



COUN 5293 Practicum Summer 2024 Syllabus
Midwestern State University
Gordon T. & Ellen West College of Education

Contact Information

Professor: Dr. Wendy Helmcamp, PhD, LPC-S

Semester: Summer 2024; 10 Weeks

Office: BH 327

Office Hours: Online

Class Format: Online

Class Zoom Meetings: Mondays 6:30-8:00 pm central

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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 24 hours. I respond to my email wendy.helmcamp@msutexas.edu consistently. Please do not hesitate to contact me. However, in an effort to model good self-care, I will not respond to emails during holidays and weekends.

***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 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.

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., text rev.). DSM-5-TR

COURSE OBJECTIVES

Knowledge and Skill Learning Outcomes: CACREP Standards

- 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
- 1.c. counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
- 1.j. technology's impact on the counseling profession
- 1.k. strategies for personal and professional self-evaluation and implications for practice
- 1.m. the role of counseling supervision in the profession
- *3.f. systemic and environmental factors that affect human development, functioning, and behavior (KPI)
- 5.c. theories, models, and strategies for understanding and practicing consultation

- 5.d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
- 5.e. the impact of technology on the counseling process
- 5.f. counselor characteristics and behaviors that influence the counseling process
- 5.g. essential interviewing, counseling, and case conceptualization skills
- 5.h. developmentally relevant counseling treatment or intervention plans
- 5.i. development of measurable outcomes for clients
- *5.j. evidence-based counseling strategies and techniques for prevention and intervention (KPI)
- 5.k. strategies to promote client understanding of and access to a variety of community-based resources
- 5.l. suicide prevention models and strategies
- 5.m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
- 5.n. processes for aiding students in developing a personal model of counseling
- 6.b. dynamics associated with group process and development
- 6.c. therapeutic factors and how they contribute to group effectiveness
- 6.d. characteristics and functions of effective group leaders
- 6.e. approaches to group formation, including recruiting, screening, and selecting members
- 7.d. procedures for identifying trauma and abuse and for reporting abuse
- *7.e. use of assessments for diagnostic and intervention planning purposes (KPI)
- *9.1.b. theories and models related to clinical mental health counseling (KPI)
- 9.1.c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- 9.2.a. roles and settings of clinical mental health counselors
- 9.2.b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
- 9.2.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
- *9.2.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)
- 9.2.i. legislation and government policy relevant to clinical mental health counseling
- 9.2.l. legal and ethical considerations specific to clinical mental health counseling
- 9.2.m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling
- 9.3.a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
- *9.3.b. techniques and interventions for prevention and treatment of a broad range of mental health issues (KPI)
- 9.3.c. strategies for interfacing with the legal system regarding court-referred clients
- 9.3.d. strategies for interfacing with integrated behavioral health care professional

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.

Diversity: 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 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 on 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. Any late papers will be lowered ***10%**. 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.

COVID: 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.

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 15/16 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. ***To meet the 100 hours of field experience requirement, summer students must gain a minimum of four direct hours a week, and six indirect hours a week on site. For fall/spring semesters, students must gain a minimum of three direct hours per week, and four 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 24](#))
3. A minimum of ***one hour per week** of individual on-site supervision from the 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 Supervisor and University Supervisor).
6. Students will conduct one 45-minute counseling session with a client for each semester of Practicum and Internship. A pre-observation conference must be held with the professor at least 24 hours before the session. The instructor will provide feedback to the student using the MSU Skills Rating form during a post-observation conference. 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 professor may video into the session to observe. If local, the session can be observed live.

SEMESTER COURSE OUTLINE

Class Dates	Class Topics	Assignments/Reading
<p>1. Week of Monday, June 3, 2024 – Sunday, June 9, 2024</p>	<ul style="list-style-type: none"> • Class Introductions/Orientation • Syllabus Review • Class Instructions • Liability Insurance • Informed Consent • Progress Noting • Reporting to Agencies 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment
<p>2. Week of Monday, June 10, 2024 – Sunday, June 16, 2024</p> <p>KPI: 5.j. 9.3.b</p>	<ul style="list-style-type: none"> • Informed Consent • Reporting Abuse • Informed Consent and Resource Assignment Appendix B 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment • Turn in Informed Consent and Resource Assignment Appendix B
<p>3. Week of Monday, June 17, 2024 – Sunday, June 23, 2024</p>	<ul style="list-style-type: none"> • Crisis • Suicide • Safety Plan 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment
<p>4. Week of Monday, June 24, 2024 – Sunday, June 30, 2024</p> <p>KPI: 3.f. 5.j. 9.2.d. 9.3.b</p>	<ul style="list-style-type: none"> • Non-Suicidal Self-Injury • Fictional Progress Note and Treatment Plan Assignment Appendix C 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment • Turn in Fictional Progress Note and Treatment Plan Assignment Appendix C
<p>5. Week of Monday, July 1, 2024 – Sunday, July 7, 2024</p>	<ul style="list-style-type: none"> • ACA Code of Ethics • State Code of Ethics • Rural Ethical Issues • Telehealth Ethics • Midterm Site Supervisor Evaluations 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment • Midterm Site Supervisor Evaluations

