

# **BGSP Master of Arts in Psychoanalytic Counseling**

## **Clinical Manual**

The BGSP Master's of Psychoanalytic Counseling Clinical Program consists of three elements:

1. Fieldwork Placement
2. Practicum
3. Internship

Beginning in the second semester, all BGSP Master of Arts in Psychoanalysis, Master of Arts in Psychoanalytic Counseling, and Level A doctoral students participate in the fieldwork placement. Over the course of 3 semesters, students meet weekly with 3 regressed or psychotic patients for a total of 400 hours, which consists of on-site hours, supervision, process-note writing, and clinical class hours. Based on this 400 hour requirement, students typically spend between 3 to 5 hours per week on-site. Additionally, students are encouraged to meet with their patients over the summer break, provided that they have registered for summer supervision.

After the successful completion of the fieldwork placement, students typically begin their practicum placement during the following semester. The practicum requirement is 100 hours, with a minimum of 40 direct client contact hours and 25 supervision hours. Unlike the fieldwork placement, the practicum placement does not apply clinical class hours towards either clinical hours or supervisory hours. Generally, the practicum requirements are met by approximately the first 12-14 weeks of the Fieldwork Placement.

The third and final clinical requirement of the Master of Arts in Psychoanalytic Counseling program is the successful completion of an internship. The Internship is usually started in the 3<sup>rd</sup> semester, and is an additional placement. During the internship, students complete 600 clinical hours, with a minimum of 240 direct client contact hours, and 45 supervision hours. In order to complete the Internship in 2 semesters, students spend a minimum of 15 hours per week on-site. As with the practicum, clinical and supervisory hours are acquired separately.

The internship placement is not diagnosis-specific, and can be arranged with many agencies and organizations in the area which offer internships designed specifically for counseling degree students.

Students register for CP111 and CP341/CP351 supervisions, and the CP185 clinical course, during all 3 semesters of their clinical placements.

Students are advised to meet with the Fieldwork Coordinator, Ms. Tina Woolbert, during their 1<sup>st</sup> semester to discuss the possibilities for Fieldwork Placement, and their interests for Internship Placement. The BGSP Fieldwork Placement is unique, and as such, is arranged through the school, at facilities with which the school is contracted. The Internship Placement is often offered to individuals by way of resume and interview. The Fieldwork Coordinator can help to direct the students in areas of their interest for the Internship. When a student is accepted for an Internship placement, they will request a contract from the Fieldwork Coordinator. All students must have an Internship contract on file.

Students are encouraged to review the information about licensure that can be found in the Resource section of the school website: [www.bgsp.edu](http://www.bgsp.edu). Links are included there to the state licensing website. The Fieldwork Coordinator, Ms. Tina Woolbert, can be reached at 617-216-3314, or at [tinawoolbert@verizon.net](mailto:tinawoolbert@verizon.net).

## *Clinical Experience*

### **Fieldwork Placement**

All students participate in the Fieldwork Placement program of 400 hours. Students have weekly contact with a minimum of three psychotic patients for three semesters to have the experience of working over time with regressed individuals. Students are expected to continue at the placement during the summer session and register for summer supervision. Students register for the clinical class CP 185, CP 111 (small group supervision), and CP 341 individual supervision (which can be 1-2 students).

For this placement, all hours spent on-site, including client contact and administrative duties, time spent writing process notes, supervision hours, and clinical class hours are counted towards the 400 hour requirement.

Placements are arranged through the Fieldwork Coordinator, Ms. Woolbert, whom you may contact at any time with questions and concerns.

### **CP340 Practicum**

The practicum consists of 100 hours, 40 of which are direct client hours. The practicum requirement is usually met during the first semester of the Fieldwork Placement, or at the point in time at which clinical and supervision hours have been met.

