



**Midwestern State University**  
Gordon T. & Ellen West College of Education

**Course Title:** Practicum  
**Course Number:** COUN 5293  
**Semester Credits:** 3

**Professor:** Dr. Wendy Helmcamp  
**Office:** BH 327  
**E-mail:** wendy.helmcamp@msutexas.edu  
**Work phone:** (940) 397-4983  
**Cell phone:** (940) 631-0808

**Semester:** Fall 2022 16 Weeks  
**Classroom:** Online  
**Class Format:** Online

**Office Hours:** 8:30 – 10:30 am Tuesday-Thursday (aside from holidays) in office and via zoom

**In this Syllabus, you will find:**

- Content areas
- Knowledge and skills outcomes
- Methods of instruction
- Required text or reading
- Student performance evaluation criteria and procedures
- A disability accommodation policy and procedure statement

**Instructor Response Policy:**

During the week (Monday – Friday) I will respond within 12 hours. During holidays and weekends, I will respond within 24 hours. I respond to my email [wendy.helmcamp@msutexas.edu](mailto:wendy.helmcamp@msutexas.edu) consistently. Please do not hesitate to contact me.

**The MSU Clinical Mental Health and School Counseling programs require at least a B average. C's are unacceptable, and more than 2 C's will put you in danger of being removed from the program. Please consult the Student Handbook for more information.**

**COVID-19:** Scientific data shows that being fully vaccinated is the most effective way to prevent and slow the spread of COVID-19 and has the greatest probability of avoiding serious illness if infected in all age groups. Although MSU Texas is not mandating vaccinations in compliance with Governor Abbott's executive orders, we highly encourage eligible members of

our community to get a vaccination. If you have questions or concerns about the vaccine, please contact your primary care physician or health care professional. Given the recent rise in cases, individuals are also strongly encouraged to wear facial coverings when indoors among groups of people, regardless of vaccination status. Although MSU Texas is not currently requiring facial coverings, they have been an effective strategy in slowing the spread.

## I. COURSE DESCRIPTION

**Designed as the culminating experience in the counseling program; provides 100 clock hours of counseling experience under the supervision of experienced personnel.** Required for the student seeking certification as a school counselor or licensure as a professional counselor. Clinical Mental Health students will be required to enroll in 3 hours of Practicum. **Course must be repeated if a grade of B or better is not attained.**

Prerequisites: Must have completed 39 hours, including COUN 5253, COUN 5273, and COUN 5283.

## II. COURSE RATIONALE

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. In this class students will obtain the required direct and indirect counseling hours in a supervised setting and will demonstrate knowledge and skills to prepare them for the field of counseling.

## III. REQUIRED TEXTBOOK

**Liability Insurance:** Students must retain their own liability insurance before the start of the semester. Students may use organizations like HPSO or CPH who offer student discounts. Students will **NOT** be allowed to begin gaining hours without active liability insurance. Students must send their liability insurance documents to their university supervisor (teaching professor) and their site-supervisor before gaining hours.

### **Required Text:**

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed. TR)* DSM V TR

## IV. COURSE OBJECTIVES

### Knowledge and Skill Learning Outcomes: CACREP Standards

Section 2: 1.b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation

Section 2: 1.c. counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams

Section 2: 1.j. technology's impact on the counseling profession

Section 2: 1.k. strategies for personal and professional self-evaluation and implications for practice

Section 2: 1.m. the role of counseling supervision in the profession

**Section 2: 3.f. systemic and environmental factors that affect human development, functioning, and behavior KPI**

Section 2: 5.c. theories, models, and strategies for understanding and practicing consultation

Section 2: 5.d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships

Section 2: 5.e. the impact of technology on the counseling process

Section 2: 5.f. counselor characteristics and behaviors that influence the counseling process

Section 2: 5.g. essential interviewing, counseling, and case conceptualization skills

Section 2: 5.h. developmentally relevant counseling treatment or intervention plans

Section 2: 5.i. development of measurable outcomes for clients

**Section 2: 5.j. evidence-based counseling strategies and techniques for prevention and intervention KPI**

Section 2: 5.k. strategies to promote client understanding of and access to a variety of community-based resources

Section 2: 5.l. suicide prevention models and strategies

Section 2: 5.m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid

Section 2: 5.n. processes for aiding students in developing a personal model of counseling

Section 2: 6.b. dynamics associated with group process and development

Section 2: 6.c. therapeutic factors and how they contribute to group effectiveness

Section 2: 6.d. characteristics and functions of effective group leaders

Section 2: 6.e. approaches to group formation, including recruiting, screening, and selecting members

Section 2: 7.d. procedures for identifying trauma and abuse and for reporting abuse

**Section 2: 7.e. use of assessments for diagnostic and intervention planning purposes KPI**

Section 3: B. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients

Section 3: J. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.

Section 3: K Internship students complete at least 240 clock hours of direct service.

Section 3: L Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by the site supervisor.

Section 3: M. Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

**Section 5C: 1.b. theories and models related to clinical mental health counseling KPI**

Section 5C: 1.c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning

Section 5C: 2.a. roles and settings of clinical mental health counselors

Section 5C: 2.b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders

Section 5C: 2.c. mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks

**Section 5C: 2.d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) KPI**

Section 5C: 2.i. legislation and government policy relevant to clinical mental health counseling

Section 5C: 2.l. legal and ethical considerations specific to clinical mental health counseling

Section 5C: 2.m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling

Section 5C: 3.a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management

Section 5C: 3.b. techniques and interventions for prevention and treatment of a broad range of mental health issues  
KPI

Section 5C: 3.c. strategies for interfacing with the legal system regarding court-referred clients

Section 5C: 3.d. strategies for interfacing with integrated behavioral health care professionals

Section 5C: 3.e. strategies to advocate for persons with mental health issues

## Learning Objectives

1. Students will understand a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision
2. Students will demonstrate the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
3. Students will understand professional issues relevant to the practice of clinical mental health counseling
4. Students will use the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
5. Students will utilize best practices related to ethical counseling practices and multicultural counseling competencies.

## V. COURSE EXPECTATIONS

The Clinical Mental Health Counseling Program, its faculty, and its students adhere to the University Code of Conduct, State of Texas licensure laws and regulations, and the American Counseling Association's Code of Ethics (2014). The program has a professional responsibility to ensure that all students display ethical, professional, and personal behaviors that comply with these guidelines. Students are strongly encouraged to review, understand, and consult the [American Counseling Association website](#) for details related to these guidelines.

Department of Counseling students are expected to demonstrate appropriate classroom behavior, consistent with their counselor-in-training roles. Counselors-in-training are expected to convey attentiveness and respect in all professional and classroom settings.

**Online Etiquette:** It is expected that students use formal, professional language when corresponding online. It is expected that you use complete sentences, address one another with respect, follow the American Counseling Association Code of Ethics (2014), and treat all members of the class with respect.

**Diversity:** It is my intent to present material and activities that are respectful of diversity. It is also my intent that students from all perspectives and diverse backgrounds be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that students bring to this class be viewed as a resource, strength, and benefit. Your suggestions about how to improve the value of diversity in this course are encouraged and appreciated.

**Confidentiality:** Upholding confidentiality is a major responsibility of the student. Anything discussed during supervision, online in this class, or shared by individual students about themselves is considered confidential. Please do not share any information shared to you by other students.

**Academic Dishonesty:** Students at Midwestern State University are an essential part of the academic community and enjoy substantial freedom within the framework of the educational objectives of the institution. The freedom necessary for learning in a community so rich in diversity and achieving success toward our educational objectives requires high standards of academic integrity. Academic dishonesty has no place in an institution of advanced learning. It is each student's responsibility to know what constitutes academic dishonesty and to seek clarification directly from the instructor if necessary. Examples of academic dishonesty include, but are not limited to:

- Submission of an assignment as the student's original work that is entirely or partly the work of another person.
- Failure to appropriately cite references from published or unpublished works or print/non-print materials, including work found on the World Wide Web.
- Observing or assisting another student's work.
- Multiple Submission - Submitting a substantial portion or the entire same work (including oral presentations) for credit in different classes without permission or knowledge of the instructor.

**Statement of Disability:** Disability Support Services (DSS) provides services to students with disabilities to insure accessibility to university programs. DSS offers information about accommodations and disability, evaluation referral, adaptive technology training and equipment, and interpreter services for academically related purposes. If you suspect you have a disability that is impacting your academic performance or have been previously documented as a person with a disability, you will need to apply and provide documentation of that disability to the Disability Support Services. This documentation must be supplied by a qualified professional who is licensed or certified to diagnose the disability in question.

The Disability Support Services office is located in Room 168 of the Clark Student Center. If you need assistance, you can also contact them at (940) 397-4140.

**Attendance:** You will be required to post at least three academic paragraphs in each week's discussion board. You are also required to reply to at least one other student's discussion board post. This is seen as your weekly attendance in class. Failing to post, reply, or both each week results in loss of points and would be the same as if you did not attend class that week. An academic paragraph needs at least five sentences in it. This class has mandatory weekly zoom meetings as well.

