

# ADLER GRADUATE SCHOOL

## INTERNSHIP SITE SUPERVISOR MANUAL

**SEPTEMBER 2008 REVISION**

Susan Pye Brokaw, editor



Alfred Adler (1870-1937)

From Classroom to  
Community, Committed  
To Improving Human  
Relationship

## **Table of Contents**

### **Letter From Director of Student Services**

- I. Adler Graduate School Overview**
- II. Internship Program Overview**
- III. Supervision Courses for First Year**
- IV. Requirements for Students Seeing Clients**
- V. Supervision Courses for Second Year**
- VI. Internship Site Requirements**
- VII. Responsibilities of Sites, Students and AGS Representatives**
- VIII. AGS Individual and Group Supervision Instructors**
- IX. Forms**
  - Ore-Internship Learning Contract
  - New Site Approval Form
  - Student Evaluation of Internship Form
  - Student Internship-Site Supervisor Evaluation
- X. Ethical Considerations**
  - 1. Excerpts from MN BMFT Permanent Rules Chapters 5300.0100 – 5300.0360
  - 2. MN Board of Marriage and Family Therapy (MN BMFT) Licensing Requirements
- IX. Bibliography**

### **Appendices**

- Appendix A: Alfred Adler's Individual Psychology
- Appendix B: Twelve Propositions of Adlerian Psychology
- Appendix C: What is Life Style?
- Appendix D: Internship Syllabi

September 2008

Dear Field Site Supervisor

Attached, for your convenience, is the Adler Graduate School's (AGS) Field Site Manual. It contains information that will be helpful to you in working with our students.

Section I will familiarize you with the Adler Graduate School overall. This section will also introduce you to the Individual Psychology of Alfred Adler, which constitutes the Adler Graduate School's theoretical foundation.

Section II will provide an understanding of our internship program and how it operates. As you will note, AGS' internship program covers a minimum of eighteen months. During the first year, students complete at least two quarters of peer counseling at a selected field site. Subsequently, students spend one year on site. Students may complete both their peer counseling and second year experiences at the same site or at different sites. In any case, they must participate in an advanced supervision course at AGS each quarter during the second year.

Section III describes AGS' beginning and intermediate counseling component, the things that students are prepared to do, and what they are expected to do at field sites. It also describes the second year field experience and the Beginning and Intermediate Supervision courses they will take at the Adler Graduate School, and what will be covered.

Section V describes the advanced counseling component. During the last two quarters of the second year internship component, students will receive group supervision at Adler and a unique form of supervision from an AGS faculty member. More specifically, students will receive individual direct supervision from a faculty member, focusing on one active case, either through on-site supervision or through the review of tapes. Naturally, these direct supervision sessions will only occur with client and site supervisor approval and they will respect the supervisory authority of site supervisors. In the end, we find that these sessions are beneficial to all concerned. When supervision occurs, clients receive the benefit of the additional input from a supervisor who is an experienced therapist who has a great deal of skill and insight to offer. Likewise, students are able to participate in a learning experience that has direct application to their current counseling responsibilities. Finally, AGS supervisors are able to assess how students are performing as actual therapists.

The expectations of students, AGS representatives and site supervisors are also addressed in this manual, along with sample forms that will become important as students' internship experiences unfold and exercises such as formal, written evaluations become necessary. We at AGS are privileged to be working with you in this internship partnership on behalf of our students. As always, if you have any comments, questions or concerns, please be sure to call or write. We

Revised 9/1/08

thank you for the contributions of time and expertise that you are passing along to our students.

Sincerely,

Evelyn Haas  
Director of Student Services  
Phone: (612) 861-7559 ext. 103

**Mission Statement**

The mission of the Adler Graduate School (AGS), is to educate ethical, reflective, highly competent, comprehensively informed, continually learning, Adlerian-based professionals who are prepared to improve the interactions and conditions of the people, organizations and/or communities they serve.

**History of the School**

The Minnesota Adlerian Society was founded in 1967 and was inspired by the work of Dr. Rudolf Dreikurs. The Society began in the Twin Cities area as a small movement to introduce Adlerian concepts to the community and provide practical ideas for parenting. Within two years the Society was marked by broad public exposure and enthusiastic volunteerism. The School, initially a part of the Society, was started by a group of professionals dedicated to teaching the practice of Alfred Adler's philosophy. On May 25, 1969, the School was separately chartered as the Alfred Adler Institute of Minnesota, an independent 501(c)(3) tax-exempt organization, and began offering classes. In 1991 the Institute received NCA accreditation to offer its own Master of Arts degree in Adlerian Counseling and Psychotherapy. In July 1998 the Board of Directors voted unanimously to change the organization's name to the Adler Graduate School and to the Adler Graduate School (AGS) in 2004.

Today, the School is a self-supporting, non-profit organization, which fulfills its commitment to provide quality education and community service learning. Several factors contribute to the School's uniqueness. The organization grew out of a recognized community need for assistance in the development of more effective parenting skills. Its growth was marked by its continuing efforts to meet further identified needs in the Twin City area, resulting in classes for human services personnel and educators, and an extensive series of lectures and study programs for both human services professionals and the general public.

The School's practitioner-based faculty consists of experienced, practicing psychotherapists and educators who impart their skills and experiential knowledge to the student population. Faculty members share a commitment to enhance the effectiveness of the human services and education professions through the presentation of exceptional learning opportunities for participants. Their work is guided by the ideals and philosophy of Individual Psychology, and they are committed to making their community a healthier place in which to live.

AGS serves the following groups and individuals: students, predominantly working adults, who desire a graduate-level education in Adlerian-based counseling psychology; teachers seeking more effective classroom techniques; managers seeking the skills to create a higher quality working environment; institutions, organizations and agencies which seek competent, well trained personnel; as well as the community at large.

The focus on field-based, experiential learning, with a strong, carefully supervised internship component, and an emphasis on the concurrency of theory

and practice enabling the student to apply what is being learned during the educational process, and results in a clinical competence, which leads to AGS graduates being eagerly sought by human service agencies.

Dr. Alfred Adler (1870-1937), the physician whose name the School bears, called his work Individual Psychology, today often referred to as Adlerian Psychology. It is based on the view that each person is an indivisible whole as opposed to a being with distinct separation between mind and body.

It is the School's conviction that healthy living comes from accepting oneself and others as equals, and continually balancing personal striving with a demonstrated concern for the common good. Thus, throughout AGS programs, students are encouraged to live and teach the concept of equality of persons, to offer encouragement, to be cooperative, to overcome self-centeredness and to make meaningful contributions to society. The advancement of these concepts provides our mission.

## The Internship Program Overview

Students begin the Adler Graduate School (AGS) internship program after the first term at the institution. This involves finding an internship site or sites and doing field placement work throughout the program until graduation. 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 supervision and one credit of individual supervision. There are three levels of group internship supervision: beginner, intermediate, and advanced.

**Beginning Internship** Beginners are at an internship site for a minimum of 4-10 hours per week, take two supervision courses during two terms, and receive ½ credit 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:** After most of the AGS core courses are completed, as well as the two beginning supervision courses (591-2), the student begins the intermediate courses (#593-594). They are taken over one to two terms and students receive ½ credit 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:** In the second year when taking Advanced Supervision, students are required to have an active caseload of clients. Two new client presentations must be presented for each section. Each course is one credit (one course per term) and is taken over three 597 terms. Students starting Advanced Supervision must demonstrate that they are applying the techniques learned throughout the AGS program. 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 Supervision:** Advanced students are also required to take course #598 in which they receive direct supervision from an AGS Clinical Instructor. This can be done any time following the completion of the first Advanced Supervision course #597.1. Students work with one case over many weeks under the supervision of a Clinical Instructor.

## Supervision Courses

### First Year Internship Supervision

In the first year, students complete two credits of internship (#591, 592, 593, and 594). Each internship course is 1/2 credit. A total of two credits must be completed in this area to earn the master's degree.

First year students take the Beginning and Intermediate level courses. For some, it will be their first exposure to working with clients using a peer counseling approach. Intermediate students present cases for help and supervision. This exposes newer students to the types of cases and situations with which they will deal in the future.

### Beginning Internship Supervision (#591, 592):

In most cases, there may be no actual counseling or psychotherapy done by students. Prior to starting a beginning internship supervision 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.

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 e-mail. 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 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 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 4-10 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/supervision 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 hours need to be logged and identified as such on the log sheets located within the internship manual.

Tasks include but are not limited to: observation, co-therapy, intake, assessment, psycho-education, support groups, crisis lines, file review, answering phones other direct contact with clients that falls short of solo therapy.

Internship Responsibilities: On site responsibilities may include orientation to the site, answering crisis lines and making referrals, doing intakes or other types of assessments, and facilitating or co-facilitating a parent group or other support groups. 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 supervision 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 supervision at AGS per 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.

Course Requirements: Students meet for the required hours of supervision. 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. 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. It is required that logged hours and the site supervision evaluation be turned in paperwork to the Admissions and Student Services along with other office within 2 weeks of the completion of the applicable term.

### **Intermediate Internship Supervision (#593,594):**

Intermediate Internship Supervision #593: Students in Intermediate Supervision course #593 are required to attend 7.5 hours of internship supervision at AGS each 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 Supervision #594: Students in intermediate course #594 are required to attend 7.5 hours of internship supervision at AGS each 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 as well. There can still be involvement as a co-therapist with other qualified 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, group, couples and family modes of therapy. These are optionally brought to AGS' Intermediate Internship courses, where clinical instructors review them and student peers.

Tasks included but are not limited to: co-facilitating or observing therapy (as long as it leads to solo therapy) and solo therapy. Ideally, therapy will be conducted across a variety of modalities, including couples and family modalities.

