

CMHC Practicum/Internship Instructor Manual

Counselor Education and Counseling Psychology

Marquette University

2019-2020

Practicum/Internship Instructor Manual

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*Note that standards designated as “X” should be included in the course student learning objectives. Standards designated as “I” and “A” should be covered somewhere in the course (e.g., in readings, assignments, etc.)

CMHC Practicum/Internship Instructor Manual

This manual was developed to provide information for instructors of the Clinical Mental Health Counseling Practicum (COUN 6965/6968/6966) and Internship in Counseling (COUN 6986/6989/6987) courses. Please note that instructors of these courses should be familiar with the Master's Student Handbook and the Master's Practicum and Internship Handbook, the latter of which should be shared with site supervisors.

The Practicum and Internship Coordinator (Dr. Jennifer Cook) is responsible for developing and maintaining CMHC site relationships and student placement. The Practicum and Internship Coordinator often works with the Director of Counselor Education (Dr. Lisa Edwards) to address site and student issues as well as other administrative concerns. The Counseling Practicum and Internship in Counseling instructors are responsible for serving as the primary liaison for students and supervisors during the semester.

The information provided in this manual includes curriculum and assessment requirements that pertain to CACREP (2009) accreditation, CECF Program Learning Outcomes, and DSPS licensure requirements. Please direct any questions about these to Dr. Lisa Edwards (lisa.edwards@mu.edu). If you have any suggestions or ideas for information that should be included in the manual please also contact Lisa Edwards.

Practicum/Internship FAQs

Often students have questions regarding Practicum and Internship requirements. Below are some of these frequently asked questions:

What are the hours requirements for Practicum and Internship?

Practicum: 100 clock hours over a minimum of 10-week academic term. At least 40 of these must be direct hours, and the remainder should be indirect.

Internship: 600 clock hours (300 per semester), at least 240 (120 per semester) which are direct hours. The remainder should be indirect hours.

Per accreditation and department requirements, students must complete all of the required hours. Please see pages 6 and 40 (or the Master's Practicum and Internship Handbook) for more details about hours requirements.

Does class time count for indirect hours?

This has been confusing for students and faculty in the past. Beginning in Fall 2018, all class time (including time other than the required 1.5 hours of group supervision) can be logged as indirect hours (group supervision). Please keep in mind that this indirect time should be connected to students' client work.

What if a student doesn't complete her/his/their hours before the end of the semester?

This is a common situation and is generally addressed by the instructor with each individual student. As a general guideline, if the student is within 10% of completing her/his/their hours when the semester ends (e.g., when the hours log is due or when the instructor needs it to calculate final grades), a grade will be assigned and the student will finish the hours prior to counting hours for the next semester. If more than 10% remains, the instructor will assign an incomplete grade until the hours are completed. Please note that it is imperative that the department have final hours logs (with 300 hours documented) at the end of the semester.

Can students go to their site over holiday breaks?

A student can go to their sites over breaks (e.g., in between semesters, not during summer) if they are receiving regular supervision from their site supervisor. If a student completes their required hours from one semester during the break, they can begin a new hours log and start accruing hours towards the next semester.

What if a student's supervisor doesn't have one hour of scheduled supervision with her/him each week?

We highly recommend that supervisors schedule an hour of supervision (individual or triadic) each week with students. However, this is not always possible. In many situations students receive an average of one hour of supervision each week (e.g., 20 minutes after group, 20 minutes in the office, etc.) and this is fine.

What if a student's direct supervisor is not on site each day that the student is there?

It is not required that a student's supervisor be available in person while she/him is on site. It is important for students to always be aware of which licensed professionals are available (e.g., in person, by telephone, or in another building) and what procedures will be for emergencies. These situations are very student

What if a site won't allow students to audio/video tape?

This happens in certain cases. Please ensure that students inquire about this before assuming it is not allowed. When students are unable to audio/video tape it is imperative that they receive in-person supervision periodically from their supervisor (this can be indicated on the supervisor evaluation form). For case presentations, students who cannot audio/video tape should either bring in a typed summary or transcript of a particular interaction for which they would like group supervision.

Does observing count for direct or indirect hours?

Observing without participating at all only counts for an indirect hour. We recommend that, when possible, students talk with their supervisors before an observation to see if they might be able to ask a question at some point. If the student engages or contributes in some way to the observation, then it can count as a direct hour.

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY
COLLEGE OF EDUCATION



**M.S. IN CLINICAL MENTAL HEALTH COUNSELING
COUNSELING PRACTICUM**

The practicum is a 100-hour experience that requires 40 direct hours of client face-to-face interaction. Generally this experience takes place in the Spring semester of the student's first year. The practicum is intended to be an introduction providing counseling services, and appropriate student activities consist of observation of sessions, preparing paperwork and other case material, attending disposition team meetings, and direct service in the form of individual and/or group therapy.

Responsibilities of the University

1. Assume full responsibility for the administrative duties with the academic requirements of the Clinical Mental Health Counseling Practicum, including approval of the site and experience, maintaining on-going and direct communication with Agency representative, ensuring that student are academically ready to begin the clinical experience, and grading.
2. Provide information regarding the CECP Clinical Mental Health Counseling program and curriculum in order that the Agency may properly plan and execute task assignments and supervision. Specifically included are the university calendar, student handbook, and the Practicum and Internship Handbook.
3. Designate one CECP faculty member each academic semester who will be the instructor for the student and who will communicate directly with the site supervisor by telephone contact and at least one site visit. The instructor will lead and facilitate weekly Clinical Mental Health Counseling Practicum class/group supervision (2.5 hours/week; at least 1.5 hours of group supervision). The instructor will provide biweekly consultation with the site supervisor during the semester in which the student is completing her/his practicum.

Responsibilities of the Practicum Site

1. Designate one clinical staff person as site supervisor with appropriate graduate degree and an independent mental health license. This person will be an employee (part time, full time, or contracted with the site) of the site where the practicum will be conducted. The primary site supervisor must be a Licensed Professional Counselor (LPC), or a Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), or a licensed Psychologist or Psychiatrist.
2. Ensure that student meets a minimum of 100 total practicum hours.
3. Ensure that for practicum, at least 40 hours are devoted to direct services.
4. Provide at least one hour direct individual and/or triadic supervision on a regularly scheduled weekly basis.
5. Provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance. Suggested activities include individual counseling, group counseling, intake Interviewing , assisting with report writing, consultation , career counseling, assisting with programming, individual supervision, group or peer supervision, case conferences at staff meetings
6. Provide student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
7. Provide supervisory contact which involves some examination of student work using video tapes, observation, and/or live supervision.
8. Provide written evaluation of student based on criteria established by the Department of Counselor Education and Counseling Psychology.
9. Allow the student to attend weekly practicum class session and once a month department colloquium for the duration of his/her clinical experience.

