



**COUN 5293 Practicum Summer 2025 Syllabus**  
**Midwestern State University**  
**Gordon T. & Ellen West College of Education**

**Contact Information**

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

**Semester:** Summer 2025; 10 Weeks

**Office:** BH 327

**Office Hours:** Online

**Class Format:** Online

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

**E-mail:** [wendy.helmcamp@msutexas.edu](mailto:wendy.helmcamp@msutexas.edu)

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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](mailto: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 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 are encouraged to obtain their liability insurance by becoming a member of American Counseling Association, which offers 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 2024**

- Section 3:A.2. the multiple professional roles and functions of counselors across specialized practice areas
- Section 3: A.3. counselors' roles, responsibilities, and relationships as members of specialized practice and interprofessional teams, including (a) collaboration and consultation, (b) community outreach, and (c) emergency response management
- Section 3: E.5. application of technology related to counseling
- Section 3: A.11. self-care, self-awareness, and self-evaluation strategies for ethical and effective practice
- Section 3: A.12. the purpose of and roles within counseling supervision in the profession
- Section 3: C.11. systemic, cultural, and environmental factors that affect lifespan development, functioning, behavior, resilience, and overall wellness KPI

- Section 3: E.4. consultation models and strategies
- Section 3: E.6. ethical and legal issues relevant to establishing and maintaining counseling relationships across service delivery modalities
- Section 3: E.5. application of technology related to counseling
- Section 3: E.8. counselor characteristics, behaviors, and strategies that facilitate effective counseling relationships
- Section 3: E.9. interviewing, attending, and listening skills in the counseling process
- Section 3: E.13. developmentally relevant and culturally sustaining counseling treatment or intervention plans
- Section 3: E.14. development of measurable outcomes for clients
- Section 3: E.15. evidence-based counseling strategies and techniques for prevention and intervention KPI
- Section 3: E.17. principles and strategies of caseload management and the referral process to promote independence, optimal wellness, empowerment, and engagement with community resources
- Section 3: E.19. suicide prevention and response models and strategies
- Section 3: E.20. crisis intervention, trauma-informed, community-based, and disaster mental health strategies
- Section 3: E.21. processes for developing a personal model of counseling grounded in theory and research
- Section 3: F.2. dynamics associated with group process and development
- Section 3: F.3. 3. therapeutic factors of group work and how they contribute to group effectiveness
- Section 3: F.4. characteristics and functions of effective group leaders
- Section 3: F.5. approaches to group formation, including recruiting, screening, and selecting members
- Section 3: G.14. procedures for assessing clients' experience of trauma
- Section 3: G.15. procedures for identifying and reporting signs of abuse and neglect
- Section 3: G.7. use of culturally sustaining and developmentally appropriate assessments for diagnostic and intervention planning purposes KPI
- Section 3: E.1. theories and models of counseling, including relevance to clients from diverse cultural backgrounds KPI
- Section 3: E.16. record-keeping and documentation skills
- Section 3: A.2. the multiple professional roles and functions of counselors across specialized practice areas
- Section 5: C.1. etiology, nomenclature, diagnosis, treatment, referral, and prevention of mental, behavioral, and neurodevelopmental disorders
- Section 5: C.2. mental health service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare

- Section 3: G.11. diagnostic processes, including differential diagnosis and the use of current diagnostic classification systems KPI
- Section 5: C.3. legislation, government policy, and regulatory processes relevant to clinical mental health counseling
- Section 5: C.9. third-party reimbursement and other practice and management issues in clinical mental health counseling
- Section 5: C.4. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
- Section 5: C.5. techniques and interventions for prevention and treatment of a broad range of mental health issues KPI
- Section 5: C.6. strategies for interfacing with the legal system regarding court-referred clients
- Section 5: C.7. strategies for interfacing with integrated behavioral healthcare professionals
- Section 5: C.8. strategies to advocate for people with mental, behavioral, and neurodevelopmental conditions
- Section 4: A. The counselor education program provides ongoing support to help students find fieldwork sites that are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as professional counselors within their CACREP specialized practice areas.
- Section 4: B. Students are covered by individual professional counseling liability insurance while enrolled in practicum and internship.
- Section 4: C. Supervision of practicum and internship students includes secure audio or video recordings and/or live supervision of students' interactions with clients that are in compliance with applicable institutional, state, federal, and international privacy requirements for all program delivery types.
- Section 4: D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technology, as part of their practicum and internship.
- Section 4: E. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.
- Section 4: F. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
- Section 4: G. Programs provide a fieldwork handbook to all students and fieldwork site supervisors, for all program delivery types, detailing requirements, expectations, policies, and procedures, including:

1. CACREP standards and definitions related to supervised practicum and internship;
  2. supervision agreement;
  3. evaluation procedures and requirements; and
  4. policy for student retention, remediation, and dismissal from the program.
- Section 4: H. Written supervision agreements:
    1. define the roles and responsibilities of the faculty supervisor, field experience site supervisor, and student during practicum and internship;
    2. include emergency procedures; and
    3. detail the format and frequency of consultation between the counselor education program and the site to monitor student learning.
  - Section 4: I. The counselor education program provides orientation to fieldwork site supervisors regarding program requirements and expectations.
  - Section 4: J. During entry-level professional practice experiences, the counselor education program engages in consultation with the fieldwork site supervisor to monitor student learning and performance in accordance with the supervision agreement.
  - Section 4: K. The counselor education program provides professional development opportunities to fieldwork site supervisors for all program delivery types.
  - Section 4: L. Students have opportunities to evaluate their experience with the practicum and internship placement process.
  - Section 4: M. Students have regular, systematic opportunities to evaluate practicum and internship fieldwork sites and site supervisors.
  - Section 4: Q. Students complete supervised counseling practicum experiences that total a minimum of 100 hours over a full academic term that is a minimum of eight weeks consistent with the institution's academic calendar.
  - Section 4: R. Practicum students complete at least 40 hours of direct service with actual clients that contributes to the development of counseling skills.
  - Section 4: S. Throughout the duration of the practicum, each student receives individual and/or triadic supervision on a regular schedule that averages one hour a week and is provided by at least one of the following:
    1. a counselor education program core or affiliate faculty member, or
    2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member, or
    3. a fieldwork site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
  - Section 4: T. Throughout the duration of the practicum, each student receives group supervision on a regular schedule that averages 1½ hours per week and is provided by at least one of the following:
    1. a counselor education program faculty member or
    2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member.

- Section 4: Y. When individual/triadic supervision is provided by the counselor education program faculty or a doctoral student under supervision, each practicum and internship course should not exceed a 1:6 faculty: student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment.
- Section 4L Z. When individual/triadic supervision is provided solely by a fieldwork site supervisor, and the counselor education program faculty or doctoral student under supervision only provides group supervision, each practicum and internship course should not exceed a 1:12 faculty: student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment.
- Section 4: AA. Practicum and internship students are not combined for group supervision.
- Section 4: BB. Group supervision for practicum or internship students should not exceed 12 students per group.

### **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 will use formal, professional language when

corresponding online. It is expected that students 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.

**Respectful Learning Environment:** My goal is to present material and design activities in a way that is respectful to all students. I aim for this course to support students with a wide range of experiences and perspectives, and to meet their learning needs both inside and outside the classroom. I also encourage students to share their insights and experiences, as they contribute meaningfully to our learning community. Your feedback on how to make this course more welcoming and effective is always valued.

**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, not including 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 ensure 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 on 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 attend mandatory zoom classes weekly. If you do not attend class, you may not count any hours that week, and points will be deducted from your

grade.

**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 by **\*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.

### **Important Dates**

**Last day for term schedule changes:** 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](#)

### **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.

### **Attendance**

Students are expected to attend all weekly mandatory zoom meetings for clinical courses. These meetings are 90 minutes and are a CACREP requirement for university supervision. If students do not attend mandatory zoom meetings, they are not allowed to count any direct or indirect hours that week, and points will be deducted from their grade. More than one absence could result in a PICS (remediation plan).

### **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](#).



### **Inclement Weather**

In case of campus closure due to inclement weather, our zoom class will still meet online and will not be affected.

### **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).

### **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](mailto:laura.hetrick@msutexas.edu)

You may also file an online report 24/7 at

[https://cm.maxient.com/reportingform.php?MSUTexas&layout\\_id=6](https://cm.maxient.com/reportingform.php?MSUTexas&layout_id=6)

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 <https://msutexas.edu/titleix/>

**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 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 recommended 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). Site supervisors will also observe students conducting two counseling sessions (either live or a recording) and complete a rubric on their skills.
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 professor will provide feedback to the student using the rubric during a post-observation conference. Any skills strengths and deficits will be addressed in individual supervision following the observed session. Students will receive a copy of the rubric and feedback. A video of a counseling session is required. For students who are unable to record at their site, the professor may video into the session to observe live. If local, the session can be observed live.

#### SEMESTER COURSE OUTLINE

Class Dates	Class Topics	Assignments/Reading
1. Week of Monday, June 2, 2025 – Sunday, June 8, 2025	<ul style="list-style-type: none"> <li>• Class Introductions/Orientation</li> <li>• Syllabus Review</li> <li>• Class Instructions</li> <li>• Liability Insurance</li> <li>• Informed Consent</li> <li>• Progress Noting</li> <li>• Reporting to Agencies</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
2. Week of Monday, June 9, 2025 – Sunday, June 15, 2025  <b>KPI: 3.E.15, 5.C.5</b>	<ul style="list-style-type: none"> <li>• Informed Consent</li> <li>• Reporting Abuse</li> <li>• <b>Informed Consent and Resource Assignment Appendix B</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Informed Consent and Resource Assignment Appendix B</b></li> </ul>
3. Week of Monday, June 16, 2025 – Sunday, June 22, 2025	<ul style="list-style-type: none"> <li>• Crisis</li> <li>• Suicide</li> <li>• Safety Plan</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>