**Internship Responsibilities:** Students continue with responsibilities associated with Beginning Internship. However, in addition, they begin to see a client or two while attending #593 and see two to three clients while attending #594. At some point, in #593, students begin to practice counseling / psychotherapy with clients (individuals, couples, families, people in relationships, and/or groups). Students may at first co-counsel with another student or therapist, but it is expected that they see a minimum of two to three clients on their own prior to beginning #594.

**Course Description:** Intermediate students are required to attend 7.5 hours of internship supervision at AGS per term. Students in #594 are required to write up a case history (using the format in the Manual), bring 10 copies to class, and present the case. The class discusses the case and offers ideas and techniques that are helpful in working with the client. The student reports client progress at the next class. The instructor teaches new techniques that would be useful and, in some circumstances students' role-play the case. Students in #593 may give an informal presentation of a case (no written case history necessary).

**Course Requirements:** Students meet for the required 7.5 hours of course supervision. 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. Students are also required to complete a reading assignment and write the assigned paper. Forty to eighty hours of time per term is recommended to complete the required 500 or 700 hours in approximately 2 years. Logged hours must be turned in along with other paperwork to the Admissions and Student Services office within 2 weeks of the completion of the applicable term.

### **Requirements for All Students Seeing Clients**

**Malpractice insurance Requirement:** It is required that students purchase professional malpractice insurance prior to seeing clients and provide documented proof at course registration. Forms are available in the library.

**Confidential Case Materials Policy and Requirement:** *AGS students follow ethical guidelines in where 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 AGS Academic Vice President 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.

Authorization for Release of Information Requirement: All students who discuss cases in supervision courses are required to obtain an authorization for release of information from the client prior to discussing the case. Authorization forms for therapy clients and for Art therapy clients are on the following pages.

### 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. I further authorize the clinical intern to use such "disguised" information about my counseling sessions in written projects that may be preserved by the student or the school, such as a Master's Project.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

### Authorization to Photograph Art Work Created in Art Therapy

I authorize \_\_\_\_\_, an Art Therapy student associated with the Adler Graduate School, to photograph (i.e., film, digital, video or photocopy) art work created in Art Therapy sessions with me or with person I might be legally responsible for. The use of these images will be limited to educational purposes (e.g., case presentations and/or papers written to satisfy graduation requirements, and/or publication in a professional journal). My confidentiality will be protected and my identity will remain anonymous.

AGS will consider 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 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.

This authorization may be rescinded by written notice at any time.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## Supervision Courses for Second Year

### **Advanced Internship Supervision (#597.1-3):**

Advanced Internship Supervision is composed of three sequential, 1-credit courses, (597.1, 597.2 and 597.3). Each course is taken during one term and students receive one-credit for each course. Students entering Advanced Internship Supervision must be prepared to demonstrate that the techniques learned throughout their graduate studies are being applied in sessions with clients. Students are required to present two new cases per section.

#### Acceptable Clinical Activities:

This level of internship typically consists of 6-10 hours per week in on site involvement at the agency. There can still be involvement as a co-therapist with other qualified therapists for learning/training purposes, but the Adler Graduate Student is seeing clients alone. This includes individual, group, couples and family modes of therapy. These clients typically are the subjects of the case summaries that are brought to AGS' Advanced Internship courses, where they are reviewed by clinical instructors and student peers.

Tasks included but are not limited to: co-facilitating or observing therapy (as long as it leads to solo therapy) and solo therapy. Ideally, therapy will be conducted across a variety of modalities, including couples and family modalities.

Course Description: Students come to the first class session with two case histories concerning two current clients. Students bring 10 copies of the case histories for class members. Each student presents the cases to the class and describes what has been done so far to bring about client change. The class discusses the case and offers helpful ideas on how to proceed. The student reports on progress with the cases in future class meetings. Role plays may be used to help develop therapeutic skills.

Course Requirements: Students meet for the required 15 hours of course supervision. If a class is missed, the student attends a make-up class at the end of the term. Students sign up for the make-up session and pay an additional fee. It is required that students come to the first class with case histories of their two active cases and be prepared to present the cases and progress to date.

Students are also required to complete a reading assignment and write the assigned paper. Eighty or more hours of activity per term is recommended to complete the required 500 or 700 hours in approximately 2 years. It is required that logged hours be turned in to the Admissions and Student Services office along with other paperwork within 2 weeks of the completion of the applicable term. A copy of the paper should also be submitted to the clinical instructor.

### Summary of Supervision Requirements:

To satisfactorily complete the internship program, students must log 500 or 700 hours of on-site activity and complete 7 supervision courses (5 credits) for graduation. Purchase of student malpractice insurance is required before beginning any internship experience.

### **Individual Supervision #598:**

Individual supervision (#598) usually begins after attending one advanced supervision course. In #598, students receive Individual Supervision from an AGS Clinical Instructor. A Clinical Instructor may do co-therapy with a student and the client or observe/listen to and critique videotapes or audio-taped sessions. One case (client, couple, family, or group) is seen over a period of weeks with supervision occurring after or between sessions. The purpose of this supervision is to verify the application of Adlerian and general therapeutic competencies, and to discuss the application of competencies with the Clinical Instructor. The Clinical Instructor discusses student goals regarding these competencies and offers help with the case.

The Clinical Instructor is chosen by the student from the list of approved Clinical Instructors listed in this manual. The student is responsible for setting up the supervision and for providing the Clinical Instructor with a case history of the client, evaluation forms, and directions to the site prior to the supervision. Students satisfactorily complete 6 hours of supervision in which the application of Adlerian competencies are demonstrated. Students receive one credit for satisfactorily completing Individual Supervision (598).

### 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 this 300 hours of face to face counseling time, a minimum of 150 hours must be counseling couples or families. For LPC licensing, students are required to accrue 700 hours in a pre-degree field experience. The Art Therapy specialty requires 700 hours of counseling time. Of this, 350 hours of face-to-face counseling required.

## Internship Site Requirements

Site Requirements: An Internship site is a place where theoretical learning is applied in a supervised environment.

Insurance Coverage The organization must have appropriate insurance coverage and, for their own protection, students are required to purchase individual liability insurance. Cost is \$23 - \$49. Forms are available from Student Services.

Time: Students will work at the site *at least 40 hours per quarter during peer counseling and 80 hours for other Internship/Small Group courses if they wish to complete the program in 2 years. They may take a slower track if they intend to do course work at a slower pace.*

Supervision Guideline: Based on the student's experience and skill level, the Internship site determines appropriate supervision. A general guideline is 1 hour of supervision for every 20-30 hours worked. Supervision must be done face-to-face, on a regular basis, individually or in a group.

Establishing a New Site: Students are also encouraged to locate new Internship sites. Students are required to seek site approval from their Internship Advisor. Students must complete the New Site Approval Form and submit it to the Office of Student Services. Students are also asked to inform Student Services if they discover a site that is no longer taking interns so it can be removed from the list.

*AGS reserves the right to approve or disapprove of a proposed Internship site and/or experience.*

Qualified Supervisors Qualified supervisors for Internship sites are Licensed Mental Health Professionals, Psychiatrists, Psychologists (Licensed Psychologists), LMFT, LICSW, NP and in some cases, Pastoral Counselors or Chaplains with specialized training, and Licensed CCDP if the student's Internship experience is limited to chemical dependency issues. All licenses must be Master's level or above. Any exceptions need prior approval of the Internship Advisor.

#### IV. Responsibilities of Sites, Students and Adler Representatives

Supervisors, students and representatives of the Adler Graduate School each have responsibilities in relationship to the successful internship experience. The responsibilities of the respective partners are identified on the following pages.

\*Adapted from guidelines associated with the College of St. Catherine and the University of St. Thomas School of Social Work.

##### Site Supervisor (and designees) Responsibilities

Complete the student learning contract with the new intern

Discuss intern responsibilities with the student, including:

- A. Minimum time requirements.
- B. Responsibilities regarding training and staff meeting expectations.
- C. How clients will be assigned.
- D. Agency procedures and policies.

**Select appropriate assignments consistent with the agreed upon learning contract (student needs at least 100 on-site hours per quarter).**

Provide student with appropriate orientation

Provide minimum of one hour of one-to-one or group supervision each week or one hour for every 20 hours of client sessions

Provide ongoing supervision and feedback throughout internship experience

Provide the 2<sup>nd</sup> year student with 2-5 clients for 6 – 10 sessions depending on their current requirements for that quarter (see concurrent course requirements on page 9)

Participate in scheduled evaluation meetings with student.

Complete and submit written materials to AGS (e.g., quarterly student evaluations; sign student time logs)

Notify AGS representative if problems arise.

Establish with the student a work schedule that meets the agency needs and the student's needs.

On the following pages are samples of the forms for which the site supervisor has the responsibility to complete each quarter. The Site Evaluation should be completed and reviewed with the student. The logs should be signed on a regular basis by the supervisor.

### Student Responsibilities

Follow policies and procedures for selection of internship site, as well as AGS policies and procedures in general.

Establish learning contract with Internship Supervisor and AGS representatives.

Honor commitments to clients, internship site, Internship Supervisor and AGS.

Communicate openly with Internship Supervisor and AGS representatives about needs, concerns and other learning contract-related issues.

Participate actively in evaluation processes.

Abide by ethical obligations identified in the "Ethics" section of this manual.

Bring ethics-related concerns to the attention of Internship Supervisor and/or AGS representatives.

Complete the Site Evaluation form prior to completing the internship and turn it in to the Director of Internship Development.

### AGS Representatives Responsibilities

Orient students to internship opportunities.

