DRUG AND ALCOHOL STUDIES

CITY COLLEGE OF SAN FRANCISCO
HEALTH EDUCATION DEPARTMENT

DRUG & ALCOHOL CERTIFICATE PROGRAM

STUDENT INTERNSHIP MANUAL

HEALTH 79A: BEGINNING FIELDWORK
HEALTH 79B: ADVANCED FIELDWORK

STUDENT’S NAME ________________________________

SEMESTER _____________________________________

COURSE _______________________________________

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INTRODUCTION

Drug & Alcohol Certificate students are responsible for completing 250 hours of internship over two semesters (125 hours each semester) at a facility that is licensed by the State of California to provide AOD treatment services. (See Craig or Tandy for a current list of approved agencies).

Students must first take Health 79A (Beginning Fieldwork) before enrolling in Health 79B (Advanced Fieldwork). Classes cannot be taken concurrently.

The internship site may be your current state-licensed employment site in drug and alcohol treatment, under the condition that during your internship hours, you take on different responsibilities from those of your usual employment. Please consult with Drug & Alcohol Studies staff beforehand for approval.

The following are the Core Competencies (also referred to as Practice Dimensions) as outlined by the Center for Substance Abuse Treatment. These are basic substance abuse counseling skills that should be explored during the internship:

1. Clinical Evaluation
   a. Screening
   b. Assessment
2. Treatment Planning
3. Referral Process
4. Service Coordination
   a. Implementing the Treatment Plan
   b. Consulting
   c. Continuing Assessment and Treatment Planning
5. Counseling
   a. Individual
   b. Group
   c. Families/Couples/Significant Others
6. Education (Client/Family/Community)
7. Documentation
8. Professional and Ethical Responsibilities

We recommend students choose sites that specialize in targeted areas of treatment or specific populations as follows:

1. HIV/STI/HCV
2. Women Specific
3. Domestic Violence
4. Culture Specific
5. Homelessness
6. Alcohol Specific
7. Criminal Justice System
8. Residential
9. Hospital
10. Methadone (or other drug replacement therapy)
11. Adolescents/Children
12. Research
13. Gay/Lesbian/Bisexual/Transgender
14. Trauma Specific
15. Veterans
16. Dual and Multi-Diagnosed
17. Seniors
RESPONSIBILITIES OF THE STUDENT INTERN, CCSF STAFF, AND THE INTERNSHIP SITE SUPERVISOR

The Responsibilities of the Student:

- To work with the internship site supervisor to develop learning objectives.
- To maintain a professional attitude and work ethic.
- To follow all procedures and protocols of the internship site.
- To arrive on time.
- To complete and turn in all required forms.

The Responsibilities of the CCSF Faculty and Internship Coordinator:

- To provide one site visit or telephone interview with each internship site per semester.
- To track the student’s learning process via classroom activities and homework assignments.
- To track the student’s time commitment to the agency of 125 hours per semester.
- To provide reasonable availability to the internship agency for questions, comments or concerns arising out of the internship.
- To provide reasonable availability to the student for questions, comments or concerns arising out of the internship.

The Responsibilities of the Internship Site Supervisor:

- To work with the student to develop learning objectives.
- To provide a safe and accepting atmosphere to enable the student to make a comfortable transition into preparation for further training in alcohol/drug counseling (including ample introductions and explanation of intern’s responsibilities and position to other employees upon start of the internship).
- To provide exposure to a wide variety of Chemical Dependency experiences and acquaint the student with as many phases of your agency services as possible.
- To provide at least one hour per week of individual supervision OR two hours per week of group supervision with the student.
- To have at least one phone meeting or one in-person meeting per semester with the CCSF Internship Coordinator.
- To communicate any questions or problems to the CCSF Internship Coordinator in a timely manner.
- To evaluate the student upon internship completion.
- To complete all necessary forms.
- To designate a secondary supervisor at the agency who can sign the student’s forms in the absence of the primary supervisor.
SUPERVISION REQUIREMENTS

It is the commitment of the agency to provide an opportunity for interns to learn through experience in order to solidify their academic studies. It is also the agency’s commitment to provide proper supervision to these student interns. Below are guidelines and requirements for supervisors for the CCSF Drug & Alcohol Certificate Interns.