<b>Class Dates</b>	<b>Class Topics</b>	<b>Assignments/Reading</b>
<b>4. Week of Monday, June 23, 2025 – Sunday, June 29, 2025</b>  <b>KPI: 3.C.11, 3.E.15, 3.G.11, 5.C.5</b>	<ul style="list-style-type: none"> <li>• Non-Suicidal Self-Injury</li> <li>• <b>Fictional Progress Note and Treatment Plan Assignment Appendix C</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Fictional Progress Note and Treatment Plan Assignment Appendix C</b></li> </ul>
<b>5. Week of Monday, June 30, 2025 – Sunday, July 6, 2025</b>	<ul style="list-style-type: none"> <li>• ACA Code of Ethics</li> <li>• State Code of Ethics</li> <li>• Rural Ethical Issues</li> <li>• Telehealth Ethics</li> <li>• <b>Midterm Site Supervisor Evaluations</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Midterm Site Supervisor Evaluations</b></li> </ul>
<b>6. Week of Monday, July 7, 2025 – Sunday, July 13, 2025</b>  <b>KPI 3.C.11, 3.E.1, 3.E.15, 3.G.7, 5.C.5</b>	<ul style="list-style-type: none"> <li>• Ethics</li> <li>• Professional Counseling Organizations</li> <li>• <b>Clinical Assessment Assignment Appendix E (submit to D2L and Tk20)</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Clinical Assessment Assignment to D2L and Tk20</b></li> </ul>
<b>7. Week of Monday, July 14, 2025 – Sunday, July 20, 2025</b>	<ul style="list-style-type: none"> <li>• Identifying Values</li> <li>• Understanding the Self</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<b>8. Week of Monday, July 21, 2025 – Sunday, July 27, 2025</b>  <b>KPI: 3.E.1, 3.E.15, 5.C.5</b>	<ul style="list-style-type: none"> <li>• Theoretical Orientation</li> <li>• Counseling Skills Review</li> <li>• <b>Turn in Counseling Session Appendix D (submit to D2L and Tk20)</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Counseling Session to D2L and Tk20</b></li> </ul>

Class Dates	Class Topics	Assignments/Reading
9. Week of Monday July 28, 2025 – Sunday, August 3, 2025	<ul style="list-style-type: none"> <li>Group Counseling</li> </ul>	<ul style="list-style-type: none"> <li><b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li><b>Do Discussion Board, Post, and Comment</b></li> </ul>
10. Week of Monday, August 4, 2025 – Thursday, August 7, 2025  <b>KPI: 3.C.11, 3.E.1, 3.E.15, 3.G.7, 3.G.11, 5.C.5</b>	<ul style="list-style-type: none"> <li>Strength Bombardment</li> <li><b>Do Reflection Paper Appendix G (submit to D2L and Tk20)</b></li> <li><b>Final Site Supervisor Evaluation</b></li> <li><b>Turn in Hours Appendix F</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Monday Zoom Class Supervision Meeting 6:30-8:00 pm central</b></li> <li><b>Do Discussion Board, Post, and Comment</b></li> <li><b>Turn in Hours and Site Supervisor Final Evaluations Appendix F</b></li> <li><b>Turn in Reflection Paper to D2L and Tk20</b></li> </ul>

## EVALUATION AND ASSIGNMENTS

**\*ALL WRITTEN ASSIGNMENTS MUST BE SUBMITTED VIA D2L, AND ALL WORK MUST BE COMPLETED USING THE LATEST APA 7 EDITION STYLE.**

**\*Please note that in order to pass the course, you must submit all required assignments to Tk20.**

**Discussion Board, and University Supervision: (16 pts.)** Students are required to reflect on their practicum experience weekly. 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 for 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 and points will be deducted from your grade (See Appendix A for Rubric).

**Informed Consent, Resource Assignment, and Crisis: (32 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: 3.E.15, 5.C.5**

**Fictional Progress Note and Treatment Planning: (28 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.C.11, 3.E.15, 3.G.11, 5.C.5**

**Counseling Session: (80 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 a rubric to rate their skills in a post-observation conference. Any skills' strengths and deficits will be addressed in individual supervision. Students will receive a copy of the feedback. A video of a counseling session is required. \*Students may email their video using google drive to the university supervisor due to file size. If students are unable to record their session at their site, the professor may join the session virtually to observe. (See Appendix D for Rubric). **Tk20 Link; KPI: 3.E.1, 3.E.15, 5.C.5**

**Clinical Assessment Assignment: (24 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.C.11, 3.E.1, 3.E.15, 3.G.7, 5.C.5**