Communicate with Internship Supervisor and student on behalf of AGS as a resource consultant and troubleshooter, as needed.

Assign internship grades based on site supervisor's evaluation and meeting class requirements.

Assess quality of individual internship sites.

Establish appropriate criteria for selection of sites and qualified internship supervisors.

Maintain information concerning available internship sites.

Establish and monitor internship policies and procedures.

Coordinate placement processes.

## Adler Graduate School Individual and Group Supervision Instructors

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

Trish Anderson, M.A., LMFT  
4625 Cty. Rd. 101, Suite 200  
Minnetonka, MN 55345  
W: (952) 933-4979  
tfanderson@visi.com

Craig Balfany  
Fairview University Medical Center  
W: (612) 273-2156  
crgbalf@aol.com

Roger Ballou, PhD, LMFT, LPC  
7616 Currell Blvd., Suite 185  
Woodbury, MN 55124  
W: (651) 739-7539  
BallouRA@aol.com

Marina Bluvshstein  
4900 Hwy. 169  
New Hope, MN 55428  
W: (763) 231-0333  
mb\_newland@hotmail.com

Susan Pye Brokaw  
14525 Hwy 7 #145-D  
Minnetonka, MN 55345  
W: (952) 933-9926  
H: (952) 474-3558  
pyebrokaw@aol.com

Catherine Hedberg, MA, LP  
311 Ramsey Street  
St. Paul, MN 55102  
W: (651) 222-3129  
catherinemhedberg@yahoo.com

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

Jerome Truer  
5120 Nokomis Ave  
Minneapolis, MN 55417  
W: (612) 824-9745  
Truer02@aol.com

Daniel Zenga, Ed.D.  
227 Westwood Dr  
Mankato, MN 56001  
W: (507) 389-8407  
Dan.Zenga@co.Blue-Earth.mn.us

# Adler Graduate School

## Pre-Internship Learning Contract

1550 E. 78<sup>th</sup> 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 final graduate internship experience. Learning contracts will be established at the beginning of the final graduate internship experience 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 \_\_\_\_\_

Secondary Supervisor \_\_\_\_\_ degree \_\_\_\_\_ license # \_\_\_\_\_  
Phone number \_\_\_\_\_

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

Revised 9/1/08

**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 supervision, 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.

Training Site Director \_\_\_\_\_ Date \_\_\_\_\_

Adler Graduate School Student Services office or Internship Supervisor:

 Internship Approved Denied

Reason for Denial \_\_\_\_\_ Date: \_\_\_\_\_

**Adler Graduate School 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 Academic VP: \_\_\_\_\_ 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

Please rate how well the student is meeting expectations:	N/A	Below	Meets	Above	Exceptional
<b>Joining/Communication Skills</b>					
Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to create and maintain rapport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to individual differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to contextual issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of client population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional Skills</b>					
Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping/case notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to internship contractual agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional administrative practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of presentation/discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Adler Graduate School**  
**Student Internship - Site Supervisor Evaluation**

Page 2 of 2

Please rate how well the student is meeting expectations:	N/A	Below	Meets	Above	Exceptional
<b>Clinical Skills</b>					
Ability to promote client growth/change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to identify ethical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling of client dilemmas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate integration of theory and interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional Demeanor</b>					
Willingness to apply new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of personal limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies focus for self-growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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**

## 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

Revised 9/1/08

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?  
 \_\_\_\_\_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 supervision and/or learning?



## ETHICAL CONSIDERATIONS

The Adler Graduate School (AGS) expects its students to honor the code of ethics and related rules that govern the practice of marriage and family therapy in the State of Minnesota. In addition, it is expected that students honor any other codes of ethics and associated rules with which they might identify professionally. Finally, students must abide by Minnesota State statutes, the policies of the Adler Graduate School and, in the case of internship activities, the policies of sites with which individual students affiliate. The Adler Graduate School endorses the Code of Ethics of the Minnesota Board of Marriage and Family Therapy. Their Code of Ethics (excerpted from MN Permanent Rules Chapter 5300.0100 – 5300.0360) follows:

### 5300.0350 CODE OF ETHICS.

**Subpart 1.** Scope. The code of ethics applies to all licensees and applicants who practice marriage and family therapy and applies to their conduct during the period of education and training required for licensure.

**Subp. 2.** Purpose. The code of ethics constitutes the standards against which the professional conduct of a marriage and family therapist is measured.

**Subp. 3.** Violations. A violation of the code of ethics is unprofessional or unethical conduct and is a sufficient reason for disciplinary action or denial of licensure.

**Subp. 4.** Integrity. A marriage and family therapist must act in accordance with the highest standards of professional integrity and competence. A marriage and family therapist must be honest in dealing with clients, students, trainees, colleagues, and the public.

- A. A therapist must not perform, nor pretend to be able to perform, professional services beyond the therapist's field or fields of competence.
- B. A therapist must not permit a trainee or intern under the therapist's supervision to perform, nor pretend to be competent to perform, professional services beyond the trainee's or intern's level of training.
- C. A therapist must recognize the potentially influential position the therapist may have with respect to students, interns, employees, and supervisees, and must avoid exploiting the trust and dependency of these persons. A therapist must make every effort to avoid dual relationships that could impair the therapist's professional judgment or increase the risk of exploitation. Sexual contact between the therapist and students, employees, independent contractors, colleagues, or supervisees is prohibited for two years after the date

that the relationship is terminated, whether or not the party is informed that the relationship is terminated. Sexual contact after two years with a former student, intern, employee, or supervisee is prohibited:

- (1) if the former student, intern, employee, or supervisee was emotionally dependent upon the therapist; or
  - (2) if the sexual contact occurred by means of therapeutic deception.
- D. A therapist must not engage in sexual contact or other harassment, therapeutic deception, or exploitation of students, trainees, interns, employees, independent contractors, colleagues, research subjects, or actual or potential witnesses or complainants in ethical proceedings.
- E. A therapist must not use or exploit the professional relationship with a student, trainee, intern, employee, independent contractor, colleague, research subject, or actual or potential witness or complainant in ethical proceedings in any manner for the therapist's emotional, financial, sexual, religious, political, or personal advantage or benefit.
- F. A therapist must recognize that there are other professional, technical, and administrative resources available to clients. The therapist must make referrals to those resources when it is in the best interest of clients to be provided with alternative or complementary services. The therapist must make a reasonably prompt referral when requested to do so by the client, without consideration of limitation of third-party payors.
- G. A therapist must not offer, nor accept, payment for referrals.
- H. A therapist must not knowingly offer services to a client who is in treatment with another professional without consultation among the parties involved. If a client refuses to allow consultation, the therapist should delay the administration of service until the client gives consent to consultation. The exception to the consultation requirement would be if the client reports ethical violations by the other professional.
- I. A therapist must understand the areas of competence of related professions and act with due regard for the need, special competencies and obligations of their colleagues in other allied professions, and must not disparage the qualifications of any colleague.

- J. A therapist must seek appropriate professional assistance for the therapist's own personal problems or conflicts that are likely to impair the therapist's work performance and clinical judgment.
- K. A therapist must not practice under the influence of alcohol or any controlled substance not prescribed by a physician.
- L. A therapist must not allow an individual or agency that is paying for the professional services of a client to exert undue influence over the therapist's evaluation or treatment of the client.
- M. A therapist must file a complaint with the board when the therapist has reason to believe that another therapist is or has been engaged in conduct which violates this part according to Minnesota Statutes, section 148B.07, subdivision 4.
- N. A therapist must not engage in any conduct likely to deceive or defraud the public or the board.
- O. A therapist must not advertise in a way that is false, fraudulent, or misleading to the public.
- P. A therapist shall use only academic degrees from regionally accredited institutions that are related to the practice of marriage and family therapy in any situation or circumstance related to the practice of marriage and family therapy. Those therapists holding current Minnesota mental health professional licenses issued by other Minnesota licensing boards may also use degrees and titles directly related to these licenses as permitted by the other boards when the other licensure is cited with the marriage and family licensure.
- Q. A therapist must correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.
- R. A therapist must make certain that the qualifications of a person in a therapist's employ is a student, independent contractor, or an intern represented in a manner that is not false, misleading, or deceptive.
- S. A therapist must not engage in any unprofessional conduct. Unprofessional conduct is any conduct violating this part or violating those standards of professional behavior that have become established by consensus of the expert opinion of marriage and family therapists as reasonably necessary for the protection of the public interest.

**Subp. 5.** Relations to clients. A marriage and family therapist's primary professional responsibility is to the client. A marriage and family therapist must

make every reasonable effort to advance the welfare and best interests of families and individuals. A marriage and family therapist must respect the rights of those persons seeking assistance and make reasonable efforts to ensure that the therapist's services are used appropriately. A marriage therapist is bound by these ethics primarily. These ethics supersede any policies of an employer or contractor that may be contrary to the ethics in this part.

- A. Once a client has been accepted into therapy, a therapist must not discriminate on the basis of age, sex, race, national origin, religion, physical handicap, political affiliation, or social or economic status. In addition, a therapist must not discriminate on the basis of affectional preference, or choice of lifestyle. When unable to offer services for any reason, a therapist shall make an appropriate referral.
- B. A therapist must recognize the potentially influential position the therapist may have with respect to clients, and must avoid exploiting the trust and dependency of clients. A therapist must make every effort to avoid dual relationships with clients that could impair the therapist's professional judgment or increase the risk of exploitation.
- C. A therapist must be careful to truthfully represent to clients facts regarding services rendered.
- D. A therapist must recognize the importance of clear understandings on financial matters with clients. Arrangements for fees and payments must be made at the beginning of the therapeutic relationship.
- E. A therapist must not engage in sexual contact or other physical intimacies with a client. Sexual contact with a former client is prohibited for two years after termination of services whether informed or not that the relationship is terminated. Sexual contact after two years with a former client is prohibited:
  - (1) if the former client was emotionally dependent upon the therapist; or
  - (2) if the sexual contact occurred by means of therapeutic deception.
- F. A therapist must not engage in sexual or other harassment of a client, nor in any verbal or physical behavior that is sexually seductive or sexually demeaning to the client. For purposes of this item, sexual harassment has the meaning given it in Minnesota Statutes, section 363.01, subdivision 10a.