**Late Work:** All papers and assignments must be turned in the day they are due. **No exceptions.** If you have an emergency, please let me know in advance, and/or email me your assignment the same day it is due. Any late papers will be lowered **10%**. Late papers can only be turned in before the deadline for the following assignments. Please observe that your assignments are

worth a considerable number of points and skipping even one assignment will significantly lower your grade. Please begin planning your semester schedule accordingly

**Practicum:** Students must register for a 3-credit hour practicum. **Placements must begin and end in one academic semester (Fall, Spring, Summer) for the duration of at least 10 weeks for summer, and 16 weeks for fall and spring.** The practicum is the first experience during which students apply their counseling theory and demonstrate their counseling skills in a professional supervised setting. A minimum of 100 hours is required for practicum. **In order to meet the 100 hours of field experience requirement, for summer students must gain a minimum of four (4) direct hours a week, and six (6) indirect hours a week on site. For fall/spring semesters, students must gain at a minimum of three (3) direct hours per week, and four (4) indirect hours per week. Students must get all placements approved by their professor of record.** Additionally, private practice, and home or field settings are only approved for P/I by the instructor of record.

**The students' practicum includes the following:**

1. A **minimum** of 100 hours is required for practicum. Of the minimum 100 hours, at least 40 hours must be direct hours and 60 hours must be indirect hours.
2. It is required in practicum that students participate in facilitating a counseling group at their practicum site as part of their 40 direct hours.
  - a. **Policies on banked hours will change beginning August 2018. Students will NO longer be able to bank hours.** As stated in the *2016 CACREP General Accreditation Questions*, "CACREP standards do not allow for extra hours obtained during the practicum to be counted toward the 600-clock internship requirement" (CACREP, Program *FAQ's*: <http://www.cacrep.org/for-programs/program-faqs-2/#FAQ24>)
3. A minimum of **one hour per week** of individual on-site supervision from site supervisor each week students are present at the site.
4. An average of **one and one-half hours per week of group supervision** with other students in practicum with university supervisor.
5. Formal evaluations of students' performance will be submitted at mid-term and at the end of the semester by all supervisors (Site, University).
6. Students will conduct one 45-minute counseling session with a client for each semester of Practicum and Internship. The instructor will provide feedback to the student using the MSU Skills Rating form. Any skills strengths and deficits will be addressed in individual supervision following the observed session, in addition to the rating form. Students will receive a copy of the rating form. A video of a counseling session is required. For students who are unable to video tape at their site, the university supervisor (teaching profession) may video into the session to observe.

**VI. SEMESTER COURSE OUTLINE**

<b>Class Dates</b>	<b>Class Topics</b>	<b>Assignments/Reading</b>
<p><b>1. Week of Monday, August 22, 2022 – Sunday, August 28, 2022</b></p> <p><b>Discussion Board Post and Reply due Sunday, August 28<sup>th</sup>, 2022.</b></p>	<ul style="list-style-type: none"> <li>• Class Introductions</li> <li>• Syllabus Review</li> <li>• Class Instructions</li> <li>• Liability Insurance</li> <li>• Informed Consent</li> <li>• Progress Noting</li> <li>• Reporting to Agencies</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>2. Week of Monday, August 29, 2022 – Sunday, September 4, 2022</b></p> <p><b>Discussion Board Post and Reply due Sunday, September 4<sup>th</sup>, 2022.</b></p>	<ul style="list-style-type: none"> <li>• Utilizing Assessments and Symptoms Checklists</li> <li>• Crisis Intervention</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>3. Week of Monday, September 5, 2022 – Sunday, September 11, 2022</b></p> <p><b>Labor Day Monday September 5<sup>th</sup>, 2022</b></p> <p><b>Discussion Board Post and Reply and Assignment Due Sunday, September 11<sup>th</sup>, 2022.</b></p> <p><b>2.5j, and 5C.3b.</b></p>	<ul style="list-style-type: none"> <li>• No Zoom since it is the Holiday.</li> <li>• <b>Informed Consent and Resource Assignment Appendix B to D2L</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>No Monday Zoom Class Supervision Meeting due to the Holiday</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Informed Consent and Resource Assignment Appendix B to D2L</b></li> </ul>
<p><b>4. Week of Monday, September 12, 2022 – Sunday, September 18, 2022</b></p> <p><b>Discussion Board Post and Reply due Sunday, September 18<sup>th</sup>, 2022.</b></p>	<ul style="list-style-type: none"> <li>• Treatment Planning</li> <li>• Case Conceptualizations</li> <li>• Psychosocial</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>

Class Dates	Class Topics	Assignments/Reading
<p>5. Week of Monday, September 19, 2022 – Sunday, September 25, 2022</p> <p>Discussion Board Post and Reply due Sunday, September 25<sup>th</sup>, 2022.</p>	<ul style="list-style-type: none"> <li>• ACA Codes of Ethics</li> <li>• State Codes of Ethics</li> <li>• Rural Ethical Issues</li> <li>• Telehealth Ethics</li> <li>• TAC Code</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p>6. Week of Monday, September 26, 2022 – Sunday, October 2, 2022</p> <p><b>2.3f, 2.5j, 5C.2d, and 5C.3b.</b></p> <p>Discussion Board Post and Reply and Assignment Due Sunday, October 2<sup>nd</sup>, 2022.</p>	<ul style="list-style-type: none"> <li>• Group versus Individual Counseling</li> <li>• <b>Fictional Progress Note and Treatment Plan Assignment Appendix C to D2L</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Fictional Progress Note and Treatment Plan Assignment Appendix C to D2L</b></li> </ul>
<p>7. Week of Monday, October 3, 2022 – Sunday, October 9, 2022</p> <p>Discussion Board Post and Reply due Sunday, October 9<sup>th</sup>, 2022.</p>	<ul style="list-style-type: none"> <li>• Understanding the Self</li> <li>• Self-Awareness</li> <li>• Professional Identity</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p>8. Week of Monday, October 10, 2022 – Sunday, October 16, 2022</p> <p>Discussion Board Post and Reply due Sunday, October 16<sup>th</sup>, 2022.</p>	<ul style="list-style-type: none"> <li>• Multicultural Counseling</li> <li>• Working with Diverse Populations</li> <li>• <b>Midterm Site Supervisor Evaluations</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in your Site Supervisors Midterm Evaluation</b></li> </ul>



Class Dates	Class Topics	Assignments/Reading
<p>9. Week of Monday, October 17, 2022 – Sunday, October 23, 2022</p> <p>Discussion Board Post and Reply and Assignment Due Sunday, October 23rd, 2022.</p> <p>Tk20 and D2L KPI 2.3f, 2.5j, 2.7e, 5C.1b, and 5C.3b.</p>	<ul style="list-style-type: none"> <li>• Counseling Competencies</li> <li>• <b>Clinical Assessment Assignment Appendix E to D2L and Tk20</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Case Clinical Assessment Assignment Appendix E to D2L and Tk20</b></li> </ul>
<p>10. Week of Monday, October 24, 2022 – Sunday, October 30, 2022</p> <p>Discussion Board Post and Reply due Sunday, October 30<sup>th</sup>, 2022.</p>	<ul style="list-style-type: none"> <li>• Counseling Philosophy</li> <li>• Evidence-based theory and techniques</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p>11. Week of Monday. October 31, 2022 – Sunday, November 6, 2022</p> <p>Discussion Board Post and Reply due Sunday, November 6<sup>th</sup>, 2022.</p>	<ul style="list-style-type: none"> <li>• Leadership Style</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p>12. Week of Monday. November 7, 2022 – Sunday, November 13, 2022</p> <p>Discussion Board Post and Reply due Sunday, November 13<sup>th</sup>, 2022.</p>	<ul style="list-style-type: none"> <li>• Paperwork</li> <li>• Records</li> <li>• Third-Party</li> <li>• Future in LPC</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>

Class Dates	Class Topics	Assignments/Reading
<p>13. Week of Monday. November 14, 2022 – Sunday, November 20, 2022 Tk20 and D2L</p> <p><b>KPI: 2.1k, 2.5g, 2.5j, 5C.1b, and 5C.3b.</b></p> <p>Discussion Board Post and Reply and Assignment Due Sunday, November 20<sup>th</sup>, 2022.</p>	<ul style="list-style-type: none"> <li>• Reflection on Counseling Sessions</li> <li>• <b>Session Video and Skills Evaluation Form Appendix D to D2L and Tk20</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Session Video and Skills Evaluation Form Appendix D to D2L and Tk20</b></li> </ul>
<p>14. Week of Monday. November 21, 2022 – Sunday, November 27, 2022</p> <p>Thanksgiving Week!</p> <p>Discussion Board Post and Reply due Sunday, November 27<sup>th</sup>, 2022</p>	<ul style="list-style-type: none"> <li>• Review</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p>15. Week of Monday, November 28, 2022 – Sunday, December 4, 2022</p> <p>Discussion Board Post and Reply and Assignment Due Sunday, December 4<sup>th</sup>, 2022.</p> <p>Tk20 and D2L <b>KPI 2.1i, and 5C.1b.</b></p>	<ul style="list-style-type: none"> <li>• Strengths Building</li> <li>• <b>Do Reflection Paper and Evaluation Appendix G on Tk20 and D2L</b></li> <li>• <b>Have Site Supervisor complete their final evaluation on you on Tk20</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Have Site Supervisor complete their final evaluation on you on Tk20</b></li> <li>• <b>Turn in Reflection Paper and Evaluation Appendix G to D2L and Tk20</b></li> </ul>
<p>16. Week of Monday, December 5, 2022 – Friday, December 9, 2022</p> <p>Assignment Due Sunday, December 9<sup>th</sup>, 2022.</p> <p>Tk20 Logs and D2L Hours Document</p> <p><b>2.3f, 2.5j, 2.7e, 3B, 3J, 3K, 3L, 3M, 5C.1b, and 5C.3b.</b></p>	<ul style="list-style-type: none"> <li>• Looking forward to next semester</li> <li>• <b>Hours and Site Supervisor Final Evaluations Appendix F to D2L and Tk20 logs</b></li> <li>• <b>Finish Student Evals on Supervisors on Tk20</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:00-7:30 pm central</b></li> <li>• <b>Turn in Hours and Site Supervisor Final Evaluations Appendix F to D2L and Tk20 logs</b></li> <li>• <b>Finish Student Evals on Supervisors on Tk20</b></li> </ul>

