



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

Instructor/Contact Information:

Name: **R. Patrice Dunn, Ph.D., LPC-S**

E-mail: patrice.dunn@msutexas.edu

Office Phone: 972-410-0142

Office: Room 113 (Flower Mound)

Office Hours: **Monday** 9:00 am – 11:00 am; **Tuesday** 9:00 am – 11:00 am, and
Fridays 9:00 am-10:00 am (by appointment, virtual or in person)

In this Syllabi you will find:

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

Instructor Response Policy:

Please log on frequently to D2L to check your email as I will communicate and give updates via email. When I send out a group email, please respond to confirm receipt to prevent a lag in communication. I will check my email regularly during the week, and you can expect a response from me within the next 12 hours (but most likely sooner). Please email me with questions before assignments are due, do not wait until the last minute. If you need to discuss any assignments, we can schedule a meeting during my office hours via Zoom or phone.

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

COVID-19:

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

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

COURSE DESCRIPTION

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

Prerequisites:

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

COURSE RATIONALE

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

REQUIRED TEXTBOOK

Liability Insurance:

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

Required Text:

American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders (5th ed. TR)* DSM V TR

COURSE OBJECTIVES

KPIs:

- **Clinical Assessment Assignment**
- **Counseling Practicum Observation Verification (Counseling Video)**
- **Reflection Paper and Live Interview Evaluation (Reflection paper)**
- **Midterm and Final Evaluations**

- 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 use formal, professional language when corresponding online. You are expected to use complete sentences, address one another with respect, follow the American Counseling Association Code of Ethics (2014), and treat all members of the class with respect.

Inclusivity:

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

Confidentiality:

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

Academic Dishonesty:

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

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

Student Handbook

Refer to: [Student Handbook](#)

Academic Misconduct Policy & Procedures

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

[Office of Student Conduct](#)

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 your academic performance or have been previously documented as a person with a disability, you will need to apply and provide documentation of that disability to the Disability Support Services. This documentation must be supplied by a qualified professional who is licensed or certified to diagnose the disability in question.

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

Attendance:

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

Late Work:

All papers and assignments must be turned in the day they are due. ***No exceptions.** If you have an emergency please let me know as soon as possible, and/or email me your assignment the same day it is due. Any late papers will be lowered ***10%**. Late papers can only be turned in before the deadline for the following assignments. Please observe that your assignments are worth a considerable number of points and skipping even one assignment will most likely significantly lower your grade. Please begin planning your semester schedule accordingly

Practicum:

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

The student's practicum includes the following:

1. A **minimum** of 100 hours is required for practicum. Of the minimum 100 hours, at least 40 hours must be direct hours and 60 hours must be indirect hours.
2. It is required in practicum that students participate in facilitating a counseling group at their practicum site as part of their 40 direct hours.
 - a. ***Policies on banked hours will change beginning August 2018. Students will NO longer be able to bank hours.** As stated in the 2016 CACREP General Accreditation Questions, "CACREP standards do not allow for extra hours obtained during the practicum to be counted toward the 600 clock internship requirement" ([CACREP, Program FAQ's](#))
3. A minimum of ***one hour per week** of individual on-site supervision from site supervisor each week students are present at the site.
4. An average of ***one and one-half hours per week of group supervision** with other students in practicum with University supervisor.
5. Formal evaluations of students' performance will be submitted at mid-term and at the end of the semester by all supervisors (Site, University).
6. Students will conduct one 45-50-minute counseling session with a client for each

semester of Practicum and Internship. The instructor will provide feedback to the student using the MSU Skills Rating form. Any skills strengths and deficits will be addressed in individual supervision following the observed session, in addition to the rating form. Students will receive a copy of the rating form. A video of a counseling session is required. For students who cannot videotape at their site, the university supervisor (teaching professional) may video into the session to observe.

SEMESTER COURSE OUTLINE

Class Dates	Class Topics	Assignments/Reading
1. Week of Monday January 20, 2025 – Sunday, January 26, 2025 1/20/25-MLK Day		No zoom to the holiday *Do Discussion Board, Post, and Comment
2. Week of Monday, January 27, 2025 – Sunday, February 2, 2025 2/2/25- Groundhog Day	<ul style="list-style-type: none"> • Syllabus Review • Class Instructions • Liability Insurance • Informed Consent • Progress Noting • Reporting to Agencies 	*Monday Zoom Class Supervision Meeting 5:30-7:00 pm central *Do Discussion Board, Post, and Comment
3. Week of Monday, February 3, 2025 – Sunday, February 9, 2025	Utilizing Assessments and Symptoms Checklists Crisis Intervention Informed Consent	* Monday Zoom Class Supervision Meeting 5:30-7:00 pm central *Do Discussion Board, Post, and Comment