**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**). **KPI: 3.C.11, 3.E.1, 3.E.15, 3.G.7, 5.C.5**

**Reflection Paper and Live Interview (40 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; 3.A.11 KPI: 3.E.1, 3.E.15, 3.G.11, 5.C.5**

**Grade Breakdown (total of 230 pts.):**

Assignment	Points
Online Assignments and Comments <b>D2L</b>	16
Informed Consent, Resource Assignment and Crisis <b>D2L</b>	32
Fictional Progress Note and Treatment Plan <b>D2L</b>	28
Counseling Session <b>D2L</b> and <b>Tk20</b>	80
Clinical Assessment Assignment <b>D2L</b> and <b>Tk20</b>	24
Completion of 100 Hours and Satisfactory Site Supervisor Evaluations <b>D2L</b>	10
Reflection Paper and Live Interview <b>D2L</b> and <b>Tk20</b>	40
Total Points	230

Grade	Percentage Range	Point Range (out of 230)
A	90-100	207-230
B	80-89	184-206.9
C	70-79	161-183.9
D	60-69	138-160.9
F	0-59	0-137.9

**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 or 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 (16 pts.)**

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

#### **Rubric of Discussion Board and Class Supervision (Possible 16 Pts.)**

<b>Week</b>	<b>Points</b>
Week 1	2.0
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	2.0

## Appendix B

### Informed Consent, Resource Assignment, and Crisis (32 pts.)

#### CACREP Standards Addressed:

KPI: \*3.E.15, \*5.C.5

#### Informed Consent, Resource Rubric

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
<b>Informed Consent Content (Adults)</b>	Missing most required elements.	Includes a few required elements, but major gaps in content.	Covers most required elements but lacks clarity or detail.	Includes all required elements with good clarity and organization.	Comprehensive , clear, and professional, exceeding expectations; includes all required elements and extra relevant information.
<b>Informed Consent Content (Minors)</b>	Missing most required elements.	Includes a few required elements, but major gaps in content.	Covers most required elements but lacks clarity or detail.	Includes all required elements with good clarity and organization.	Comprehensive , clear, and professional, exceeding expectations; includes all required elements and extra relevant information.
<b>Ethical Guidelines (CACREP 3.E.15, 5.C.5)</b>	No mention of relevant ethical codes.	Minimal or inaccurate mention of ethical codes.	Mentions ethical codes but lacks integration with the forms.	Appropriately incorporates ethical codes with clear understanding of their application.	Demonstrates a deep understanding and exemplary application of ethical codes in both forms.
<b>Local Resource Document Content</b>	Missing most required resources.	Includes a few resources, but major gaps in coverage or variety.	Covers most required resources but lacks thoroughness or organization.	Includes all required resources with good variety and clear organization.	Comprehensive , well-organized, and highly relevant; includes all required resources and additional

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
					helpful resources.
<b>Formatting and Professionalism</b>	Forms and document are poorly formatted, unclear, or unprofessional.	Basic formatting with some professionalism but lacks clarity or organization.	Forms and document are generally clear and professional but may have minor errors.	Well-formatted, clear, and professional; minimal to no errors.	Exceptionally formatted, highly professional, and visually appealing; no errors.
<b>Clarity of Purpose and Roles</b>	Lacks clear explanation of purpose and roles.	Basic explanation of purpose and roles but lacks detail or clarity.	Provides clear explanation of purpose and roles but may lack depth or thoroughness.	Purpose and roles are well-explained with appropriate depth and clarity.	Outstanding explanation of purpose and roles; highly detailed and easy to understand.
<b>Compliance with Confidentiality Standards</b>	Fails to address limits of confidentiality or does so inaccurately.	Basic mention of limits of confidentiality but lacks detail or accuracy.	Covers limits of confidentiality but may miss some nuances or specific applications.	Thoroughly addresses limits of confidentiality with clear explanations and examples.	Exemplary understanding and articulation of confidentiality standards; highly detailed and nuanced.
<b>Risks and Benefits</b>	No mention of risks or benefits.	Minimal mention of risks or benefits, lacking detail or clarity.	Covers risks and benefits, but explanations are vague or incomplete.	Clearly outlines risks and benefits with appropriate detail.	Exceptional detail and clarity in outlining risks and benefits; shows deep understanding.

## Appendix C

### Fictional Progress Note and Treatment Plan Assignment (28 pts.)

#### CACREP Standards Addressed:

KPI: \*3.C.11., \*3.E.15., \*3.G.11., \*5.C.5.