## VII. EVALUATION AND ASSIGNMENTS

**\*\* ALL WRITTEN ASSIGNMENTS MUST BE SUBMITTED VIA D2L AND ALL WORK MUST BE COMPLETED USING THE LATEST APA EDITION STYLE.**

**Discussion Board, and University Supervision: (15 pts.)** Students are required to answer questions or complete assignments regularly related to the weekly reading. Every week students will be required to answer questions about the reading or be asked to reflect on a particular topic for that week. Students may also be required to engage in short creative projects instead of questions about the readings. If there is a discussion, students are required to participate and comment on at least one other person's thread. **The assignments and weekly comments are due by Sunday at 11:59 pm at the end of the week aside from the last week.** Follow directions to get full points each week. Late work will not be accepted. Zoom Class Supervision Meetings are non-negotiable as they are a CACREP requirement for practicum and internship courses. These video group meetings will be 90 minutes in length. **If you miss a meeting with your university group supervision or your site supervisor, you cannot count the hours for that week. (See Appendix A for Rubric).** **2.1b, 2.1c, 2.1j, 2.1k, 2.1m, 2.3f, 2.5c, 2.5d, 2.5e, 2.5f, 2.5g, 2.5h, 2.5i, 2.5j, 2.5k, 2.5l, 2.5m, 2.5n, 2.6b, 2.6c, 2.6d, 2.6e, 2.7d, 2.7e, 5C.1b, 5C.1c, 5C.2a, 5C.2b, 5C.2c, 5C.2d, 5C.2i, 5C.2l, 5C.2m, 5C.3a, 5C.3b, 5C.3c, 5C.3d, and 5C.3e.**

**Informed Consent, Resource Assignment, and Crisis: (5 pts.)** Students will create an informed consent that has everything necessary for a working informed consent form. Students must create two forms, one for adults, and one for minors. Students may seek out examples to create their informed consent but must list all necessary information that is supposed to be within the document not limited to explanation of the nature and purpose of assessment, fees, involvement of third parties, limits of confidentiality, risks, benefits, roles of parties involved, as well as space for signatures to be acquired. Students will create a document for resources local to them and their clients to utilize throughout practicum and insurance. Examples of resources: local mental health resources (private practice and agency), Crisis services, doctor's offices, lawyers, job seeking resources, benefit offices (Social Security, DMV, SNAP Benefits, Medicaid, Medicare, CPS, etc.) **(See Appendix B for Rubric).** **2.5j, and 5C.3b.**

**Fictional Progress Note and Treatment Planning: (20 pts.)** Students will be expected to create a fictional progress note and treatment plan for a fictional client. This fictional client can take aspects from clients the student is working with during the semester but should not have any identifiable information within the paper. All papers for this class are to be completed in the APA style, and points will be taken off for errors in formatting. No cover sheet or reference page needed for this assignment. Students may use an example template to create their fictional progress note and treatment planning assignment **(See Appendix C).** **2.3f, 2.5j, 5C.2d, and 5C.3b.**

**Session Video and Skills Evaluation Form: (20 pts.)** **Students will turn in their packet with their portion filled out and with signatures to D2L and Tk20.** Students will conduct one 45-minute minimum counseling session with a client for each semester of Practicum and Internship. Students must fill out and sign the clinical video or observation consent form for themselves and their client. This form must be turned in to D2L. Students must fill out the skills evaluation form

on themselves. This is a packet and needs to be turned in as a packet. Please fill out digitally aside from the signature. The instructor will provide feedback to the student using the Session Video and Skills Evaluation Form and the grading rubric. Students must schedule a pre-observation and post-observation meeting with their teaching professor before and after their recorded/observed counseling session. Any skills strengths and deficits will be addressed in individual supervision following the observed session, in addition to the rating form. If local, students can opt to have their teaching professor come in person to observe, however this must align with teaching professor's schedule. A recorded of video the counseling session is another option, as well as a live telehealth observation. If a video is recorded, it can be emailed to the teaching professor via google drive. Once you have utilized the video to complete your part of the paperwork, please delete the counseling video. Once the teaching professor is done with grading the video, she will delete the counseling video. We ask to see a variety of skills during clinical semesters, for example, if students were observed or recorded doing a group in one semester, the teaching professor may ask to see an individual session instead of another group. **This assignment will be uploaded to Tk20 and D2L (See Appendix D for Rubric). KPI: 2.1k, 2.5g, 2.5j, 5C.1b, and 5C.3b.**

**Clinical Assessment Assignment: (20 pts.)** Students will be expected to create a case conceptualization on a client that the student has worked with throughout the semester. No identifiable information should be shared within this paper. Students are encouraged to create a fake pseudonym for this client and leave out any factual identifiers. The purpose of this assignment is to demonstrate knowledge for conceptualizing a client through diagnosing, treatment planning, and progress noting. Students will utilize an example case conceptualization to use as their template for their assignment. The paper is to be no less than 15 pages in length, a cover page and reference page are required, along with a Header at the top of each page. Footers are not required. All papers for this class are to be completed in the APA style, and points will be taken off for errors in formatting. Please use appropriate APA headings. **This assignment will be uploaded to Tk20 and D2L (See Appendix E). KPI 2.3f, 2.5j, 2.7e, 5C.1b, and 5C.3b.**

**Completion of 100 Hours and Satisfactory Site Supervisor Evaluations (10 pts.):** Students are required to complete 100 hours of practicum. 40 hours must be direct service hours, and 60 hours must be indirect. Satisfactory performance at the site is required for the entirety of the semester. A failure to perform satisfactorily throughout the semester, as reflected in the Midterm Evaluation, and Site Supervisor Evaluation, will result in a PICS, and a possible failure of the class. Client welfare is extremely important, so any interpersonal, professional, or skill related issues will be addressed. If they cannot be remediated, the student will be asked to retake the class, or may be remediated in an alternative format. Use the logs and cover sheets provided in the practicum manual. Students will receive weekly supervision on-site, and an average of 1.5 hours of group supervision in class. Logs will be turned in at the end of each semester. Please note that students cannot graduate until all hours have been earned, documented, and approved. Failure to complete the required hours will result in having to retake the course. Mid Term and Final evaluations are also required. These evaluations will be completed by your site supervisor at midterm and the end of the semester. Students are responsible for making sure evaluations are turned in on time. The instructor will consult with the site supervisor(s) on a consistent basis, to include the counseling student in the consultation whenever possible. Also taken into consideration is the student's conduct at his/her site(s) (i.e., absences, tardiness, professional

demeanor and dress, ability, and willingness to receive criticism and feedback) (See Appendix F). **2.3f. 2.5j. 2.7e. 3B, 3J, 3K, 3L, 3M, 5C.1b, and 5C.3b.**

**Reflection Paper and Evaluation (10 pts.):** Students will turn in their reflection paper and self-evaluation to D2L and Tk20. Students will use the template within D2L to reflect on their semester. Students will introduce the assignment, discuss the counseling relationship, explore personal reactions, discuss rational, highlight ethics, legality, and crisis issues, reflect on their counseling session, explore multicultural and diversity issues, reflect on counseling skills, develop a professional development plan, and provide a summary of their semester. **This assignment will be uploaded to Tk20 and D2L (See Appendix G). KPI 2.1i, and 5C.1b.**

1. Online Assignments and Comments <b>D2L</b>	15
2. Informed Consent, Resource Assignment and Crisis <b>D2L</b>	5
3. Fictional Progress Note and Treatment Plan <b>D2L</b>	20
4. Session Video and Skills Evaluation <b>D2L and Tk20</b>	20
5. Clinical Assessment Assignment <b>D2L Tk20</b>	20
6. Completion of 100 Hours and Satisfactory Site Supervisor Evaluations <b>D2L</b>	10
7. Reflection Paper and Evaluation <b>D2L and Tk20</b>	10

---

Total Points 100

**Grade Classifications:**

- A = 90-100
- B = 80-89
- C = 70-79
- D = 60-69
- F = 59 or Below

**VIII. DEPARTMENT OF COUNSELING STATEMENT OF EXPECTATIONS**

The counselor education program is charged with the dual task of nurturing the development of counselors-in-training and ensuring quality client care. In order to fulfill these dual responsibilities, faculty must evaluate students based on their academic, professional, and personal qualities. A student's progress in the program may be interrupted for failure to comply with academic standards or if a student's interpersonal or emotional status interferes with training-related requirements. For example, in order to ensure proper training and client care, a counselor-in-training must abide by relevant ethical codes and demonstrate professional knowledge, technical and interpersonal skills, professional attitudes, and professional character. These factors are evaluated based on one's academic performance and one's ability to convey warmth, genuineness, respect, and empathy in interactions with clients, classmates, staff, and faculty. Students should demonstrate the ability to accept and integrate feedback, be aware of their impact on others, accept personal responsibility, and be able to express feelings effectively and appropriately. For further clarification on review and retention refer to the handbook.