Class Dates	Class Topics	Assignments/Reading
<p>4. Week of Monday, February 10, 2025 – Sunday, February 16, 2025</p> <p>2/14/25 Valentine's Day</p>	<p>Treatment Planning Case Conceptualizations Psychosocial</p> <p>*Informed Consent and Resource Assignment Appendix B to D2L due 2/16/25 before 11:59 pm CST.</p>	<p>* Monday Zoom Class Supervision Meeting 5:30-7:00 pm central</p> <p>*Do Discussion Board, Post, and Comment</p> <p>*Turn in Informed Consent and Resource Assignment Appendix B to D2L due 2/16/25 before 11:59 pm CST.</p>
<p>5. Week of Monday, February 17, 2025 – Sunday, February 23, 2025</p> <p>2/17/25 President's Day</p>		<p>No zoom due to the holiday</p> <p>*Do Discussion Board, Post, and Comment</p>
<p>6. Week of Monday, February 24, 2025 – Sunday, March 2, 2025</p>	<ul style="list-style-type: none"> • ACA Codes of Ethics • State Codes of Ethics • Rural Ethical Issues • Telehealth Ethics • TAC Code 	<p>* Monday Zoom Class Supervision Meeting 5:30-7:00 pm CST</p> <p>*Do Discussion Board, Post, and Comment</p>
<p>7. Week of Monday, March 3, 2025 – Sunday, March 9, 2025</p> <p>3/9/25-Daylight Savings</p>	<p>Understanding the Self Self-Awareness Professional Identity Group versus Individual Counseling</p> <p>*Fictional Progress Note and Treatment Plan Assignment Appendix C to D2L due 3/9/25 before 11:59 pm CST.</p>	<p>* Monday Zoom Class Supervision Meeting 5:30-7:00 pm central</p> <p>*Do Discussion Board, Post, and Comment</p> <p>*Turn in Fictional Progress Note and Treatment Plan Assignment Appendix C to D2L due 3/9/25 before 11:59 pm CST.</p>

Class Dates	Class Topics	Assignments/Reading
<p>8. Week of Monday, March 10, 2025 – Sunday, March 16, 2025</p> <p>Spring Break!</p>	<p>*Midterm Site Supervisor Evaluations</p>	<p>*Have your Site Supervisors turn in their Midterm Evaluation</p>
<p>9. Week of Monday, March 17, 2025 – Sunday, March 23, 2025</p> <p>3/17/25-St. Patrick's Day</p>	<p>Counseling Competencies Multicultural Counseling Working with Diverse Populations</p>	<p>Monday Zoom Class Supervision Meeting 5:30-7:00 pm CST</p> <p>*Do Discussion Board, Post, and Comment</p>
<p>10. Week of Monday, March 24, 2025 – Sunday, March 30, 2025</p>	<p>Counseling Philosophy Evidence-based theory and techniques</p> <p>*Clinical Assessment Assignment Appendix E to D2L and Tk20 due 3/30/25 before 11:59 pm CST.</p>	<p>Monday Zoom Class Supervision Meeting 5:30-7:00 pm central</p> <p>*Do Discussion Board, Post, and Comment</p> <p>*Turn in Case Clinical Assessment Assignment Appendix E to D2L and Tk20 due 3/30/25 before 11:59 pm CST.</p>
<p>11. Week of Monday, March 31, 2025 – Sunday, April 6, 2025</p> <p>4/1/25- April Fool's Day</p>	<p>Leadership Style</p>	<p>Monday Zoom Class Supervision Meeting 5:30-7:00 pm CST</p> <p>*Do Discussion Board, Post, and Comment</p>

Class Dates	Class Topics	Assignments/Reading
<p>12. Week of Monday, April 7, 2025 – Sunday, April 13, 2025</p>	<p>Paperwork Records Third-Party Future in LPC</p> <p>*Recorded Counseling Session Appendix D to D2L and Tk20 due 4/13/25 before 11:59 pm CST.</p>	<p>Monday Zoom Class Supervision Meeting 5:30-7:00 pm central</p> <p>*Do Discussion Board, Post, and Comment</p> <p>*Turn in Recorded Counseling Session Appendix D to D2L and Tk20 due 4/13/25 before 11:59 pm CST.</p>
<p>13. Week of Monday, April 14, 2025 – Sunday, April 20, 2025</p> <p>The discussion board this week is due Monday, April 21st, to account for the Holiday.</p> <p>4/17-4/20-EASTER BREAK</p>	<p>Reflection on Counseling Sessions</p>	<p>* Monday Zoom Class Supervision Meeting 5:30-7:00 pm CST</p> <p>*Do Discussion Board, Post, and Comment</p>
<p>14. Week of Monday, April 21, 2025 – Sunday, April 27, 2025</p>	<p>Review</p> <p>*Do Reflection Paper and Evaluation Appendix G on Tk20 and D2L due 11/24/27 before 11:59 pm CST.</p>	<p>* Monday Zoom Class Supervision Meeting 5:30-7:00 pm central</p> <p>*Do Discussion Board, Post, and Comment</p> <p>*Do Reflection Paper and Evaluation Appendix G on Tk20 and D2L due 11/24/27 before 11:59 pm CST.</p>