### Rubric for Fictional Progress Note and Treatment Planning Assignment

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
<b>Progress Note Content</b>	Missing critical components of a progress note.	Includes basic components but is incomplete or lacks clarity.	Covers all essential components (e.g., session focus, interventions, client response) but lacks depth.	Comprehensive, clear, and well-organized; addresses key elements with detail.	Exceptionally thorough and professional; includes all required components with clear and nuanced detail.
<b>Treatment Plan Content</b>	Missing most required elements of a treatment plan.	Includes basic elements but lacks detail or clarity (e.g., vague goals, unclear interventions).	Includes clear goals, objectives, and interventions but lacks integration with client needs.	Comprehensive and well-aligned with client needs; goals, objectives, and interventions are specific and realistic.	Exceeds expectations; highly specific, client-centered, and actionable goals, objectives, and interventions.
<b>Integration of Client Information</b>	Fictional client information is incomplete or unrealistic.	Fictional client information is basic but lacks detail or alignment with treatment goals.	Fictional client is reasonably realistic and appropriately integrated into the note and plan.	Fictional client is well-developed, realistic, and integrated seamlessly into the assignment.	Exceptionally realistic and well-developed client; seamlessly integrated with clear alignment to treatment planning.
<b>Use of Ethical Standards (CACREP)</b>	Fails to demonstrate understanding	Minimal or inaccurate mention of	Adequately integrates ethical	Thoroughly incorporates ethical	Demonstrates deep understanding

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
<b>3.C.11, 3.E.15, 3.G.11, 5.C.5)</b>	or application of ethical standards.	relevant ethical standards.	standards but lacks depth or nuance.	standards with clear understanding and application.	and exemplary application of ethical standards in both the progress note and treatment plan.
<b>APA Style and Formatting</b>	APA formatting is absent or contains numerous errors.	Basic attempt at APA style, but multiple errors in formatting, grammar, or structure.	Follows APA style with minor errors in formatting, grammar, or citations.	Adheres to APA style with only minimal errors; overall professional and well-organized.	Flawless use of APA style; highly professional and error-free presentation.
<b>Clarity and Professionalism</b>	Writing is unclear, disorganized, and unprofessional.	Basic writing with noticeable issues in clarity or organization.	Writing is clear and organized but lacks depth or professional tone.	Writing is professional, clear, and well-organized with minor issues.	Exceptionally professional, clear, and highly organized writing that demonstrates attention to detail.
<b>Application of Counseling Skills</b>	Does not demonstrate an understanding of counseling skills or their application.	Minimal demonstration of counseling skills or understanding of their application.	Demonstrates adequate understanding of counseling skills but lacks depth or specificity.	Demonstrates strong understanding and application of counseling skills; relevant and realistic.	Exceptional understanding and application of counseling skills; highly realistic and contextually appropriate.



**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 would 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 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 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 nurse will contact the patient and local health department tomorrow to ensure that the patient followed through with the psychiatric consultation.

### **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 feels 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 instructing 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 beer every now and then. George admitted 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: (80 pts.)

**Submit to Tk20 and D2L.**

**CACREP Standards to be addressed include:** 3.A.11, 3.E.9; KPI \*3.E.1., \*3.E.15., \*5.C.5.

### 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		

	<b>Counseling Skills</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
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		
	<b>Theory</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
22	Assessment Using Theory		
23	Uses 2 Theoretically Based Techniques		
24	What theory was used and how did it help manage the session?		
	<b>Inappropriate Items</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
25	Sympathy/Reassuring		
26	Advising		
27	Judging		

	<b>Counseling Skills</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
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		
	<b>Supervision</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
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:



### Recorded Counseling Session Grading Rubric

Criteria	Needs Improvement 1	Developing 2	Proficient 3	Accomplished 4	Points
<b>Does an Introduction, Informed Consent, and Goes Over Confidentiality.</b>	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.	
<b>Establishes Rapport with the Client.</b>	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.	
<b>Clinically Explores problem(s)</b>	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.	
<b>Attends to Basic Needs of the Client</b>	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.	
<b>Congruent Verbal and Nonverbal behavior</b>	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.	
<b>Uses Active Listening</b>	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.	
<b>Closed Ended Questions</b>	Frequently uses closed-ended questions.	Uses a moderate amount of closed-ended questions.	Sometimes uses closed-ended questions.	Rarely uses closed-ended questions.	

<b>Criteria</b>	<b>Needs Improvement 1</b>	<b>Developing 2</b>	<b>Proficient 3</b>	<b>Accomplished 4</b>	<b>Points</b>
<b>Open-Ended Questions</b>	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.	
<b>Shows Ability to Use Higher Level Counseling Skills Throughout the Session.</b>	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.	
<b>Uses two (2) Well-Developed Theoretically-Based Techniques</b>	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.	
<b>Has Empathic Attunement</b>	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	
<b>Has Positive Body Language and Posture</b>	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.	
<b>Confronts the Client When Needed</b>	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.	
<b>Uses Self-Disclosure Appropriately</b>	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	
<b>Uses Evidenced Based Theory throughout the Session</b>	Does not apply evidenced-based theory or theories appropriately during the session.	Attempts to apply evidence-based theory or theories but lacks consistency or integration.	Integrates evidence-based theory or theories into the counseling process.	Consistently applies evidenced-based theory or theories appropriately throughout the session.	
<b>Times using Interventions Appropriately</b>	Inconsistently times interventions, impacting client	Attempts to time interventions but may miss	Generally, times interventions effectively to	Times interventions appropriately, maximizing their	