**Classroom Behaviors:** Department of Counseling students are expected to demonstrate appropriate classroom behavior, consistent with their counselor-in-training roles. Counselors-in-training are expected to convey attentiveness and respect in all professional and classroom settings. Specifically, these include:

- Avoiding tardiness and late arrival to class.
- Being attentive and participative in class and online.
- Not using cell phones and text messaging during class.
- Not surfing the web, emailing, tweeting, or using instant messaging (IM) during class.
- Minimizing eating and disruptive snacking during class.
- Avoiding personal conversations with students during class, which are disruptive to fellow students and the learning environment.

## **IX. STUDENT ETHICS AND OTHER POLICY INFORMATION**

**Ethics:** For further information about Midwestern State University's policies regarding student ethics and conduct, please contact 940-397-4135 (Student Support Services).

**Special Notice:** Students whose names do not appear on the class list will not be permitted to participate (take exams or receive credit) without first showing proof of registration (Schedule of Classes and Statement of Account).

**Campus Carry:** Senate Bill 11 passed by the 84th Texas Legislature allows licensed handgun holders to carry concealed handguns on campus, effective August 1, 2016. Areas excluded from concealed carry are appropriately marked, in accordance with state law. For more information regarding campus carry, please refer to the University's webpage at: [Campus Carry](#). As this is an online class, this policy should not apply, but please familiarize yourself with this and other campus policies. **Please note, open carry of handguns, whether licensed or not, and the carrying of all other firearms, whether open or concealed, are prohibited on campus.**

**Limited Right to Intellectual Property:** By enrolling in this course, the student expressly grants MSU a "limited right" in all intellectual property created by the student for the purpose of this course. The "limited right" shall include but shall not be limited to the right to reproduce the student's work product in order to verify originality and authenticity, and for educational purposes.

**Midwestern State University Mission Statement:** MSU is a leading public liberal arts university committed to providing students with rigorous undergraduate and graduate education in the liberal arts and the professions. Through an emphasis upon teaching, augmented by the opportunity for students to engage in research and creative activities alongside faculty and to participate in co-curricular and service programs, Midwestern State prepares its graduates to embark upon their careers or pursue advanced study. The university's undergraduate education is based upon a comprehensive arts and sciences core curriculum. The understanding that students gain of themselves, others, and the social and natural world prepares them to contribute constructively to society through their work and through their private lives.

### Midwestern State University Values:

8. Excellence in teaching, learning, scholarship, and artistic production
9. Intellectual curiosity and integrity
10. Critical thinking
11. Emotional and physical well-being
12. Mutual respect, civility, and cooperation
13. Social justice
14. Civic service
15. Stewardship of the environment, and of financial and human resources
16. A safe, attractive, and well-designed campus

### Midwestern State University Counseling Program Objectives:

- Reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society
- Reflect input from all persons involved in the conduct of the program, including counselor education program faculty, current and former students, and personnel in cooperating agencies
- Address student learning
- Written so they can be evaluated

**Please refer to your Clinical Mental Health student handbook, and or your practicum and internship manual located within the D2L shell for review.**

**Desire-to-Learn (D2L):** Extensive use of the MSU D2L program is a part of this course. Each student is expected to be familiar with this program as it provides a primary source of communication regarding assignments, examination materials, and general course information. You can log into [D2L](#) through the MSU Homepage. If you experience difficulties, please contact the technicians listed for the program or contact your instructor.

### Important Dates:

Last day for term schedule check date on [Academic Calendar](#).

Deadline to file for graduation check date on [Academic Calendar](#).

Last Day to drop with a grade of “W” check date on [Academic Calendar](#). Refer to: [Drops, Withdrawals & Void](#)

**Online Computer Requirements:** Taking an online class requires you to have access to a computer (with Internet access) to complete and upload your assignments. It is your responsibility to have (or have access to) a working computer in this class. ***Assignments and tests are due by the due date, and personal computer technical difficulties will not be considered reason for the instructor to allow students extra time to submit assignments, tests, or discussion postings.*** Computers are available on campus in various areas of the buildings as well as the Academic Success Center. **Your computer being down is not an excuse for missing a deadline!!** There are many places to access your class! Our online classes can be accessed from any computer in the world that is connected to the internet. Contact your instructor immediately upon having computer trouble. If you have technical difficulties in the course, there is also a student helpdesk available to you. The college cannot work directly on student computers due to both liability and resource limitations however they are able to help you get connected to our online services. For help, log into [D2L](#).

**Change of Schedule:** A student dropping a course (but not withdrawing from the University) within the first 12 class days of a regular semester or the first four class days of a summer semester is eligible for a 100% refund of applicable tuition and fees. Dates are published in the [Schedule of Classes](#) each semester.

**Refund and Repayment Policy:** A student who withdraws or is administratively withdrawn from Midwestern State University (MSU) may be eligible to receive a refund for all or a portion of the tuition, fees and room/board charges that were paid to MSU for the semester. However, if the student received financial aid (federal/state/institutional grants, loans and/or scholarships), all or a portion of the refund may be returned to the financial aid programs. As described below, two formulas (federal and state) exist in determining the amount of the refund. (Examples of each refund calculation will be made available upon request).

**Smoking/Tobacco Policy:** College policy prohibits the use of tobacco products in any building on campus. Adult students may smoke only in the outside designated-smoking areas at each location.

**Alcohol and Drug Policy:** To comply with the Drug Free Schools and Communities Act of 1989 and subsequent amendments, students and employees of Midwestern State are informed that strictly enforced policies are in place which prohibits the unlawful possession, use or distribution of any illicit drugs, including alcohol, on university property or as part of any university-sponsored activity. Students and employees are also subject to all applicable legal sanctions under local, state, and federal law for any offenses involving illicit drugs on university property or at university-sponsored activities.

**Grade Appeal Process:** Update as needed. Students who wish to appeal a grade should consult the Midwestern State University [MSU Catalog](#)

**Notice:** Changes in the course syllabus, procedure, assignments, and schedule may be made at the discretion of the instructor.



## X. RESOURCES

American Counseling Association. (2014). *2014 ACA Code of Ethics*. Retrieved from <https://www.counseling.org/resources/aca-code-of-ethics.pdf>

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Author.

American Psychological Association. (2020). *2020 APA Publication Manual*. Retrieved from <https://apastyle.apa.org/products/publication-manual-7th-edition-spiral>

Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016 CACREP Standards*. Retrieved from <https://www.cacrep.org/for-programs/2016-cacrep-standards/>

United States National Library of Medicine, & National Institutes of Health. (n.d.). *National Center for Biotechnology Information*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/>

**XI. APPENDENCIES**

**Appendix A**

**Discussion Board and Class Supervision (10 pts.)**

**CACREP Standards Addressed:**

2.1b, 2.1c, 2.1j, 2.1k, 2.1m, 2.3f, 2.5c, 2.5d, 2.5e, 2.5f, 2.5g, 2.5h, 2.5i, 2.5j, 2.5k, 2.5l, 2.5m, 2.5n, 2.6b, 2.6c, 2.6d, 2.6e, 2.7d, 2.7e, 5C.1b, 5C.1c, 5C.2a, 5C.2b, 5C.2c, 5C.2d, 5C.2i, 5C.2l, 5C.2m, 5C.3a, 5C.3b, 5C.3c, 5C.3d, and 5C.3e.

**Students will receive participation points each week that goes into their final grade.**

**Rubric of Discussion Board and Class Supervision (Possible 15 Pts.)**

<i>Points Earned</i>	<i>Week</i>	<i>Comments</i>
_____	Week 1 (1 pt.)	
_____	Week 2 (1 pt.)	
_____	Week 3 (1 pt.)	
_____	Week 4 (1 pt.)	
_____	Week 5 (1 pt.)	
_____	Week 6 (1 pt.)	
_____	Week 7 (1 pt.)	
_____	Week 8 (1 pt.)	
_____	Week 9 (1 pt.)	
_____	Week 10 (1 pt.)	
_____	Week 11 (1 pt.)	
_____	Week 12 (1 pt.)	
_____	Week 13 (1 pt.)	
_____	Week 14 (1 pt.)	
_____	Week 15 (1 pt.)	

