COUN 5293 – Practicum

Midwestern State University
Gordon T. & Ellen West College of Education
Semester Credits: 3

Contact Information

Professor: Dr. Terri Howe, PhD, LPC-S

Semester: Fall 2025 16 Weeks

Class Times: Mondays, 6 pm to 7:30 PM Central

E-mail: terri.howe@msutexas.edu

Instructor Response Policy:

During the week (Monday – Friday) I will respond within 24 hours. Do not expect a response from me on Holidays and weekends. As professionals, it's important that we implement boundaries around home and work. Please ask your questions before Friday afternoon.

***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.**

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.

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 a wide variety of clients. 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.

REQUIRED TEXTBOOK

Required Text:

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

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.

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.

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.

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 Misconduct Policy & Procedures

Academic Dishonesty: Cheating, collusion, and plagiarism (the act of using source material of other persons, either published or unpublished, without following the accepted techniques of crediting, or the submission for credit of work not the individual's to whom credit is given). Additional guidelines on procedures in these matters may be found in the Office of Student Conduct. Office of Student Conduct

Services for Students with Disabilities

In accordance with Section 504 of the Federal Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, Midwestern State University endeavors to make reasonable accommodations to ensure equal opportunity for qualified persons with disabilities to participate in all educational, social, and recreational programs and activities. After notification of acceptance, students requiring accommodations should make application for such assistance through Disability Support Services, located in the Clark Student Center, Room 168, (940) 397-4140. Current documentation of a disability will be required in order to provide appropriate services, and each request will be individually reviewed. For more details, please go to Disability Support Services.

College Policies

Campus Carry Rules/Policies

Refer to: Campus Carry Rules and Policies

Smoking/Tobacco Policy

College policy strictly prohibits the use of tobacco products in any building owned or operated by MSU TEXAS 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.

Campus Carry

Effective August 1, 2016, the Campus Carry law (Senate Bill 11) allows those licensed individuals to carry a concealed handgun in buildings on public university campuses, except in locations the University establishes has prohibited. The new Constitutional Carry law does not change this process. Concealed carry still requires a License to Carry permit, and openly carrying handguns is not allowed on college campuses. For more information, visit Campus Carry.

Active Shooter

The safety and security of our campus is the responsibility of everyone in our community. Each of us has an obligation to be prepared to appropriately respond to threats to our campus, such as an active aggressor. Please review the information provided by MSU Police Department regarding the options and strategies we can all use to stay safe during difficult situations. For more information, visit Safety / Emergency Procedures. Students are encouraged to watch the video entitled "*Run. Hide. Fight.*" which may be electronically accessed via the University police department's webpage: *"Run. Hide. Fight."*

Obligation to Report Sex Discrimination under State and Federal Law

Midwestern State University is committed to providing and strengthening an educational, working, and living environment where students, faculty, staff, and visitors are free from sex discrimination of any kind. State and federal law require University employees to report sex discrimination and sexual misconduct to the University's Office of Title IX. As a faculty member, I am required to report to the Title IX Coordinator any allegations, personally observed behavior, or other direct or indirect knowledge of conduct that reasonably may constitute sex discrimination or sexual misconduct, which includes sexual assault, sexual harassment, dating violence, or stalking, involving a student or employee. After a report is made, the office of Title IX will reach out to the affected student or employee in an effort to connect such person(s) with resources and options in addressing the allegations made in the report. You are also encouraged to report any incidents to the office of Title IX. You may do so by contacting:
Laura Hetrick
Title IX Coordinator
Sunwatcher Village Clubhouse
940-397-4213
laura.hetrick@msutexas.edu
You may also file an online report 24/7 at Online Reporting Form

Should you wish to visit with someone about your experience in confidence, you may contact the MSU Counseling Center at 940-397-4618. For more information on the University's policy on Title IX or misconduct, please visit Title IX Website

Grade Appeal Process

Update as needed. Students who wish to appeal a grade should consult the Midwestern State University MSU Catalog

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.