Criteria	Needs Improvement 1	Developing 2	Proficient 3	Accomplished 4	Points
	engagement or progress.	opportunities or misjudge timing.	support client needs.	impact on client progress.	
<b>Shows Counselor Confidence</b>	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.	
<b>Adheres to Multicultural Competencies and Ethical and Legal Standards</b>	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.	
<b>Summarizes Session Before Wrapping Up</b>	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.	
<b>Maintains Professionalism throughout Session</b>	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.	
<b>Total Points out of 80</b>					

## Student Self-Evaluation

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

	<b>Counseling Skills</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
16	Observing Themes/Patterns		
17	Acknowledge Nonverbal Bx		
18	Reframing Statements		
19	Appropriate Pacing		
20	Use of Ethics and Multicultural Competence		
	<b>Theory</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
22	Assessment Using Theory		
23	Uses 2 Theoretically Based Techniques		
24	What theory was used and how did it help manage the session?		
	<b>Inappropriate Items</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
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		

	<b>Counseling Skills</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
36	Not giving yourself time to think		
37	Getting ahead of client		
38	Poor balance of reflections/ questions/ restatements		
39	Uses Closed Questions		
	<b>Supervision</b>	<b># of Times Demonstrated</b>	<b>Comments</b>
41	Open, positive discussion		
42	Emotionality in supervision		
43	Receptivity to feedback		
44	Participation in supervision (bring content)		
45	Submission of all materials		
46	Adheres to procedure and takes initiative		
47	Fulfillment of supervision tasks		

Signature University Supervisor : \_\_\_\_\_

Signature Student Supervisee: \_\_\_\_\_

Signature of Student's Site Supervisor: \_\_\_\_\_

## Appendix E

**Clinical Assessment Assignment (24 pts.) See Rubric Examples Below Standards.**

**CACREP Standards Addressed KPI:** \*3.C.11., \*3.E.1., \*3.E.15., \*3.G.7., \*5.C.5.

**Turn into D2L and Tk20**

Rubric of Clinical Assessment Assignment (Possible 24 Pts.) See detailed examples below

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
<b>Case Conceptualization and Analysis (CACREP 5.C.5)</b>	Missing or incomplete; lacks understanding of the client's presenting issues and relevant context.	Basic conceptualization with limited understanding of the client's presenting issues; analysis is vague or underdeveloped.	Provides a clear conceptualization that identifies client issues but lacks depth or critical insight.	Thorough conceptualization that effectively identifies and analyzes the client's presenting issues, incorporating relevant context.	Comprehensive and insightful conceptualization that demonstrates advanced critical thinking and a nuanced understanding of the client's needs.
<b>Diagnosis and Clinical Reasoning (CACREP 5.C.5, 3.G.7)</b>	Diagnosis is missing, inaccurate, or lacks justification.	Diagnosis is minimally justified and lacks clarity or alignment with client presentation.	Diagnosis is accurate and supported by reasoning, though some details may be underdeveloped.	Accurate diagnosis with detailed and well-supported clinical reasoning that aligns with client presentation and conceptualization.	Exceptionally accurate and justified diagnosis with advanced clinical reasoning that demonstrates deep understanding and integration of assessment & diagnostic principles.
<b>Treatment Planning and Interventions (CACREP 3.G.7, 3.C.11)</b>	Treatment plan is missing, incomplete, or does not address client needs.	Basic treatment plan with vague goals or interventions that are minimally	Clear treatment plan with specific goals and interventions, but some areas lack depth or	Detailed treatment plan with actionable goals and interventions that are tailored to the	Exceptional treatment plan with highly specific, client-centered goals and innovative

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
		relevant to the client.	integration with case conceptualization.	client's needs and well-integrated with the conceptualization.	interventions that demonstrate advanced clinical reasoning.
<b>Progress Note Content (CACREP 3.G.7, 3.E.1)</b>	Progress note is missing or incomplete; fails to document relevant session details or client progress.	Basic progress note with minimal details and weak alignment with the treatment plan or conceptualization.	Clear and relevant progress note that documents session details, client progress, and interventions but may lack depth or include irrelevant information.	Comprehensive progress note that thoroughly documents session details, client progress, and alignment with the treatment plan.	Exceptionally professional and detailed progress note that seamlessly aligns with the treatment plan and demonstrates advanced documentation skills.
<b>Ethical and Professional Considerations (CACREP 3.E.1)</b>	Ethical principles (e.g., confidentiality, professionalism) are not addressed or are violated (e.g., identifiable client information included).	Ethical principles are minimally addressed; may include minor lapses in professionalism or confidentiality.	Adheres to ethical principles with appropriate client anonymity and professionalism, though some applications may lack depth.	Demonstrates strong adherence to ethical principles, with clear and effective application of confidentiality and professionalism throughout.	Exemplary application of ethical principles, demonstrating advanced understanding of confidentiality, professionalism, and ethical reasoning in all aspects of the assignment.
<b>APA 7 Style and Formatting</b>	APA formatting is absent or contains numerous errors.	Basic attempt at APA style, but multiple errors in formatting, grammar, or structure.	Follows APA style with minor errors in formatting, grammar, or organization.	Adheres to APA style with minimal errors; writing is clear, professional, and well-organized.	Flawless use of APA style; highly professional, well-organized, and error-free writing.