Class Dates	Class Topics	Assignments/Reading
<p>6. Week of Monday, July 8, 2024 – Sunday, July 14, 2024</p> <p>KPI: 3.f. 5.j. 7.e., 9.1.b. 9.3.b.</p>	<ul style="list-style-type: none"> • Ethics • Professional Counseling Organizations • Clinical Assessment Assignment Appendix E (turn in to D2L and Tk20) 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment • Turn in Clinical Assessment Assignment to D2L and Tk20
<p>7. Week of Monday, July 15, 2024 – Sunday, July 21, 2024</p>	<ul style="list-style-type: none"> • Identifying Values • Understanding the Self 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment
<p>8. Week of Monday, July 22, 2024 – Sunday, July 28, 2024</p> <p>KPI: 5.j. 9.1.b. 9.3.b</p>	<ul style="list-style-type: none"> • Theoretical Orientation • Counseling Skills Review • Turn in Counseling Session Appendix D (turn in to D2L and Tk20) 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment • Turn in Counseling Session to D2L and Tk20
<p>9. Week of Monday July 29, 2024 – Sunday, August 4, 2024</p>	<ul style="list-style-type: none"> • Group Counseling 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment
<p>10. Week of Monday, August 5, 2024 – Thursday, August 8, 2024</p> <p>KPI: 5.j. 9.1.b. 9.2.d. 9.3.b. KPI 1.S., KPI 5.S., KPI 6.K., KPI 6.S.</p>	<ul style="list-style-type: none"> • Strength Bombardment • Do Reflection Paper Appendix G (turn in to D2L and Tk20) • Final Site Supervisor Evaluation • Turn in Hours Appendix F 	<ul style="list-style-type: none"> • Monday Zoom Class Supervision Meeting 6:30-8:00 pm central • Do Discussion Board, Post, and Comment • Turn in Hours and Site Supervisor Final Evaluations Appendix F • Turn in Reflection Paper to D2L and Tk20

EVALUATION AND ASSIGNMENTS

***ALL WRITTEN ASSIGNMENTS MUST BE SUBMITTED VIA D2L, AND ALL WORK MUST BE COMPLETED USING THE LATEST APA 7 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 (except the last week). Follow directions to get full points each week. Late work will not be accepted. Video 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. Please arrange your schedule to participate in those meetings, otherwise your hours will not count for the week (**See Appendix A for Rubric**).

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, or may follow the example template, 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 internship. 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**).
KPI: 5.j. 9.3.b.

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 7 style, and points will be taken off for errors in formatting. No cover sheet or reference page needed for this assignment. Students may use the example template to create their fictional progress note and treatment planning assignment (**See Appendix C for Rubric and Examples**).
KPI: 3.f. 5.j. 9.2.d. 9.3.b

Counseling Session: (20 pts.) ***Students must turn in their CLMH Observation form to Tk20 and submit their video to the professor.** ***Students also have the option to have the teaching professor (university supervisor) observe their session via telehealth.** Students will conduct one 45-minute counseling session with a client for each semester of Practicum and Internship. The student must have a pre-observation conference with the professor at least 24

hours before the session. The instructor will provide feedback to the student using the MSU Skills Rating form in a post-observation conference. 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. ***Students may email their video using google drive to the university supervisor due to file size.** For students who are unable to video tape at their site, the teaching professor (university supervisor) may video into the session to observe (**See Appendix D for Rubric**). **Tk20 Link KPI: 5.j. 9.1.b. 9.3.b**

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 identifying information. 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 must follow the template. 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 7 style, and points will be taken off for errors in formatting. Please use appropriate APA headings (**See Appendix E for Rubric and Examples**). **Tk20 Link KPI 3.f. 5.j. 7.e., 9.1.b., and 9.3.b.**