Responsibilities of Practicum Student

1. The student will be enrolled in the Clinical Mental Health Counseling Practicum course and will attend all classes for the duration of her/his practicum experience. Student will continue working at their site until the end of the semester, even if they complete the required minimum 100 hours prior to the conclusion of that academic semester.
2. The student will complete an initial PLA and revisited PLA at the beginning and end of each semester.
3. The student will complete a weekly hours log and obtain site supervisor's initials/signature for each week. Original copies of the hours log will be submitted to the course instructor at midterm and the end of the semester.

4. The student is responsible to schedule site visits that include the student, course instructor, and site supervisor.
5. The student will take responsibility for ensuring that the site supervisor has been provided a copy of the course syllabus, a copy of the Practicum and Internship Handbook and evaluation forms to be completed at the end of each semester, the supervision agreement has been signed by all parties, and the Practicum Learning Agreement (PLA) and revised PLA revisited has been reviewed and signed by all parties.

Practicum Biweekly Consultation Guidelines for Practicum Instructors

Below are the CACREP requirements for practicum supervision and biweekly consultation:

Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member, student supervisor, or a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract.

In other words, each practicum student will receive either weekly individual or triadic supervisor from their site supervisor. In addition, each course instructor will arrange biweekly contacts with the site supervisor to assess each student's progress.

1. Practicum course instructors should collect supervisor contact information sheets (see below) from students within the first week of classes. Instructors can keep these forms for the duration of the semester, and then should give them to Coreen for filing at the end of the semester.
2. Practicum course instructors should inform students about the biweekly consultation requirement and provide their site supervisors with a practicum information sheet and course instructor contact information (see attached form) during the first two weeks of the semester.
3. Practicum course instructors will contact supervisors to schedule an initial site visit during the first three weeks of classes. During that visit, they will review the practicum requirements and find a common time for biweekly consultation meetings. At a minimum, instructors should plan to meet in-person, on-site at the beginning and end of the semester. Other interactions can include phone, Skype, or email, and they should take place every other week.
4. Practicum course instructors should keep a log for each student that documents their biweekly consultation. At a minimum, this record should include the date, student and site supervisor names, form of communication (in-person, phone, Skype, email), and major topics discussed. The attached biweekly consultation form can be used as a template.
 - a. Please note that it is very important to get a good sense of how the student is doing on site and identify as quickly as possible if there are any concerns regarding professionalism, attendance, acquisition or demonstration of skills, etc.. Practicum is a critical time for identifying whether students are prepared for and will be approved to continue in the program and begin Internship.

If any concerns are raised please let me know so we can develop a plan to address them informally or formally.

Practicum Documentation—Filing and Records

Supervision Agreements

Students are responsible for obtaining all required signatures for the supervision agreement. The supervision agreement can be found in the Master's Practicum and Internship Handbook, or on the CECP website. Agreements should be turned into the department/Coreen before the semester starts.

Student/Supervisor Information Sheets

Students are responsible for obtaining all required information for the student/supervisor information sheet. The supervisor information sheet can be found in the Master's Practicum and Internship Handbook, or on the CECP website. This sheet is for the Practicum instructor to use during the course, but should be filed in the student's file at the end of the semester.

Hours Sheets, Supervisor Evaluations of Students, ILAs, and Site Evaluations

Students are responsible for turning in these materials to the instructor on the day they are due. Instructors will sign forms that require instructor signatures (e.g., PLAs/ILAs and hours sheets), and then they will submit all the forms to Coreen for photocopying. Originals of these forms will be placed in the student's file, and copies will be returned to the instructor to give back to students (or, if the class is completed, to be held in the front office for students to pick up later).

It is the instructor's responsibility to monitor these forms and assure that they have been submitted. If a student has received an incomplete in the course, the instructor should keep the materials until an updated set (e.g. hours sheet) has been submitted and the grade has been changed.

Revisited Practicum Learning Agreements (PLAs)

Revisited PLAs are part of our assessment system, and as such it is critical that all instructors include certain items* on their rubrics to ensure consistency. Once Revised PLAs are turned in they should be given to Coreen so she can photocopy and enter the data for our system.

items are highlighted on the Revisited PLA example on page 14; **Note they should total 8 possible points.*

Case Presentation

Case presentations are part of our assessment system, and as such it is critical that all instructors include certain items on their rubrics to ensure consistency. One Case Presentations are turned in they should be given to Coreen so she can copy the Presentation and the Rubric and enter the data for our system.

items are highlighted on the Case Presentation rubric on page 19; **Note they should total 20 possible points.*

Student/Supervisee Information

****NOTE: Practicum course instructors should collect this sheet from students within the first week of classes. Instructors can keep these forms for the duration of the semester, and then should give them to Coreen for filing at the end of the semester.**

Name:			
Address:			
City:		Zip:	
Phone number:		MU email:	
Dates at Site	/ / through / /		
Days & Times at Site:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: Time: Time: Time: Time: Time: Time:	
Weekly Site Supervision Day & Time:			
Total Hours Per Week at Site:			

Practicum Site Information

Name of Site:			
Address:			
Site phone number:			
On-Site Supervisor Name:			
Phone:		Email:	
Agency/Clinical Director Name:			
Phone:		Email:	
Highest degree of supervisor (<i>check one</i>): <input type="checkbox"/> EdD <input type="checkbox"/> PhD <input type="checkbox"/> MS <input type="checkbox"/> MEd <input type="checkbox"/> MA other (specify):			
Specific discipline (e.g., counseling, social work):			
Credential(s) of Supervisor (<i>check all that apply</i>): <input type="checkbox"/> Licensed Professional Counselor (LPC), License number: <input type="checkbox"/> Licensed Marriage and Family Therapist (LMFT), License number: <input type="checkbox"/> Licensed Clinical Social Worker (LCSW), License number: <input type="checkbox"/> Licensed Psychologist, License number: <input type="checkbox"/> Other:			
Type(s) of counseling in which student will be supervised (<i>check all that apply</i>): <input type="checkbox"/> General <input type="checkbox"/> Marriage/Family <input type="checkbox"/> Group <input type="checkbox"/> Academic <input type="checkbox"/> Career/Vocational <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Child/Adolescent <input type="checkbox"/> Other, Specify:			