For this counseling requirement, clinical class hours cannot be counted as placement hours. Administrative hours on site and process note recording are counted towards the 100 hours. Supervision hours are counted separately, totaling 25 hours, and are divided as follows:

**\*10 hours individual supervision** (*CP 341 meets this requirement*)

**\*5 hours group supervision** (*CP 111 meets this requirement*)

**\*10 additional hours of either individual or group supervision** (*Combination of the remaining CP111 and CP341 hours meet this requirement*)

All CP111 supervisors are qualified supervisors and meet the state requirements for group supervision. Individual supervision (CP341) must be with a licensed mental health professional. Students are advised to consult with their 111 supervisor about their availability in this respect for individual supervision. Ms. Woolbert will maintain a list of licensed faculty who are available for individual supervision.

### **CP350 Internship**

The internship consists of 600 hours, 240 of which are direct client hours. Students begin this additional placement in the 3rd semester of the Counseling Program which continues into the 4<sup>th</sup> semester. Students must attend their placement 15 hours per week, and have at least 6-7 client hours per week over the course of a full year. This placement is not diagnosis specific, and students may be working with a wider range of clinical issues, with

individuals and groups. Some students may be in Fieldwork Placements that can be expanded to accommodate more hours. Most students will need to have an additional placement. Students should consult with Ms. Woolbert about these possibilities.

During internship semesters, students register for the clinical class CP 185, CP111 group supervision, and CP351 individual supervision (1 or 2 students). For this counseling requirement, clinical class hours cannot be counted as placement hours.

Supervision hours are counted separately, totaling 45 hours, and are divided as follows:

- \*15 hours individual supervision** (on site)
- \*15 hours group supervision** (CP111 meets this requirement)
- \*15 hours either individual or group supervision** (Combination of the remaining CP111, on-site supervision, and CP351 hours meet this requirement)

For the internship, most sites will require the student to have on-site supervision with a licensed mental health professional.

## ***Site Locations***

### **Fieldwork Placement/Practicum Sites**

The Practicum requirement is satisfied by the first semester of the 3 semester Fieldwork Placement. The BGSP fieldwork placement is unique in its requirement for long term relationships with regressed patients. As such, the school has contractual relationships with various locations including private and state administered group homes, and nursing homes with appropriate residents with psychiatric diagnoses.

A site for the Fieldwork Placement will be provided by the school. Each student will meet with the Fieldwork Coordinator, Ms. Woolbert, to determine what placement is the best match for the student.

Students who have interests or connections with psychiatric agencies may talk to the Fieldwork Coordinator for approval of these sites, and help with establishing a relationship with new sites that may interest the student. All sites must have a contractual agreement with the school.

### **Internship Sites**

Students continue in their Fieldwork Placement Sites in the 3<sup>rd</sup> and 4<sup>th</sup> semester. These hours can be used to partially satisfy the internship requirement.

All students will need additional hours for the internship requirement. There are many established intern programs in agencies and programs in the area, specifically designed for students in Master's counseling programs. Most want to interview the individual student for the program, rather than have the school place the student. Students are advised to consult Ms. Woolbert for help accessing these programs, and searching on-line for programs in their areas of interest. Students are advised to arrange a meeting with the Fieldwork Coordinator in the 1<sup>st</sup> semester to discuss their interests and needs for the Fieldwork/Practicum and Internship Placements.

Each student must have an individual contractual agreement with their internship site on file, and a request for this contract can be made to Ms. Woolbert.

BGSP does have a special relationship to the BIP/BGSP school-based program, in which students work with children in the Boston Public School system. Students interested in this opportunity should consult with the Fieldwork Coordinator about how to proceed.

# *Documentation of Clinical Experience*

## **Fieldwork Placement/Practicum**

All students will complete paperwork for the fieldwork placement, which is found in the Fieldwork Manual. Students are advised to use the worksheets there to keep an accurate account of hours. When calculating hours for the practicum, students must exclude CP 185 hours, and count supervision hours separately.

Forms for the documentation of the practicum are found in Appendix A. Students should have the site contact sign off on their hours at the end of the first (practicum) semester on the Evaluation Form. ( It is recommended that students request the on- site contact to complete this confirmation of hours at the end of every semester, so that in the event of personnel changes on site, the student will have a signature for each semester.)

The forms for documentation of on-site hours and supervision hours, signed by the supervisor upon completion of the Practicum, are the same forms which will eventually be used for the LMHC application. Each supervisor (for CP 341, CP 111, and any on-site licensed supervisor) receives the 2 page form. When completed, copies are submitted to the Fieldwork Coordinator, and will be kept in the student's files. Originals will be kept by the student for use in the future when applying for licensure. Originals of all other paperwork should be submitted to the Fieldwork Coordinator.

