



COUN 5293 – Practicum
Midwestern State University
Gordon T. & Ellen West College of Education
Semester Credits: 3

Contact Information

Professor: Dr. Krystal Humphreys, Ph.D., LPC Supervisor

Semester: Fall 2024 16 Weeks

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Office Hours: Monday 8:30-10:30, Tuesday 9-10am, and Wednesday 9-10am CT

Mandatory Class: Every Monday 5:15 – 6:45 pm CT

In this Syllabi 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. 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 the weekend.

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

COVID-19:

Scientific data shows that being fully vaccinated is the most effective way to prevent and slow the spread of COVID-19 and has the greatest probability of avoiding serious illness if infected in

all age groups. Although MSU Texas is not mandating vaccinations in compliance with Governor Abbott's executive orders, we highly encourage eligible members of our community to get a vaccination. If you have questions or concerns about the vaccine, please contact your primary care physician or health care professional. Given the recent rise in cases, individuals are also strongly encouraged to wear facial coverings when indoors among groups of people, regardless of vaccination status. Although MSU Texas is not currently requiring facial coverings, they have been an effective strategy in slowing the spread.

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. TR)* DSM V TR

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.

Inclusivity:

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

Confidentiality:

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

Academic Dishonesty:

Students at Midwestern State University are an essential part of the academic community and enjoy substantial freedom within the framework of the educational objectives of the institution. The freedom necessary for learning in a community so rich in diversity and achieving success toward our educational objectives requires high standards of academic integrity. Academic dishonesty has no place in an institution of advanced learning. It is each student's responsibility

to know what constitutes academic dishonesty and to seek clarification directly from the instructor if necessary. Examples of academic dishonesty include, but are not limited to:

- Submission of an assignment as the student's original work that is entirely or partly the work of another person.
- Failure to appropriately cite references from published or unpublished works or print/non-print materials, including work found on the World Wide Web.
- Observing or assisting another student's work.
- Multiple Submission - Submitting a substantial portion or the entire same work (including oral presentations) for credit in different classes without permission or knowledge of the instructor.
- Usage of Artificial Intelligence (AI) software, this does not include editing tools of Word or Grammarly i.e., spell check or rewriting suggestions for clarity.

Statement of Disability:

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

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

Attendance:

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

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 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](#))
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 Dates	Class Topics	Assignments/Reading
Week of Monday, August 26, 2024 – Sunday, September 1, 2024	<ul style="list-style-type: none"> • Class Introductions • Syllabus Review • Class Instructions • Liability Insurance • Informed Consent • Progress Noting • Reporting to Agencies 	<ul style="list-style-type: none"> • *Tuesday Zoom Class Supervision Meeting 6:30-8:00 pm central • *Do Discussion Board, Post, and Comment
Week of Monday, September 2, 2024 – Sunday, September 8, 2024 Labor Day Monday September 2, 2024	<ul style="list-style-type: none"> • Utilizing Assessments and Symptoms Checklists • Crisis Intervention 	<ul style="list-style-type: none"> • *Tuesday Zoom Class Supervision Meeting 6:30-8:00 pm central • *Do Discussion Board, Post, and Comment
Week of Monday, September 9, 2024 – Sunday, September 15, 2024	<ul style="list-style-type: none"> • Informed Consent • Resource Connecting • Crisis Services • *Informed Consent and Resource Assignment Appendix B to D2L due 9/15/24 before 11:59 pm CT. 	<ul style="list-style-type: none"> • *Tuesday 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 to D2L due 9/15/24 before 11:59 pm CT.
Week of Monday, September 16, 2024 – Sunday, September 22, 2024	<ul style="list-style-type: none"> • Treatment Planning • Case Conceptualizations • Psychosocial 	<ul style="list-style-type: none"> • *Tuesday Zoom Class Supervision Meeting 6:30-8:00 pm central • *Do Discussion Board, Post, and Comment
Week of Monday, September 23, 2024 – Sunday, September 29, 2024	<ul style="list-style-type: none"> • ACA Codes of Ethics • State Codes of Ethics • Rural Ethical Issues • Telehealth Ethics • TAC Code 	<ul style="list-style-type: none"> • *Tuesday Zoom Class Supervision Meeting 6:30-8:00 pm central • *Do Discussion Board, Post, and Comment