Practicum Learning Agreement (PLA) Assignment & Rubric

a.) **Practicum Learning Agreement** (PLA: length should be 2 - 3 typed pages) - The PLA consists of the following elements:

- i) A narrative description of your perceived professional strengths and expected growth areas.
- ii) A statement of your intended future professional goals/practice area(s).
- iii) A “learning plan” **in table form** with the following three column headers for the semester’s practicum/internship that documents:
 - (1) **Goals** (i.e., what do I want to learn through this practicum/internship, what do I want to get out of this practicum/internship, how do I want to be different as a counselor by the end of this practicum/internship?) Remember that goals are to be small, concrete, specific, salient, attainable, and measurable.
 - (2) **Activities** (what are the specific steps, activities, procedures, experiences I need to pursue to meet these goals?)
 - (3) **Outcome** (how will I objectively measure whether or not I met these goals?).
- iv) A brief description of ways in which you will implement self-care this semester.
- v) The Initial PLA must be reviewed, approved, signed and dated by you, your site supervisor, and lastly by your course instructor; provide a space at the end of the PLA for signatures and dates. **Due: XXX**
- vi) The PLA should be revisited again at the end of the semester. In the “revisited” version, please address the degree to which you met your goals, and discuss what helped and hindered your meeting them. This revisited PLA can also include any changes in strengths/growth areas, intended future practice areas, and self-care strategies. Also be sure to include a statement about your assessment of personal readiness for internship. *Due: XXX*
- vii) The PLA will be evaluated based on a rubric distributed in class.

Initial Practicum Learning Agreement (PLA) Evaluation Rubric

Instructions. Students are expected to meet expectations for all sections of the PLA **within a maximum of three typed pages**. For the PLA, students are assigned points for each section (total = 10 points).

1. A brief narrative description of your perceived professional strengths and expected growth areas.

Does not meet expectations (0 points)	Meets expectations (2 points)
Student's PLA does not include a narrative description of either their perceived professional strengths or expected growth areas.	Student's PLA narrative includes a clear and realistic description of their perceived professional strengths and expected growth areas.

2. A statement of your intended future professional goals/practice area(s).

Does not meet expectations (0 points)	Meets expectations (2 pts)
Student's PLA does not include a clear statement of their intended future professional goals/practice area(s).	Student's PLA includes a clear statement of their intended future professional goals/practice area(s).

3. A "Learning Plan" for the semester's practicum/internship that documents: (1) 2-3 learning goals (i.e., what do I want to learn through this practicum/internship, what do I want to get out of this practicum/internship, how do I want to be different as a counselor by the end of this practicum/internship?), corresponding learning activities (what are the specific steps, activities, procedures, experiences I need to pursue to meet these goals?), and objective outcome criteria (how will I objectively measure whether or not I met these goals?). **Present your learning plan in table form with the three headings: goals, activities, outcomes.**

Does not meet expectations (0 points)	Partially Meets Expectations (1-2 points)	Meets Expectations (3 points)
Student's learning plan is not included.	Student's learning plan is incomplete in one or more of the following areas: goals, activities, or outcomes or is not in table format.	Student's learning plan adequately addresses all of the following areas in table format: goals, activities, and outcomes.

4. A description of ways in which you will **implement self-care** this semester.

Does not meet expectations (0 points)	Meets expectations (2 points)
PLA does not include a description of reasonable ways in which the student will implement self-care this semester.	PLA includes reasonable plans/approaches to self-care for this semester.

5. The Initial PLA must be **reviewed, approved, signed** and dated by you, your site supervisor, and lastly by your course instructor **by the due date**.

Does not meet expectations (0 points)	Meets expectations (1 point)
Student's PLA has not been reviewed, approved, signed, or dated by the student, site supervisor or course instructor, or was turned in late.	Student's PLA has been reviewed, approved, signed, or dated by the student, site supervisor or course instructor by the due date.

Total PLA Points:

Revisited Practicum Learning Agreement (PLA) Evaluation Rubric

Instructions. Students are expected to meet expectations for all sections of the PLA **within a maximum of three typed pages**. For the PLA, students are assigned points for each section (total = 10 points).

1. A brief narrative description of your perceived professional strengths and expected growth areas, with particular attention to the areas that have changed over the past semester.

Does not meet expectations (0 points)	Meets expectations (2 points)
Student's PLA does not include a narrative description of either their perceived professional strengths or expected growth areas and their change.	Student's PLA narrative includes a clear and realistic description of their perceived professional strengths and expected growth areas as well as changes over the semester.

2. A statement of your intended future professional goals/practice area(s), with attention to any changes in your intended areas.

Does not meet expectations (0 points)	Meets expectations (2 pts)
Student's PLA does not include a clear statement of their intended future professional goals/practice area(s) or discussion of the changes in these areas.	Student's PLA includes a clear statement of their intended future professional goals/practice area(s) and any changes since the beginning of the semester.

3. A discussion of each of the learning goals identified in your initial learning plan, including the progress you made towards your goals, and any other goals that have now emerged as a result of learning this semester.

Does not meet expectations (0 points)	Partially Meets Expectations (1-2 points)	Meets Expectations (3 points)
Student's learning plan is not discussed.	Student's learning plan is discussed but incomplete in one or more of the following areas: goals, activities, or outcomes.	Student's learning plan was adequately discussed and addressed all of the following areas: goals, activities, and outcomes.

4. A description of how well you **implemented self-care** this semester.

Does not meet expectations (0 points)	Meets expectations (1 point)
PLA does not include a description of reasonable ways in which the student implemented self-care this semester.	PLA includes a discussion of how well the student implemented self-care for this semester.

5. A statement about your readiness for internship.

Does not meet expectations (0 points)	Meets expectations (1 point)
PLA does not include a statement about student's perceived readiness for internship.	PLA includes a statement about student's perceived readiness for internship.

6. The Revisited PLA must be **reviewed, approved, signed** and dated by you, your site supervisor, and lastly by your course instructor **by the due date**.

Does not meet expectations (0 points)	Meets expectations (1 point)
Student's PLA has not been reviewed, approved, signed, or dated by the student, site supervisor or course instructor, or was turned in late.	Student's PLA has been reviewed, approved, signed, or dated by the student, site supervisor or course instructor by the due date.