- G. A therapist must not use or exploit the professional relationship with a client in any manner for the therapist's emotional, financial, sexual, religious, political, or personal advantage or benefit.
- H. A therapist must not use any confidence of a client to the client's disadvantage.
- I. A therapist must terminate a client relationship when it is reasonably clear that the treatment no longer serves the client's needs or interests.
- J. A therapist must not provide services to a client when the therapist's objectivity or effectiveness is impaired. Whenever a therapist's objectivity or effectiveness becomes impaired during a professional relationship with a client, the therapist must notify the client orally and in writing that the therapist can no longer see the client professionally and must assist the client in obtaining services from another professional.
- K. A therapist must respect the right of a client to make decisions and must help the client understand the consequences of the decisions. A therapist must advise a client that a decision on marital status is the responsibility of the client.
- L. A therapist must inform a client of a divergence of interests, values, attitudes, or biases between a client and the therapist that is sufficient to impair their professional relationship. Either the client or the therapist may terminate the relationship.
- M. In the course of professional practice, a therapist must not violate any law concerning the reporting of abuse of children under Minnesota Statutes, section 626.556 and vulnerable adults under Minnesota Statutes, section 626.557.
- N. A therapist must display prominently on the premises of the therapist's professional practice or make available as a handout the bill of rights of clients, including a statement that consumers of marriage and family therapy services offered by marriage and family therapists licensed by the State of Minnesota have the right:
  - (1) to expect that a therapist has met the minimal qualifications of training and experience required by state law;
  - (2) to examine public records maintained by the Board of Marriage and Family Therapy which contain the credentials of a therapist;

- (3) to obtain a copy of the code of ethics from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, Saint Paul, MN 55155;
  - (4) to report complaints to the Board of Marriage and Family Therapy, University Park Plaza Building, 2829 University Avenue SE, Suite 330, Minneapolis, MN 55414-3222;
  - (5) to be informed of the cost of professional services before receiving the services;
  - (6) to privacy as defined by rule and law;
  - (7) to be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
  - (8) to have access to their records as provided in Minnesota Statutes, section 144.335, subdivision 2; and
  - (9) to be free from exploitation for the benefit or advantage of a therapist.
- O. A therapist must, upon request from the client, provide information regarding the procedure for filing a complaint with the board.

**Subp. 6.** Confidentiality and keeping of records. A marriage and family therapist must hold in confidence all information obtained in the course of professional services. A marriage and family therapist must safeguard client confidences as permitted by law and rule.

- A. A therapist, and employees and professional associates of the therapist, must not disclose any private information that the therapist, employee, or associate may have acquired in rendering services except as provided in Minnesota Statutes, sections 148B.11, subdivision 3, and 148B.39. All other private information must be disclosed only with the informed consent of the client.
- B. A therapist must be responsible for informing clients of the limits of confidentiality.
- C. For purposes of safeguarding confidentiality, when seeing a couple or a family, a therapist must define who the "client" is as soon as it is possible to determine the client. For example, the therapist must define whether the couple or family, as a unit, is the client or whether the individuals who make up the couple or family are the clients.

- D. When seeing a couple or a family, a therapist must inform the client, at the beginning of the relationship, what the therapist's procedures are for handling confidences from individual members of the family and for protecting individuals' privacy while safeguarding the integrity of the therapy process.
- E. Whenever marriage and family therapy services are requested or paid for by one client for another, the therapist must inform both clients of the therapist's responsibility to treat any information gained in the course of rendering the services as private information.

### **Minnesota Board of Marriage and Family Therapy Licensing Requirements**

Most students at the Adler Graduate School are planning to become licensed. The Minnesota Board of Marriage and Family Therapists has specific requirements, some of which are applicable to students in the Master's Degree Program. The following pages give detailed information regarding the licensing requirements for students as outlined by the Board.

#### **Excerpts from Minnesota Board of Marriage and Family Therapy Permanent Rules, Chapter 5300.0100 – 5300.0360**

##### **5300.0100 DEFINITIONS.**

**Subpart 1.** Scope. For the purpose of parts 5300.0100 to 5300.0360, unless the context otherwise requires, the following terms have the meanings given.

**Subp. 2.** Advertising. Advertising includes, but is not limited to, business solicitations, with or without limiting qualifications, in a card, sign, or device issued to a person; in a sign or marking in or on a building; or in a newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual, radio, video, television broadcasting, or other technological means.

**Subp. 3.** Applicant. "Applicant" means an individual seeking licensure by the Board of Marriage and Family Therapy as a marriage and family therapist.

**Subp. 4.** Board. "Board" means the Board of Marriage and Family Therapy created in Minnesota Statutes, section 148B.30, subdivision 1.

**Subp. 5.** Certified professions or occupations. "Certified professions or occupations" means those professions or occupations that have a certification process based upon specific criteria identified as necessary for effective performance of the profession or occupation. The certification process must include:

- A. eligibility requirements established through education or experience or both;
- B. successful completion of a competency-based written examination;
- C. successful demonstration of competent clinical skills; and
- D. assurance of practitioner competencies through mandatory recertification and continuing education requirements.

**Subp. 6.** Dual relationship. "Dual relationship" means a relationship between a therapist and another person with whom such relationships are prohibited by law or rule that is both professional and one or more of the following: cohabitational, familial, or supervisory, or that includes significant personal involvement or financial involvement other than legitimate payment for therapeutic services rendered.

**Subp. 6a.** Emeritus. "Emeritus" means retired from active practice but retaining one's license and title.

**Subp. 7.** Fee splitting. "Fee splitting" means the practice of paying commissions to colleagues for referrals.

**Subp. 7a.** LAMFT. "LAMFT" are the initials permitted to be used by a licensed associate marriage and family therapist to designate that the individual is licensed by the Board of Marriage and Family Therapy.

**Subp. 8.** Licensee. "Licensee" means a licensed marriage and family therapist.

**Subp. 9.** LMFT. "LMFT" are the initials permitted to be used by a licensed marriage and family therapist to designate that the individual is licensed by the Board of Marriage and Family Therapy.

**Subp. 10.** Marriage and Family Therapy. "Marriage and Family Therapy" has the meaning given in Minnesota Statutes, section 148B.29, subdivision 3.

**Subp. 11.** Postgraduate supervised experience. "Postgraduate supervised experience" means supervised experience occurring after the educational institution grants the degree for licensure as shown on the applicant's transcript and all educational requirements specified in part 5300.0140 have been completed.

**Subp. 12.** Regionally accredited. "Regionally accredited" means that an educational institution has been accredited by the North Central Association of Schools and Colleges, Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, Western Association of Schools and Colleges, or a postgraduate academic program in

marriage and family therapy accredited by the Commission on Accreditation of the American Association for Marriage and Family Therapy.

**Subp. 13.** Sexual contact. "Sexual contact" means any of the following, whether or not occurring with the consent of a person with whom such conduct is prohibited by law or rule:

- A. sexual intercourse, cunnilingus, fellatio, anal intercourse or any intrusion, however slight, into the genital or anal openings of the body by any part of the therapist's body or by any object used by the therapist for this purpose, or any intrusion, however slight, into the genital or anal openings of the therapist's body by any part of another person's body or by any object used by another person for this purpose, if agreed to by the therapist;
- B. kissing of, or the intentional touching by the therapist of another person's genital area, groin, inner thigh, buttocks, or breast or of the clothing covering any of these body parts;
- C. kissing of, or the intentional touching by another person of the therapist's genital area, groin, inner thigh, buttocks, or breast or of the clothing covering any of these body parts if the therapist agrees to the kissing or intentional touching.

Sexual contact includes requests by the therapist for conduct described in items A to C.

Sexual contact does not include conduct described in items A or B that is a part of standard medical treatment of a patient.

**Subp. 14.** Sexual harassment. "Sexual harassment" includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct or communication of a sexual nature when:

- (1) submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining employment, public accommodations or public services, education, or housing;
- (2) submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment, public accommodations or public services, education, or housing; or
- (3) that conduct or communication has the purpose or effect of substantially interfering with an individual's employment, public accommodations or public services, education, or housing, or creating an intimidating, hostile, or offensive employment, public accommodations, public services, educational, or housing

environment; and in the case of employment, the employer knows or should know of the existence of the harassment and fails to take timely and appropriate action.

**Subp. 15.** Supervisee. "Supervisee" means an individual who is engaged in postgraduate, supervised experience under the direction of a supervisor.

**Subp. 16.** Supervision. "Supervision" means taking full professional responsibility for training, work experience, and performance in the practice of marriage and family therapy of a supervisee, including planning for and evaluation of the work product of the supervisee, and including face-to-face contact between the supervisor and supervisee.

**Subp. 17.** Supervisor. "Supervisor" means an individual who has met the requirements in part 5300.0160, and takes responsibility for the practice of the supervisee during a specific time to enable the supervisee to meet the requirements of licensing.