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 amount of points and skipping even one assignment will most likely 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 changed beginning August 2018. Students are 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*)

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 45-50-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.

SEMESTER COURSE OUTLINE

Class Weeks	Class Topics	Assignments/Reading
Week I	• Class Introductions • Syllabus Review • Class Instructions • Liability Insurance • Informed Consent • Progress Noting • Reporting to Agencies	• **Monday 6:00-7:30 PM** • **Do Discussion Board, Post, and Comment**
Week 2 **Labor Day Monday**	• Utilizing Assessments and Symptoms Checklists • Crisis Intervention	• **Labor Day** • **Do Discussion Board, Post, and Comment**

Class Weeks	Class Topics	Assignments/Reading
Week 3	• Informed Consent • Resource Connecting • Crisis Services • **Informed Consent and Resource Assignment Appendix B to D2L**	• **Do Discussion Board, Post, and Comment** • **Turn in Informed Consent and Resource Assignment Appendix B to D2L**
Week 4	• Treatment Planning • Case Conceptualizations • Psychosocial	• **Do Discussion Board, Post, and Comment**

Week 5	• ACA Codes of Ethics
	  • State Codes of Ethics
	  • Rural Ethical Issues
	  • Telehealth Ethics
	  • TAC Code
		• **Do Discussion Board, Post, and Comment**

Week 6	• Group versus Individual Counseling • **Fictional Progress Note and Treatment Plan Assignment Appendix C to D2L**	• **Do Discussion Board, Post, and Comment** • **Turn in Fictional Progress Note and Treatment Plan Assignment Appendix C to D2L**
Week 7	• Understanding the Self • Self-Awareness • Professional Identity	• **Do Discussion Board, Post, and Comment**

Class Dates	Class Topics	Assignments/Reading
Week 8	• • **Midterm Site Supervisor Evaluations**	• **Do Discussion Board, Post, and Comment** • **Turn in your Site Supervisors Midterm Evaluation**
Week 9	• Counseling Competencies • **Case Conceptualization Assignment Appendix E to D2L and Tk20**	• **Do Discussion Board, Post, and Comment** • **Turn in Case Conceptualization Assignment Appendix E to D2L and Tk20**
Week 10	• Counseling Philosophy • Evidence-based theory and techniques	• **Do Discussion Board, Post, and Comment**
Week 11	• Leadership Style	• **Do Discussion Board, Post, and Comment**
Week 12	• Paperwork • Records • Third-Party • Future in LPC • **Counseling Session Video and Skills Evaluation Form Appendix D to D2L and Tk20**	• **Turn in Counseling Session Video and Skills Evaluation Form Appendix D to D2L and Tk20**
Week 13	• Reflection on Counseling Sessions • **Do Reflection Paper and Evaluation Appendix G on**	• **Do Discussion Board, Post, and Comment** • **Turn in Reflection Paper and Evaluation to D2L and Tk20**

Class Dates	Class Topics	Assignments/Reading
Week 14	• Review **Ensure that your Site Supervisor has completed their final evaluation on you on Tk20, not just saved but submitted.**	• **Do Discussion Board, Post, and Comment** **Ensure that your Site Supervisor has completed their final evaluation on you on Tk20, not just saved but submitted.**
Week 15	• Strengths Building • **Hours and Site Supervisor Final Evaluations Appendix F to D2L and Tk20 logs**	• **Do Discussion Board, Post, and Comment** • **Turn in Hours and Site Supervisor Final Evaluations Appendix F to D2L and Tk20 logs**
Week 16	• Looking forward to next semester	Finals Week: Semester Wrap UP

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. Almost 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 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 Counseling Session Packet 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 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.**

Case Conceptualization 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 a 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. All papers for this class are to completed in the APA 7 style, and points will be taken off for errors in formatting. ***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, reflect on counseling skills, develop a professional development plan, and provide a summary of their semester. **(See Appendix G). KPI *2.1i, and *5C.1b.**