Total PLA Points:

Practicum Site Visit and Evaluation Schedule

Evaluation Methods	Practicum
Site Visits (Minimum Number)	Two--one at beginning and one at end of practicum experience
Biweekly consultation	At least 5 times during practicum semester
Mid-term evaluation	Once, at midterm of experience (can be phone conversation or visit)
Final evaluation	Supervisor Evaluation Form* completed at end of practicum experience

Practicum Course – Suggested Point Distribution

Below is a list of the required course assignments and possible points for each one. Please note that this adds up to 115 points; instructors can include additional assignments (e.g., course participation, other assignments) for any remaining points.

Completion and Documentation of Practicum Hours	30 points
Supervisor Evaluations, Site Visits, Individual Meetings	15 points
Practicum Learning Agreement-Initial*	10 points
Practicum Learning Agreement-Revisited*	10 points
Case Presentation*	50 points

***These assignments are graded with a rubric**

Case Presentation Criteria

<p>1. Identifying Information: Include relevant, deidentified client information: fictitious client's name, age, date of birth; race/ethnicity; date of report, school/agency, etc.).</p>
<p>2. Reason for Referral: Describe present referral concerns in concise and useful manner. Identify the type of referral source (do not use actual name of referral source).</p>
<p>3. Presenting Problem: State the problem(s) that the client identified in her or his first session/intake. Include information regarding onset, duration, and intensity of symptoms.</p>
<p>4. Background Information: Summarize relevant developmental, social, familial (do not use actual names, and give only first names), medical, psychiatric, educational, psychological, and treatment history. Do not identify any specific treatment centers, clinics, hospitals, etc.; use generic terms such as "General Hospital" or "XYZ Outpatient Clinic." Indicate all present and past medications and be aware of the reason for their use and any important side effects. Include a summary of the cultural context (relevant aspects of identity) of the client, as well as noted strengths they possess.</p>
<p>5. DSM Diagnosis or Diagnoses: Provide a logical diagnosis or diagnoses with appropriate codes.</p>
<p>6. Case Conceptualization: Discuss how you conceptualize the referral concern, that is, why is the client having this particular difficulty? This conceptualization should be based in a particular counseling theory. Be sure to clearly identify and describe the theoretical perspective(s) that undergird your conceptualization/formulation.</p>
<p>7. Treatment Plan: Building on the conceptualization, identify and prioritize (include rationale) counseling goals, as well as outcome measures you are using. Finally, include any ancillary services that are occurring. Although your treatment plan should be specific, do not specifically identify any names, referral sources, agencies, etc.</p>
<p>8. Legal/Ethical Issues: Discuss the relevant ethical/legal issues regarding the case.</p>
<p>9. Cultural and Social Justice/Advocacy Issues: Discuss relevant cultural and social justice/advocacy issues regarding the case.</p>
<p>10. Reason for Case Presentation: State your purpose for presenting this case. How can your colleagues be of help? Diagnosis? Assessment? Treatment planning? Aftercare? Be specific so that your audience knows its purpose.</p>
<p>11. Annotated Bibliography: Include 3-4 references (and a brief description of each) you found useful in working with this client and/or in preparing the formal case presentation.</p>
<p>12. Selection of Audio/Videotape Segment and Facilitation of Discussion: Select useful segment to present to class and engages class in productive group supervision discussion while effectively managing time.</p>
<p>13. Overall Writing and Formatting: Appropriately de-identify client information, organize and write case presentation in a clear manner with appropriate grammar, spelling and proofreading.</p>

Case Presentation Scoring Rubric: Instructor to circle points earned for each criterion (total possible points = 50 points)

	Not Addressed	Less than Adequately Addressed	Adequately Addressed	Total Points
1. Identifying Information (2 pts.)	No description of relevant info. (0 pts.)	Identifying information is presented for 1-2 of the identified areas (i.e., fictitious name, age, birth date, date of report, school/agency, parents). (1pt)	All relevant areas are presented (i.e., fictitious name, age, birth date, date of report, school/agency, parents). (2 pts.)	
2. Reason for referral (3 pts.)	No reason provided. (0 pts.)	Reason for referral is vague or unclear (1-2 pts.)	Reason for referral provides is fully and concisely presented. (3 pts.)	
3. Presenting Problem (5 pts.)	No problem described. (0 pts.)	Description of client's problem only minimally described, without sufficient detail regarding onset, duration and intensity of symptoms. (1-3 pts.)	Information about problem, including onset, duration and intensity of symptoms are described clearly and concisely (4-5 pts.)	
4. Background Information (5 pts.)	No summary is present. (0 pts.)	Limited description and synthesis of relevant historical information, client strengths, objective findings and presenting problems. (1-3 pts.)	Critical thinking, analysis, and synthesis of client's background (i.e., strengths, presenting problems, relevant historical information, objective findings) with current level of functioning are present. (4-5 pts.)	
5. DSM Diagnosis or Diagnoses (3 pts.)	No DSM diagnosis present. (0 pts.)	DSM diagnosis is listed. However, it is not supported with report data/information or there are aspects of client's history or concerns not accounted for in diagnosis (1-2 pts.)	DSM diagnosis is listed. This diagnosis is fully supported with report data/information (3 pts.)	
6. Case Conceptualization (6 pts.)	None present (0 pts.)	Treatment conceptualization is described but is vague or missing important information (i.e., lack of or poor use of theoretical framework to conceptualize presenting problems). (1-3 pts.)	Treatment conceptualization is firmly grounded in theoretical framework. This conceptualization is used to support argument for the choice of treatment strategies (4-6 pts.)	
7. Treatment Plan (5 pts.)	None present (0 pts.)	Specific counseling techniques, activities, behavioral program, etc. you will use to meet your treatment goals are vague or inappropriate for the presenting problem. (1-3 pts.)	Specific counseling techniques, activities, behavioral program, etc. you will use to meet your treatment goals are listed concisely and in appropriate depth to allow others to implement them (4-5 pts.)	
8. Legal/Ethical Issues (3 pts.)	None present (0 pts.)	Relevant implications of potential legal/ethical issues are vague or incomplete. (1-2 pts.)	Relevant implications of potential legal/ethical issues are well integrated and demonstrate that the reporter has critically considered each area. (3 pts.)	