**Total Points Earned** \_\_\_\_\_ / 15 points

**Appendix B**

**Informed Consent, Resource Assignment, and Crisis (5 pts.)**

**Use template on D2L**

**CACREP Standards Addressed:**

**2.5j, and 5C.3b.**

**Rubric of Informed Consent and Resource Assignment, and Crisis (Possible 5 Pts.)**

<b>Criterion</b>	<b>.25 Improvement Needed</b>	<b>.5 Developing</b>	<b>.75 Proficient</b>	<b>1 Accomplished</b>	<b>Points</b>
Informed Consent	Student did not address the informed consent.	Student partially addressed the informed consent.	Student addressed the informed consent.	Student exceptionally addressed the informed consent.	
Nature, Purpose of Service Provided, and Parties Involved (counselor and client)	Student did not address the nature, purpose of service provided, or parties involved.	Student partially addressed the nature, purpose of service provided, or parties involved.	Student addressed the nature, purpose of service provided, or parties involved.	Student exceptionally addressed the nature, purpose of service provided, or parties involved.	
Third Party and Confidentiality	Student did not address third party and confidentiality.	Student partially addressed third party and confidentiality.	Student addressed third party and confidentiality.	Student exceptionally addressed third party and confidentiality.	
Risks, Benefits, and Signatures	Student did not address risk, benefits, and signatures.	Student partially addressed risk, benefits, and signatures.	Student addressed risk, benefits, and signatures.	Student exceptionally addressed risk, benefits, and signatures.	
Resource Document	Student did not address the resource document.	Student partially addressed the resource document.	Student addressed the resource document.	Student exceptionally addressed the resource document.	
<b>Total Points Awarded</b>			<b>Out of</b>	<b>5</b>	

**Appendix C**

**Fictional Progress Note and Treatment Plan Assignment (20 pts.)**

**Use template on D2L.**

**CACREP Standards Addressed:**

**2.3f, 2.5j, 5C.2d, and 5C.3b.**

**Fictional Progress Note and Treatment Planning Assignment Rubric (Possible 20 Pts.)**

<b>Assignment Component</b>	<b>Beginning 1</b>	<b>Basic 2</b>	<b>Proficient 3</b>	<b>Advanced 4</b>	<b>Exceptional 5</b>	<b>Pts</b>
Identify the <b>Fictional Client</b>	Little understanding of the Client	Some understanding of the Client	Basic understanding of the Client	Good understanding of the Client	In-depth understanding of the Client	
Possible Diagnoses	Identifies one possible diagnosis with no explanation	Identifies one possible diagnosis with brief explanation	Identifies at least two possible diagnoses with some explanation for each	Identifies at least three possible diagnoses with explanation for each	Identifies at least three possible diagnoses with in depth explanations for each with exerts from DSM V to back up possible diagnoses.	
Create SOAP note for <b>fictional client</b>	Unable to identify all areas of a SOAP note	Identifies all areas of a SOAP note however information listed is brief	Identifies all areas of a SOAP note, brief explanation, however note does not make sense	Identifies all areas of a SOAP note, explanation is thorough, SOAP note makes sense	Identifies all areas of a SOAP note, explanation is thorough, SOAP note makes sense, explanations from DSM V or other resources included.	
Example of Treatment Plan for the <b>fictional client</b>	Unable to create a cohesive treatment plan	Creates a brief treatment plan with no additional explanations	Creates a treatment plan with minimal explanation	Creates a treatment plan with thorough explanation	Creates a treatment plan, thorough explanation, utilizes DSM V and other resources	
<b>Total Points out of 20</b>						

**See Examples Below**

## SOAP Note Example

**Date and Time:** 6/2/22 14:30

**Client:** John Doe is a pleasant, 14-year-old, Caucasian, male.

**Who Referred:** Mother

**Source and Reliability:** Self and mother, both reliable sources.

### S (Subjective):

- **Chief complaint:** “Medication change for depression.”
- **History of Present Illness (HPI):** Client states that he has not been feeling the same over the past few weeks. He has no desire to complete daily activities and does not want to get up out of bed. Client states that he is always tired. He cannot think of any life changes that occurred prior to this change in behavior. Nothing increases his energy levels or makes him feel better. The patient complains of no pain. His mother believes that he needs to have his medication switched to Celexa because that is what she takes for her depression.
- **Allergies:** Sulfa Drugs
- **Current Medication:** Effexor 50mg BID.
- **Childhood Illnesses – Medical & Surgical:** Broken right tibia as a child.
- **Psychiatric Diagnosis:** Depression
- **Health Maintenance:** Does yearly checkups with primary care provider.
- **Immunizations:** Immunizations up to date.
- **Family History:** Mother – Depression. Father – Heart disease. Only child.
- **Social History:** Patient lives with his mother and his aunt and uncle. The patient’s father does not live with the patient or have much communication with him. They share one car between the four of them. The patient does not drink alcohol or use drugs.
- **Exercise & Diet:** Used to play sports but has lost interest over past year. Client eats a lot of junk food that has high sugar and carbs.
- **Safety Measures:** Wears seat belt. No guns in the household.
- **Review of Symptoms (ROS):** Denies headache, weight gain or loss sleep disturbances, guilt, change in memory, change in speech, no delirium, psychomotor retardation, or agitation. Patient complains of fatigue, loss of appetite, interest deficit, concentration deficit, and worthless. Mother reports that the patient has become increasingly short tempered. Patient has not attempted suicide

previously but has a plan to cut his wrists. He states that he has not tried it before because he does not like blood. Patient does not have any homicidal thoughts.

### **O (Objective):**

- **Summary:** John is alert, awake, oriented x 3. Patient is clean and dressed appropriate for age. Flat affect, anxious, depressed, withdrawn, and responses to questions are extremely short. Patient thought processes and content are abnormal with suicidal thoughts and a plan. Patient insight into mental status changes in intact, accepts judgment. Speech and language clear and understandable. No flight of ideas, obsessions, compulsions, delusions, illusions, or hallucinations.

### **A (Assessment):**

- **Problem #1** – Change in mental status.
- **Most Likely Diagnosis #1** – Depression w/ suicidal ideations. This diagnosis was chosen because the patient has multiple risk factors including current suicidal plan, availability of lethal means, and male gender.
- **Problem #2** – Isolating behaviors
- **Most Likely Diagnosis #2** – Adjustment Disorder

### **P (Plan):**

- **Testing/Evaluation:** PHQ -9 Depression Scale
- **Therapy/Treatment:** Immediate referral to the local health department psychiatric department that takes walk in emergencies. Patient and mother agree that they will go tomorrow. Mother agrees that she will remove all knives from the house when they return home. The patient made a verbal contract that he will not harm himself.
- **Education:** Suicide is the 13th leading cause of death worldwide, with about 1 million deaths every year due to self-inflicted violence. In people ages 14-44 years, self-inflicted injury is the fourth leading cause of death and the sixth leading cause of ill health and disability worldwide, making suicide a significant public health concern. Suicide is more common among males, resulting from a constellation of psychological, biologic, genetic, social, and environmental factors. The two most prevalent mental disorders associate with suicide are major depressive disorder and substance abuse. Suicide defined refers to any thoughts or actions associated with an implicit or explicit intent to die. There are five components to suicide: ideation, intent, plan, access to lethal means, and history of past suicide attempts. Effective treatment of the patient's mental disorder plays a key role in suicide prevention.
- **Follow-up:** Patient and mother informed that if symptoms worsened this evening or prior to going to the psychiatrist that they are go to the closest emergency room for treatment. Patient and local health department will be contacted tomorrow by the referral specialist and a nurse to ensure that the patient followed through with the psychiatric consult.

## Treatment Plan Example

Create a treatment plan based on your Case Conceptualization. Create 3-5 goals that are relevant to the diagnosis, with objectives and interventions for each goal. Include the following sections: **Case Study, Diagnosis, Justification, Background/General Info., Goals, Theory, Conclusion.**

### Example #1

George is a 38-year-old male. George was referred by his church pastor to be evaluated by you. George is a college graduate who has been recently laid off due to COVID 19. George is currently married but having some marital issues. George has 4 children ranging from 3-15 years old. George had been toying with the idea of leaving his previous job before getting laid off but now feels distraught with how quickly his life has changed and financial burden. George is feeling incredibly stressed out due to his wife having to be the only one working and he has taken the role of primary care giver to the children. George has stated that he really struggled with teaching his children while they were at home after schools were closed. George has stated that he has been struggling with not feeling motivated, stressed out, and depressed for the last 6 months but has gotten significantly worse over the last 3 months since getting laid off and COVID 19.

George states that he is not taking any medications. George denies any drug usage but admits to drinking a beer every now and then. George does admit that he was a previous tobacco user but had quit but has found himself using again over the last 3 months. George denies any psychosis, or abuse history. George admits that he has had thoughts of why is he here but denies any suicidal plans or attempts. George states that he feels discouraged and like a burden to his friends and family. George states that he wants to remain married but is afraid that he is losing her.

**Diagnosis:** Major Depressive Disorder Single Episode Unspecified (Unspecified until PHQ 9 can be done to determine the degree of the depression. (ICD 10 F32.9, DSM 5 296.2)

**Justification:** George has been experiencing symptoms for the last 6 months, but they have gotten worse over the last 3 months. Since George has been experiencing symptoms less than a year it is single episode and not recurrent.

**Background/General Information:** Use the above information obtained from the case conceptualization to create a background summary.

**Goals/Objectives/Interventions:** Get creative on goals, utilize online treatment planners or books that you have. Please create at least 3 goals. For each goal create at least 1 objective and 1 intervention.