Assignment Breakdown

Assignment	**Points**
Online Assignments and Comments ***D2L**	15
Informed Consent, Resource Assignment and Crisis ***D2L**	5

Assignment	Points
Fictional Progress Note and Treatment Plan ***D2L**	20
Session Video and Skills Evaluation ***D2L and Tk20**	20
Clinical Assessment Assignment ***D2L and Tk20**	20
Completion of 100 Hours and Satisfactory Site Supervisor Evaluations ***D2L**	10
Reflection Paper and Evaluation ***D2L and Tk20**	10
Total Points	**100**

Grade Classifications:

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

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.

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).

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:

- People-Centered – Engage others with respect, empathy, and joy.

- Integrity – Always do the right thing.
- Visionary – Adopt innovative ideas to pioneer new paths.
- Connections – Value relationships with broader communities.

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) exists in determining the amount of the refund. (Examples of each refund calculation will be made available upon request).

Smoking/Tobacco Policy:

College policy strictly 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.

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. (2022). *Diagnostic and statistical manual of mental disorders (5th ed. TR).* 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/

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.)

Each week, 1-15, is worth 1 point each.

Appendix B

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

***Use template on D2L**

CACREP Standards Addressed:
***2.5j, and *5C.3b.**

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

Criterion	.25 Improvement Needed	.5 Developing	.75 Proficient	1 Accomplished
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.

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.)

Assignment Component	Beginning 1	Basic 2	Proficient 3	Advanced 4	Exceptional 5
Identify the Fictional Client	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 fictional client	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 fictional client	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 TR and other resources

See Examples Below

SOAP Note

Date and Time: 8/30/23 14:00-15:00
Client: George Smith
Who Referred: Pastor
Source and Reliability: Self

S (Subjective):

- **Chief complaint:** "Was laid off from work and I don't feel like myself"
- **History of Present Illness (HPI):** Client states that he has not been feeling the same since for the last six months. He has no desire to complete daily activities and does not want to get up out of bed. Client stays that he is always tired. Client states that he was laid off from work three months ago and has been feeling worse.
- **Allergies**: Client has no known allergies.
- **Current Mediation**: Client is not currently taking medication.
- **Childhood Illnesses** – **Medical & Surgical**: Broken right tibia as a child.
- **Psychiatric Diagnosis**: Client has never had a mental health diagnosis before.
- **Health Maintenance:** Does yearly checkups with primary care provider.
- **Immunizations:** Immunizations up to date.
- **Family History:** Client's mother has depression and his father passed away from heart disease. Client has no siblings. Client has a wife and four children.
- **Social History:** Client lives with wife and their children. Client states that he feels like a burden to his friends and family.

- **Exercise & Diet**: Client denies any current exercise routine and admits that he eats whatever he wants.
- **Safety Measures**: Client wears a seatbelt when driving, and denies having any guns in the household.
- **Review of Symptoms (ROS):** Client admits to having marital issues, and issues around being laid off. Client admits he was not satisfied with his job before getting laid off. Client admits that it's hard to get out of bed and he always feels tired. Client admits to feeling depressed over the past six months. Client admits that he started smoking cigarettes again recently after previously not using. Client admitted to being a previous smoker.

O (Objective):

- **Summary:** George is alert, awake, and oriented. Client is clean and dressed appropriate. Client has flat affect, and seems sad and withdrawn. Client struggles to verbalize emotions, and tends to fidget with his hands when talking about life since being laid off.

A (Assessment):

- **Problem #1** – Feelings of sadness
- **Most Likely Diagnosis #1** – Major Depressive Disorder Single Episode Unspecified F32.9.
- **Problem #2** – Loss of Interest

- **Most Likely Diagnosis #2** – Adjustment Disorder with depressed mood F43.21.