9. Cultural and Social Justice/Advocacy Issues (3 pts.)	None present (0 pts.)	Relevant implications of potential social justice/advocacy issues are vague or incomplete. (1-2 pts.)	Relevant implications of potential social justice/advocacy issues are well integrated and demonstrate that the reporter has critically considered each area. (3 pts.)	
10. Reason(s) for Case Presentation (2 pts.)	None present (0 pts.)	Reason (s) for case presentation is/are limited in number and lack depth (1 pt.)	Reason (s) for case presentation is/are reasonable in number and depth to generate excellent class discussion (2 pts.)	
11. Annotated Bibliography (3 pts.)	No bibliography included (0 pts.)	Only 1-2 references are included in bibliography, or brief description of each reference is missing (1-2 pts.)	All 3 references and a brief description of each are included (3 pts.)	
12. Selection of Audio/Videotape Segment and Facilitation of Discussion (5 pts.)	No video tape segment is selected and class discussion is not initiated (0 pts.)	Selected videotape selection marginally ties into reason for case conceptualization or does not generate opportunity for feedback or class discussion (1-3 pts.)	A useful segment is presented to class and presenter engages the class in productive group supervision discussion while effectively managing time. The presenter is well prepared with meaningful comments/questions to facilitate group discussion (4-5 pts.)	
13. Overall Writing and Formatting (5 pts.)	Numerous writing errors; Report is not de-identified (0 pts.)	A few errors present either with spelling or grammar and/or there is limited organization to the report regarding main paragraphs and transitions. Does not have a professional appearance (1-3 pts.)	Well written and organized report with sufficient depth to answer most possible questions that could be raised by a reader (4-5 pts.)	

TOTAL POINTS:

COUN 6965: Counseling Practicum
Marquette University
Counselor Education and Counseling Psychology
Spring 2018

Instructor: Sarah Knox, PhD

Contact Information:

Office: 168H

Email: sarah.knox@mu.edu

Phone: 414-288-5942

Office Hours: M 12:00 - 1:00, T 12 - 1:00

Course Meeting Information

Location: Schroeder Complex 177

Day: T u e s d a y

Time: 1:00 PM—3:40 PM

Course Description

This course is a supervised practicum experience that requires a minimum of 100 clock hours (including 40 direct hours) and leads to the development of counseling skills. Students engage in their practicum activities at approved sites in the greater Milwaukee area, and meet on-campus weekly for a didactic seminar that furthers counseling skills and provides group supervision.

Prerequisites: COUN 6000; COUN 6001 or COUN 6003, which may be taken concurrently.

Course Content

This course will address two general purposes. First, the course will build upon the experiences from your previous classes (e.g., Introduction to Counseling, Theories of Counseling) to continue to nurture your theoretical and technical development as a counselor. Using the foundation you acquired in the Exploration stage counseling skills, you will be challenged to think more incisively about the counseling relationship and the what, when, how, and why of the counseling process. Additionally, you will develop Insight and Action stage counseling skills.

Second, this course will serve as group supervision for your Clinical Mental Health Counseling practicum experience, and will provide supervision and support during your counseling practicum. Please use this syllabus as well as the [Master's Practicum and Internship Manual](#) as a guide for successfully meeting the department's practicum requirements. For all information, paperwork, and requirements for your practicum experience, please refer to the CECP Prac/internship website: <https://www.marquette.edu/education/graduate/cecp-practicum-info.php>.

CACREP (2009) Standards Met During this Course

Learning Outcomes/Objectives Students will learn:	CACREP 2009 Standard	Tasks and Activities	Assessment Method
The following topics/standards/objectives are covered fully, significant class time is devoted, and each has at least one reading associated with it.			
Common Core: Helping Relationships			
Counselor characteristics and behaviors that influence helping processes;	G.5.b	Readings, lecture, role-plays, class discussion, class activities	Class participation, Client Autobiography, Peer Client Taping/Analysis, Practicum Experience, Client Case Presentation, Supervisor Evaluations, Practicum Learning Agreements
Essential interviewing and counseling skills;	G.5.c	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation
Counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling;	G.5.d	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation
Common Core: Professional Orientation and Ethical Practice			
Identify his/her role, function and relationship with other human service providers at the practicum site	G.1.b	Readings, lecture, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation
Identify approaches to maintaining self-care and avoiding burnout and counselor impairment.	G.1.d	Readings, lecture, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Supervisor Evaluations
CMH: Foundations: Skills and Practice			
Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.	CHM.B.1	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations
CMH: Counseling, Prevention, and Intervention: Skills and Practices			

Develop a personal model of counseling.	CMH.D.1	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Meet or exceed the knowledge and skill-based expectations of his/her practicum site.	CMH.D.1	Readings, lecture, role-plays, class discussion, class activities	Client Case Presentation, Practicum Experience, Supervisor Evaluations
Actively participate in an average of one hour of individual or triadic supervision on site.	CMH.D.1-9, Core 3.F.2	Practicum Experience	Client Case Presentation, Practicum Experience, Supervisor Evaluations
Actively participate in an average of an hour and a half of group supervision during the practicum class.	CMH.D.1-9, Core 3.F.3	Readings, class discussion, class activities and consultation	Class participation, Client Case Presentation

Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	CMH.D.2	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Applies effective strategies to promote client understanding of and access to a variety of community resources.	CMH.D.4	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling	CMH.D.5	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Demonstrates the ability to use procedures for assessing and managing suicide risk.	CMH.D.6	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Applies current record-keeping standards related to clinical mental health counseling.	CMH.D.7	Readings, lecture, role-plays, class discussion, class activities	Class participation, Practicum Experience, Progress Note, Supervisor Evaluations
Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	CMH.D.8	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.	CMH.D.9	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations
CMH: Diversity and Advocacy: Skills and Practices			
Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	CMH.F.3	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Client Taping/Analysis, Client Case Presentation, Practicum Experience, Supervisor Evaluations

CMH: Assessment: Skills and Practices			
Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, and a psychological assessment for treatment planning and caseload management.	CMH.H.2	Readings, lecture, role-plays, class discussion, class activities	Class participation, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.	CMH.H.3	Readings, lecture, role-plays, class discussion, class activities	Class participation, Client Case Presentation, Practicum Experience, Supervisor Evaluations
CMH: Research and Evaluation: Skills and Practices			
Applies relevant research findings to inform the practice of clinical mental health counseling.	CMH.J.1	Readings, lecture, role-plays, class discussion, class activities, class activities	Class participation, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments	CMH.J.2	Readings, lecture, role-plays, class discussion, class activities	Class participation, Client Case Presentation, Practicum Experience, Supervisor Evaluations
CMH: Diagnosis: Skills and Practices			
Demonstrates appropriate use of diagnostic tools, including the current edition of the <i>DSM</i> , to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	CMH.L.1	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Case Presentation, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	CMH.L.2	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Case Presentation, Client Case Presentation, Practicum Experience, Supervisor Evaluations
Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing effects.	CMH.L.3	Readings, lecture, role-plays, class discussion, class activities	Class participation, Peer Case Presentation, Client Case Presentation, Practicum Experience, Supervisor Evaluations

Required Texts

American Psychological Association (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, D.C.: Author.