**Examples of Goals:**

1. George will learn 2 positive coping skills to assist him in learning how to verbalize and process his thoughts, feelings, and emotions.
2. George will learn 2 positive coping skills to assist him in managing his symptoms of depression.
3. George will learn 2 positive coping skills to assist him in dealing with life stressors in a healthy way.
4. Help George build up confidence and self-esteem to talk to his wife about their marital problems.
5. Help George grieve the loss of his job and independence that his job presented him.
6. Help George increase resilience and coping skills to deal with issues in the future.

**Examples of Objectives:**

7. George will attend 90% of scheduled appointments with counselor in order to reduce his symptoms of depression.
8. George will identify 5 things in his life that he enjoys doing. Counselor will encourage George to participate in one of those activities at least once a day.
9. George will become aware of his isolating behaviors in the home and will begin taking steps to reach out to his support system (friends, family, etc.).
10. George will practice positive self-talk daily to assist in shifting his mindset from negative to positive.
11. George will build rapport with Counselor to be able to examine behaviors and attitudes that need to be addressed within sessions.
12. George will verbalize and resolve feelings of anger focused on himself and his wife and will explore feelings about purpose and meaning related to his life.

**Examples of Interventions:**

13. Engage in assessment activities aimed at exploration of self-esteem, such as strengths and weaknesses chart.
14. Compare and contrast self-view with how others see George and examine discrepancies.
15. Allow room for processing feelings of anger in therapy, engage in a ritual for letting go.
16. Practice taking full responsibility through words or letter writing, write a letter (not to be sent) expressing ways in which George feels wronged.
17. Provide a list of self-care strategies and give homework related to three specific care strategies per week.
18. George will process in counseling her homework assignments.

**Example Continued Below**



**Theory:**

As the Counselor I will use an existential approach to counseling. This means that I will focus on aspects of George's life such as freedom, death, connection vs. isolation, and meaning and purpose. We will focus on personal responsibility and authenticity, and how these concepts apply to George's job loss. We will explore some of life's bigger questions, and how George might ask himself these questions in search of a fulfilling life.

George can be asked about his life's purpose, and together we can examine self-defeating behaviors and beliefs that might hinder his ability to accomplish his goals. We will explore George's meaning and purpose in life with a focus on personal responsibility, particularly as it relates to the "freedom vs. responsibility" aspect of his life.

Techniques I might use include the empty chair technique to process feelings of loss, and deep desires for life, processing fears related to death, and an examination of how he is living in relation to his meaning and purpose in life (Corsini & Wedding, 2008). We can also use the "Me vs. Others" exercise, in which we will examine George's wants vs. the expectations of society, family, and George's deeply ingrained ways of behaving; to help George explore what he wants, versus what others want. Thought stopping techniques (Cognitive Behavioral Therapy), mindfulness exercises, and an examination of negative self-talk (CBT), may be employed (Corsini & Wedding, 2008).

**Conclusion:**

Together, George and I will build a trusting, egalitarian and honest relationship with one another. Through the existential theoretical therapeutic relationship, we will work on the above goals. The goal of therapy being to help George regain self-esteem in the midst of his loss, regain the ability to cope on a variety of levels, including effectively seeking employment, and strengthening coping skills to increase resilience.

**Appendix D**

**Session Video and Skills Evaluation Form: (20 pts.)**

**Turn in to Tk 20 and D2L.**

**CACREP Standards to be addressed include:**

**KPI: 2.1k, 2.5g, 2.5j, 5C.1b, and 5C.3b.**

**Session Video and Skills Evaluation Form  
 (Form for the Professor)**

	<b>Counseling Skills</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
1	Positive Regard/Genuine /Empathy		
2	Minimal Encouragers/Accents		
3	Eye Contact/Body Posture/Listening		
4	Active Listening		
5	Silence		
6	Restatements		
7	Verbal Following		
8	Validation		
9	Reflection of Feeling		
10	Reflection of Content		
11	Closed Questions		
12	Open-ended Questions		
13	Sharing-Feedback/Here-and-Now		
14	Requests for Clarification		
15	Paraphrase		

16	Summarization		
17	Acknowledge Nonverbal Bx		
18	Selective Attention		
19	Culturally Appropriate Behavior		
20	Pacing		
21	Considering Alternatives		
22	Observing Themes/Patterns		
	<b>Theory</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
23	Assessment Using Theory		
24	Use of Techniques w/ Theory		
25	Managing Session Using Theory		
	<b>Inappropriate Items</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
26	Sympathy/Reassuring		
27	Advising		
28	Judging		
29	Educating/Teaching		
30	Going for the Solution		
31	Interrogating		
33	Lengthy Descriptive Statements		
34	“Why” questions		
35	Too many “How does that make you feel?”		
36	Shifting Topics		
37	Third Person Counseling - Someone not in session		
38	Not giving yourself time to think		
39	Getting ahead of client		
40	Poor balance of reflections/ questions/ restatements		

## Session Video and Skills Evaluation Form

**(Form for the Student)**

Please self-evaluate yourself as to how you did during your counseling session.

<i>Counseling Skills</i>	<b>Comments</b>
<i>Positive Regard/Genuine /Empathy</i>	
<i>Minimal Encouragers/Accents</i>	
<i>Eye Contact/Body Posture/Listening</i>	
<i>Active Listening</i>	
<i>Silence</i>	
<i>Restatements</i>	
<i>Verbal Following</i>	
<i>Validation</i>	
<i>Reflection of Feeling</i>	
<i>Reflection of Content</i>	
<i>Closed Questions</i>	
<i>Open-ended Questions</i>	
<i>Sharing-Feedback/Here-and-Now</i>	
<i>Requests for Clarification</i>	
<i>Paraphrase</i>	
<i>Summarization</i>	
<i>Acknowledge Nonverbal Body language</i>	
<i>Selective Attention</i>	
<i>Culturally Appropriate Behavior</i>	
<i>Pacing</i>	
<i>Considering Alternatives</i>	

<i>Observing Themes/Patterns</i>	
<b>Theory</b>	<b>Comments</b>
<i>Assessment Using Theory</i>	
<i>Use of Techniques w/ Theory</i>	
<i>Managing Session Using Theory</i>	
<b>Inappropriate Items</b>	<b>Comments</b>
<i>Sympathy/Reassuring</i>	
<i>Advising</i>	
<i>Judging</i>	
<i>Educating/Teaching</i>	
<i>Going for the Solution</i>	
<i>Interrogating</i>	
<i>Lengthy Descriptive Statements</i>	
<i>“Why” questions</i>	
<i>Too many “How does that make you feel?”</i>	
<i>Shifting Topics</i>	
<i>Third Person Counseling - Someone not in session</i>	
<i>Not giving yourself time to think</i>	
<i>Getting ahead of client</i>	
<i>Poor balance of reflections/ questions/ restatements</i>	
<b>Supervision</b>	<b>Comments</b>
<i>Open, positive discussion</i>	
<i>Emotionality in supervision</i>	
<i>Receptivity to feedback</i>	
<i>Participation in supervision (bring content)</i>	
<i>Submission of all materials</i>	
<i>Adherence to procedures</i>	
<i>Fulfillment of supervision tasks</i>	

**Grading Rubric for Session Video (Possible 20 Pts.)**  
**(Form for the Professor)**

<b>Skill</b>	<b>0</b>	<b>1</b>	<b>Pts</b>
Goes over informed consent			
Establishes rapport with the client			
Explores problem(s)			
Attends to basic needs of the client			
Congruent verbal and nonverbal behavior			
Uses active listening			
Uses closed-ended questions			
Uses open-ended questions			
Is able to summarize what the client is saying			
Introduces reframing skills			
Has empathic attunement			
Has positive body language and posture			
Confronts the client when needed			
Uses self-disclosure appropriately			
Times using interventions appropriately			
Shows counselor confidence			
Shows multicultural understanding			
Adheres to ethical and legal standards			
Summarizes session before wrapping up			
Maintains professionalism throughout session			
<b>Total points out of 20</b>			

**Appendix E**

**Clinical Assessment Assignment (20 pts.)**

**Use template on D2L**

**CACREP Standards Addressed:**

**KPI 2.3f, 2.5j, 2.7e, 5C.1b, and 5C.3b.**

**Turn into D2L and Tk20**

**Rubric of Clinical Assessment Assignment (Possible 20 Pts.) See detailed examples below Rubric**

<b>Assignment Component</b>	<b>Beginning 1</b>	<b>Basic 2</b>	<b>Proficient 3</b>	<b>Advanced 4</b>	<b>Exceptional 5</b>	<b>Score</b>
<b>Client History KPI 3.f.</b>	- Content is incomplete; there is minimal information on the background of the client. - Biographical information is non-existent or very unclear.	- Biographical information is included, however lacks breadth and depth. - Few categories are discussed or incorporated.	- Biographical information is clearly stated and accurate. - There is some diversity in the areas of the client's life that are discussed.	- All relevant biographical information is clearly stated and accurate. - Biographical information discusses a wide range of areas of the client's life including developmental stage, family, education, social support, financial status, and anything else that seems pertinent to that client's life history.	- All relevant biographical information is clearly stated and accurate. - Biographical information discusses a wide range of areas of the client's life including developmental stage, family, education, social support, financial status, and anything else that seems pertinent to that client's life history. <b>Well written and thorough</b>	
<b>Client Mental Health Issues KPI 7.e.</b>	-Considerable difficulty identifying clinically significant mental health	-Omits clinically significant mental health issues and/or identifies issues as clinically significant that are	-Omits minimal clinically significant mental health issues and/or identifies minimal issues as clinically significant	- Accurately identifies clinically significant mental health issues for this client. - All symptoms the	- Accurately identifies clinically significant mental health issues for this	