**Subp. 18.** Therapeutic deception. "Therapeutic deception" means a representation by a therapist that sexual contact or unethical conduct with the therapist is consistent with or part of the professional work with a client, student, or supervisee or former client, student, or supervisee.

**Subp. 19.** Therapist. "Therapist" means a licensee of the board.

**Subp. 20.** Variance. "Variance" means permission from the board to comply with a rule in a manner other than that generally specified in parts 5300.0100 to 5300.0360.

STAT AUTH: MS s 148B.31; 148B.37; 214.06

HIST: 15 SR 1782; 23 SR 1540  
Current as of 02/09/99

### **5300.0110 LICENSE REQUIREMENT.**

**Subpart 1.** License required. No person, other than those individuals exempt in Minnesota Statutes, sections 148B.32, subdivision 2, and 148B.38, shall engage in marriage and family therapy practice, advertise the performance of such services, or use a title or description denoting marriage and family therapist without obtaining a license issued under Minnesota Statutes, sections 148B.29 to 148B.39, and parts 5300.0100 to 5300.0360.

**Subp. 2.** Engaging in marriage and family therapy practice, defined. An individual engages in marriage and family therapy practice if the individual performs or offers to perform marriage and family therapy or if the individual is held out as able to perform such a service.

STAT AUTH: MS s 148B.31; 148B.37; 214.06

HIST: 15 SR 1782  
Current as of 02/09/99

### **5300.0120 EXCEPTIONS TO LICENSE REQUIREMENT.**

As stated in Minnesota Statutes, section 148B.38, those qualified individuals of other licensed or certified professions or occupations who are performing services consistent with their training are exempt from parts 5300.0110 to 5300.0360 so long as they do not represent themselves by a title denoting marriage and family therapist, such as marriage and family therapist, marriage therapist, family therapist, marriage and family counselor, marriage counselor, or family counselor unless specifically allowed to do so under Minnesota Statutes, section 148B.32, subdivision 2. Those qualified individuals listed in Minnesota Statutes, section 148B.38 may advertise the performance of marriage and family therapy services.

STAT AUTH: MS s 148B.31; 148B.37; 214.06

HIST: 15 SR 1782  
Current as of 02/09/99

### **5300.0130 REQUIREMENTS FOR LICENSURE.**

**Subpart 1.** Requirements. To be eligible for licensure, an applicant must meet the following requirements:

- A. complete the education requirements in Minnesota Statutes, section 148B.33, subdivision 1, clauses (5)(i) and (ii);
- B. have obtained the age of majority, the age of majority being 18 years according to Minnesota Statutes, section 645.451, subdivision 5;
- C. complete the experience requirements in Minnesota Statutes, section 148B.33, subdivision 1, clause (4), and defined in part 5300.0150;
- D. provide evidence of meeting the requirements of Minnesota Statutes, section 148B.33, subdivision 1, clause (2), through endorsements from at least two individuals with the qualifications in part 5300.0230;
- E. agree to conduct all professional activities as a licensed marriage and family therapist in accordance with the code of ethics for marriage and family therapists in part 5300.0350; and
- F. pass both parts of the examination listed in part 5300.0240.

**Subp. 2.** Denial of licensure to applicant. An applicant who fails to meet all requirements in this part shall be denied a license.

STAT AUTH: MS s 148B.31; 148B.37; 214.06

HIST: 15 SR 1782

Current as of 02/09/99

**5300.0140 EDUCATIONAL REQUIREMENTS; DETERMINATION OF EQUIVALENT DEGREE.**

**Subpart 1.** Evaluation by board. In determining whether an applicant holds a master's or doctoral degree that is equivalent to degrees described in Minnesota Statutes, section 148B.33, subdivision 1, clause (5)(i), the board shall evaluate the applicant's transcripts, documentation from the educational institution that describes the substance and purpose of the applicant's academic training, accreditation and other professional recognition of the educational institution by regional accrediting bodies, and other necessary information as determined by the board. All requested documentation must be sent directly from the educational institution to the board.

**Subp. 2.** Degrees; course work requirements. A master's or doctoral degree is equivalent to a master's or doctoral degree in marriage and family therapy if the degree is from a regionally accredited institution, if the degree is in a related subject field, and if the degree contains the following coursework:

- A. nine semester hours in human development covering human development, human behavior, personality theory, human sexuality, psychopathology including the assessment and diagnosis of mental illness, and behavior-pathology;
- B. nine semester hours in marital and family studies covering theories of family development, theories of family functioning, the family life cycle, sociology of the family, families under stress, contemporary family forms, family subsystems, and theories of marital and family interaction;
- C. nine semester hours in marital and family therapy covering marital and family communication, family psychology, family therapy, methods of intervention, family assessment, treatment planning, sex therapy, major theories of marital and family therapy such as structural, strategic, transgenerational, experiential, object relations, contextual, and systemic therapy;
- D. three semester hours in research covering research design, methods, statistics, and special issues research in marital and family studies or a related field;

- E. three semester hours in professional studies covering professional socialization, professional organizations, legal issues, interprofessional cooperation, professional ethics, and family law; and
- F. a clinical internship 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 hours may be with individuals. This clinical experience must be supervised on site or at the academic institution by a licensed marriage and family therapist or an American Association for Marriage and Family Therapy approved supervisor.

Four quarter credit hours shall be equivalent to three semester hours in meeting the requirements in items A to E. This curriculum may be completed during the qualifying master's or doctoral degree programs; or additional course work may be taken at a college or university accredited by a regionally accredited educational institution after receiving the graduate degree in order to fulfill the requirements for each of the areas described in items A to F. An applicant may not use a course for more than one area described in items A to F.

**Subp. 3.** Proof of equivalency. The burden is on the applicant to prove by a preponderance of the evidence that the coursework is equivalent to the requirements in subpart 2.

STAT AUTH: MS s 148B.31; 148B.37; 214.06

HIST: 15 SR 1782; 23 SR 1540  
Current as of 02/09/99

### **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.

STAT AUTH: MS s 148B.31; 148B.37; 214.06

HIST: 15 SR 1782; 23 SR 1540  
Current as of 02/09/99

Revised 9/1/08

**5300.0160 REQUIREMENTS FOR SUPERVISOR.**

A supervisor is acceptable to the board if the supervisor was listed by the board under this part prior to January 19, 1999, except that those supervisors must meet the continuing education requirement specified in part 5300.0170, item D. After January 19, 1999, new supervisors are acceptable to the board if the supervisor:

- A. is licensed as a marriage and family therapist in Minnesota;
- B. has at least three years and 3,000 hours of experience in clinical practice as a licensed marriage and family therapist; and
- C. provides evidence of training in supervision. Evidence must be shown through graduate level academic course work in supervision equivalent to three semester hours from a regionally accredited institution or 30 hours in continuing education, or designation by the American Association for Marriage and Family Therapy as an approved supervisor.

STAT AUTH: MS s 148B.31; 148B.37; 214.06

HIST: 15 SR 1782; 23 SR 1540  
Current as of 02/09/99

**Printed from the MN legislative website**  
**(<http://www.leg.state.mn.us/leg/statutes.htm>)**  
**on 4/27/2001.**

Distributed by:

Minnesota Board of Marriage and Family Therapy  
University Park Plaza Building  
2829 University Avenue SE, Suite 330  
Minneapolis, MN 55414-3222  
Telephone: (612) 617-2220  
Fax: (612) 617-2221  
<http://www.bmft.state.mn.us>

## IX. BIBLIOGRAPHY

The following bibliography is meant to be a dynamic listing of resources pertaining to internship experiences and applied learning, generally. It will be reviewed regularly and amended as changes become appropriate.

Adler, Alfred. Colin Brett (ed.). *Understanding Life*. Center City, MN: Hazelden. 1998.

Adler, Alfred. Colin Brett (ed.). *What Life Could Mean to You*. Center City, MN: Hazelden. 1998.

Dewey, Edith A. *Basic Applications of Adlerian Psychology*. Coral Springs, FL: CMTI. 1991.

Eckstein, Daniel & Baruth, Leroy. *The Theory and Practice of Life-Style Assessment*. Dubuque, IA: Kendall/Hunt. 1996.

Ferguson, Eva Dreikurs. *Adlerian Theory: An Introduction*. Chicago: Adler School of Professional Psychology. 1984.

## **Appendices**

**Appendix A: Alfred Adler's Individual Psychology Synopsis**

**Appendix B: Twelve Propositions of Adlerian Psychology**

**Appendix C: What is Life Style?**

**Appendix D: Internship Syllabi**

# Appendix A

## Alfred Adler's Individual Psychology

### I. Adler

1. Ophthalmologist—General Practitioner—Neurologist
2. Adler was 14 years younger than Freud. He was not a student of Freud, but a colleague, who had begun his own practice.
3. Disagreements with Freud:
  1. For Freud, the sexual libido was the main dynamic principle. Adler said that the main force was what he initially called “masculine protest”, but later changed to a striving for superiority, with masculine protest taking on a different meaning.
  2. Basically, Adler shifted the emphasis from biological conditions and drives to subjective feelings.
4. Associated with Freud from 1902 to 1911 when he resigned as president of the Vienna Psychoanalytic Society. Adler then founded the Society for Free Psychoanalytic Research, which later became the International Society for Individual Psychology.
5. Adler favored common sense language and avoided reification of terms.
6. Adler began a community outreach program in 1922 consisting of psychologists offering public family education free of charge.
7. Adler also introduced family therapy in 1922. (Mosak)
8. Adler believed in equality of the sexes. Cite “Cooperation Between the Sexes.”
9. Many authors have contended that Adler's ideas have been used extensively without any recognition for Adler. Some psychoanalysts; for example, have taken some of Adler's most original findings asserting that they were implicitly contained in Freud's writings or neglected aspects of Freud's thinking. (Ellenberger, 1970) Corsini refers to Horney, Sullivan and Fromm as Freudian disciples who became neo-Adlerian.