Hill, C. E. (2014). *Helping skills: Facilitating exploration, insight, and action* (4th ed.). Washington, D.C.: APA.

Supplemental readings can be found on D2L. Hard copies will not be provided. If you prefer a hard copy, please obtain it on your own.

Baird, B. N. (2014). *The internship, practicum, and field placement handbook: A guide for the helping professions* (7th ed.). Englewood Cliffs, NJ: Pearson.

Butler, M. (2014). The Impact of Providing Therapy on the Therapist: A Student's Reflection. *Journal of Clinical Psychology*. 70: 724–730. doi: 10.1002/jclp.22105

Other Course Materials

1. **D2L.** D2L is the course management system used by the university. Your log-in for D2L is the same as your log-in for your Marquette Email address. For technical support regarding your account, please go to <http://www.marquette.edu/its/help/d2l/d2l.shtml>.
2. **Video Recording Device.** You are required to video record your peer counseling sessions during this course. Further, you will video/audio record sessions at your site, as permitted. A limited number of digital recording devices can be checked out from the [Digital Media Studio at Marquette](#). You may use other equipment (e.g. iPhone) if it is a reliable recording device for picture and sound.
3. **Dropbox.** In order to share your videos easily and securely with the instructor for your Peer Counseling Project, you will need a Dropbox account. To set up a free Dropbox account go to: www.dropbox.com. When sharing your video with the instructor, please use the selection “share video” rather than “share file.”

Course Format and Methods of Instruction

This course has been designed as a traditional, in-person course. However, you are required to have internet access in order to check your Marquette email and D2L on a daily basis.

Instruction in this course may include, and is not limited to, lecture, small and large group discussion, in-class activities, case presentations, and role-plays. Consistent and timely feedback will be given on all assignments, and is considered an integral part of instruction.

Student and Instructor Responsibilities

Academic Integrity: Academic honesty is fundamental to all activities at Marquette University, both inside and outside the classroom. You are expected to complete all work for this course by yourself (unless stipulated otherwise). At this time, the Marquette Honor Code (including Academic Honesty Standards) applies to undergraduate education only, yet it is a minimum standard for counseling graduate students to follow, and it will be upheld in this course. Link to honor code: <http://bulletin.marquette.edu/undergrad/academicregulations/>.

Attendance: Students are required to be present for the entirety of each class session. If you must miss part or all of a class session, notify the instructor via email as soon as possible (preferably beforehand). Attendance for this

course is mandatory. If you are not in class, you cannot participate; therefore, you lose participation points each time you are absent/tardy. There are no “excused” or “unexcused” absences, only absences. More than two absences, for any reason, may result in the need to repeat the course.

Assignments: It is the student’s responsibility to submit assignments by the date and time listed in the syllabus. APA format is required for all written work (see “writing style” below). Ten percent will be deducted for any portion of each 24-hour period that an assignment is late. Contact the instructor as soon as possible if you will not be able to turn in an assignment on time.

Professionalism and Class Norms: As counseling students, you are to conduct yourself under the standards stated in the American Counseling Association (2014) *Code of Ethics*. **Professional behavior** is expected in class. Such behavior includes arriving on time, being prepared, and demonstrating engagement with the material and your classmates. Students are to exhibit attitudes and behaviors congruent with the counseling profession, which includes being receptive to new ideas, openness to others, curiosity, the ability to receive and apply feedback, and respect for others. **Respect** for others includes respect for diversity, and being cognizant of the words you use (e.g., inclusive language, “person-first” language). **Confidentiality** is expected for all classroom interactions. We discuss clinical, personal, and sensitive matters during class. Please show respect for your classmates by keeping confidential any personal/clinical information revealed during class time. If you are concerned about the safety or welfare of a classmate, please contact the instructor.

Please respect your peers and your instructor by being vigilant of your use of technology during class. This means, for example, being on Facebook, shopping online, or editing photos during class takes away from your learning experience, distracts you and your peers, and disengages you from whatever is happening in class. The same is true for phone use (e.g., texting, email) during class. If there is an urgent call you are waiting for, you are welcome to have your phone out and set to “silent,” but otherwise please keep your phone in your bag, pocket, etc. so it does not distract you or your peers.

You are welcome to take notes with your laptop, tablet, etc., but you might want to consider handwriting your notes based on current research:

Mueller, P. A., & Oppenheimer, D. M. (2014). The pen is mightier than the keyboard: Advantages of longhand over laptop note taking. *Psychological Science, 25*(6), 1159-1168. doi:10.1177/0956797614524581

Writing Style: Written assignments are to meet the style guidelines set forth by the Publication Manual of the American Psychological Association (6th ed.). For example, all submitted work (unless otherwise noted) is to be typed, double-spaced, in 12-point font (Times New Roman) with 1-inch margins. Further guidelines are found in the APA (6th ed.) manual, and you are welcome to ask questions at any time. You are expected to familiarize yourself with the APA (6th ed.) manual and *use it* for all written assignments.

Communication: I am open to a variety of communication methods in order to help facilitate your learning. I respond to email throughout the day, generally between 9 AM and 8 PM. Email is the most efficient form of communication for me, but phone calls are also certainly welcome. Please leave a message, and I will get back to you as soon as possible. We can schedule a time to meet in person or chat by phone.

Accommodations: Students who require accommodations for any aspect of this course should notify the instructor as soon as possible. By law, I cannot give accommodations without written documentation from the Office of Student Educational Services, Office of Disability Services. If you believe you need services and do not currently have

documentation, please speak with the instructor and visit the university website for further information:
<http://www.marquette.edu/disability-services/accommodations.shtml>

Important Practicum Information

Clinical Affiliation Agreement: The CECP Master's Program Director of Training will provide each practicum-site training director with two copies of the Clinical Affiliation Agreement to be signed by the authorized site representative, unless a signed agreement is already on file with CECP Department. The Clinical Affiliation Agreement must be signed by all parties prior to the student beginning the internship.