Class Dates	Class Topics	Assignments/Reading
15. Week of Monday, April 28, 2025 – Sunday, May 4, 2025	Strengths Building *Ensure that your Site Supervisor has completed their final evaluation on you on Tk20, not just saved but submitted.	* Monday Zoom Class Supervision Meeting 5:30-7:00 pm central *Do Discussion Board, Post, and Comment *Ensure that your Site Supervisor has completed their final evaluation on you on Tk20, not just saved but submitted.
16/17. Week of Monday, May 5, 2025 – Friday May 9, 2025	Looking forward to next semester *Hours and Site Supervisor Final Evaluations Appendix F to D2L and Tk20 logs *Finish Student Evals on Supervisors on Tk20 Everything is due before 11:59 pm CT on 5/9/25	* Monday Zoom Class Supervision Meeting 5:30-7:00 pm central *Turn in Hours and Site Supervisor Final Evaluations Appendix F to D2L and Tk20 logs *Finish Student Evals on Supervisors on Tk20 Everything is due before 11:59 pm CT on 5/9/25

EVALUATION AND ASSIGNMENTS

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

Discussion Board, and University Supervision: (15 pts.)

Students are required to answer questions or complete assignments regularly related to the weekly reading. Almost every week students will be required to answer questions about the reading or be asked to reflect on a particular topic for that week. Students may also be required to engage in short creative projects instead of questions about the readings. If there is a discussion, students are required to participate and comment on at least one other person's thread. ***The assignments and weekly comments are due by Sunday at 11:59 pm at the end of the week aside from the last week.** Follow directions to get full points each week. Late work will not be accepted. Zoom Class Supervision Meetings are non-negotiable as they are a CACREP requirement for practicum and internship courses. These video group meetings will be 90 minutes in length. ***If you miss a meeting with your university group supervision or your site supervisor, you cannot count the hours for that week. (See Appendix A for Rubric).**

3.A.2, 3.A.3, 3.E.5, 3.A.10, 3.A.11, 3.A.12, * 3.C.11, *3.E.1, 3.E.4, 3.E.6., 3.E.5, 3.E.8, 3.E.9, 3.E.11, 3.E.14, * 3.E.15, 3.E.16, 3.E.17, 3.E.19, 3.E.20, 3.E.21, 3.F.2, 3.F.3, 3.F.4, 3.F.5, 3.G.14, *3.G.7, *3.G.11, 5.C.1, 5.C.2, 5.C.3, 5.C.4, *5.C.5, 5.C.6, 5.C.7, 5.C.8, 5.C.9

Expectations for Writing Assignments

As graduate students, you are expected to produce writing that reflects a high standard of academic rigor and professionalism. All assignments should adhere to APA 7 format, which includes proper in-text citations and a comprehensive reference page. Your papers should begin with an engaging introduction that provides context for the topic and outlines the purpose of your work. Concluding paragraphs should thoughtfully summarize your discussion and reinforce the key points presented in your paper.

To ensure clarity and organization, please use the outline provided on the content page as a guide. This outline is designed to help you structure your paper effectively while ensuring all required components are included. Exercise creative freedom in presenting your ideas but remember that each paragraph should contain at least five sentences to demonstrate depth and critical analysis.

You are encouraged to enrich your writing with empirical studies from reputable sources beyond the textbook. This approach not only strengthens your arguments but also demonstrates your ability to integrate diverse perspectives into your work. Your writing should reflect an advanced level of scholarly engagement, showcasing your understanding of the subject matter and your ability to articulate insights with precision and clarity.

Informed Consent, Resource Assignment, and Crisis: (28 pts.)

Students will create an informed consent that has everything necessary for a working informed consent form. Students must create two forms, one for adults and one for minors. Students may seek out examples to create their informed consent but must list all necessary information that is supposed to be within the document, not limited to the explanation of the nature and purpose of assessment, fees, involvement of third parties, limits of confidentiality, risks, benefits, roles of parties involved, as well as space for signatures to be acquired. Students will create a document for resources local to them and their clients to utilize throughout practicum and insurance. Examples of resources: local mental health resources (private practice and agency), Crisis services, doctor's offices, lawyers, job-seeking resources, and benefits offices (Social Security, DMV, SNAP Benefits, Medicaid, Medicare, CPS, etc.) **(See Appendix B for Rubric).** * 3.E.15 and *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 works with during the semester but should not have any identifiable information within the paper. All papers for this class are to be completed in the APA style, and points will be taken off for errors in formatting. No cover sheet or reference page is needed for this assignment. Students may use an example outline to create their fictional progress notes and treatment planning assignments **(See Appendix C).** *3.C.11,* 3.E.15 *3.G.11, and *5.C.5

Recorded Counseling Session: (80 pts.)