Class Dates	Class Topics	Assignments/Reading
<p>Week of Monday, September 30, 2024 – Sunday, October 6, 2024</p>	<ul style="list-style-type: none"> • Group versus Individual Counseling • *Fictional Progress Note and Treatment Plan Assignment Appendix C to D2L due 10/6/24 before 11:59 pm CT. 	<ul style="list-style-type: none"> • *Tuesday 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 to D2L due 10/6/24 before 11:59 pm CT.
<p>Week of Monday, October 7, 2024 – Sunday, October 13, 2024</p>	<ul style="list-style-type: none"> • Understanding the Self • Self-Awareness • Professional Identity 	<ul style="list-style-type: none"> • *Tuesday Zoom Class Supervision Meeting 6:30-8:00 pm central • *Do Discussion Board, Post, and Comment
<p>Week of Monday, October 14, 2024 – Sunday October 20, 2024</p>	<ul style="list-style-type: none"> • Multicultural Counseling • Working with Diverse Populations • *Midterm Site Supervisor Evaluations 	<ul style="list-style-type: none"> • *Tuesday Zoom Class Supervision Meeting 6:30-8:00 pm central • *Do Discussion Board, Post, and Comment • *Have your Site Supervisors turn in their Midterm Evaluation
<p>Week of Monday, October 21, 2024 – Sunday, October 27, 2024</p>	<ul style="list-style-type: none"> • Counseling Competencies • *Clinical Assessment Assignment Appendix E to D2L and Tk20 due 10/27/24 before 11:59 pm CT. 	<ul style="list-style-type: none"> • Zoom Class • *Do Discussion Board, Post, and Comment • *Turn in Case Clinical Assessment Assignment Appendix E to D2L and Tk20 due 10/27/24 before 11:59 pm CT.

Class Dates	Class Topics	Assignments/Reading
<p>Week of Monday, October 28, 2024 – Sunday, November 3, 2024</p>	<ul style="list-style-type: none"> • Counseling Philosophy • Evidence-based theory and techniques 	<ul style="list-style-type: none"> • Zoom Class Supervision • Do Discussion Board, Post, and Comment
<p>Week of Monday, November 4, 2024 – Sunday, November 10, 2024</p>	<ul style="list-style-type: none"> • Leadership Style 	<ul style="list-style-type: none"> • Zoom Class Supervision • Do Discussion Board, Post, and Comment
<p>Week of Monday, November 11, 2024 – Sunday, November 17, 2024</p>	<ul style="list-style-type: none"> • Paperwork • Records • Third-Party • Future in LPC • *Recorded Counseling Session Appendix D to D2L and Tk20 due 11/17/24 before 11:59 pm CT. 	<ul style="list-style-type: none"> • Zoom Class Supervision Meeting • Do Discussion Board, Post, and Comment • Turn in Recorded Counseling Session Appendix D to D2L and Tk20 due 11/17/24 before 11:59 pm CT.
<p>Week of Monday, November 18, 2024 – Sunday, November 24, 2024</p>	<ul style="list-style-type: none"> • Reflection on Counseling Sessions • Do Reflection Paper and Evaluation Appendix G on Tk20 and D2L due 11/24/24 before 11:59 pm CT. 	<ul style="list-style-type: none"> • Zoom Class • Do Discussion Board, Post, and Comment • Turn in Reflection Paper and Evaluation Appendix G to D2L and Tk20 due 11/24/24 before 11:59 pm CT.
<p>Week of Monday, November 25, 2024 – Sunday, December 1, 2024</p> <p>*Thanksgiving Break</p>	<ul style="list-style-type: none"> • Review 	<ul style="list-style-type: none"> • Zoom Class Supervision • *Do Discussion Board, Post, and Comment
<p>Week of Monday, December 2, 2024 – Sunday, December 8, 2024</p>	<ul style="list-style-type: none"> • Strengths Building • *Ensure that your Site Supervisor has completed their final evaluation on you on Tk20, not just saved but submitted. 	<ul style="list-style-type: none"> • Zoom Class Supervision Meeting • *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.

Class Dates	Class Topics	Assignments/Reading
Week of Monday, December 9, 2024 – Friday, December 13, 2024	<ul style="list-style-type: none"> Looking forward to next semester *Hours and Site Supervisor Final Evaluations Appendix F to D2L and Tk20 logs *Finish Student Evals on Supervisors on Tk20 Everything is due before 11:59 pm CT on 12/13/24! 	<ul style="list-style-type: none"> Zoom Class Supervision Meeting Turn in Hours and Site Supervisor Final Evaluations Appendix F to D2L and Tk20 logs Finish Student Evals on Supervisors on Tk20 Everything is due before 11:59 pm CT on 12/13/24!

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 be completed in the APA style, and points will be taken off for errors in formatting. No cover sheet or reference page needed for this assignment. Students may use an example template to create their fictional progress note and treatment planning assignment (See Appendix C).

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

Recorded Counseling Session: (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 video of 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.**

Clinical Assessment Assignment: (20 pts.)