P (Plan):

- **Testing/Evaluation:** PHQ-9 Depression Scale
- **Therapy/Treatment:** Client will be referred to primary care provider or psychiatrist to discuss medication if they want to pursue medication. Client will begin counseling utilizing a Cognitive Behavioral Therapy approach through the lens of existential therapy. Client and Counselor will work together to increase feelings of purpose and meaning, and decrease feelings of lack of interest and depression.
- **Education:** Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. Existential therapy focuses on free will, self-determination, and the search for meaning—often centering on the individual rather than on their symptoms. The approach emphasizes a person's capacity to make rational choices and to develop to their maximum potential. Some practitioners regard existential therapy as an orientation toward therapy, not a distinct modality, per se. This type of therapy is often useful for patients who experience existential threat or dread when security and identity feel in peril.
- **Follow-up:** Client will attend counseling once a week for the next 12 weeks. Client will make an appropriate with his primary care provider or a psychiatrist to discuss medication if he wants to take medication. Client's next appointment with be next Tuesday at 2:00 pm central.

Treatment Plan

Case Study

George Smith 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. George is currently married but having some marital issues. George has four children ranging from three to 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 very stressed out due to his wife having to be the only one working and he has taken the rule of primary care giver to the children. George has stated that he has been struggling with

not feeling motivated, stressed out, and depressed for the last six months but has gotten significantly worse over the last three months since getting laid off.

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 three 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

The client's most likely diagnosis is Major Depressive Disorder Single Episode Unspecified F32.9. The client's possible diagnosis will remain unspecified until PHQ 9 can be done to determine the degree of the depression. The client's secondary diagnosis that would require more evaluation to determine is Adjustment Disorder with depressed mood F43.21.

Justification

George has been experiencing symptoms for the last six months but they have gotten worse over the last three months. Since George has been experiencing symptoms less than a year it is single episode and not recurrent.

Goals, Objectives, and Interventions

The client's goals to address major depressive disorder and adjustment disorder will be explored below.

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.

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.

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.

Theory

As the counselor I will use an Cognitive Behavioral Therapy (CBT) approach to counseling. When using CBT, attention is given to cognitive thoughts, emotions, belief systems, and actions and behaviors. As the counselor I will utilize an existential approach to 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. 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. CBT techniques that I will utilize include cognitive reframing, mindfulness exercises, and self-talk.

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
Faculty Evaluation of Student

Counselor Name:
University Supervisor Name:
Date:
Start Time:
End Time:

I will be looking for the # of times demonstrated for each bullet point.

Counseling Skills

- Positive Regard/Genuine /Empathy and Validation.
- Minimal Encouragers/Accents
- Eye Contact/Body Posture/Active Listening
- Appropriately uses Supportive Confrontation
- Uses Silence Appropriately
- Restatements
- Verbal Following
- Paraphrase
- Summary
- Reflection of Feeling
- Reflection of Meaning and Interpretation
- Uses Opened Ended Questions Appropriately and on a Minimal Basis
- Sharing-Feedback/Here-and-Now
- Focusing Statements
- Uses Clarifying Statements
- Observing Themes/Patterns
- Acknowledge Nonverbal Bx
- Reframing Statements
- Appropriate Pacing
- Use of Ethics and Multicultural Competence

Theory

- Assessment Using Theory
- Uses 2 Theoretically Based Techniques

- What theory was used and how did it help manage the session?

Inappropriate Items

- Sympathy/Reassuring
- Advising
- Judging
- Educating/Teaching
- Going for the Solution
- Interrogating
- Lengthy Descriptive Statements
- "Why" questions
- Too many "How does that make you feel?"
- Shifting Topics
- Third Person Counseling - Someone not in session
- Not giving yourself time to think
- Getting ahead of client
- Poor balance of reflections/ questions/ restatements
- Uses Closed Questions

Supervision

- Open, positive discussion
- Emotionality in supervision
- Receptivity to feedback
- Participation in supervision (bring content)
- Submission of all materials
- Adheres to procedure and takes initiative
- Fulfillment of supervision tasks

Session Summary:

Grading Rubric for the Session Video

- Each skill bullet point can get a score of either 0 or 1
- Does an Introduction, Informed Consent, and Goes Over Confidentiality.
- Establishes Rapport with the Client.
- Clinically Explores problem(s)
- Attends to Basic Needs of the Client
- Congruent Verbal and Nonverbal behavior
- Uses Active Listening
- Rarely Uses Closed Ended Questions
- Uses an Appropriate Amount of Open-Ended Question
- Shows Ability to Use Higher Level Counseling Skills Throughout the Session.