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 provided in the practicum templates (**See Appendix F for Rubric**). **3.f. 5.j. 7.e. 9.1.b. 9.3.b., KPI 7.K, KPI 3.K.**

Reflection Paper and Live Interview (10 pts.): Please evaluate your performance overall throughout the semester using the rubric and template. Your paper must be in APA 7 format. Assignment will include: 1. APA Style Cover Page, 2. Live Interview Evaluation Rubric, 3. Paper analyses (see template), 4. References (Please ignore regular APA requirements about tables etc. to insert the Live Interview Evaluation Rubric). Answer all self-reflection questions in the Live Interview Evaluation in sentence form (no lists or bullet points). I will then evaluate you based on how you evaluate yourself, based on your observation, and based on your evaluations from supervisors. Please use APA 7 Style and follow the template (**See Appendix G for Rubric**). **Tk20 Link KPI: 5.j. 9.1.b. 9.2.d. 9.3.b. KPI 1.S., KPI 5.S., KPI 6.K., KPI 6.S.**

Grade Breakdown (total of 100 pts.):

Assignment	Points
Online Assignments and Comments D2L	15
Informed Consent, Resource Assignment and Crisis D2L	5
Fictional Progress Note and Treatment Plan D2L	20
Counseling Session 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 Live Interview 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. 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, 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).

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.

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 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:

1. People-Centered. Engage others with respect, empathy, and joy.
 - Honor and act upon the unique needs of all people.
 - Celebrate the accomplishments and contributions of every person in every role.
 - Empower others through personal attention to unlock groundbreaking potential.
 - Commit to attract, recruit, and retain a diverse workforce reflective of our students.
 - Create a welcoming environment that fosters trust, teamwork, well-being, and fun.
 - Develop activities embracing meaningful traditions.
2. Community. Cultivate a diverse and inclusive campus environment.

- Promote a culture of equity, diversity, and belonging.
 - Nurture a safe and open environment for difficult conversations.
 - Welcome honest communication and constructive feedback.
 - Recognize, acknowledge, and dismantle barriers to equity, inclusion, and success.
 - Provide meaningful and accessible support to the MSU community.
3. Integrity. Always do the right thing.
- Act honorably and respectfully in all situations.
 - Take responsibility for our words and actions.
 - Learn and grow from successes and failures.
 - Communicate and act with honesty, humility, and transparency.
 - Make courageous and ethical decisions.
4. Visionary. Adopt innovative ideas to pioneer new paths.
- Inspire and empower others through and beyond the educational experience.
 - Foster an environment of critical thinking, problem-solving, and creativity.
 - Champion continuous institutional progress.
 - Collaborate to explore opportunities and overcome challenges.
5. Connections. Value relationships with broader communities.
- Forge pathways for experiential learning beyond the campus.
 - Encourage open communication, service, and collaboration wherever we go.
 - Create genuine bonds where each person feels recognized and valued.
 - Collaborate to develop programs that benefit our communities.
 - Share and celebrate the Mustangs can-do spirit.

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.

***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. (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/>

APPENDICES

Appendix A

Discussion Board and Class Supervision (10 pts.)

CACREP Standards Addressed:

1.b.	5.i.	9.1.b. (KPI)
1.c.	5.j. (KPI)	9.1.c.
1.j.	5.k.	9.2.b.
1.k.	5.l.	9.2.c.
1.m.	5.m.	9.2.d. (KPI)
3.f. (KPI)	5.n.	9.2.i.
5.c.	6.b.	9.2.l.
5.d.	6.c.	9.2.m.
5.e.	6.d.	9.3.a.
5.f.	6.e.	9.3.b. (KPI)
5.g.	7.d.	9.3.c.
5.h.	7.e. (KPI)	9.3.d.

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

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

Week	Points
Week 1	1.5
Week 2	1.5
Week 3	1.5
Week 4	1.5
Week 5	1.5
Week 6	1.5
Week 7	1.5
Week 8	1.5
Week 9	1.5
Week 10	1.5

Appendix B

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

CACREP Standards Addressed:

KPI: 5.j. 9.3.b.

Rubric of Informed Consent and Resource Assignment, and Crisis (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.)