## **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.

**CACREP Standards Addressed:** \*3.C.11., \*3.E.1., \*3.E.15., \*3.G.7., \*5.C.5., 3.A.11.

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

Criterion	Fail 0 Points	Pass 2 points
Completed at least 40 direct hours (CACREP 3.C.11, 3.E.1, 3.E.15, 3.G.7, 5.C.5)	Not Completed	Completed
Completed at least 60 indirect hours	Not Completed	Completed
Completed Site and University Supervision	Not Completed	Completed
Student's Supervisors (site and university) evaluations are completed midterm, and final.	Not Completed	Completed

<b>Criterion</b>	<b>Fail 0 Points</b>	<b>Pass 2 points</b>
Student attended all classes and maintained appropriate codes of ethics and professionalism within the class, and on site. (CACREP 3.A.11)	Not Completed	Completed

## Appendix G

### Reflection Paper and Evaluation: (40 Points)

**Submit to Tk20 and D2L.**

**CACREP Standards Addressed:**

**3.A.11. Tk20 Link KPI: 3.E.1, 3.E.15, 3.G.11, 5.C.5**

### Student Evaluation on Themselves

**Date:**

**Student Counselor:**

**Teaching Professor:**

**Level of Clinical Training:**

- Practicum
- Internship I
- 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 Deficits	2 Developing	3 Mastered Basic Skills	4 Outstanding
<b>Counseling Relationship</b>	Significant problems with forming counseling relationships. Unable to identify and/or navigate significant diversity issues. Weakness of relationship makes progress unlikely.	Minor problems developing counseling relationships and connecting with client. Struggles with communicating with client different from self, including culture, age, SES, education, etc.	Able to develop working counseling relationship; able to engage participant in majority of treatment process. Conveys respect for all perspectives.	Able to develop strong counseling relationship with client, able to successfully engage participant in treatment process. Conveys clear sense of respect for all perspectives.

<b>Criterion</b>	<b>1 Deficits</b>	<b>2 Developing</b>	<b>3 Mastered Basic Skills</b>	<b>4 Outstanding</b>
<b>Attention to Client Needs and Diversity</b>	Significant problems attending to client needs and/or diversity issues; counseling progress not likely due to problems in these areas.	Minor problems attending to client needs and/or diversity issues.	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.	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, and larger system.
<b>Explain Practice Policies</b>	Significant problems explaining practice setting rules, fees, rights, and confidentiality; significant problems connecting with client; misunderstands numerous practice policies.	Minor problems explaining practice setting rules, fees, rights, confidentiality; nervousness may deter from forming relationship; understands most practice policies.	Explains basic practice setting rules, fees, rights, confidentiality and its limits; uses opportunity to build basic rapport; understands major 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.
<b>Consent to Treatment</b>	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.	Minor problem explaining counseling process in order to obtain consent to treat. Vague word choice or misses minor information.	Explains basic counseling process in words client can understand in order to obtain consent to treat.	Skillful job explaining counseling process in words client can understand in order to obtain consent to treat; uses opportunity to enhance counseling relationship.
<b>Client Assessment</b>	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.	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.	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.	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.
<b>Content VS Process</b>	Mistakes content for significant process issue. Unable to track process and session	Sidetracked one or more times with content but at some	Able to distinguish content from process; able to track process while attending to	Thoughtful ability to distinguish content from process; able to track process while attending to

<b>Criterion</b>	<b>1 Deficits</b>	<b>2 Developing</b>	<b>3 Mastered Basic Skills</b>	<b>4 Outstanding</b>
	loses impact due to focus on content.	point, able to return focus to process	content; does not begin to intervene on content when it is a process issue.	content and developing at least one intervention that attends to process.
<b>Time Management</b>	Significant problems with time management; session more than 5 minutes over; feels rushed.	Minor problems with timing management; no more than 5 minutes over; may have minor feeling of rush.	Good use of time management from beginning to end of session; ends on time.	Outstanding use of time management from beginning to end of session; no sense of rush.
<b>Psychoeducation and Recovery Services</b>	Significant problems with delivering psychoeducation and recovery information; does not provide any information or provides incorrect information.	Minor problems with delivering psychoeducation and recovery information and/or insufficient information imparted.	Able to provide basic psychoeducational information for client diagnosed with mental health and/or substance abuse disorder; knowledge of recovery services.	Outstanding delivery of psychoeducational information for client diagnosed with mental health and/or substance abuse disorder; provides appropriate knowledge of recovery services.
<b>Participation in Class Discussions</b>	Limited interaction with peers and rarely participates in class discussions and/or does not stay on task.	Some effort to interact with peers but does not take a leading role. Minimal participation in class discussions. Sometimes deviates from 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	Consistently, actively supports, engages, listens and responds to peers. Takes a leading role. Participates in a meaningful way in class discussions. Stays on task.
<b>Writing Ability and APA</b>	Shows no knowledge of APA formatting	Student jumps around in formatting and content	Cohesive paper in mostly APA formatting	Demonstrates strong knowledge, well throughout ideas, succinct, cohesive, and in APA formatting.