Students will be expected to create a case conceptualization on a client that the student has worked with throughout the semester. No identifiable information should be shared within this paper. Students are encouraged to create a fake pseudonym for this client and leave out any factual identifiers. The purpose of this assignment is to demonstrate 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 be 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, explore multicultural and diversity issues, 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
Fictional Progress Note and Treatment Plan *D2L	20
Recorded 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 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).

Campus Carry:

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

***Please note, open carry of handguns, whether licensed or not, and the carrying of all other firearms, whether open or concealed, are prohibited on campus.**

Limited Right to Intellectual Property:

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

Midwestern State University Mission Statement:

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

Midwestern State University Values:

- People-Centered – Engage others with respect, empathy, and joy.
- Community – Cultivate a welcoming and belonging campus environment.
- 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](#)

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 title IX reporting](#)

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 sexual misconduct, please visit [title IX website](#)

*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 excerpts 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 states 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 Medication:** 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 will 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 role 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

Recorded Counseling Session: (20 pts.) Students will turn in their packet with their portion filled out and with signatures to D2L and Tk20. Students will conduct one 45-minute minimum counseling session with a client for each semester of Practicum and Internship. Students must fill out and sign the clinical video or observation consent form for themselves and their client. This form must be turned in to D2L. Students must fill out the skills evaluation form on themselves. This is a packet and needs to be turned in as a packet. Please fill out digitally aside from the signature. The instructor will provide feedback to the student using the Session Video and Skills Evaluation Form and the grading rubric. Students must schedule a pre-observation and post-observation meeting with their teaching professor before and after their recorded/observed counseling session. Any skills strengths and deficits will be addressed in individual supervision following the observed session, in addition to the rating form. If local, students can opt to have their teaching professor come in person to observe, however this must align with teaching professor's schedule. A recorded of video the counseling session is another option, as well as a live telehealth observation. If a video is recorded, it can be emailed to the teaching professor via google drive. Once you have utilized the video to complete your part of the paperwork, please delete the counseling video. Once the teaching professor is done with, 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.**

Please use forms located within the D2L shell.

Recorded Counseling Session Packet
 Faculty Evaluation of Student

Counselor Name:

University Supervisor Name:

Date:

Start Time:

End Time:

	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		
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	# 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	# 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		
39	Uses Closed Questions		
	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		

Session Summary:

Grading Rubric for the Session Video

Criteria	Needs Improvement 1	Developing 2	Proficient 3	Accomplished 4	Points
Does an Introduction, Informed Consent, and Goes Over Confidentiality.	Fails to introduce self effectively. Does not provide a clear explanation of counseling theory, client rights, or confidentiality limits. Fails to obtain explicit consent or ensure client comprehension.	Somewhat introduces self. Somewhat provides a clear explanation of counseling theory, client rights, or confidentiality limits. Struggles to obtain explicit consent or ensure client comprehension.	Generally, introduces self. Generally, provides a clear explanation of counseling theory, client rights, or confidentiality limits. Is able to obtain explicit consent or ensure client comprehension.	Thoroughly introduces self. Thoroughly provides a clear explanation of counseling theory, client rights, or confidentiality limits. Obtains explicit consent or ensure client comprehension.	
Establishes Rapport with the Client.	Does not establish rapport effectively, neglects informed consent and confidentiality.	Somewhat establishes rapport, attempts informed consent and confidentiality discussion.	Generally, establishes rapport, obtains consent, and discusses confidentiality adequately.	Consistently establishes rapport, obtains informed consent, and discusses confidentiality effectively.	
Clinically Explores problem(s)	Fails to explore client's issues effectively, lacks appropriate questioning or listening.	Attempts to explore client's issues but lacks depth or thoroughness in questioning.	Adequately explores client's issues with appropriate questioning and listening skills.	Thoroughly explores client's issues with insightful questioning and active listening.	
Attends to Basic Needs of the Client	Fails to attend to client's basic needs adequately during the session.	Occasionally attends to client's basic needs but may be inconsistent.	Generally, attends to client's basic needs but may overlook some aspects.	Consistently attends to client's basic needs throughout the session.	
Congruent Verbal and Nonverbal behavior	Shows incongruent or inappropriate verbal and nonverbal behavior.	Displays some congruent behavior but may be inconsistent.	Generally, displays congruent verbal and nonverbal behavior.	Demonstrates congruent verbal and nonverbal behavior consistently.	
Uses Active Listening	Demonstrates poor active listening skills during the session.	Attempts active listening but may not sustain it consistently	Engages in active listening for the majority of the session.	Actively listens throughout the session, demonstrating understanding and empathy.	