Student Status: During the practicum and internship experience, the student should have a title such as "trainee," "practicum/internship student," "extern," or similar designation of trainee status. Students may receive a stipend from the internship site for practicum placements if the site is willing to provide this. Unfortunately, such stipends are definitely not the norm. Students may do a practicum placement at a site where they are employed. However, because of potential concerns relating to dual-relationships and competing demands with regard to an employee's responsibilities vs. a student's responsibilities, these placements are subject to special review by the Master's Program DOT and Program Coordinators. In these situations, the training activities, including supervision, are subject to more explicit and rigorous guidelines.

Supervision Expectations: Weekly individual and/or triadic supervision will be provided by the on-site supervisor, a doctoral student supervisor, and/or a CECP faculty member. The on-site supervisor has the primary responsibility for providing the practicum student with direct individual and/or triadic supervision on a regularly scheduled, weekly basis.

Amount of Individual and/or Triadic Supervision: For practicum, an average of 1 hour per week is required.

Group Supervision: For practicum, an average of 1½ hours per week is required. This includes the time spent in COUN 6965 class focusing on discussion of **specific** client cases. (Note: COUN 6965 class hours not considered group supervision should be counted as didactic or training hours.)

Observation of sessions: Students are expected to review their sessions with their supervisor via audio-recording or video-recording in compliance with the CECP HIPAA Compliance Policy (See CECP Practicum & Internship Handbook). If students are precluded from recording sessions due to CECP HIPAA Compliance Policy or the agency policy, then the site supervisor is expected to provide in-person observation of a minimum of 2 sessions per semester. Observation of sessions can count as 1:1 supervision.

Grading Policies and Evaluation Methods

Grades on individual assignments will be recorded in D2L throughout the semester. Any student with questions about a grade should contact the instructor promptly. It is your responsibility to check the grade book, and to be sure that posted grades match grades marked on your assignments.

It is possible for every student to earn all of the points in this course. I do not grade on a curve, nor do I allocate only a certain number of specific grades. This means that your grade is up to you! I believe every student has what it takes to earn the grade she/he wants to earn. If you are having difficulties, please **ask for help**.

As noted above, I will give you timely feedback on your work. I take great care when I grade your assignments, and I consider all assignment elements to be important. Each assignment will have different criteria, and rubrics are provided for written assignments so that you are aware of the expectations.

Please proofread written assignments carefully, adhere to APA format/style, and integrate any changes marked on prior written work. Failure to do so may result in a lower grade on your assignment(s).

Final letter grades will be assigned according to the following scale:

Grade	Percentage
A	94-100
A-	90-93
B+	86-89
B	82-85
B-	78-81** <i>Students must achieve at least this grade for a course to count toward their degree</i>
C+	74-77
C	70-73
C-	66-69
D+	62-65

Assignment Values

Assignment	Percentage of Final Grade	Possible Points
Class Participation	15%	75
Peer Counseling Experience (3 parts)		
1. Peer Client Taping/Analysis	10%	50
2. Peer Case Presentation	10%	50
3. Progress Note	10%	50
Completion and Documentation of Practicum and Supervision Hours (mid-term and final)	15%	75
Supervisor Evaluations (mid-term and final), Site Visits, Site Evaluation	10%	50
Practicum Learning Agreement—Initial	10%	50
Practicum Learning Agreement—Revisited	10%	50
Client Case Presentation	10%	50
Total	100%	500

Course Assignments

Class Participation

Participation is determined by your engagement in class, in addition to your attendance. You are expected to attend all class sessions, to engage in discussions, to ask questions, and to come to class prepared (e.g., all reading is completed). If you do all of these things, you will earn all of the points. Tardiness/Absence and lack of engagement are the most common ways that students lose participation points.

As part of class participation, all COUN 6965 students are **required** to attend all CECP colloquia. All colloquia run on W from 12:00 PM—1:00 PM in AMU 227. The Spring 2018 dates have been sent to you.

Peer Counseling Experience—Multiple-Part Assignment

This assignment consists of multiple parts to help you to continue to grow in your counseling skill development, while also enabling you to gain skills in case conceptualization, clinical case presentation, and case documentation.

1. Peer Client Taping and Analysis

You will video-record a 40-minute session in which you counsel one of your peers. You will employ all of the counseling skills you have learned thus far in your training. Pay particular attention to integrating Insight and Action skills. You will upload your video to Dropbox.

Considerations as the client: Please consider carefully what you would like to present to your counselor as the client for this assignment. The counselor will analyze your case, and s/he will present the case in class. Thus, you are welcome to discuss a problem, event, or situation that is not genuine to your experience (draw on your experiences with others, your imagination, etc.). There are drawbacks to this method, yet it is important to give students the option not to share personal information that will be analyzed and discussed with the group.

After you complete the video recording, you will write a session analysis. For your session analysis, please include the following:

- **Case Conceptualization:** How do you understand the client and her/his presenting concerns? How do these concerns affect the client and the systems of which s/he is a part (school, family, religious affiliations, extra-curricular activities, etc.)? What do you believe contributes to the client's symptoms/distress? What has helped the client? What has not helped the client? Using a specific theoretical base (i.e., a counseling theory), how do you conceptualize the client and her/his presenting issue?
- **Treatment Plan:** Using your case conceptualization, describe how you might work with this client if you were to continue to counsel her/him. How does your case conceptualization inform the interventions and approaches you would use? Describe how your theoretical orientation/lens plays a part in your action plan, and what systems might need to be integrated into counseling. Please explain how you will attend to ethical and multicultural considerations, and integrate these elements into the counseling process.
- **Counseling Skills Analysis:** Describe the interventions/techniques you used during the session, how you believe the client perceived/responded to them, and whether your intention for the intervention/technique matched the client's perception/response. What, if anything, would you do differently next time? For this portion of your paper, use the Hill text related to discussion of counselor intentions, interventions, and client reactions as a template. When appropriate, use verbatim quotes from your recorded session, and indicate when (via the timestamp) each intervention occurred.

- **Counselor Analysis:** Describe what you perceive to be your strengths and areas of growth during this session. Further, discuss how your strengths and areas of growth are similar to/different from those you identified at the end of last semester. Additionally, please discuss your personal reactions to this session, and how it was for you to be a counselor for this client.