### III. Basic Concepts of Individual Psychology

1. Holistic.
  - A. “Individual” Psychology—Latin meaning is “indivisible”.
  - B. “The whole is more than the sum of its parts; therefore it cannot be explained by any member of qualities, but only understood as an indivisible whole in motion toward a goal.” (Dreikurs)
2. Socially Embedded Psychology
  - A. Man is seen not only as a whole, but as part of larger wholes.
  - B. Man cannot be studied in isolation, but can only be understood within his/her social context.

- C. “Iron clad logic of social living”: men and women are born on the planet Earth and are faced with the task of getting along with fellow humans. “All important problems are social problems.”
- 3. Subjective Psychology
  - A. “More important than innate disposition, objective experience, and environment is the subjective evaluation of these.” (Adler)
  - B. The best method of understanding the individual is through his/her frame of reference. “See with his eyes and listen with his ears.” (Adler)
  - C. “The unconscious as well as the conscious is determined by subjective values and interests, all of a social orientation, all without counterpart in physical reality, and in the last analysis, a creation of the individual.” (Ansbacher and Ansbacher)
  - D. Adler did not ignore objective factors. He considered them as probabilities or soft determinants (limits) with the ultimate determination coming from one’s inner nature (creative power).
- 4. Teleological (goal directed)
  - A. Behavior is purposeful. It is directed toward a goal.
  - B. “The teleologic concept implies self determination.” (Dreikurs)
  - C. The purpose or goal may be below one’s level of awareness
  - D. The goal is a self ideal and is therefore a fiction. “It is not the actual future, the future as such, toward which we are directed in our planning, and in which we perceive our goals; it is that part of an actually present phenomenal field which we call the ‘future’.” (Adler)
  - E. “Truth is merely the most expedient error.” (Adler)
  - F. The goal toward which everyone is striving is superiority or perfection. (see below)

### III. Terms

- 1. Life Style
  - A. This term refers to the unique movement of each individual as he/she attempts to reach his/her goal of superiority. It includes the individual’s view of self, others, and the world.
  - B. Dreikurs compares it to a characteristic theme in a piece of music. Mosak refers to it as “spectacles” through which we view life.
  - C. The life style is the means by which we attempt to reach our long and short term goals. Our behavior, attitudes, and emotions are used in ways which fulfill our life style—they have a purpose and direction.
  - D. The life style is developed at an early age and remains relatively constant. Major events and/or counseling may alter one’s life style.

2. Life Tasks
  - A. Adler described three life tasks which confront us all—love and intimacy, family and friends, and work.
  - B. These three problems are interrelated. Each demands a successful approach to the other two.
  - C. Mosak suggested two additional ones: 4. meaning of life or the spiritual question, and 5. self—how to get along with oneself.
  - D. The Adlerian therapist examines a client's lifestyle in terms of life tasks.
3. Private logic and Common Sense
  - A. Private logic or private intelligence is the individual's attitude or thought process which does not take others into consideration, but is focused on personal superiority.
  - B. Common Sense—not horse sense, but considering the common welfare, e.g. "What is best for all concerned?"
  - C. Situation centered rather than self centered.
4. Social Interest
  - A. Similar to common sense, but a much broader term.
  - B. According to Adler, the "Iron clad logic of communal life"—the fact that we are all living on the planet Earth with its limited resources and are faced with the task of getting along with each other—demands that we develop social interest—that we co-operate with one another. This presupposes a status of social equality.
  - C. Adler believed that everyone is born with social interest as an innate potential, but that it has to be developed.
  - D. Whereas Freud focused on the conquest of negative forces from within, Adler suggested a positive approach which considers others as well as the self.
  - E. Social interest must be translated into activity to be significant.
  - F. Social interest is not limited to the present or to just people, but extends to a future ideal including plants, animals, and finally, the "cosmos."
  - G. Social interest does not require conformity or martyrdom.
  - H. Social interest seems to be a basic ingredient of most religions, e.g. "Love thy neighbor as thyself" and "Ye shall know them by their fruits."
  - I. Social interest is a barometer of mental health.
5. Masculine Protest
  - A. In 1910 Adler introduced the concept of "masculine protest" as the main driving force, replacing Freud's sexual libido theory. This was their most significant disagreement.
  - B. The primary significance is that Freud's dynamic force is biologically determined, while Adler's is socially determined.
  - C. The term is not to be interpreted literally. Feeling unmanly is an analogy for feeling inferior. Masculine and feminine are

metaphors for strength and weakness. (Ansbacher and Ansbacher)

- D. A few years later Adler refined his theory and replaced masculine protest with the striving for superiority and overcoming.
- E. The term “masculine protest” essentially refers to 1. women not accepting a position inferior to men, and 2. men finding it difficult to live up to the “traditional” male standards with its emphasis on competition and domination (to be a “real man”). Both may lead to feelings of inferiority.

#### IV. Theory of Personality

##### 1. Striving for Superiority

- A. According to Adler, striving for superiority is innate.
- B. It is compensatory in that it stems from feelings of inferiority.
- C. Striving for superiority doesn’t necessarily mean personal superiority, but refers to the movement toward overcoming, from below to above, from a minus position to a plus position. Adler also called it striving for completion or perfection or toward overcoming difficulties.
- D. According to Adler, those who suffer from neurosis, psychosis, delinquency, alcoholism, etc., have the same goal of superiority, but in their case the goal is unrealistic in that it doesn’t consider others.
- E. The neurotic has a stronger feeling of inferiority and therefore a more intense striving. He is more concerned about his self-esteem and has a personal goal of superiority, while the more normal individual has a goal of superiority which includes the welfare of others.

##### 2. Mistakes of Childhood

- A. As the child develops, he/she perceives and interprets events which occur in his/her environment, from which convictions are developed.
- B. As well as being influenced by his environment, the child is also actively modifying his/her environment (self determination).
- C. “Since judgment and logical processes are not highly developed in the young child, many of his growing convictions contain errors or only partial ‘truths’.” (Mosak)
- D. The convictions then influence the direction he/she may take in striving for perfection. This becomes his/her unique lifestyle.

3. Inferiority Feelings
  - A. According to Adler, we all experience feelings of inferiority due to our smallness and dependence upon adults as a child.
  - B. "The degree of the feeling of insecurity depends primarily upon the interpretation of the child." (Adler)
  - C. Inferiority feelings are "the cause of all improvements in the position of mankind." (Adler)
  - D. Inferiority feelings become abnormal when the individual fears defeat more than he/she desires success.
  - E. Exaggerated feelings of inferiority are frequently found in children with inferior organs, pampered children, and neglected or hated children. (Not the situation, but their perception of the situation)
  - F. A lack of social interest is associated with exaggerated feelings of inferiority.
  - G. There is a tendency to want to hide feelings of inferiority , not only from others, but also from ourselves.
4. Neuroses or Behavior Disorders
  - A. Develop when an individual has a mistaken opinion of himself and the world.
  - B. His/her symptoms are aimed at safeguarding self esteem when he/she is confronted with a situation which he/she cannot meet successfully.
  - C. The individual with a neurotic disposition is lacking in social interest. He is self centered rather than other or situation centered.
  - D. The individual is not consciously aware of his/her mistaken attitude.
  - E. Adler referred to neurotic behavior as being on the "useless side of life." "There is only one reason for an individual to sidestep to the useless side: the fear of defeat on the useful side." (Adler)
  - F. Adler does not consider the neurotic to be sick, but to be discouraged.
  - G. Basically, Adler sees the neurotic behaviors or symptoms as excuses which the individual uses in order to safeguard his self esteem. Mosak refers to the "yes-but" individual, e.g. "If only it weren't for my symptoms I could ..."
  - H. The treatment for neurotics is to take over the function of mother in order to: 1. establish a relationship and give him the experience of a fellow man, and 2. to increase and spread social interest and thus to strengthen independence and courage.
5. Psychoses
  - A. Like neuroses, psychosis is also viewed as a reaction to a conflict between the individual and society (private logic vs. common sense).

