**Internship Mental Health Experience Hours Tracking Instructions**

As part of successful completion of the Master’s in Mental Health Counseling program at BGSP, you need to complete the following *minimum* number of hours as part of your internship, for licensing purposes:

**600 Mental Health Experience hours made up of:**

* + 240 hours direct clinical work- individual, group and family therapy, client observations, including some long term relationships.
	+ 45 hours of supervision made up of:
		- 15 hours minimum of individual supervision
		- 15 hours minimum of group supervision
		- 15 hours of individual and/or group supervision

*See next page for what BGSP supervisions count where*

* + Staff Meetings and trainings
	+ Collateral contacts
	+ Time writing notes on patients
	+ Observations on site that are not direct contact with your clients, for example classroom observations in a school, being at dinner meetings in a group home.

You DO NOT count anything already counted, for example:

* + You cannot count courses or homework for courses that are part of the 60 academic credits you are completing for your Master’s.
	+ Supervisions in classes that are part of those just named in the 60 credit master’s.

These hours also meet the MA LMHC pre-master’s internship hours (as of 8/16/2019).

You and the Director of the Master’s in Clinical Mental Health Counseling Program will certify these hours when completing the graduation application.

In order to verify hours, you will complete:

* A mid-semester report signed by you as the student in the middle of each semester.
* An end of semester report with all your supervisor’s signatures.
* An extended internship form to record hours earned outside of regular semesters.

Turn these reports in to the Internship and Career Coordinator for filing in your academic record. Keep a copy for yourself.

**FAQs**

**What counts for supervision?**

The BGSP program Master’s in Mental Health Counseling Program requirements exceed the supervision and clinical hour requirements of the state. So, when you complete the BGSP program as designed, you will also be meeting the state of Massachusetts licensing requirements.

The following chart will help you determine where your supervision is coming from.

BGSP Supervisions that Meet Counseling License Supervision Hours

Practicum:

|  |  |
| --- | --- |
| **You need:** | **You count:** |
| 10 hours individual (1:1) supervision | CP 331 Individual Supervision, 10 hours (1 semester) |
| 5 hours group supervision AND10 hours EITHER individual or group supervision | CP 111 Group Supervision, 18 hours (1 semester) and/orCP 185a Fieldwork Seminar, 30 hours (1 semester) with LMHC |

**Example**: If you are in CP185a with less than 10 students and an instructor who is an LMHC licensed for more than three years, a CP111 with a licensed mental health counselor, and CP331 with a licensed mental health counselor as your individual supervisor, you would have:

CP185a 30 Hours

+ CP111 18 hours

+ CP331 10 Hours

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58 hours of supervision to record, and if any of these were LMHCs as noted above, you can count that towards the total LMHC supervision hours you need as well for the state. (BGSP has been scheduling qualified LMHC supervisors to teach the CP185 course and keeping the number enrolled under 10 so that it can be counted as group supervision. Note: Not all CP111 supervisors are LMHC’s.)

This meets the BGSP requirements, and exceeds the state requirements of 25 hours of supervision in practicum.

If, for example, you were not in supervision with an eligible supervisor for CP111, then subtract those 18 hours, but you still have enough hours for the state requirements.

Internship:

|  |  |
| --- | --- |
| **You need:** | **You count:** |
| 15 hours individual (1:1) supervision | CP 351 Individual Supervision, 20 hours (2 semesters) |
| 15 hours group supervision AND15 hours EITHER individual or group supervision | CP 214 Child Supervision, 36 hours (2 semesters)  (register for this with a child internship) ***or***CP 111 Group Supervision, 36 hours (2 semesters)  (register for this with an adult internship) |

Internship hours are counted in a similar fashion to the practicum hours using the above chart.

For those whose internships were impacted by COVID shut downs, see the next question, as you will be considering CP111 supervision and BGSP’s fieldwork as part of your state Internship hours and, where appropriate, supervision.

**Do I need to get all 75 hours of LMHC supervision before I get my Master’s?**

No. You need 75 hours by an approved supervisor before you get your license. You accrue those hours both in your Master’s and post Master’s work.

**Where do I record fieldwork hours in CP185b and CP185c if I am using the fieldwork as an approved internship site?**

There are forms attached here that indicate you are using a second site as an internship site, so you can photo copy as many as you need. Keep tracking and submitting at the mid and end of each semester for all sites whose hours you wish to record.

**Will CP111 count for the Fieldwork requirement for BGSP and the group supervisions for the Internship?**

There are two requirements to always keep in mind:

1) BGSP graduation requirements &

2) MA State LMHC requirements.

Yes, you can count the hours you do towards both the BGSP fieldwork requirements and for the state requirements, as they are two separate things. You can't double count the first semester of CP111 for State requirements towards Practicum AND that same first semester as state internship hours.... that is double dipping and not allowed.

*For those who had a disruption to their Spring 2020 internships due to COVID:*

For those impacted by COVID shut downs, your fieldwork sites can now be considered an internship site *after* you completed the first semester practicum requirements (100 total hours, 40 of which are clinical in nature and with the proper supervision).