Students will turn in their packets with their portions filled out and with signatures to D2L and Tk20. Students will conduct one ***45-minute minimum** counseling session with a client for each semester of the Practicum and Internship. Students must complete and sign the clinical video or observation consent form for themselves and their clients. This form must be turned in to D2L. Students must fill out the skills evaluation form themselves. This is a packet and needs to be turned in as a packet. Please fill out digitally aside from the signature. The instructor will provide feedback to the student using the Counseling Session Packet and the grading rubric. Students must schedule a pre-observation and post-observation meeting with their teaching professor before and after their recorded/observed counseling session. Any skills strengths and deficits will be addressed in individual supervision following the observed session, in addition to the rating form. If local, students can opt to have their teaching professor come in person to observe, however, this must align with the teaching professor's schedule. A recorded of video the counseling session is another option, as well as a live telehealth observation. If a video is recorded, it can be emailed to the teaching professor via Google Drive. Once you have utilized the video to complete your part of the paperwork, please delete the counseling video. Once the teaching professor is done, We ask to see a variety of skills during clinical semesters, for example, if students were observed or recorded doing a group in one semester, the teaching professor may ask to see an individual session instead of another group. ***This assignment will be uploaded to Tk20 and D2L (See Appendix D for Rubric).** KPI: 3.A.11, 3.E.2, 3.E.14, 3.E.1, and 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 factual identifiers. The purpose of this assignment is to demonstrate knowledge for conceptualizing a client through diagnosing, treatment planning, and progress notes. Students will utilize an example case conceptualization to use as their outline for their assignment. All papers for this class are to be completed in the APA 7 style, and points will be taken off for errors in formatting. ***This assignment will be uploaded to Tk20 and D2L (See Appendix E).** KPI *3.C.11, *3.E.15, *3.G.7, *3.E.1, and *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 and cover sheets provided in the practicum manual. Students will receive weekly supervision on-site, and an average of

1.5 hours of group supervision in class. Logs will be turned in at the end of each semester. Please note that students cannot graduate until all hours have been earned, documented, and approved. Failure to complete the required hours will result in having to retake the course. Mid-term and Final evaluations are also required. These evaluations will be completed by your site supervisor at midterm and the end of the semester. Students are responsible for making sure evaluations are turned in on time. The instructor will consult with the site supervisor(s) consistently, to include the counseling student in the consultation whenever possible. Also taken into consideration is the student's conduct at his/her site(s) (i.e. absences, tardiness, professional demeanor and dress, ability and willingness to receive criticism and feedback) (**See Appendix F**). *3.C.11, *3.E.15, *3.G.7. 3.C.3, 3.E.17, 3.E.19, 3.E.20, *3.E.1, and 5.C.5.

Reflection Paper and Evaluation (10 pts.):

***Students will turn in their reflection paper and self-evaluation to D2L and Tk20.** Students will use the outline within D2L to reflect on their semester. Students will introduce the assignment, discuss the counseling relationship, explore personal reactions, discuss the rationale, highlight ethics, legality, and crisis issues, reflect on their counseling session, explore multicultural and diversity issues, reflect on counseling skills, develop a professional development plan, and provide a summary of their semester. (**See Appendix G**). KPI *3.A.10, *3.E.1.

Assignment Breakdown

Assignment	Points
Online Assignments and Comments *D2L	15
Informed Consent, Resource Assignment and Crisis *D2L	28
Fictional Progress Note and Treatment Plan *D2L	28
Recorded Counseling Session *D2L and Tk20	80
Clinical Assessment Assignment *D2L and Tk20	24
Completion of 100 Hours and Satisfactory Site Supervisor Evaluations *D2L	10
Reflection Paper and Evaluation *D2L and Tk20	10
Total Points	195

Grade Classifications:

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

DEPARTMENT OF COUNSELING STATEMENT OF EXPECTATIONS

The counselor education program is charged with the dual task of nurturing the development of counselors-in-training and ensuring quality client care. In order to fulfill these dual responsibilities, faculty must evaluate students based on their academic,

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

Classroom Behaviors:

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

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

STUDENT ETHICS AND OTHER POLICY INFORMATION

Ethics:

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

Special Notice:

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

Campus Carry:

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

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

Limited Right to Intellectual Property:

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

Midwestern State University Mission Statement:

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

Midwestern State University Values:

- People-Centered – Engage others with respect, empathy, and joy.
- Community – Cultivate a welcoming and belonging campus environment.
- Integrity – Always do the right thing.
- Visionary – Adopt innovative ideas to pioneer new paths.
- Connections – Value relationships with broader communities.