- B. The person who becomes neurotic fears failure in certain social situations, while psychotics reject social living altogether. The psychotic lives almost entirely in his own private logic.
6. Mental Health
- A. Equated with degree of social interest.
  - B. A mentally healthy individual has the “courage to be imperfect.” Courage is a key element in developing social interest.
  - C. A healthy individual feels a sense of belonging and sees himself as a contributing member of the larger society.
- V. 1. Relationship
- A. Based on mutual trust and respect.
  - B. Therapist establishes rapport through positive regard, genuineness, empathy, and self disclosure.
  - C. The therapist’s focus is on the task rather than on his/her personal adequacy.
  - D. The therapist tries to win and maintain the client’s the client’s cooperation.
  - E. The therapist is very careful not to place himself/herself in a superior position or to accept any credit for client change.
  - F. The therapist attempts to model cooperative behavior and to reduce the client’s feelings of inferiority. He/she makes no demands upon the client, but attempts to encourage him.
2. Understanding the Client—2<sup>nd</sup> Phase
- A. Much can be understood merely by observing the client: how he moves, his handshake, where he sits, etc. ... Adler said that we can best understand the client if we close our ears and view him as if in a pantomime.
  - B. When the client initially comes in with a complaint he is asked “The Question”, e.g. “How would your life be different if you didn’t have this problem?” This provides clues as to the purpose of the symptom.
  - C. The primary method for understanding the client is to explore his/her lifestyle as it developed during his early years. This may be done in a structured interview, but is usually done informally.
  - D. The purpose of going back to the past is to get a clearer picture of the lifestyle—how the individual perceived his world at the time. The style of life developed at an early age is generally the same style carried on today.
  - E. The past does not provide reasons or causes for behavior, but provides the therapist with clues or tendencies.
3. Interpretation (Insight Giving)
- A. “The uncovering of the neurotic system, or life-plan, for the patient, is the most important component in therapy.” (Adler)

- B. The Adlerian therapist generally offers an interpretation during the initial interview.
  - C. It is essential not to offend the client with the interpretation. It must be made in such a way that the client will accept it (if it is correct).
  - D. Interpretations are usually offered in a tentative manner.
  - E. Interpretations are not made as to the cause of an individual's behavior, but the purpose of the behavior.
4. Reorientation or Re-education
- A. Insight on the part of the client is less important than behavior change.
  - B. The therapist seeks to discover and make contact with whatever social interest the patient has and to strengthen it through the therapeutic relationship.
  - C. Along with increased social interest comes increased courage (risk taking ability). This, together with an understanding of his mistakes, will assist the individual in choosing to act differently.
  - D. The therapist can lead the client to water, but can't make him drink.
- VI. Goals of Therapy
- 1. One goal of therapy is to uncover the patients' life style—to explain the patient to himself.
  - 2. Another goal is to encourage the patient. By encouragement is meant restoring his faith in himself and his fellowmen. This develops into what Adler refers to as social interest.
  - 3. The primary goal is a change in behavior which is not just temporary, but includes a change in attitude and motivation. "A therapy that does not provide the client with a philosophy of life, whatever else it may accomplish in the way of symptom eradication or alleviation, behavior modification, or insight, is an incomplete therapy." (Mosak)
  - 4. Adlerian therapy is considered a growth model, so is not limited to patients with extensive pathology. "One may enter therapy to learn about oneself, to grow, to actualize oneself." (Mosak)
- VII. Diagnosis/Treatment
- 1. Life-Style Assessment
    - A. Family Constellation—The client is asked to describe his/her family. Some aspects considered are: birth order (psychological birth order), sex of siblings, ages between siblings, organ inferiorities or deaths within the family, family values, characteristics of siblings and parents, and descriptions of relationships within the family. By understanding the dynamics of the family as the patient was forming his/her view of the world, the therapist picks up clues

- and begins to see patterns. Recall that “everything could be different.
- B. Early Recollections—The client is asked to report at least three ERs. Out of the thousands of possible incidents which occurred, we tend to remember those which are consistent with our present perception of self, others and life in general. The ER generally reveals what the patient either wishes to avoid or the goal he/she wishes to overcome. The therapist looks for recurring themes or patterns; the “facts” are unimportant. The ERs are not interpreted to the patient, but with the patient.
  - C. Dreams—While ERs show the primary orientation of the individual toward the world, dreams reveal his/her approach to more situational difficulties. They are similar to a rehearsal. Adler rejected fixed symbolism. According to Adler, dreams are factories for our emotions. We develop emotions which help us in dealing with whatever problem is confronting us at the time. We may not recall the dream, but the emotion may remain. We tend to approach our problems through our dreams in much the same way that we deal with our problems while awake. “Unity of the personality.”
  - D. Basic Mistakes—Also called interfering ideas, these are the self defeating perceptions which the client has developed. The basic mistakes are generally seen in the individual’s striving for personal superiority rather than interest in the common good. Before summarizing the interfering ideas, the therapist will have gathered evidence from the family constellation, ERs, current behavior, and all other available sources. With the client’s cooperation, the basic mistakes are actually written out. Example: “It is necessary for me to get constant approval from others to feel good about myself.” “If I can’t be the best, I won’t even try.”
  - E. Assets—Ending on a positive note, the counselor elicits from the client a list of the client’s strengths.
2. Summary of Life Style—Finally, the client and counselor may write out summary statements which reflect the client’s view of self, others, and life as they relate to the life tasks.
    2. Tests & Labels
      - A. Adlerians are divided on the issue of psychological tests.
      - B. Some view tests as static descriptions which describe what the individual has rather than how he/she moves through life.
      - C. More faith seems to be placed in projective techniques, e.g. ERs, than in more “objective” tests.
      - D. Adlerians are generally careful to avoid labeling individuals according to their particular difficulty. They separate the deed from the doer, e.g. child with disturbing behavior vs. disturbed child.
  3. Setting

- A. The therapist and client generally sit facing each other without a desk or table between them.
  - B. In the early 1950's multiple therapy was introduced by Dreikurs, Mosak and Schulman, and has been carried on by many Adlerians since. Multiple therapy offers several advantages:
    - a. The therapists can consult with each other throughout therapy.
    - b. It prevents over attachment and minimizes transference reactions.
    - c. Therapists are able to model a democratic social interaction, e.g. friendly disagreement.
  - C. In addition to one-to-one counseling, group therapy is a common, if not preferred, mode of treatment.
4. Techniques
- A. Adlerian therapists are generally quite active, employing a variety of techniques.
  - B. Paradoxical Intention (anti-suggestion), humor, role playing, spitting in the soup, and the Midas technique are just a few examples.
    - a. Spitting in the soup—As the client begins to see the true purpose behind his behavior it often becomes less appealing.
    - b. Midas technique—An attempt to satisfy the patient's psychological demand. After a while he may recognize that this doesn't solve the problem.
  - C. The techniques used by the therapist, providing they are in agreement with the general goals of therapy, are limited only by the creativity of the therapist.

#### VIII. Current Status

1. The Adlerian movement, while still relatively small, has been steadily increasing since 1952 when the American Society of Adlerian Psychology was founded.
2. There are several Adlerian training institutes in the United States which offer certificates in counseling, psychotherapy, and child guidance.
3. The Alfred Adler Institute of Chicago has started a program leading to a doctorate degree in Adlerian psychology.
4. In addition to individual and group counseling, Adlerians are quite involved in marriage counseling, parent education, family counseling, social clubs, as well as parent and teacher study groups.
5. Adlerian psychology is aimed at the prevention of social problems in all areas of society, as well as their treatment.
6. Finally, research, which was all but completely ignored prior to 1970, is presently on the upswing.

# Appendix B

## Twelve Propositions of Adlerian Psychology

### Heinz and Rowena Ansbacher

#### **The Individual Psychology of Alfred Adler**

1. There is one basic human dynamic force behind all human activity, a striving from a felt minus situation toward a plus situation, from a feeling of inferiority towards superiority, perfection, totality.
2. The striving receives its specific direction from an individually unique goal or self-ideal, which though influenced by biological and environmental factors is ultimately the creation of the individual. Because it is an ideal, the goal is fiction.
3. The goal is only “dimly envisaged” by the individual, which means that it is largely unknown to them and not understood by them. This is Adler’s definition of the unconscious: the unknown part of the goal.
4. The goal becomes the final cause, the ultimate independent variable. To the extent that the goal provides the key for understanding the individual, it is a working hypothesis on the part of the psychologist.
5. All psychological processes form a self-consistent organization from the point of view of the goal, like a drama which is constructed from the beginning with the finale in view. This self-consistent personality structure is what Adler calls the style of life. It becomes firmly established at an early age, from which time on, behavior that is apparently contradictory is only the adaptation of different means to the same end.
6. All apparent psychological categories, such as different drives or the contrast between conscious and unconscious, are only aspects of a unified rational system and do not represent discrete entities and qualities.
7. All objective determiners, such as biological factors and past history, become relative to the goal idea: they do not function as direct causes, but provide probabilities only. The individual sees all objective factors in accordance with their style of life. Their significance and effectiveness is developed only in the intermediary psychological metabolism, so to speak.

8. The individual's opinion of themselves and their world, their "apperceptive schema," his interpretations, all as aspects of the style of life, influence every psychological process.
9. The individual cannot be considered apart from their social situation.
10. All the important life problems, including certain drive satisfactions, become social problems. All values become social values.
11. The socialization of the individual is not achieved at the cost of repression, but is afforded through an innate human ability, which, however, needs to be developed. It is this ability which Adler calls social feeling or social interest. Because the individual is embedded in a social situation, social interest becomes crucial for their adjustment.
12. Maladjustment is characterized by increased inferiority feelings, underdeveloped social interest, and an exaggerated uncooperative goal of personal superiority. Accordingly, problems are solved in a self-centered "private sense" rather than a task-centered "common sense" fashion.

## Appendix C

### What is Life Style?

By: Susan Pye Brokaw

Everyone has a style of living called “life style.” Life style is all the rules and convictions that we live by. It is developed in infancy and is fully formed by the age of six. A baby is born with no preconceived ideas about themselves, the world or the people in it. They want to belong and have a special place, first with the parent and then with others in their immediate place. They try out many things, such as laughing, crying, making faces, etc. They quickly learn what they must do in order to be noticed and the possible conclusions. They decided what they are like, what men and women are like, what they should be like and how the world is, based solely on their private logic after observing the incident. Since they are very small children, who see well but are poor interpreters, the conclusions reached may be totally incorrect. There are numerous incidents that occur in a child’s life. Some are significant to them, and others are forgotten. On the basis of what they see and how they interpret the significant incident, they develop convictions or rules to live by so that they can get and maintain a place in the world, belong, and be a worthwhile human being.

After the rules are established, they collect more incidents to further prove what they already decided is the way things are. They do this by remembering incidents that verify their life styles and forgetting any that don’t fit it. Since each person has many different and unique experiences and there are many ways of interpreting them, we each end up with our own unique life style based on our own private logic. Though there may be parts of one person’s life style that may be similar to someone else’s, there are no two exactly alike.