Closed Ended Questions	Frequently uses closed-ended questions.	Uses a moderate amount of closed-ended questions.	Sometimes uses closed-ended questions.	Rarely uses closed-ended questions.	
Open-Ended Questions	Overuses open-ended questions and lacks appropriate use of open-ended questions.	Uses open-ended questions occasionally but relies more on closed-ended questions.	Uses a suitable amount of open-ended questions.	Effectively employs appropriate and clinical open-ended questions.	
Shows Ability to Use Higher Level Counseling Skills Throughout the Session.	Does not demonstrate higher level counseling skills during the session.	Attempts to use higher level skills but lacks consistency or effectiveness.	Shows ability to use higher level counseling skills appropriately.	Demonstrates advanced counseling skills consistently throughout the session.	
Uses two (2) Well-Developed Theoretically-Based Techniques	Does not use any theoretically-based techniques within the session.	Uses one theoretically-based technique within the session.	Uses two theoretically-based techniques but lacks depth within the session.	Skillfully uses two or more theoretically-based techniques with confidence within the session.	
Has Empathic Attunement	Lacks empathy or understanding of client's emotions during the session.	Attempts to demonstrate empathy but lacks depth or understanding.	Shows empathy and understanding of client's emotions throughout the session.	Displays empathic understanding and attunement with the client's emotions effectively	
Has Positive Body Language and Posture	Displays negative or inappropriate body language and posture.	Shows some positive body language but may be inconsistent.	Displays generally positive body language and posture.	Maintains positive body language and posture consistently.	
Confronts the Client When Needed	Avoids necessary confrontation or handles it inappropriately.	Attempts to confront client but lacks effectiveness or appropriateness.	Effectively confronts client when needed to promote therapeutic goals.	Appropriately confronts client when necessary, fostering insight and progress.	
Uses Self-Disclosure Appropriately	Uses self-disclosure inappropriately or excessively during the session.	Attempts to use self-disclosure but lacks appropriateness or effectiveness.	Uses self-disclosure in a balanced manner to benefit therapeutic relationship.	Uses self-disclosure appropriately to enhance therapeutic rapport and understanding	
Uses Evidenced Based Theory throughout the Session	Does not apply evidenced-based theory or theories appropriately during the session.	Attempts to apply evidenced-based theory or theories but lacks consistency or integration.	Integrates evidenced-based theory or theories into the counseling process.	Consistently applies evidenced-based theory or theories appropriately throughout the session.	
Times using Interventions Appropriately	Inconsistently times interventions, impacting client	Attempts to time interventions but may miss opportunities or misjudge timing.	Generally, times interventions effectively to support client needs.	Times interventions appropriately, maximizing their impact on client progress.	

	engagement or progress.				
Shows Counselor Confidence	Demonstrates lack of confidence in counseling abilities during the session.	Shows some confidence but may appear hesitant or unsure at times.	Displays confidence in counseling abilities for the majority of the session.	Demonstrates strong confidence in counseling abilities throughout the session.	
Adheres to Multicultural Competencies and Ethical and Legal Standards	Lacks awareness or adherence to multicultural competencies and ethical standards.	Shows some awareness of multicultural issues but may not consistently adhere to standards.	Demonstrates awareness of multicultural issues and ethical standards.	Adheres to multicultural competencies and ethical standards consistently.	
Summarizes Session Before Wrapping Up	Does not provide a session summary or provides an ineffective summary.	Attempts to summarize session content but lacks clarity or completeness.	Summarizes session content adequately to review key points with client.	Provides a clear and effective summary of the session content before concluding.	
Maintains Professionalism throughout Session	Displays unprofessional behavior or demeanor during the session.	Shows some aspects of professionalism but may be inconsistent.	Generally, maintains professionalism in interactions and demeanor.	Maintains high level of professionalism throughout the session.	
Total Points					

Student Self-Evaluation

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

	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		
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	# 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	# 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		
39	Uses Closed Questions		
	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		

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 diversity in the areas of the client's life that are discussed.	All relevant biographical information is clearly stated and accurate. Biographical information discusses a wide range of areas of the client's life including developmental stage, family, education, social support, financial status, and anything else that seems pertinent to that client's life history.	All relevant biographical information is clearly stated and accurate. Biographical information discusses a wide range of areas of the client's life including developmental stage, family, education, social support, financial status, and anything else that seems pertinent to that client's life history. 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. Well written and thorough

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.**

See evaluation rubric below.

**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 diversity issues. Weakness of relationship makes progress unlikely.	NA

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

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- **.25=Deficits:** Significant remediation needed; deficits in knowledge/skills
- **NA=Not Applicable:** 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 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.	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 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.	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.