	<p>issues and/or cannot discern what is significant and what is not.</p> <ul style="list-style-type: none"> <li>- Very few or no symptoms are included</li> </ul>	<p>not.</p> <ul style="list-style-type: none"> <li>- Some symptoms are included.</li> </ul>	<p>that are not.</p> <ul style="list-style-type: none"> <li>- The symptoms the client is experiencing are stated.</li> </ul>	<p>client is experiencing are stated and clearly explained.</p>	<p>client.</p> <ul style="list-style-type: none"> <li>- All symptoms the client is experiencing are stated and clearly explained.</li> </ul> <p><b>Well written and thorough</b></p>	
<p>Conceptualization and Intervention <b>KPI 9.3.b. and 5.j.</b></p>	<ul style="list-style-type: none"> <li>- The student does not display an understanding of the relationship between presenting problems, psychosocial history, and vocational history. Intervention and prevention strategies not addressed.</li> </ul>	<ul style="list-style-type: none"> <li>- Ideas are present, but not well supported in relation to psychosocial history, vocational history, intervention, and prevention.</li> </ul>	<ul style="list-style-type: none"> <li>- Current status and presenting problems are organized in relation to psychosocial history and vocational history. Intervention or prevention strategies briefly addressed but not both.</li> </ul>	<ul style="list-style-type: none"> <li>- Assessment and understanding of client in terms of current status and presenting problems are organized meaningfully in relation to psychosocial history and vocational history. Intervention and prevention strategies briefly addressed.</li> </ul>	<ul style="list-style-type: none"> <li>- Assessment and understanding of client in terms of current status and presenting problems are organized meaningfully in relation to psychosocial history and vocational history. Intervention and prevention strategies addressed for mental health issues for client.</li> </ul> <p><b>Well written and thorough</b></p>	
<p>Treatment Planning and Recommendation <b>KPI 9.1.b.</b></p>	<p>Long-term goals and short-term objectives are not measurable and/or relevant to the identified problems. Interventions used are not relevant to the short-term objectives, and treatment recommendations within the continuum of care are not appropriate to the severity of client's symptoms.</p>	<p>Some long-term goals and short-term objectives are measurable and relevant to the identified problems. Some interventions used are relevant to the short-term objectives, and treatment recommendations within the continuum of care are somewhat appropriate to the severity of client's symptoms.</p>	<p>Most long-term goals and short-term objectives are measurable and relevant to the identified problems. Most interventions used are relevant to the short-term objectives, and treatment recommendations within the continuum of care are mostly appropriate to the severity of client's symptoms.</p>	<p>Includes measurable long-term goals and short-term objectives relevant to the identified problems. Includes interventions used that are relevant to the short-term objectives, and treatment recommendations within the continuum of care that are appropriate to the severity of client's symptoms.</p>	<p>Includes measurable long-term goals and short-term objectives relevant to the identified problems. Includes interventions used that are relevant to the short-term objectives, and treatment recommendations within the continuum of care that are appropriate to the severity of client's symptoms.</p> <p><b>Well written and thorough</b></p>	



## **Information Needed within a Counseling Case Conceptualization**

### **Introduction to Client & Significant Others**

- Age
- Ethnicity/Language:
- Occupation/Grade in School:
- Relational/Family Status:
- Gender Identity:

### **Presenting Concern(s)**

- Client Description of Problem(s):
- Significant Other/Family Description(s) of Problems:
- Broader System Problem Descriptions: Description of problem from referring party, teachers, relatives, legal system, etc.:

### **Baseline of Symptomatic Behavior**

- Symptom #1 (behavioral description):
  - Frequency:
  - Duration:
  - Context(s):
  - Events Before:
  - Events After:
- Symptom #2 (behavioral description):
  - Frequency:
  - Duration:
  - Context(s):
  - Events Before:
  - Events After:

### **Background Information**

- Trauma/Abuse History (recent and past)
- Substance Use/Abuse (current and past; self, family of origin, significant others)
- Precipitating Events (recent life changes, first symptoms, stressors, etc.)
- Related Historical Background (family history, related issues, previous counseling, medical/mental health history, etc.)

### **Environmental Factors**

- Elements in the environment which function as *stressors* to the client.

- Elements in the environment which function as *support* for the client; friends, family, living accommodations, recreational activities etc.

### **Personality Dynamics**

- **Cognitive Factors:** This section will include any data relevant to thinking and mental processes such as:
  - intelligence
  - mental alertness
  - nature and content of fantasy life
  - level of insight – client’s “psychological mindedness” or ability to be aware and observant of changes in feeling state and behavior and client’s ability to place his/her behavior in some interpretive scheme and to consider hypotheses about his/her own and others’ behavior.
  - capacity for judgment. Client’s ability to make decisions and carry out the practical affairs of daily living.
- **Emotional Factors**
  - typical or most common emotional states
  - mood during interview
  - appropriateness of affect
  - range of emotions the client has the capacity to display
  - cyclical aspects of the client’s emotional life
- **Behavioral Factors**
  - psychosomatic symptoms
  - other physical related symptoms
  - existence of persistent habits or mannerisms
  - sexual functioning
  - eating patterns
  - sleeping patterns

### **Diversity**

- Cultural, ethnic, SES, religious etc.:
- Gender, sexual orientation, etc.:
- Contextual, family, and other social discourses:

**Counselor’s Conceptualization of the Problems:** This section will include a summary of the counselor’s view of the problem. Include only the most central and core dynamics of the client’s personality and note in particular the inter-relationships between the major dynamics. What are the common themes? What ties it all together? This is a synthesis of all the above data and the essence of the conceptualization.

### **Theoretical Integration**

- Theoretical orientation applied.
- How does this theory explain this client’s psychological dysfunction as related to his/her presenting problem?
- How does this theory explain this client’s psychological dysfunction as related to his/her other issues?
- According to this theory, what changes need to occur? What changes are needed for this client to improve his/her psychological health?

- What theoretical based interventions can be applied to help this client

## Appendix F

### Completion of 100 Hours and Satisfactory Site Supervisor Evaluations (10 Pts.)

Make sure your tk20 logs are all approved by both supervisors (site and university), make sure logs are correct. Confirm that your site supervisor has completed their midterm and final evaluations on you. Make sure that you fill out evaluations on your site and university supervisor on tk20. Make sure that you turn in your hours document to D2L. Keep that document for your records with signatures.

#### CACREP Standards Addressed:

**2.3f, 2.5j, 2.7e, 3B, 3J, 3K, 3L, 3M, 5C.1b, and 5C.3b.**

### Completion of 100 Hours and Satisfactory Site Supervisor Evaluations (Possible 10 Pts.)

Criterion	.5 Improvement Needed	1 Developing	1.5 Proficient	2 Accomplished	Points
At least 40 direct hours	Not Completed	Partially Completed	Completed	Completed, with good attitude.	
At least 60 indirect hours	Not Completed	Partially Completed	Completed	Completed, with good attitude.	
Completed Site and University Supervision	Not Completed	Partially Completed	Completed	Completed, with good attitude.	
Student's Supervisors (site and university) evaluations are completed midterm, and final.	Not Completed	Partially Completed	Completed	Completed, with good attitude.	
Student maintained appropriate codes of ethics, and professionalism within the class, and on site.	Not Completed	Partially Completed	Completed	Completed, with good attitude.	
<b>Total Points Awarded</b>			<b>Out of 10 points</b>		

**Appendix G**

**Reflection Paper and Evaluation (10 pts.)**

**Turn in to TK 20 and D2L.**

**CACREP Standards for the assignment.**

**KPI 2.1i, and 5C.1b.**

**Use template in D2L.**

**Rubric for how you will evaluate yourself.**

**Live Interview Evaluation Rubric  
Clinical Mental Health Counseling, Version 1.2**

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

**Counselor:** \_\_\_\_\_

**Evaluator/Instructor:** \_\_\_\_\_

**Level of Clinical Training:**

- Pre-clinical training; coursework only  
 0-12 months  12-24 months  2+ years

**Rating Scale**

- 1=Outstanding:** Strong mastery of skills and thorough understanding of concepts  
**.75=Mastered Basic Skills at Developmental Level:** Understanding of concepts/skills evident  
**.5=Developing:** Minor conceptual and skill errors; in process of developing  
**.25=Deficits:** Significant remediation needed; deficits in knowledge/skills  
**NA=Not Applicable:** Unable to measure with given data (do not use to indicate deficit)