## Faculty Evaluation on Students

Date:

Counselor:

Evaluator/Instructor:

Level of Clinical Training:

- Practicum
- Internship I
- 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)

Criterion	1 Deficits	2 Developing	3 Mastered Basic Skills	4 Outstanding
<b>Evaluation of Counseling Relationship and Role</b>	Significant problems with evaluation of relationship, client responsiveness; misses critical issues.	Minor problems with evaluation of relationship, client responsiveness; misses minor issues.	Clear evaluation of counseling relationship, counselor role, client responsiveness; attention to key diversity issues and client acceptance of goals.	Outstanding evaluation of counseling relationship, counselor role, client responsiveness; attention to diversity issues and client acceptance of goals.
<b>Evaluation of Personal Reactions</b>	Problematic or unsupportable rationales for choice of intervention, theory, assessment approach. Poor 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.	Clear rationales for choice of intervention, theory, assessment approach. Clear analysis of intervention consistency with model, congruency with client's cultural context.	Outstanding rationales for choice of intervention, theory, assessment approach. Thoughtful analysis of intervention consistency with model, congruency with client's cultural context.
<b>Evaluation of Legal &amp; Ethical Issues</b>	Significant problems with analysis of attention to legal, ethical issues; unable to identify a critical problem area; poor	Minor problems with analysis of attention to legal, ethical issues; unable to identify one or more problem areas; unclear 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	Outstanding analysis of attention to legal, ethical issues; able to identify points that could have been better dealt with; able to provide thoughtful



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Dr. Wendy Helmcamp  
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<b>Criterion</b>	<b>1 Deficits</b>	<b>2 Developing</b>	<b>3 Mastered Basic Skills</b>	<b>4 Outstanding</b>
	rationales for ethical decisions.		rationales for ethical decisions.	rationales for ethical decisions.
<b>Evaluation of Socio-cultural and Equity Issues</b>	One or more significant issues not addressed.	Minor problems or missed 1-2 issues related to diversity, equity, and/or advocacy.	Clear understanding of diversity and equity and advocacy issues.	Thoughtful understanding of diversity, equity and advocacy issues. Includes some proposed advocacy effort.
<b>Evaluation of Clinical Skill</b>	Significant problems assessing own clinical ability or effectiveness. Unable to identify key issues.	Vague or unclear description of strengths, weaknesses, effectiveness in session. Minor problems over- or understating.	Clear insight into major strengths, weaknesses, effectiveness in session.	Outstanding insight into own strengths, weaknesses, effectiveness in session, without over- or understating.
<b>Plan and Priorities</b>	Significant problems with plan for improvement; prioritizing reveals significant lack of insight into self and counseling process.	Minor problems with plan for improvement; prioritizing reveals some lack of 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.	Outstanding plan for improvement that is detailed; prioritizing of areas of improvement reveals clear insight into self and counseling process.
<b>Quality of Writing</b>	Significant problems with writing; ideas not clearly communicated due to writing ability; numerous grammatical errors.	Minor problems with writing style and/or grammar; vague or wordy; does not maintain professional voice.	Clear, concise professional writing; maintains professional voice; minor and few grammatical errors.	Engaging professional writing style that is clear, concise, and smooth; maintains professional voice; minor and few grammatical errors.
<b>Participation in Class Discussions</b>	Limited interaction with peers and rarely participates in class discussions and/or does not stay on task.	Some effort to interact with peers but does not take a leading role. Minimal participation in class discussions. Sometimes deviates from 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	Consistently, actively supports, engages, listens and responds to peers. Takes a leading role. Participates in a meaningful way in class discussions. Stays on task.
<b>Professional Identity</b>	Limited ability to process professional identity, boundary issues, or self-awareness issues present.	Minor problems navigating professional identity, boundaries, and the self.	Demonstrates basic understanding of self within professional identity and the complexities of boundaries.	Demonstrates vast understanding of self within professional identity and the complexities of boundaries.
<b>APA Format</b>	Significant problem following APA style; numerous problems in several areas.	Numerous APA errors that are distracting; numerous inconsistencies.	Few and minor APA errors; overall, follows general format.	No more than one or two minor APA errors; overall, follows general format.

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