Midwestern State University Counseling Program Objectives:

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

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

Desire-to-Learn (D2L):

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

Important Dates:

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

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

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

Online Computer Requirements:

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

Change of Schedule:

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

Refund and Repayment Policy:

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

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

Smoking/Tobacco Policy:

College policy strictly prohibits the use of tobacco products in any building on campus. Adult students may smoke only in the outside designated smoking areas at each location.

Alcohol and Drug Policy:

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

Grade Appeal Process:

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

Active Shooter:

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

Obligation to Report Sex Discrimination under State and Federal Law:

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

Laura Hetrick

Title IX Coordinator
Sunwatcher Village Clubhouse
940-397-4213
laura.hetrick@msutexas.edu

You may also file an online report 24/7 at [online title IX reporting](#)

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

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

RESOURCES

American Counseling Association. (2014). *2014 ACA Code of Ethics*. Retrieved from

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental*

disorders (5th ed. TR). Author.

American Psychological Association. (2020). *2020 APA Publication Manual*.

Retrieved from <https://apastyle.apa.org/products/publication-manual-7th-edition-spiral>

Council for Accreditation of Counseling and Related Educational Programs. (2016).

2016 CACREP Standards. Retrieved from <https://www.cacrep.org/for-programs/2016-cacrep-standards/>

United States National Library of Medicine, & National Institutes of Health. (n.d.).

National Center for Biotechnology Information. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/>

APPENDENCIES

Appendix A

Discussion Board and Class Supervision (10 pts.)

CACREP Standards Addressed:

3.A.2, 3.A.3, 3.E.5, 3.A.11, 3.A.12, 3.A.10,* 3.C.11, *3.E.1, 3.E.4, 3.E.6., 3.E.5, 3.E.8, 3.E.9, 3.E.11,
3.E.14, * 3.E.15, 3.E.16, 3.E.17, 3.E.19, 3.E.20, 3.E.21, 3.F.2, 3.F.3, 3.F.4, 3.F.5, 3.G.14, *3.G.7,*3.G.11,
5.C.1, 5.C.2, 5.C.3, 5.C.4, *5.C.5, 5.C.6, 5.C.7, 5.C.8, 5.C.9

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

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

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

Appendix B

Informed Consent, Resource Assignment, and Crisis (28 pts.)

*Use outline on D2L

CACREP Standards Addressed: **3.E.15** and ***5.C.5**

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

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
Informed Consent Content (Minors)	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.
Ethical Guidelines (3.E.15 and 5.C.5)	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 understanding of their application.	Demonstrates a deep understanding and exemplary application of ethical codes in both forms.
Local Resource Document Content	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 helpful resources.
Formatting and Professionalism	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.
Clarity of Purpose and Roles	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.

Compliance with Confidentiality Standards	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.
Risks and Benefits	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.)

***Use outline on D2L**

CACREP Standards Addressed:

***3.C.11,* 3.E.15 *3.G.11, and *5.C.5**

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

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
Progress Note Content	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.
Treatment Plan Content	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.
Integration of Client Information	Fictional client information is incomplete or unrealistic.	Fictional client information is basic but details lack relevance to treatment planning or alignment with treatment goals.	Fictional client information is overall relevant and appropriately integrated into the note and plan.	Fictional client information is well-developed, realistic, and integrated into the treatment plan.	Exceptionally realistic and well-developed client; seamlessly integrated with clear alignment to treatment planning.
Use of Ethical Standards (CACREP 3.C.11, 3.E.15, 3.G.11, 5.C.5)	Fails to demonstrate understanding or application of ethical standards.	Minimal or inaccurate mention of relevant ethical standards.	Adequately integrates ethical standards but lacks depth or nuance.	Thoroughly incorporates ethical standards with clear understanding and application.	Demonstrates deep, nuanced understanding and exemplary application of ethical standards in both the progress note and treatment plan.

APA Style and Formatting	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.
Clarity and Professionalism	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.
Application of Counseling Skills	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, actionable, and contextually appropriate.

See Examples Below

SOAP Note

Date and Time: 8/30/23 2:00pm-3:00pm

Client: George Smith

Who Referred: Pastor

Source and Reliability: Self

S (Subjective):

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

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

O (Objective):

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

A (Assessment):

- **Problem #1** – Feelings of sadness
- **Most Likely Diagnosis #1** – Major Depressive Disorder Single Episode Unspecified F32.9.
- **Problem #2** – Loss of Interest
- **Most Likely Diagnosis #2** – Adjustment Disorder with depressed mood F43.21.