## **Internship**

Forms for the documentation of the Internship are found in Appendix B. Students will continue to document their Field Placement. In addition, each student must submit a clinical evaluation form from their individual BGSP supervisor (CP 351) at the end of the first semester of their internship placement. Students will also submit a Final Clinical evaluation from their individual BGSP supervisor (CP 351), and on-site supervisor, upon the completion of the internship placement hours.

The forms for the documentation of hours on-site, and supervision hours, signed by the supervisor upon completion of the Internship, are the forms which will eventually be used for the LMHC application. As with the Practicum, each supervisor receives the 2-page form. When completed, copies are submitted to the Fieldwork Coordinator, and originals will be kept by the student for use when applying for licensure. Originals of all other paperwork should be submitted to the Fieldwork Coordinator.

It is strongly recommended that students keep current, detailed personal records of dates and hours spent on-site, dates and hours of all supervision, and time spent with process notations. Having accurate records is of great use when completing documentation of the clinical placements.

# **Appendix A: Practicum Forms**

**Boston Graduate School of Psychoanalysis**  
1581 Beacon Street  
Brookline MA 02446  
617-277-3915

## **Statement Of Fieldwork Placement/Practicum Placement**

*To be filed with the Fieldwork Coordinator at the beginning of the placement*

Please Print

Name of Student \_\_\_\_\_

Name of Placement Site \_\_\_\_\_

Address of Placement Site \_\_\_\_\_

Placement Site Contact \_\_\_\_\_

BGSP Clinical Group Supervisor (CP111) \_\_\_\_\_

BGSP Clinical Individual Supervisor (CP 341) \_\_\_\_\_

Date Placement Began \_\_\_\_\_

Summary of Duties \_\_\_\_\_

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\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_

\_\_\_\_\_  
BGSP CP 111 Supervisor Signature

Date \_\_\_\_\_

\_\_\_\_\_  
BGSP CP 341 Supervisor Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Fieldwork Coordinator Signature

Date \_\_\_\_\_

**Statement of Individual Supervision**

CP 341

All students in the counseling program are required to participate in minimally 12-13 hours of individual supervision during their practicum semester with a licensed mental health professional at the school. Students are encouraged to ask their 111 supervisors whether they are qualified to provide individual supervision as a licensed mental health professional. If so an arrangement may be made for individual supervision with the 111 supervisor. Individual supervision may be with up to 2 students.

I, \_\_\_\_\_

am in individual supervision with \_\_\_\_\_

for the semester of \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**This section to be completed at the end of semester:**

Semester: \_\_\_\_\_ Hours of Supervision Completed: \_\_\_\_\_

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

Date \_\_\_\_\_

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Brookline MA 02446  
617-277-3915

## **Fieldwork/Practicum Evaluation Form**

*(to be given to site contact after 1<sup>st</sup> semester of fieldwork)*

Student: \_\_\_\_\_

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

# of Client Hours on Site Per Week: \_\_\_\_\_

# of Additional Hours on Site Per Week: \_\_\_\_\_

Please write a brief evaluation of the student's work at your institution or agency.

Name and Address of Placement

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

Placement Start Date: \_\_\_\_\_ Placement End Date: \_\_\_\_\_

\_\_\_\_\_  
Site Contact Signature

Date \_\_\_\_\_

PRE-MASTERS PRACTICUM FORM

Name of Applicant: \_\_\_\_\_

**INSTRUCTIONS: Please duplicate this form as necessary. See following page for the definition of Approved Supervisor. PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL SIGNED DOCUMENT.**

**MINIMUM REQUIREMENTS: 100 hours which includes: 40 hours of direct client contact and 25 hours of supervision with a minimum of 10 hours of individual supervision and 5 hours of group supervision. (50 hours of supervision by a LMHC must be documented during either pre-masters or post-masters experience.)**

Remainder of Form to be completed by Approved Supervisor

Name of Supervisor: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Supervisor's License Type and Number: \_\_\_\_\_ -