**Basic Supervisory Goals:**

1. Task Manager/Mentor:
   - Provide daily task supervision to the intern
   - Evaluate student at end of semester
2. Clinical Supervisor:
   - Assist student in writing learning objectives
   - Provide a one-hour individual or two-hour group supervision session each week
   - Evaluate student at end of semester

**Supervisor Qualifications:**

- Drug & Alcohol Counselor Certification PLUS a minimum of two years supervisory experience (minimum) **AND/OR**
- Masters or Doctorate in Behavioral Sciences

**Requirements for Internship Clinical Supervisors:**

1. The site may designate additional staff to provide task supervision and mentoring. However, these task supervisors or mentors are not permitted to provide the required one-hour weekly individual supervision or two-hour group supervision.

2. **Clinical Supervisors should have the time to supervise students weekly, including the following:**
   - Review records, process evaluations, and chart documentation and give feedback in supervision sessions.
   - Observation time in counseling sessions.
   - Assist student in completing learning objectives.
   - Evaluate student progress.
   - Confer with the CCSF Internship Coordinator.
   - Sign required internship documents and forms.

3. **Clinical Supervisors should be able to:**
   - Select content and techniques for teaching clinical skills and the practice dimensions (core competencies) to students.
   - Evaluate the student’s progress in relation to his/her learning objectives.
   - Provide support (information, learning opportunities, etc.) appropriate to the student’s educational needs.
WRITTEN DOCUMENTATION AND FORMS

The following are to be completed by the student:

- Code of Ethics for Addiction Counselors (Form 1)
- Confidentiality Agreement (Form 2)
- Internship Learning Objectives (Form 3)
- Weekly Internship Report (Form 6)
  *Must be signed weekly by your supervisor.
- Student Hourly Recording Form (Form 7)
- Student Evaluation of Agency (Form 8)
- Student Self Evaluation (Form 9)
- CWEE: Application for Cooperative Work Experience
- Work Summary
- Journal

The following are to be completed by the Internship Site Supervisor:

- Agency Profile (Form 4)
- Contract Between Student and Agency (Form 5)
- Weekly Internship Report (Form 6)
- Internship Evaluation of Student (Form 10)
- CWEE: Training Agreement

*** AT THE STUDENT’S INTERNSHIP SITE, A SECOND PERSON MUST BE DESIGNATED AS AUTHORIZED TO SIGN ANY REQUIRED PAPERWORK IN CASE THE SUPERVISOR IS ABSENT AND TO PROVIDE TEMPORARY SUPERVISION TO THE STUDENT (TO BE DESIGNATED ON FORM 4, AGENCY PROFILE).

*** YOUR GRADE DEPENDS ON TIMELY SUBMISSION OF SIGNED PAPERWORK FROM THE SITE SUPERVISOR. PLEASE KEEP DEADLINES IN MIND AND ALLOCATE ENOUGH TIME FOR THE COMPLETION OF PAPERWORK. DO NOT WAIT UNTIL THE LAST MINUTE TO GET YOUR SUPERVISOR TO SIGN PAPERWORK THAT IS DUE THAT DAY!!!
CODE OF ETHICS FOR DRUG AND ALCOHOL INTERNS

Student Name: ________________________________

As an intern, I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I am interning. I assume the responsibility for my ethics while working in this agency and expect to account for my actions. I agree to abide by the ethics for addiction professionals and federal statutes.

I promise to bring to my work an attitude of open-mindedness, a willingness to learn, interest and attention. I believe that my attitude towards my internship work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom the work is performed, and to the community.

Being eager to contribute all that I can to this internship, I accept the code, to be followed respectfully.