- Uses 2 Well-Developed Theoretically Based Techniques
- Has Empathic Attunement
- Has Positive Body Language and Posture
- Confronts the Client When Needed
- Uses Self-Disclosure Appropriately
- Uses Evidenced Based Theory throughout the Session
- Times using Interventions Appropriately
- Shows Counselor Confidence
- Adheres to Multicultural Competencies and Ethical and Legal Standards
- Summarizes Session Before Wrapping Up
- Maintains Professionalism throughout Session

Student Self-Evaluation
Session Video and Skills Evaluation Form

Please self-evaluate yourself as to how you did during your counseling session. Please be thorough and avoid one worded answers.

Counseling Skills Student Self-Evaluation

#	Counseling Skills	# of Times Demonstrated	Comments
1	Positive Regard/Genuine /Empathy And Validation.		
2	Minimal Encouragers/Accents		
3	Eye Contact/Body Posture/Active Listening		
4	Appropriately uses Supportive Confrontation		
5	Uses Silence Appropriately		
6	Restatements		
7	Verbal Following		
8	Paraphrase		
9	Summary		
10	Reflection of Feeling		

#	Counseling Skills	# of Times Demonstrated	Comments
11	Reflection of Meaning and Interpretation		
12	Uses Opened Ended Questions Appropriately and on a Minimal Basis		
13	Sharing-Feedback/Here-and-Now		
14	Focusing Statements		
15	Uses Clarifying Statements		
16	Observing Themes/Patterns		
17	Acknowledge Nonverbal Bx		
18	Reframing Statements		
19	Appropriate Pacing		
20	Use of Ethics and Multicultural Competence		

Theory Student Self-Evaluation

#	Theory	# of Times Demonstrated	Comments
22	Assessment Using Theory		
23	Uses 2 Theoretically Based Techniques		
24	What theory was used and how did it help manage the session?		

Inappropriate Items Self-Evaluation

#	Inappropriate Items	# of Times Demonstrated	Comments
25	Sympathy/Reassuring		
26	Advising		
27	Judging		
28	Educating/Teaching		
29	Going for the Solution		
30	Interrogating		
31	Lengthy Descriptive Statements		
32	"Why" questions		
33	Too many "How does that make you feel?"		
34	Shifting Topics		
35	Third Person Counseling - Someone not in session		
36	Not giving yourself time to think		
37	Getting ahead of client		
38	Poor balance of reflections/ questions/ restatements		

#	Inappropriate Items	# of Times Demonstrated	Comments
39	Uses Closed Questions		

Supervision Self-Evaluation

#	Supervision	# of Times Demonstrated	Comments
41	Open, positive discussion		
42	Emotionality in supervision		
43	Receptivity to feedback		
44	Participation in supervision (bring content)		
45	Submission of all materials		
46	Adheres to procedure and takes initiative		
47	Fulfillment of supervision tasks		

Signature University Supervisor:

Signature Student Supervisee:

Signature of Student's Site Supervisor:

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**

Clinical Assessment Assignment Rubric (Possible 20 Pts.)