Supervisor's phone number: \_\_\_\_\_

Name/Address of Clinical Facility: \_\_\_\_\_

Dates of Supervision of the Applicant: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (month/date/year)

The applicant worked \_\_\_ hours per week for \_\_\_ weeks for a total of \_\_\_ MH experience hours

Number of direct, face-to-face, clinical hours completed during this period: \_\_\_\_\_

Number of Supervision Hours provided during this period by this supervisor:

Individual: \_\_\_\_\_ Group: \_\_\_\_\_

Has any disciplinary action been taken against you by any of the following: (if yes, please submit detailed explanation)

Professional Association or Organization: Yes: \_\_\_ No: \_\_\_

Governmental Authority (e.g. Professional Licensing Board): Yes: \_\_\_ No: \_\_\_

Third Party Insurance Carrier: Yes: \_\_\_ No: \_\_\_

Credentialing Board: Yes: \_\_\_ No: \_\_\_

I have read the definitions of Approved Supervisor listed in 262 CMR and/or provided on the following page and believe that I qualify as an approved supervisor, including having at least 5 years of post-graduate clinical mental health counseling experience at the time that supervision was provided and/ or qualifying under category (f). The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.

Signature of Approved Supervisor

Date

**Definition of an Approved Supervisor:**

An approved supervisor is a mental health practitioner who meets the qualifications listed under subcategory (a), (b), (c), (d), or (e); all of these approved supervisors must have five (5) years of full time or the equivalent part time postgraduate clinical mental health counseling experience.

- (a) LMHC; a currently licensed mental health counselor.
- (b) A CCMHC; a Certified Clinical Mental Health Counselor who holds a currently valid certificate.
- (c) A **licensed** mental health practitioner who:
  - 1. has a master's degree in social work (LCSW) and is licensed for independent clinical practice;
  - 2. has a master's degree in marriage and family therapy; (LMFT)
  - 3. has a doctoral degree in clinical, counseling or developmental psychology or a medical degree with a sub-specialization in psychiatry (Psychologist or Psychiatrist).
- (d) A **licensed** mental health practitioner who has:
  - 1. a master's or doctoral degree in rehabilitation counseling, pastoral counseling, psychiatric nursing, developmental or educational psychology, or related fields **and**;
  - 2. successfully completed a Supervised Clinical Experience; **and**
  - 3. achieved a passing score on the NCMHCE licensure examination.
- (e) An out of state supervisor who is a licensed mental health practitioner (in states that have licensure in their discipline) and who meets the qualifications for licensure for independent clinical practice in Massachusetts in his/her respective discipline.
- (f) For the specific purpose of the college supervision (e.g. support seminars) of students in a practicum or internship, an approved supervisor may be a mental health practitioner who:
  - 1. holds a teaching or supervisory position in an educational institution which trains mental health counselors; and
  - 2. holds a graduate degree in mental health counseling or a related field.

Site supervisors for practica and internships must meet the qualifications for Approved Supervisor (a), (b), (c), (d), or (e).

**MASSACHUSETTS SUPERVISOR:** Please list which of the above describes your license:

*LICENSE/CERTIFICATE #*

***OUT OF STATE SUPERVISOR:*** Please attest that you meet the qualifications for individual clinical practice in Massachusetts by your signature below.

License # \_\_\_\_\_ State \_\_\_\_\_ Licensure type \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

## **Appendix B: Internship Forms**

**Boston Graduate School of Psychoanalysis**  
1581 Beacon Street  
Brookline MA 02446  
617-277-3915

## **Statement Of Counseling Internship Placement**

*To be filed with the Fieldwork Coordinator at the beginning of the placement*

**Please Print**

Name of Student \_\_\_\_\_

Name of Placement \_\_\_\_\_

Address of Placement \_\_\_\_\_

Administrative Supervisor \_\_\_\_\_

BGSP Clinical Group Supervisor (CP111) \_\_\_\_\_

BGSP Clinical Individual Supervisor (CP 351) \_\_\_\_\_

Date Placement Began \_\_\_\_\_

Summary of Duties \_\_\_\_\_

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

\_\_\_\_\_  
BGSP CP 111 Supervisor Signature Date \_\_\_\_\_

\_\_\_\_\_  
CP 351 Supervisor Signature Date \_\_\_\_\_

Contract Signed and Submitted: Date \_\_\_\_\_

\_\_\_\_\_  
Fieldwork Coordinator Signature Date \_\_\_\_\_

# Boston Graduate School of Psychoanalysis

- 1581 Beacon Street • Brookline, MA 02446 •
- Phone: (617) 277-3915 • Fax: (617) 277-0312 •