________________________________________  ________________
Student Intern  Date

________________________________________  ________________
Agency Supervisor  Date

________________________________________  ________________
Instructor  Date
CONFIDENTIALITY AGREEMENT

Students enrolled in the CAADE Certified Drug & Alcohol Certificate Program may be working with records of actual clients in various types of health care facilities and in the classroom.

Two factors must be considered that are relative to student use of records in the educational process:

1. Legally, the information in the record belongs to the client. Any violation of the confidentiality of client information in the record is punishable in a court of law.

2. The professional code of ethics stipulates that maintaining confidentiality of client information is a part of professional responsibility and integrity.

Because of these legal and ethical considerations, any student enrolled in the CAADE Certified Drug & Alcohol Certificate Program who reveals contents of a record, except as it relates to the educational process in the classroom or at the internship site, is subject to immediate expulsion from the program.

Having understood the above, I, ________________________, do hereby agree to maintain the confidentiality of all client information to which I am exposed as a City College of San Francisco Drug & Alcohol Certificate Program student.

Internship Site/Address __________________________ Site Phone # __________________________

Agency Supervisor __________________________ Date __________________________

Student Signature __________________________ Date __________________________

This agreement will remain on file with the Drug & Alcohol Studies Program. A copy will be provided to the site to which the student has been assigned. Adapted from Truman College, Chicago, Illinois.
INTERNERSHIP PRACTICE DIMENSIONS / CORE COMPETENCIES

Student: ____________________________________________________________

Supervisor: __________________________________________________________

Check One: □ HLTH 79A    □ HLTH 79B

Pick three (3) competencies from the “Addiction Counseling Competencies…” (TAP 21) and write three learning objectives for each competency:

PRACTICE DIMENSION / CORE COMPETENCY #1:

Learning Objectives:
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

PRACTICE DIMENSION / CORE COMPETENCY #2:

Learning Objectives:
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
PRACTICE DIMENSION / CORE COMPETENCY #3:

Learning Objectives:
1. ____________________________
   ______________________________________________________________
   ______________________________________________________________

2. ____________________________
   ______________________________________________________________
   ______________________________________________________________

3. ____________________________
   ______________________________________________________________
   ______________________________________________________________

Both my supervisor and I have worked on developing the above learning objectives and activities that I will be performing during my internship semester.

_________________________________________  ________________________
Student                                                                 Date

_________________________________________  ________________________
Agency Supervisor                        Date

_________________________________________  ________________________
Instructor                                Date
CITY COLLEGE OF SAN FRANCISCO DRUG & ALCOHOL
CERTIFICATE FIELD PLACEMENT SITE INFORMATION FORM
(AGENCY PROFILE)

Name of Person Completing this Form: ____________________________________

Student Name: ______________________ Date: __________________________

Site Name (The correct, legal name of your agency in its entirety):
_____________________________________________________________________

Site Administrator or Director: _____________________________________________

Site Address: __________________________________________________________

Site Telephone: _______________________________ Fax: _____________________

Agency Website Address: ________________________________________________

Will your site accept Certificate students in field placements?  □ Yes □ No

If YES, indicate the maximum number of students your site would accept for any
given semester?  ______

Name of individual who will be responsible for supervising the student in clinical
supervision one time per week:
Name/Credential:_________________________________Phone _________________

Names of additional staff who are designated as mentors and may provide some
supervision:
Name/Credential:_________________________________Phone _________________
Name/Credential:_________________________________Phone _________________

Treatment Modalities Used: _______________________________________________
_____________________________________________________________________

List of Services Offered by Your Agency: ________________________________
_____________________________________________________________________
_____________________________________________________________________

Population(s) Served by Your Agency: _________________________________
_____________________________________________________________________

Agency Expectations of Student Role: _____________________________________
_____________________________________________________________________
_____________________________________________________________________

AGENCY PROFILE (continued)

