responsible, both factually and legally, only for its own employees and agents and its own acts or omissions.

**E. General Provision**

- (1) Administration of affiliation contracts shall be effected by the College Dean and the Practicum Site, designee.
- (2) This agreement shall commence upon execution by duly authorized officers of the parties hereto and shall continue from year to year indefinitely, provided, however, that it may be cancelled by either party upon written notice of one trimester (four months) to the other party.
- (3) This writing shall constitute the sole agreement between the parties and shall not be revised except in writing signed by both parties.
- (4) This agreement shall be governed by and construed under the laws of Illinois; if any provisions shall be invalid under such laws, such invalidity shall not invalidate the entire agreement, but it shall be construed as if not containing the particular provision or provisions held to be invalid and all rights and obligations of the parties shall be construed and enforced accordingly.

- (5) Each of the parties hereto and the individuals executing this agreement for them represent to the other party that they have the requisite authority to make and enter into this agreement that such contract does not to their knowledge violate any provisions of the corporate charter or By-laws of any corporate party or any statute, act or ordinance under which any unincorporated institution party hereto is organized or violate any agreement or commitment executed or made by any party.

**ATTESTED:**

By: \_\_\_\_\_  
Administrator,

By: \_\_\_\_\_  
Dean  
College of Health Professions

By: \_\_\_\_\_  
Chairperson,  
Division of Health & Human Services

By: \_\_\_\_\_  
Clinical Coordinator,  
Alcoholism Sciences Program

**DIVISION OF HEALTH AND HUMAN SERVICES  
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GOVERNORS STATE UNIVERSITY**

**AGREEMENT BETWEEN  
PRACTICUM SUPERVISOR AND PRACTICUM COUNSELOR**

Date \_\_\_\_\_

\_\_\_\_\_ has permission to begin  
(Practicum Counselor Name)  
counseling interviews, etc., under my supervision in accordance with  
applicable Agency and University rules.

Practicum Supervisor: \_\_\_\_\_

Site Name & Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone(s): \_\_\_\_\_

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Clinical Coordinator  
Alcoholism Sciences

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GOVERNORS STATE UNIVERSITY**

Name \_\_\_\_\_

Session \_\_\_\_\_

Date \_\_\_\_\_

**COUNSELING NOTES**

1. Briefly describe what took place during the session.
2. What behavior or behaviors do you perceive as causing concern?
3. Were any decisions or alternatives discussed or made for next session?
4. What is the therapy goal for the next session?
5. What techniques or interventions do you perceive as applicable at this time?
6. What are your feelings concerning this session? Critique your own behavior.
7. Other comments:

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**WEEKLY COUNSELING LOG**

Date \_\_\_\_\_ Name \_\_\_\_\_

Setting \_\_\_\_\_

**Week # (Indicate # of Hours/Week)**

<b>Activity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>Total</b>
Counseling - Individual																
Counseling - Group																
Counseling - Staff																
Counseling - Parents																
Counseling - Community																
Assessment																
Career Education & Guidance																
Program Development																
Planning & Coordination																
Evaluation & Reporting																
Your work (writing notes, reviewing cases, etc.)																
In Supervision (include seminar)																
List (by initial) persons counseled this week and the dates:																
Weekly Total Hours																

**GRAND  
TOTAL**



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GOVERNORS STATE UNIVERSITY**

Date \_\_\_\_\_

Professor \_\_\_\_\_

Intern \_\_\_\_\_

On-Site  
Supervisor \_\_\_\_\_

Internship  
Site \_\_\_\_\_

**INTERN EVALUATION FORM**

In an attempt to evaluate the counseling practicum field experience of the above student, please complete this evaluation form and return it to my office. This report will be included in the overall evaluation of the student's progress as a counselor trainee along with various on-campus assessments. Thank you for your valuable assistance in providing this professional service to our program and for your continued support of our practicum students.

Please evaluate the student's performance on each of the following activities (where applicable):

Place X Along Scale:	Poor	Average	Above Average	Excellent	Comments
1. A. Individual Counseling					
B. Group Counseling					
C. Consultation					
D. Testing & Approach					
E. Intake					
F. Drinking History					
G. Relations With Staff					
H. In-Service Training					
I. Staffings/Meetings					
J. Other (Explain):					
2. Overall Performance					

3. Potential as a future counselor/addictions specialist.

4. If you were in a position to add this person to your staff would you feel comfortable employing him/her? ☐ YES ☐ NO

ADDITIONAL COMMENTS:

☐ I have had an opportunity to review this evaluation and am aware of its content.

☐ I waive my right to review this evaluation.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date