CERTTIFICATION OF COMPLETION OF 1st SEMESTER OF

BGSP Fieldwork/State Required Practicum:

Complete prior to starting your internship:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have completed the following:

* 100 hours of supervised curricular experience, which included
	+ 40 Contact Hours of Direct Client Contact Experience in Clinical Field Experience Sites conforming to the Mental Health Counseling scope of practice as defined under 262 CMR 2.02 and/or peer role plays and laboratory experience in individual, group, couple and family interactions.
	+ 25 Hours of supervision, made up of a minimum of 10 individual and 5 group supervisory hours, + 10 of group or individual

On \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ (note, usually the end of your first semester of fieldwork) and turned in the appropriate paperwork to the fieldwork coordinator for filing in my academic record, and kept a copy for myself.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mid Semester Internship Hour Report

SITE NAME:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week | Internship Hours (MH Hours) | Clinical Hours worked | Individual Supervision hours | Group Supervision Hours  | LMHC Supervision Hours | Total SupervisionHours  |
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| Totals  |   |   |   |   |  |  |
| Needed | 600 | 240 | 15-30 | 15-30 | 75 | 45 |
| Remaining |   |   |   |   |  |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Semester Internship Hour Report

SITE NAME:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week | Internship Hours (MH Hours) | Clinical Hours worked | Individual Supervision hours | Group Supervision Hours  | LMHC Supervision Hours | Total SupervisionHours  |
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| Totals  |   |   |   |   |  |  |
| Totals to Date |  |  |  |  |  |  |
| Needed | 600 | 240 | 15-30 | 15-30 | 75 | 45 |
| Remaining |   |   |   |   |  |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 1: 111 211 341 351 Group Supervision Placement Supervisor

Hours earned: \_\_\_\_ Type of License: \_\_\_\_\_\_\_

Supervisor 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 2: 111 211 341 351 Group Supervision Placement Supervisor

Hours earned: \_\_\_\_ Type of License: \_\_\_\_\_\_\_

Supervisor 3 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 3: 111 211 341 351 Group Supervision Placement Supervisor

Hours earned: \_\_\_\_ Type of License: \_\_\_\_\_\_\_

Supervisor 4 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 4: 111 211 341 351 Group Supervision Placement Supervisor

Hours earned: \_\_\_\_ Type of License: \_\_\_\_\_\_\_

EXTRA Mid Second Semester Internship Hour Report-

--To Be Used to track additional Internship Sites

(i.e. if your practicum site has now become an additional internship site)

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| --- | --- | --- | --- | --- | --- | --- |
| Week | Internship Hours (MH Hours) | Clinical Hours worked | Individual Supervision hours | Group Supervision Hours  | LMHC Supervision Hours | Total SupervisionHours  |
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| Total  |   |   |   |   |  |  |
| Totals to Date |  |  |  |  |  |  |
| Needed | 600 | 240 | 15-30 | 15-30 | 75 | 45 |
| Remaining |   |   |   |   |  |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End Second Semester Internship Hour Report

SITE NAME:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week | Internship Hours (MH Hours) | Clinical Hours worked | Individual Supervision hours | Group Supervision Hours  | LMHC Supervision Hours | Total SupervisionHours  |
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| Totals  |   |   |   |   |  |  |
| Totals to Date |  |  |  |  |  |  |
| Needed | 600 | 240 | 15-30 | 15-30 | 75 | 45 |
| Remaining |   |   |   |   |  |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 1: 111 211 341 351 Group Supervision Placement Supervisor

Hours earned: \_\_\_\_ Type of License: \_\_\_\_\_\_\_

Supervisor 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 2: 111 211 341 351 Group Supervision Placement Supervisor

Hours earned: \_\_\_\_ Type of License: \_\_\_\_\_\_\_

Supervisor 3 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 3: 111 211 341 351 Group Supervision Placement Supervisor

Hours earned: \_\_\_\_ Type of License: \_\_\_\_\_\_\_

Supervisor 4 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor 4: 111 211 341 351 Group Supervision Placement Supervisor

Hours earned: \_\_\_\_ Type of License: \_\_\_\_\_\_\_

SAMPLE FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MIDSEMESTER REPORT  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SITE NAME:  | Jane Smith |  |  |  |  |  |  |
| Week | Internship Hours  | Clinical Hours worked | Individual Supervision hours | Group Supervision Hours  |  LMHC Supervision Hours | Total SupervisionHours  |  |
| (MH Hours) |  |
| 9/7/20 | 20 | 2 | 1 | 1 | 2 | 1 |  |
| 9/14/20  |  20 | 2 |  0 | 0  | 0  | 0  |  |
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| Totals  | 20 | 2 | 1 | 1 | 0 | 1 |  |
| Needed | 600 | 240 | 15-30 | 15-30 | 75 | 45 |  |
| Remaining | 580 | 238 |   |   | 75 | 74 |  |
|  |  |  |  |  |  |  |  |
| Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

For Supervisions, you need to count individual and group separate, then the 3rd is all the supervision, and finally note any hours from an LMHC licensed for at least 3 years.

This column is ALL your hours this week

including direct clinical, supervision,

staff meetings, collateral

contacts, notes, observations

 This column is ONLY your direct contact with patient