The Addiction Counseling Practice Dimensions (Core Competencies) are learned in classes and reinforced as a required component of field experience. Please comment on how this training or experience will be provided to the student intern:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Indicate the types of addiction service responsibilities and specific tasks to be performed by the student within the agency for the duration of the field placement:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Explain in detail the methods and frequency of supervision provided in your agency:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Identify currently available shift times for student placement (i.e. weekdays, weekends, night shift, etc.):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

*** Please forward any brochures and written material describing your agency and specific programs to City College of San Francisco, Drug & Alcohol Studies Program, 50 Phelan Avenue Mailbox MU-353, San Francisco, CA 94112
CONTRACT BETWEEN STUDENT AND AGENCY

I. Agency Commitment to Student:

   a. Provide 125 hours of internship work per student for the term of the semester.
   b. Provide the student with an orientation to the agency (including providing ample introductions and explanation of intern’s responsibilities and position to other employees upon start of internship).
   c. Work with the student intern to develop learning objectives.
   d. Provide overall supervision to the intern and one hour per week of individual supervision/consultation or two hours of group supervision to review the internship process.
   e. Provide exposure to a wide variety of chemical dependency experiences and acquaint the intern with as many phases of your agency’s services as possible.
   f. Provide a safe and accepting atmosphere to enable students to make a comfortable transition into preparation for further training in Alcohol/Drug Counseling.
   g. Evaluate the student intern upon completion of the internship.

II. Student’s Commitment to Agency:

   a. Demonstrate a working knowledge of services and treatment provided by this agency.
   b. Keep time commitment to agency. (125 hours per semester)
   c. I will accept my responsibilities in the learning process.
   d. I will abide by the policies of the agency, will be open to direction, and will abide by the CAADE Code of Ethics.
   e. I will inform my supervisor whenever I will be late or absent.
   f. I will keep the lines of communication open and honest with my supervisor including relaying important information, problems, and/or feedback.

Student’s Signature________________________________________ Date________________

Supervisor’s Signature________________________________________ Date________________

Instructor’s Signature________________________________________ Date________________
WEEKLY INTERNSHIP REPORT

DATE: __________________

Each student must turn in a report each week indicating the number of hours worked that week. Reports should also indicate any time spent in interview, orientation, and training. Please include a factual record of these experiences. If you did not work on one or more days this week, leave the row for those days blank.

Student’s Name: _____________________________________

Agency: _________________________________________________________

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<th>DATE</th>
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TOTAL HOURS (maximum 15 per week): ________

What competencies did you work on this week? Include a description of activities and experiences:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Supervisor’s Signature: _____________________________________________

THIS FORM MUST BE COMPLETED FULLY EACH WEEK AND SIGNED BY YOUR SUPERVISOR IN ORDER TO RECEIVE A PASSING GRADE.
**STUDENT HOURLY RECORDING FORM**
*(KEEP THIS FORM FOR YOUR RECORDS – DO NOT TURN IT IN)*
MAKE ADDITIONAL COPIES AS NEEDED

Student’s Name: __________________________________________________

Agency: ____________________________________________________________

Supervisor’s Name and Title: __________________________________________

Class and Date: ____________________________________________________

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<th>DATE</th>
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<th>TOTAL HOURS</th>
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HOURS: ___________ TOTAL ___________

Student’s Signature_________________________________ Date: __________

Supervisor’s Signature__________________________ Date: __________

*** You will need this information and signatures to provide proof of your hours to CAADE or other certifying boards. Consider keeping an additional copy in a safe place.***
STUDENT EVALUATION OF AGENCY

Student Name: ____________________________________________

Agency Name: ____________________________________________

Supervisor: _______________________________________________

A. Supervision

1. Was the supervision you received adequate? Why or why not?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

2. Did you feel support from the supervisor? How or how not?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

3. Were you able to apply the skills learned in the classroom at the agency? Why or why not?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
B. Were you able to meet your objectives easily at the agency? Why or why not?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C. Do you consider this site an appropriate intern site? Why or why not?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

D. Would you recommend this site to others? Why or why not?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature ____________________________  Date _______________
Instructor’s Signature ___________________________ Date _______________
STUDENT SELF-EVALUATION