CACREP Standards Addressed:

KPI: 3.f. 5.j. 9.2.d. 9.3.b

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 within 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 and other resources

See Examples Below

SOAP Note Example

Date and Time: 6/2/20, 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. The client says 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 Mediation:** 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 the 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. The 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. The patient is clean and dressed appropriately for their 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 is intact, accepts judgment. Speech and language are 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 associated 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 vital 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 to go to the closest emergency room for treatment. The referral specialist and a nurse will contact the patient and local health department tomorrow 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, and 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 recently been 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 it again over the last 3 months. George denies any psychosis, or abuse history. George admits that he has had thoughts of “why am I 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 for less than a year it is a 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 gave 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 a counselor to reduce his symptoms of depression.
8. George will identify 5 things in his life that he enjoys doing. The 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.

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 during 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 Tk20 and D2L.

CACREP Standards to be addressed include:

KPI: *2.1k, *2.3h, *2.5a, 2.5g, *2.5j, *5C.1b, and 5C.3b.

Session Video and Skills Evaluation Form

Checking for # of times demonstrated.

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

Grading Rubric for the Session Video (Each worth 1 pt. out of 20 total pts.)

- 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-word answers.

Checking for # of times demonstrated.

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
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- Assessment Using Theory
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- Third Person Counseling - Someone not in session
- Not giving yourself time to think
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- 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

Appendix E

Clinical Assessment Assignment (20 pts.) See Rubric Examples Below Standards.

CACREP Standards Addressed: 3.f. 5.j. 7.e., 9.1.b. 9.3.b.

Turn into D2L and Tk20

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

Assignment Component	Beginning 1	Basic 2	Proficient 3	Advanced 4	Exceptional 5
Client History KPI 3.f.	<ul style="list-style-type: none"> - Content is incomplete; there is minimal information on the background of the client. - Biographical information is non-existent or very unclear. 	<ul style="list-style-type: none"> - Biographical information is included, however lacks breadth and depth. - Few categories are discussed or incorporated. 	<ul style="list-style-type: none"> - Biographical information is clearly stated and accurate. - There is some diversity in the areas of the client's life that are discussed. 	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - 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. <p>Well written and thorough</p>
Client Mental Health Issues KPI 7.e.	<ul style="list-style-type: none"> -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 	<ul style="list-style-type: none"> -Omits clinically significant mental health issues and/or identifies issues as clinically significant that are not. - Some symptoms are included. 	<ul style="list-style-type: none"> -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. 	<ul style="list-style-type: none"> - Accurately identifies clinically significant mental health issues for this client. - All symptoms the client is experiencing are stated and clearly explained. 	<ul style="list-style-type: none"> - Accurately identifies clinically significant mental health issues for this client. - All symptoms the client is experiencing are stated and clearly explained. <p>Well written and thorough</p>

<p>Conceptualization and Intervention KPI 9.3.b. and 5.j.</p>	<p>- The student does not display an understanding of the relationship between presenting problems, psychosocial history, and vocational history. Intervention and prevention strategies not addressed.</p>	<p>- Ideas are present, but not well supported in relation to psychosocial history, vocational history, intervention, and prevention.</p>	<p>- Current status and presenting problems are organized in relation to psychosocial history and vocational history. Intervention or prevention strategies briefly addressed but not both.</p>	<p>- 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.</p>	<p>- 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</p>
<p>Treatment Planning and Recommendation KPI 9.1.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 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. Well written and thorough</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 conduct 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 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.)

Please have your site supervisors turn in their midterm and final evaluations to Tk20.

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.

CACREP Standards Addressed: 3.f. 5.j. 7.e. 9.1.b. 9.3.b., KPI 7.K, KPI 3.K., KPI SA.S

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 Tk20 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 (out of 10 pts.)

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits
Counseling Relationship	Able to develop strong counseling relationship with client, able to successfully engage participant in treatment process. Conveys a 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 clients different from self, including culture, age, SES, education, etc.	Significant problems with forming counseling relationships. Unable to identify and/or navigate significant diversity issues. Weakness of relationship makes progress unlikely.
Attention to Client Needs and Diversity	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.
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.
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.

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits
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.
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.
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.
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.

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits
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.
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

**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)

Evaluation Rubric (out of 10 pts.)

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits
Evaluation of Counseling Relationship and Role	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.
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.
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.
Evaluation of Socio-cultural and Equity Issues	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.
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.

Criterion	1 Outstanding	.75 Mastered Basic Skills	.50 Developing	.25 Deficits
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.
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.
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.
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.
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.

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