Each person goes through life collecting the proof of what they already believe is true about themselves, people, life, and what they should do to belong. They will be drawn to people’s situations that will help prove their convictions, and they will unknowingly set up situations to turn out as their life style says. They will anticipate life. Everyone has heard of the person who is always saying “I always get the rotten end of the stick.” You can see how they set their own trap. Without realizing it themselves, this type of person aggravates a situation until they are finally given what the other involved people feel is coming to them. However, since they aren’t aware of the fact that they have aggravated the situation until it comes to a head, and they feel as though they have been unjustly treated.

There is no such thing as a “bad, good, or perfect” life style—only one that is more comfortable. Life style can be used in a useful or useless way. It can be pessimistic or optimistic. It will contain qualities that can be of benefit or of hindrance, depending on how it is used. Stubbornness is often thought of as an undesirable quality, while persistence is seen as a good quality. It can be seen as either good or bad, and used accordingly.

Nobody is totally aware of their life style, though they may be aware of some parts of it. Life style analysis is completed for the purpose of becoming aware of those rules and convictions that were established in childhood. As an adult, they can see the mistakes in conclusions they reaches as children, reevaluate the rules they developed, and alter their life style. They can decide what they wish to change and beak themselves of the old habits of setting up situations and anticipating a certain outcome.

Most often, people see things as all or nothing. They must be the best, and if they aren't, then they are the worst. No situation needs to be an extreme, such as win or lose, succeed or fail, right or wrong. These are tow opposite extremes, and we forget that there is some place in between them.

There is a third alternative that is not based on extremes or being perfect or failing. They can learn that it isn't necessary to be perfect to be worthwhile—just human. (Everyone has many strengths which can be used to their own benefit) If there are things about themselves that they don't like, they can change them. But even if they were never to change, they would know that they are a worthwhile human being, worthy of dignity and respect.

If there are 100 degrees on a line, it isn't necessary to be 100, or if that isn't possible, 0. There are 99 degrees in between. Many people quit if they can't be very good at something—they won't try it in the first place, or they give and fail. It becomes an all-or-nothing world. There are many opportunities that could be enjoyed if people would only allow themselves to be less than perfect.

## Appendix D

### Course 591 & 592 -- Beginning Supervision I & II

#### Course Syllabus

1. Course Designation:
  - 1.1 Course Number 591/592
  - 1.2 Beginning Supervision I & II
  - 1.3 This course will involve observation of Internship Group to help the student become orientated to the group process, learn techniques. Students will also spend 40-80 hours in field placement.
  - 1.4 Course will yield .5 credit
  
2. Course Description:
 

This course offers students the opportunity to learn about typical problems brought to a therapist and useful techniques that can be used in addressing those problems through classroom observation.. Students will participate in role play activity to experience these techniques. They will also do a peer counseling field experience which may include: facilitating a support group, doing intakes, answering phone crisis lines as well as participating in staff meetings and learning office procedures.
  
3. Texts: Dinkmeyer, Don Jr., Ph.D. & Sperry, Len, Ph.D., **Counseling and Psychotherapy.**
  
4. Required Reading:
 

591: Dinkmeyer & Sperry Counseling and Psychotherapy, chap. 1-6.  
 592: Dinkmeyer & Sperry Counseling and Psychotherapy, chap. 7, 10-13, 15. Chap. 8, 9, 14 are optional
  
5. Learning Outcomes:
 

Students will become familiar with relating to the client population as well as to get an understanding of the types of problems that clients bring to counseling sessions.. They will become familiarized with typical cases and techniques used. Students will learn appropriate techniques and how to use them with their clients
  
6. Class Procedures:
 

Observation, Lecture, Group Discussion and Role Playing Cases.
  
7. Assessment of Learning Outcomes: Write a brief paper on what was learned in this class

8. Course Content:
  - Brief Lecture on specific techniques and process of treatment
  - Presentation of Cases
  - Discussion and participation in role playing clients as fellow students practice appropriate techniques.

## Course 593 & 594 – Intermediate Supervision I & II

### Course Syllabus

1. Course Designation:
  - 1.1 Course Number 593/594 Prerequisite: 592 Peer Counseling II
  - 1.2 Intermediate Supervision I & II
  - 1.3 These courses will include writing a social history and making one to two case presentations to the group. Students will learn how to use Lifestyle information and apply techniques appropriate for cases through lecture, case presentation and role play.
  - 1.4 This course will yield .5 credit
  
2. Course Description:

This course offers students the opportunity to learn about typical problems brought to a therapist and techniques that can be used in addressing those problems. They will learn how to interpret Lifestyle assessments and use that information in a therapy session. Students will role play the therapist or client in this class activity and practice applying appropriate techniques. Students will spend 100-120 hours on site and will build a client load of three or more clients. They will also participate in other office activities which may include: facilitating groups, attending staff meetings and supervision. If necessary, students will be allowed to request a ninety day extension to complete hours.
  
3. Texts: Watts & Carlson **Interventions and Strategies in Counseling and Psychotherapy**
  
4. Required Reading:

593: Watts & Carlson Interventions and Strategies in Counseling and Psychotherapy chap. 2, 3, 5-6. Chap. 1 & 4 are optional.

594: Watts & Carlson Interventions and Strategies in Counseling and Psychotherapy chap. 7-11. Chap. 12 is optional.
  
5. Learning Outcomes:

Students will understand what techniques would be most appropriate to use in cases presented. They will also feel comfortable and competent in using those techniques with clients. They will be able to use the life style assessment information in the therapy session.
  
6. Class Procedures:

Observation, Lecture, Group Discussion and Role Playing Cases, Case Presentation.
  
7. Assessment of Learning Outcomes: Students will write a brief paper on what was learned in the text and in class that they have applied with clients they are seeing.

8. Course Content:
  - Brief Lecture on specific techniques and process of treatment
  - Presentation of cases using the Social History Outline in the Internship Manual.
  - Role Playing the presenting case and the appropriate technique

## Course 597 Advanced Supervision (I – III)

### Course Syllabus

1. Course Designation:
  - 1.1 Course Number 597 Prerequisite: 594 (Internship II).
  - 1.2 Advanced Supervision (I – III)
  - 1.3 These courses will include writing a social history and making one to two case presentations to the group. Students will learn how to interpret Lifestyle information, use assessment information from the Lifestyle with clients and apply techniques appropriate for cases through lecture, case presentation and role play.
  - 1.4 These courses will yield 1 credit each
  
2. Course Description:
 

This course offers students the opportunity to learn about typical problems brought to a therapist and useful techniques that can be used in addressing those problems. Students will get help in interpreting Lifestyle information and how to use it in the clients session. They will also role play the therapist in class to experience how to apply appropriate techniques so that they will be comfortable using them in a therapy session. Students will also learn to create goals and treatment plans for their clients. Students will be on site for 100-120 hours and will do counseling with clients. Students should have a client load of 4-5 clients. If necessary, students will be allowed a ninety day extension to complete hours.
  
3. Texts: William Glasser **Counseling with Choice Theory: The New Reality Therapy.**
  
4. Required Reading:
 

William Glasser Counseling with Choice Theory: The New Reality Therapy. Read the entire book prior to beginning 1<sup>st</sup> Small Group.
  
5. Learning Outcomes:
 

The student will have a client load of five or more clients. They will also participate in other office activities which may include: facilitating groups, attending staff meetings and supervision.
  
6. Class Procedures:
 

Brief lectures on practical techniques, group discussion and role playing cases.
  
7. Assessment of Learning Outcomes:
 

Internship III: Students will discuss how Adlerian approaches have been used when they present cases. They will write a brief paper on 1) what was learned in the text and in class that they have applied with clients they are seeing and 2) what are the competencies which they have tried this

quarter and those they need to work on to develop or improve their competency over the next quarter.

Internship IV: Students will discuss how Adlerian approaches have been used when they present cases. They will write a brief paper on the competencies that they have mastered and those which they will continue to develop.

Internship V: Students will discuss how Adlerian approaches have been used when they present cases. They will write a brief paper on the competencies that they have mastered and those which they will continue to develop.

8. Course Content:

Brief Lecture on specific techniques and process of treatment

Presentation of cases using the "Social History" outline in the Internship Manual.

Presentation and discussion of cases. interpretation of Lifestyle assessment and its use in sessions and role playing the presenting case and the appropriate techniques to be used in the client session.

## Course 598 –Individual Supervision

### Course Syllabus

1. Course Designation:
  - 1.1 Course Number 598 Prerequisite: 597 Advanced Internship I
  - 1.2 Internship: Individual Supervision
  - 1.3 A faculty member will supervise the student doing counseling with one case that the student is presently seeing. This is for the purpose of assessing the competency of the student to help the student to recognize how Adlerian techniques would be helpful in this case and to encourage the student to work on weak competencies.
  - 1.4 This course will yield 1 credit.
2. Supervision Description:

This supervision offers students the opportunity to demonstrate that they have learned all the competencies needed to be an effective therapist with clients. They will also, through the experience learn about additional therapeutic approaches that could be helpful with each client and which competencies they should be working on.
3. Texts: None
4. Required Reading: None
5. Learning Outcomes:

Students will have their competency confirmed and also learn how to use additional therapeutic approaches with the clients they are seeing.
6. Assessment of Learning Outcomes: Faculty will observe the student doing therapy with clients and will give feedback to the student. An evaluation based on the feedback will be placed in the student internship file. The student will either pass or be asked to repeat the direct supervision after working on the weak competency areas.
7. Supervision Content:

Demonstration of additional techniques by the faculty by reviewing tapes or doing co-therapy with the student.