1. Please note the areas relating to your field experience in which you display the greatest strengths:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

2. Please note areas in which you need to grow or gain more knowledge and/or experience:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

3. Please list your designated practice dimensions / core competencies from Form 3 and complete the following:

Practice Dimension / Core Competency #1:

________________________________________________________________
________________________________________________________________
________________________________________________________________

A. What did you learn?

________________________________________________________________
________________________________________________________________
________________________________________________________________

B. Methods used in learning:

________________________________________________________________
________________________________________________________________
________________________________________________________________
Practice Dimension / Core Competency #2:

A. What did you learn?

B. Methods used in learning:

Practice Dimension / Core Competency #3:

A. What did you learn?

B. Methods used in learning:

Student’s Signature ________________________ Date ______________

Instructor’s Signature ________________________ Date ______________
INTERNSHIP EVALUATION OF STUDENT
(To be completed by Internship Site Supervisor)

Student’s Name: ________________________________________

Agency: ___________________________________________________

Fieldwork Dates: ________________________ to _______________________

Number of Hours: _____________________________________________

1. Please describe the job responsibilities of this internship.

________________________________________________________________
________________________________________________________________
________________________________________________________________

2. Did the student show up on time as scheduled? Please describe any discrepancies.

________________________________________________________________
________________________________________________________________
________________________________________________________________

3. Did the student meet the Learning Objectives as outlined at the beginning of this internship? Please explain.

________________________________________________________________
________________________________________________________________
________________________________________________________________

4. How much supervision did the student require?

________________________________________________________________
________________________________________________________________
________________________________________________________________

________________________________________________________________
5. Was the student self-motivated? Please explain.

________________________________________________________________
________________________________________________________________
________________________________________________________________

6. What were the strengths of the student?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

7. What were the challenges, improvements and growth opportunities faced by the student? How did the student respond to these?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Student’s Signature ______________________________  Date _____________

Supervisor’s Signature ____________________________ Date _____________
# ASSIGNMENT CHECKLIST

Student's Name: _______________________________________________________

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<th>DESIGNEE</th>
<th>DUE DATE</th>
<th>DATE COMPLETED</th>
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<tr>
<td>Code of Ethics Form 1</td>
<td>Instructor</td>
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<tr>
<td>Confidentiality Agreement Form 2</td>
<td>Student, Supervisor</td>
<td>Week 4</td>
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<td>Internship Learning Objectives Form 3</td>
<td>Student, Instructor, Supervisor</td>
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<td>Agency Report Form 4</td>
<td>Supervisor</td>
<td>Week 4</td>
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<td>Contract Between Student and Agency Form 5</td>
<td>Student, Instructor, Supervisor</td>
<td>Week 4</td>
<td></td>
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<tr>
<td>CWEE Form: Application for Cooperative Work Education Classes</td>
<td>Student, Instructor</td>
<td>Week 4</td>
<td></td>
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<tr>
<td>Weekly Internship Report Form 6</td>
<td>Student, Supervisor. <em>Be sure to have your supervisor sign this.</em></td>
<td>Weekly in Class</td>
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</tr>
<tr>
<td>Weekly Internship Report Form 6</td>
<td>Student, Supervisor. <em>Be sure to have your supervisor sign this.</em></td>
<td>Weekly in Class</td>
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<td>Student Hourly Recording Form 7</td>
<td>Student, Supervisor</td>
<td>On-going for student’s records only. (Do not turn in).</td>
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<tr>
<td>Student Evaluation Of Agency Form 8</td>
<td>Student, Instructor</td>
<td>Final Week</td>
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<td>Student Self-Evaluation Form 9</td>
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<td>Final Week</td>
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<tr>
<td>Internship Evaluation Form 10</td>
<td>Student, Instructor, Supervisor</td>
<td>Final Week</td>
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<tr>
<td>Work Summary</td>
<td>Student, Instructor, Supervisor</td>
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