**Student Self-Evaluation Rubric**

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA	Points Awarded
<b>Counseling Relationship</b>	Able to develop strong counseling relationship with client, able to successfully engage participant in treatment process. Conveys	Able to develop working counseling relationship; able to engage participant in majority of treatment process. Conveys	Minor problems developing counseling relationships and connecting with client. Struggles with communicating	Significant problems with forming counseling relationships. Unable to identify and/or navigate significant		

	clear sense of respect for all perspectives.	respect for all perspectives.	with client different from self, including culture, age, SES, education, etc.	diversity issues. Weakness of relationship makes progress unlikely.		
<b>Attention to Client Needs and Diversity</b>	Thoughtful matching of treatment to client needs; thoughtful ability to adapt treatment to most areas of diversity and need, including education, age, culture, religion, SES, sexual orientation, ability, larger system.	Able to match treatment to client needs; adapts treatment to one or more areas of diversity and need, including education, age, culture, religion, SES, sexual orientation, ability, larger system.	Minor problems attending to client needs and/or diversity issues.	Significant problems attending to client needs and/or diversity issues; counseling progress not likely due to problems in these areas.		
<b>Explain Practice Policies</b>	Skillful explanation of practice setting rules, fees, rights, confidentiality, and its limits; uses opportunity to establish working relationship; good use of self; clearly understands practice policies.	Explains basic practice setting rules, fees, rights, confidentiality, and its limits; uses opportunity to build basic rapport; understands major practice policies.	Minor problems explaining practice setting rules, fees, rights, confidentiality; nervousness may deter from forming relationship; understands most practice policies.	Significant problems explaining practice setting rules, fees, rights, and confidentiality; significant problems connecting with client; misunderstands numerous practice policies.		
<b>Consent to Treatment</b>	Skillful job explaining counseling process in words client can understand in order to obtain consent to treat; uses opportunity to enhance counseling relationship.	Explains basic counseling process in words client can understand in order to obtain consent to treat.	Minor problem explaining counseling process in order to obtain consent to treat. Vague word choice or misses minor information.	Significant problems with obtaining consent. May not use words client understands and/or misses significant information that is necessary for client to be fully informed.		

<b>Client Assessment</b>	Thoughtful assessment of client and system, including biopsychosocial history, mental health history, family history; thoughtful adaptation to development level; obtains problem description from each involved party.	Clear assessment of client and system, including biopsychosocial history, mental health history, family history; adapts to development level; obtains problem description from each involved party in room.	Minor problems with assessment of client and system, missing 1-2 areas: biopsychosocial history, mental health history, family history; does not adapt to development level; obtains problem description only from certain parties.	Significant problems with assessment of client and system, missing one or more areas: biopsychosocial history, mental health history, family history; ignores developmental level; obtains only one view of problem.		
<b>Content VS Process</b>	Thoughtful ability to distinguish content from process; able to track process while attending to content and developing at least one intervention that attends to process.	Able to distinguish content from process; able to track process while attending to content; does not begin to intervene on content when it is a process issue.	Sidetracked one or more times with content but at some point, able to return focus to process	Mistakes content for significant process issue. Unable to track process and session loses impact due to focus on content.		
<b>Time Management</b>	Outstanding use of time management from beginning to end of session; no sense of rush.	Good use of time management from beginning to end of session; ends on time.	Minor problems with timing management; no more than 5 minutes over; may have minor feeling of rush.	Significant problems with time management; session more than 5 minutes over; feels rushed.		
<b>Psychoeducation and Recovery Services</b>	Outstanding delivery of psychoeducational information for client diagnosed with mental health and/or substance abuse disorder; provides appropriate knowledge of recovery services.	Able to provide basic psychoeducational information for client diagnosed with mental health and/or substance abuse disorder; knowledge of recovery services.	Minor problems with delivering psychoeducational and recovery information and/or insufficient information imparted.	Significant problems with delivering psychoeducational and recovery information; does not provide any information or provides incorrect information.		

<b>Participation in Class Discussions</b>	Consistently, actively supports, engages, listens, and responds to peers. Takes a leading role. Participates in a meaningful way in class discussions. Stays on task.	Makes an effort to interact with peers daily but does not take a leading role. Some active participation in class discussions. Sometimes deviates from	Some effort to interact with peers but does not take a leading role. Minimal participation in class discussions. Sometimes deviates from task	Limited interaction with peers and rarely participates in class discussions and/or does not stay on task.		
<b>Writing Ability and APA</b>	Demonstrates strong knowledge, well throughout ideas, succinct, cohesive, and in APA formatting.	Cohesive paper in mostly APA formatting	Student jumps around in formatting and content	Shows no knowledge of APA formatting		
<b>Total Points Out of 10</b>						

**Rubric for How I will Evaluate You**

**Live Interview Evaluation Rubric  
Clinical Mental Health Counseling, Version 1.2**

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

**Counselor:** \_\_\_\_\_

**Evaluator/Instructor:** \_\_\_\_\_

**Level of Clinical Training:**

- Pre-clinical training; coursework only  
 0-12 months  12-24 months  2+ years

**Rating Scale**

- 1=Outstanding:** Strong mastery of skills and thorough understanding of concepts  
**.75=Mastered Basic Skills at Developmental Level:** Understanding of concepts/skills evident  
**.5=Developing:** Minor conceptual and skill errors; in process of developing  
**.25=Deficits:** Significant remediation needed; deficits in knowledge/skills  
**NA=Not Applicable:** Unable to measure with given data (do not use to indicate deficit)

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA	Points Awarde d
<b>Evaluation of Counseling Relationship and Role</b>	Outstanding evaluation of counseling relationship, counselor role, client responsiveness; attention to diversity issues and client acceptance of goals.	Clear evaluation of counseling relationship, counselor role, client responsiveness; attention to key diversity issues and client acceptance of goals.	Minor problems with evaluation of relationship, client responsiveness; misses minor issues.	Significant problems with evaluation of relationship, client responsiveness; misses critical issues.		
<b>Evaluation of Personal Reactions</b>	Outstanding rationales for choice of intervention, theory, assessment approach. Thoughtful analysis of intervention consistency with model, congruency with client's cultural context.	Clear rationales for choice of intervention, theory, assessment approach. Clear analysis of intervention consistency with model, congruency with client's cultural context.	Vague or unclear rationales for choice of intervention, theory, assessment approach. Vague analysis of intervention consistency with model, congruency with client's cultural context.	Problematic or unsupportable rationales for choice of intervention, theory, assessment approach. Poor analysis of intervention consistency with model, congruency with client's cultural context.		
<b>Evaluation of Legal &amp; Ethical Issues</b>	Outstanding analysis of attention to legal, ethical issues; able to identify points that could have been better dealt with; able to provide thoughtful rationales for ethical decisions.	Clear analysis of attention to legal, ethical issues; able to identify any major issues and how to manage better in future; able to provide rationales for ethical decisions.	Minor problems with analysis of attention to legal, ethical issues; unable to identify one or more problem areas; unclear rationales for ethical decisions.	Significant problems with analysis of attention to legal, ethical issues; unable to identify a critical problem area; poor rationales for ethical decisions.		
<b>Evaluation of Socio-cultural and Equity Issues</b>	Thoughtful understanding of diversity, equity, and advocacy issues. Includes some proposed advocacy effort.	Clear understanding of diversity and equity and advocacy issues.	Minor problems or missed 1-2 issues related to diversity, equity, and/or advocacy.	One or more significant issues not addressed.		
<b>Evaluation of Clinical Skill</b>	Outstanding insight into own strengths, weaknesses, effectiveness in session, without over- or understating.	Clear insight into major strengths, weaknesses, effectiveness in session.	Vague or unclear description of strengths, weaknesses, effectiveness in session. Minor problems over- or understating.	Significant problems assessing own clinical ability or effectiveness. Unable to identify key issues.		
<b>Plan and Priorities</b>	Outstanding plan for improvement that is detailed; prioritizing of areas	Clear plan for improvement that is sufficiently detailed;	Minor problems with plan for improvement; prioritizing	Significant problems with plan for improvement;		



	of improvement reveals clear insight into self and counseling process.	prioritizing of areas of improvement reveals useful insight into self and counseling process.	reveals some lack of insight into self and counseling process.	prioritizing reveals significant lack of insight into self and counseling process.		
<b>Quality of Writing</b>	Engaging professional writing style that is clear, concise, and smooth; maintains professional voice; minor and few grammatical errors.	Clear, concise professional writing; maintains professional voice; minor and few grammatical errors.	Minor problems with writing style and/or grammar; vague or wordy; does not maintain professional voice.	Significant problems with writing; ideas not clearly communicated due to writing ability; numerous grammatical errors.		
<b>Participation in Class Discussions</b>	Consistently, actively supports, engages, listens, and responds to peers. Takes a leading role. Participates in a meaningful way in class discussions. Stays on task.	Makes an effort to interact with peers daily but does not take a leading role. Some active participation in class discussions. Sometimes deviates from	Some effort to interact with peers but does not take a leading role. Minimal participation in class discussions. Sometimes deviates from task	Limited interaction with peers and rarely participates in class discussions and/or does not stay on task.		
<b>Professional Identity</b>	Demonstrates vast understanding of self within professional identity and the complexities of boundaries.	Demonstrates basic understanding of self within professional identity and the complexities of boundaries.	Minor problems navigating professional identity, boundaries, and the self.	Limited ability to process professional identity, boundary issues, or self-awareness issues present.		
<b>APA Format</b>	No more than one or two minor APA errors; overall, follows general format.	Few and minor APA errors; overall, follows general format.	Numerous APA errors that are distracting; numerous inconsistencies.	Significant problem following APA style; numerous problems in several areas.		
<b>Total Out of 10</b>						

**I have abided by the Midwestern State University Code of Academic Integrity on the above assignments.**