P (Plan):

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

Treatment Plan

Case Study

George Smith is a 38-year-old male. George was referred by his church pastor to be evaluated by you. George is a college graduate who has been recently laid off. George is currently married but having some marital issues. George has four children ranging from three to 15 years old. George had been toying with the idea of leaving his previous job before getting laid off but now feels distraught with how quickly his life has

changed and financial burden. George is feeling very stressed out due to his wife having to be the only one working and he has taken the role of primary care giver to the children. George has stated that he has been struggling with not feeling motivated, stressed out, and depressed for the last six months but has gotten significantly worse over the last three months since getting laid off.

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

Diagnosis

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

Justification

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

Goals, Objectives, and Interventions

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

Goals:

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

Objectives:

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

Interventions:

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

Theory

As the counselor, I will use a Cognitive Behavioral Therapy (CBT) approach to counseling. When using CBT, attention is given to cognitive thoughts, emotions, belief systems, and actions and behaviors. As the counselor I will utilize an existential approach to focus on personal responsibility and authenticity, and how these concepts apply to George's job loss. We will explore some of life's bigger questions, and how George might ask himself these questions in search of a fulfilling life. George can be asked about his life's purpose, and together we can examine self-defeating behaviors and beliefs that might hinder his ability to accomplish his goals. We will explore George's meaning and purpose in life with a focus on personal responsibility, particularly as it relates to the "freedom vs. responsibility" aspect of his life. Techniques I might use include the empty chair technique to process feelings of loss, and deep desires for life, processing fears related to death, and an examination of how he is living in relation to his meaning and purpose in life. We can also use the "Me vs. Others" exercise, in which we will examine George's wants vs. the expectations of society, family, and George's deeply ingrained ways of behaving; to help George explore what he wants, versus what others want. CBT techniques that I will utilize include cognitive reframing, mindfulness exercises, and self-talk.

Conclusion

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

Appendix D

Recorded Counseling Session: (20 pts.) Students will turn in their packets with their portion filled out and with signatures to D2L and Tk20. Students will conduct one 45-minute minimum counseling session with a client for each semester of the Practicum and Internship. Students must fill out and sign the clinical video or observation consent form for themselves and their clients. This form must be turned into D2L. Students must fill out the skills evaluation form themselves. This is a packet and needs to be turned in as a packet. Please fill it out digitally, aside from the signature. The instructor will provide feedback to the student using the Session Video and Skills Evaluation Form and the grading rubric. Students must schedule a pre-observation and post-observation meeting with their teaching professor before and after their recorded/observed counseling session. Any skills, strengths, and deficits will be addressed in individual supervision following the observed session, in addition to the rating form. If local, students can opt to have their teaching professor come in person to observe. However, this must align with the teaching professor's schedule. A recorded video of the counseling session is another option, as well as a live telehealth observation. If a video is recorded, it can be emailed to the teaching professor via Google Drive. Once you have utilized the video to complete your part of the paperwork, please delete the counseling video. Once the teaching professor is done, we ask to see a variety of skills during clinical semesters, for example, if students were observed or recorded doing a group in one semester, the teaching professor may ask to see an individual session instead of another group. ***This assignment will be uploaded to Tk20 and D2L (See Appendix D for Rubric).** KPI: 3.A.11, 3.E.2, 3.E.14, 3.E.1, and 5.C.5

Please use forms located within the D2L shell.

Recorded Counseling Session Packet

Faculty Evaluation of Student

Counselor Name:
University Supervisor Name:

Date:
Start Time:
End Time:

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

13	Sharing-Feedback/Here-and-Now		
14	Focusing Statements		
15	Uses Clarifying Statements		
16	Observing Themes/Patterns		
17	Acknowledge Nonverbal Bx		
18	Reframing Statements		
19	Appropriate Pacing		
20	Use of Ethics and Multicultural Competence		
	Theory	# of Times Demonstrated	Comments
22	Assessment Using Theory		
23	Uses 2 Theoretically Based Techniques		
24	What theory was used and how did it help manage the session?		
	Inappropriate Items	# of Times Demonstrated	Comments
25	Sympathy/Reassuring		
26	Advising		
27	Judging		
28	Educating/Teaching		
29	Going for the Solution		
30	Interrogating		
31	Lengthy Descriptive Statements		
32	"Why" questions		
33	Too many "How does that make you feel?"		