## Statement of Individual Supervision (CP 351):

All students in the counseling program are required to participate in minimally 12-13 hours of individual supervision during their internship semester with a licensed mental health professional at the school. Students are encouraged to ask their 111 supervisors whether they are qualified to provide individual supervision as a licensed mental health professional. If so an arrangement may be made for individual supervision with the 111 supervisor. Individual supervision may be with up to 2 students.

I, \_\_\_\_\_

am in individual supervision with \_\_\_\_\_.

Semester: \_\_\_\_\_

### Signatures:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

This section to be completed at the end of semester:

Semester: \_\_\_\_\_

Hours of Supervision Completed: \_\_\_\_\_

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

**Boston Graduate School of Psychoanalysis**  
1581 Beacon Street  
Brookline MA 02446  
617-277-3915

**Internship Supervision Evaluation Form**

*(to be given to site supervisor after 1<sup>st</sup> semester of Internship)*

Student: \_\_\_\_\_

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

# of Client Hours on Site Per Week: \_\_\_\_\_

# of Additional Hours on Site Per Week: \_\_\_\_\_

Please write a brief evaluation of the student's work at your institution or agency.

Name and Address of Placement:

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

Placement Start Date: \_\_\_\_\_

Placement End Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Boston Graduate School of Psychoanalysis**  
1581 Beacon Street  
Brookline MA 02446  
617-277-3915

**Internship Supervision Final Evaluation Form**  
*(to be given to site supervisor upon completion of Internship)*

Student: \_\_\_\_\_

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

# of Client Hours on Site Per Week: \_\_\_\_\_

# of Additional Hours on Site Per Week: \_\_\_\_\_

Please write a brief evaluation of the student's work at your institution or agency.

Name and Address of Placement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Placement Start Date: \_\_\_\_\_

Placement End Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

PRE-MASTERS INTERNSHIP FORM

Name of Applicant: \_\_\_\_\_

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Remainder of Form to be completed by Approved Supervisor

Name of Supervisor: \_\_\_\_\_

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Supervisor's License Type and Number: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Name/Address of Clinical Facility: \_\_\_\_\_

Dates of Supervision of the Applicant: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (month/date/year)

The applicant worked \_\_\_ hours per week for \_\_\_ weeks for a total of \_\_\_ MH experience hours

Number of direct, face-to-face, clinical hours completed during this period: \_\_\_\_\_

Number of Supervision Hours provided during this period by this supervisor:

Individual: \_\_\_\_\_ Group: \_\_\_\_\_

Has any disciplinary action been taken against you by any of the following: (if yes, please submit detailed explanation)

Professional Association or Organization: Yes: \_\_\_ No: \_\_\_

Governmental Authority (e.g. Professional Licensing Board): Yes: \_\_\_ No: \_\_\_

Third Party Insurance Carrier: Yes: \_\_\_ No: \_\_\_

Credentialing Board: Yes: \_\_\_ No: \_\_\_

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- (d) A **licensed** mental health practitioner who has:
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  - 3. holds a teaching or supervisory position in an educational institution which trains mental health counselors; and
  - 4. holds a graduate degree in mental health counseling or a related field.

Site supervisors for practica and internships must meet the qualifications for Approved Supervisor (a), (b), (c), (d), or (e).

**MASSACHUSETTS SUPERVISOR:** Please list which of the above describes your license:

**LICENSE/CERTIFICATE #**

**OUT OF STATE SUPERVISOR:** Please attest that you meet the qualifications for individual clinical practice in Massachusetts by your signature below.

License # \_\_\_\_\_ State \_\_\_\_\_ Licensure type \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_