Assignment Component	Beginning 1	Basic 2	Proficient 3	Advanced 4	Exceptional 5
Client History KPI 3.f.	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 variety 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. **Well written and thorough**

Assignment Component	Beginning 1	Basic 2	Proficient 3	Advanced 4	Exceptional 5
Client Mental Health Issues KPI 7.e.	Considerable difficulty identifying clinically significant mental health issues and/or cannot discern what is significant and what is not. Very few or no symptoms are included	Omits clinically significant mental health issues and/or identifies issues as clinically significant that are not. Some symptoms are included.	Omits minimal clinically significant mental health issues and/or identifies minimal issues as clinically significant that are not. The symptoms the client is experiencing are stated.	Accurately identifies clinically significant mental health issues for this client. All symptoms the client is experiencing are stated and clearly explained.	Accurately identifies clinically significant mental health issues for this client. All symptoms the client is experiencing are stated and clearly explained. **Well written and thorough**
Conceptualization and Intervention KPI 9.3.b. and 5.j.	The student does not display an understanding of the relationship between presenting problems, psychosocial history and vocational history. Intervention and prevention strategies not addressed.	Ideas are present, but not well supported in relation to psychosocial history, vocational history, intervention, and prevention.	Current status and presenting problems are organized in relation to psychosocial history and vocational history. Intervention or prevention strategies briefly addressed but not both.	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.	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. **Well written and thorough**

Assignment Component	Beginning 1	Basic 2	Proficient 3	Advanced 4	Exceptional 5
Treatment Planning and Recommendation KPI 9.1.b.	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.	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.	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.	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.	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.

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
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.

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:
Practicum, Internship I, or Internship II?

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
Counseling Relationship	Able to develop strong counseling relationship with client, able to successfully engage participant in treatment process. Conveys clear sense of respect for all perspectives.	Able to develop working counseling relationship; able to engage participant in majority of treatment process. Conveys respect for all perspectives.	Minor problems developing counseling relationships and connecting with client. Struggles with communicating with client different from self, including culture, age, SES, education, etc.	Significant problems with forming counseling relationships. Unable to identify and/or navigate significant issues. Weakness of relationship makes progress unlikely.	NA

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA
Attention to Client Needs	Thoughtful matching of treatment to client needs; thoughtful ability to adapt treatment to most areas of need, including education, age, religion, SES, etc	Able to match treatment to client needs; adapts treatment to one or more areas of need, including education, age, religion, SES, etc	Minor problems attending to client needs and/or issues.	Significant problems attending to client needs and/or issues; counseling progress not likely due to problems in these areas.	NA
Explain Practice Policies	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.	NA

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA
Consent to Treatment	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.	NA
Client Assessment	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.	NA

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA
Content VS Process	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.	NA
Time Management	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.	NA
Psychoeducation and Recovery Services	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 psychoeducation and recovery information and/or insufficient information imparted.	Significant problems with delivering psychoeducation and recovery information; does not provide any information or provides incorrect information.	NA

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA
Participation in Class Discussions	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.	NA
Writing Ability and APA	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	NA

Rubric for How I will Evaluate You
Live Interview Evaluation Rubric
Clinical Mental Health Counseling, Version 1.2

Date:
Counselor:
Evaluator/Instructor:
Practicum, Internship I, or Internship II?

Rating Scale

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

Instructor Evaluation of Student Rubric

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA
Evaluation of Counseling Relationship and Role	Outstanding evaluation of counseling relationship, counselor role, client responsiveness; attention to Client needs and client acceptance of goals.	Clear evaluation of counseling relationship, counselor role, client responsiveness; attention to key Client needs 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.	NA
Evaluation of Personal Reactions	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.	NA

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA
Evaluation of Legal & Ethical Issues	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.	NA
Evaluation of Clinical Skill	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.	NA
Plan and Priorities	Outstanding plan for improvement that is detailed; prioritizing of areas of improvement reveals clear insight into self and counseling process.	Clear plan for improvement that is sufficiently detailed; prioritizing of areas of improvement reveals useful insight into self and counseling process.	Minor problems with plan for improvement; prioritizing reveals some lack of insight into self and counseling process.	Significant problems with plan for improvement; prioritizing reveals significant lack of insight into self and counseling process.	NA

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits	NA
Quality of Writing	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.	NA
Participation in Class Discussions	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.	NA
Professional Identity	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.	NA
APA Format	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.	NA

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