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

Session Summary:

Grading Rubric for the Recorded Counseling Session

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

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

	appropriately during the session.	theories but lacks consistency or integration.	counseling process.	theories appropriately throughout the session.	
Times using Interventions Appropriately	Inconsistently times interventions, impacting client engagement or progress.	Attempts to time interventions but may miss opportunities or misjudge timing.	Generally, times interventions effectively to support client needs.	Times interventions appropriately, maximizing their impact on client progress.	
Shows Counselor Confidence	Demonstrates lack of confidence in counseling abilities during the session.	Shows some confidence but may appear hesitant or unsure at times.	Displays confidence in counseling abilities for the majority of the session.	Demonstrates strong confidence in counseling abilities throughout the session.	
Adheres to Multicultural Competencies and Ethical and Legal Standards	Lacks awareness or adherence to multicultural competencies and ethical standards.	Shows some awareness of multicultural issues but may not consistently adhere to standards.	Demonstrates awareness of multicultural issues and ethical standards.	Adheres to multicultural competencies and ethical standards consistently.	
Summarizes Session Before Wrapping Up	Does not provide a session summary or provides an ineffective summary.	Attempts to summarize session content but lacks clarity or completeness.	Summarizes session content adequately to review key points with client.	Provides a clear and effective summary of the session content before concluding.	
Maintains Professionalism throughout Session	Displays unprofessional behavior or demeanor during the session.	Shows some aspects of professionalism but may be inconsistent.	Generally, maintains professionalism in interactions and demeanor.	Maintains high level of professionalism throughout the session.	
Total Points					

Student Self-Evaluation

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

	Counseling Skills	# of Times Demonstrated	Comments
1	Positive Regard/Genuine /Empathy And Validation.		
2	Minimal Encouragers/Accents		
3	Eye Contact/Body Posture/Active Listening		
4	Appropriately uses Supportive Confrontation		
5	Uses Silence Appropriately		
6	Restatements		
7	Verbal Following		
8	Paraphrase		
9	Summary		
10	Reflection of Feeling		
11	Reflection of Meaning and Interpretation		
12	Uses Opened Ended Questions Appropriately and on a Minimal Basis		
13	Sharing-Feedback/Here-and-Now		
14	Focusing Statements		
15	Uses Clarifying Statements		

16	Observing Themes/Patterns		
17	Acknowledge Nonverbal Bx		
18	Reframing Statements		
19	Appropriate Pacing		
20	Use of Ethics and Multicultural Competence		
	Theory	# of Times Demonstrated	Comments
22	Assessment Using Theory		
23	Uses 2 Theoretically Based Techniques		
24	What theory was used and how did it help manage the session?		
	Inappropriate Items	# of Times Demonstrated	Comments
25	Sympathy/Reassuring		
26	Advising		
27	Judging		
28	Educating/Teaching		
29	Going for the Solution		
30	Interrogating		
31	Lengthy Descriptive Statements		
32	"Why" questions		
33	Too many "How does that make you feel?"		
34	Shifting Topics		
35	Third Person Counseling - Someone not in session		
36	Not giving yourself time to think		

37	Getting ahead of client		
38	Poor balance of reflections/ questions/ restatements		
39	Uses Closed Questions		
	Supervision	# of Times Demonstrated	Comments
41	Open, positive discussion		
42	Emotionality in supervision		
43	Receptivity to feedback		
44	Participation in supervision (bring content)		
45	Submission of all materials		
46	Adheres to procedure and takes initiative		
47	Fulfillment of supervision tasks		

Appendix E

Clinical Assessment Assignment (24 pts.)

***Use outline on D2L**

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

***Turn into D2L and Tk20**

Clinical Assessment Assignment Rubric (Possible 20 Pts.)

Criteria	Beginning (0)	Basic (1)	Proficient (2)	Advanced (3)	Exceptional (4)
Case Conceptualization and Analysis (5.C.5)	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.
Diagnosis and Clinical Reasoning (5.C.5, 3.G.7)	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.
Treatment Planning and Interventions (3.G7, 3.C.11)	Treatment plan is missing, incomplete, or does not address client needs.	Basic treatment plan with vague goals or interventions that are minimally relevant to the client.	Clear treatment plan with specific goals and interventions, but some areas lack depth or integration with case conceptualization.	Detailed treatment plan with actionable goals and interventions that are tailored to the client's needs and well-integrated with the conceptualization.	Exceptional treatment plan with highly specific, client-centered goals and innovative interventions that demonstrate advanced clinical reasoning.

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

Appendix F

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

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

CACREP Standards Addressed:

**3.C.11, *3.E.15, *3.G.7. 3.C.3, 3.E.17, 3.E.19, 3.E.20,*3.E.1, and 5.C.5.*

Completion of 160 Hours and Satisfactory Site Supervisor Evaluations

Criterion	Beginning (0 points)	Basic (0.5 points)	Proficient (1 point)	Advanced (1.5 points)	Exceptional (2 points)
1. Direct Hours (at least 40 hours) <i>(CACREP 3.C.11, 3.E.1, 3.E.15, 3.G.7, 5.C.5)</i>	Completed fewer than 30 direct hours.	Completed 30–39 direct hours.	Completed 40–49 direct hours.	Completed 50–59 direct hours.	Completed 60 or more direct hours.
2. Indirect Hours (at least 60 hours)	Completed fewer than 45 indirect hours.	Completed 45–59 indirect hours.	Completed 60–69 indirect hours.	Completed 70–89 indirect hours.	Completed 90 or more indirect hours.
3. Completion of Site and University Supervision	Did not complete or missed supervision sessions.	Attended some supervision sessions, but not all.	Completed all required supervision sessions.	Attended all required sessions with active participation.	Went beyond the minimum supervision requirements, seeking additional feedback or support.
4. Completion of Mid-term and Final Evaluations by Supervisors	Site and university supervisors' evaluations not completed or missing.	One supervisor's evaluation completed, or one evaluation is missing or incomplete.	Both mid-term and final evaluations completed by site and university supervisors.	Both evaluations completed with meaningful, constructive feedback from both supervisors.	Both evaluations completed with highly detailed, constructive, and thorough feedback from both supervisors.

<p>5. Professionalism and Ethics (Code of Ethics Adherence) <i>(CACREP 3.A.11)</i></p>	<p>Demonstrated repeated or significant ethical concerns; failed to follow professional guidelines.</p>	<p>Displayed basic understanding of ethics and professionalism but had minor lapses.</p>	<p>Demonstrated consistent ethical behavior and professionalism with few minor issues.</p>	<p>Consistently demonstrated strong ethical behavior and professionalism, with active engagement in ethical decision-making.</p>	<p>Exemplified outstanding ethical behavior and professionalism in all aspects of work, demonstrating leadership in ethical considerations.</p>
--	---	--	--	--	---

Appendix G

Reflection Paper and Evaluation (10 pts.)

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

CACREP Standards for the assignment.

KPI *3.A.10, and *3.E.1.

***Use outline in D2L.**

See the evaluation rubric below.

Student Evaluation on Themselves

Date:

Student Counselor:

Teaching Professor:

Level of Clinical Training:

- **Practicum**
- **Internship I**
- **Internship II**

Rating Scale

- **4=Outstanding:** Strong mastery of skills and thorough understanding of concepts
- **3=Mastered Basic Skills at Developmental Level:** Understanding of concepts/skills evident
- **2=Developing:** Minor conceptual and skill errors; in process of developing
- **1=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
Counseling Relationship	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.
Attention to Client Needs and Diversity	Significant problems attending to client needs and/or diversity issues; counseling	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	Thoughtful matching of treatment to client needs; thoughtful ability to adapt treatment to most areas of

Midwestern State University
COUN 5293 Practicum

Criterion	1 Deficits	2 Developing	3 Mastered Basic Skills	4 Outstanding
	progress not likely due to problems in these areas.		need, including education, age, culture, religion, SES, sexual orientation, ability, larger system.	diversity and need, including education, age, culture, religion, SES, sexual orientation, ability, larger system.
Explain Practice Policies	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.
Consent to Treatment	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.
Client Assessment	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.
Content VS Process	Mistakes content for significant process issue. Unable to track process and session loses impact due to focus on content.	Sidetracked one or more times with content but at some point, able to return focus to process	Able to distinguish content from process; able to track process while attending to content; does not begin to intervene on content when it is a process issue.	Thoughtful ability to distinguish content from process; able to track process while attending to content and developing at least one intervention that attends to process.
Time Management	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.

Criterion	1 Deficits	2 Developing	3 Mastered Basic Skills	4 Outstanding
Psychoeducation and Recovery Services	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.
Participation in Class Discussions	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.
Writing Ability and APA	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

- **4=Outstanding:** Strong mastery of skills and thorough understanding of concepts
- **3=Mastered Basic Skills at Developmental Level:** Understanding of concepts/skills evident
- **2=Developing:** Minor conceptual and skill errors; in process of developing
- **1=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
Evaluation of Counseling Relationship and Role	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.
Evaluation of Personal Reactions	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.
Evaluation of Legal & Ethical Issues	Significant problems with analysis of attention to legal, ethical issues; unable to identify a critical problem area; poor rationales for ethical decisions.	Minor problems with analysis of attention to legal, ethical issues; unable to identify one or more problem areas; unclear rationales for ethical decisions.	Clear analysis of attention to legal, ethical issues; able to identify any major issues and how to manage better in future; able to provide rationales for ethical decisions.	Outstanding analysis of attention to legal, ethical issues; able to identify points that could have been better dealt with; able to provide thoughtful rationales for ethical decisions.

Midwestern State University
COUN 5293 Practicum

Criterion	1 Deficits	2 Developing	3 Mastered Basic Skills	4 Outstanding
Evaluation of Socio-cultural and Equity Issues	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.
Evaluation of Clinical Skill	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.
Plan and Priorities	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.
Quality of Writing	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.
Participation in Class Discussions	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.
Professional Identity	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.
APA Format	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.