Length: 8-10 pages

Due: February 27, 1:00 PM

2. Progress Note

After your session with your client, write a progress note of the session using the SOAP format (listed in D2L). I recommend that you write your progress note *immediately* after you complete your session with your client!

Length: One page, single-spaced

Due: February 27, 1:00 PM

3. Peer Client Case Presentation

For this portion of the assignment, you will prepare a case presentation of your work with this client. Choose a section of your video (~7 minutes) in which you feel unsure or uncertain about your work. Complete the “Case Presentation Criteria” form found on D2L, and bring enough copies for each person in the class on the day you present your case.

You will have 10 minutes to highlight information listed on your Case Presentation Criteria sheet. It will be particularly important for you to be as clear and concise as possible about why you are presenting this case, and what help you would like from your colleagues. Next, you will show your ~7-minute clip (bring it to class!), and the course instructor will help you facilitate a conversation about the areas for which you requested help. At the end of the discussion, you will be asked to summarize orally what you are taking away from the session and the discussion related to your presentation. Total time for each presentation will be 25-30 minutes.

Length: Use form provided in D2L. Should not exceed three single-spaced pages.

Due: February 27 or March 6

Practicum Learning Agreement—Initial

Following the rubric posted on D2L, you will complete your Practicum Learning Agreement (PLA) in consultation with your site supervisor. The PLA will include the following elements:

- A narrative description (approximately 2-3 typed pages) of your perceived professional strengths and growth areas, addressing both intra- and interpersonal components. Include, as well, a statement of your intended future professional goals/practice area(s) and your developing theoretical orientation.
- A “learning plan” for the practicum that documents **learning goals** (e.g., What you want to learn through practicum? What you want to get out of practicum? How you want to be different as a counselor by the end of the practicum?), **corresponding learning activities** (What are the specific steps, activities, procedures, experiences that you will pursue to meet these goals?), and **objective/measurable outcome criteria** (How will you measure objectively whether or not you met these goals?). Remember, your goals should be small, concrete, specific, salient (to you and the practicum site), and attainable.
- The initial Practicum Learning Agreement must be reviewed, approved, and signed by you and the supervisor. The initial PLA should be completed within two weeks of the start of the semester.

Length: ~4 pages

Due: January 30, 1:00 PM

Practicum Learning Agreement—Revisited

At the end of the practicum experience, you will write a final self-evaluation/progress report that addresses how the goals set forth initially have been met (or not met), how practicum was helpful and not helpful, a current assessment of your strengths and areas of growth, and an assessment of your personal readiness for internship. You should tie your evaluation and progress report directly to the goals set forth in the Practicum Learning Agreement. Those students continuing with internship at the same site should assess their professional and personal readiness for internship at that location. The revisited PLA will be signed by the site supervisor, student, and practicum instructor. See D2L for the rubric.

Length: ~4 pages

Due: May 1, 1:00 PM

Client Case Presentation

Following the case presentation format you learned and practiced during your Peer Case Presentation, prepare a case presentation of your work with a client from your practicum site. If appropriate to your site, choose a section of video or audio (approximately 8-10 minutes) in which you feel unsure or uncertain about your work. If you are unable to bring video or audio based on site regulations, type a transcript of the session *immediately* after you complete the session you plan to use.

Complete the “Case Presentation Criteria” form found on D2L, and bring enough copies for each person in the class on the day you present your case. You will have ten minutes to highlight information listed on your Case Presentation Criteria sheet. It will be particularly important for you to be as clear as possible about why you are presenting this case, and what help you would like your colleagues to provide. Next, show your clip (bring this to class!), and the course instructor will help you facilitate a conversation about the areas for which you requested help. At the end of the discussion, you will be asked to summarize orally what you are taking away from the session and ensuing discussion. Total time of each presentation will be approximately 45 minutes.

Length: Use form provided in D2L. Should not exceed three single-spaced pages.

Due: Rolling basis—Client presentations will begin March 27 and run through May 1.

Completion and Documentation of Practicum Hours

1. Required Hours

The counseling program requires that students complete a minimum of 100 hours of Counseling Practicum (COUN 6965) over the course of one semester. Generally, the practicum experience takes place during a student’s first year in the program, in the Spring semester.

Practicum placements involve a number of different activities that must be accurately documented:

Direct Service. Refers to interaction with clients that includes the application of counseling, consultation, or human development skills.

Examples: Individual, group, and family counseling, case staffing, in-home services, intake and assessment activities, consultation.

Required number of hours of direct service: **At least 40 hours.**

Indirect Service. Refers to other activities including supervision, client staffing, gathering information about the client but not in the actual presence of the client (e.g., outside the counseling/therapy hour).

Examples: Writing process/progress notes, supervision, reviewing charts, time spent planning interventions, consulting with other professionals about a case, video/audiotape review.

Required number of hours of indirect service: **At least 60 hours.**

2. Supervision

Weekly individual and/or triadic supervision will be provided by the on-site supervisor, a doctoral student supervisor, and/or a CECP faculty member. The on-site supervisor has the primary responsibility for providing the practicum student with direct individual and/or triadic supervision on a regularly scheduled, weekly basis.

Amount of Individual and/or Triadic Supervision: For practicum, an average of 1 hour per week is required.

Group Supervision: For practicum, an average of 1½ hours per week is required. Includes the time spent in COUN 6965 class focusing on discussion of **specific** client cases. (Note: COUN 6965 class hours not considered group supervision should be counted as didactic or training hours.)

Students are required to participate fully in all supervision activities and to comply with supervisor requests (i.e., any reasonable request to increase counseling/counselor awareness, knowledge, and/or skills). If a student feels that her/his supervisor is making unreasonable or unethical requests, please notify your course instructor immediately. Please be sure to document supervision hours.

3. Documentation of Practicum Activities/Hours

Students are expected to maintain a **daily** log of activities completed relating to the practicum (client sessions, preparation for counseling, case documentation, preparation for supervision, supervision, administrative duties, etc.). A sample daily log is provided on the CECP website. These logs must be reviewed and initialed by your site supervisor on a **weekly** basis. Also, I recommend that you keep information regarding, age, race, diagnosis, and activities performed with individual clients.

Students must submit a mid-semester and an end-of-semester summary of practicum hours. These mid-term and end-of-term summaries must be signed by your site supervisor and submitted for retention in the department files. Students must keep copies of these documents for their permanent personal files.

Mid-term Due Date: March 6, 1:00 PM

Final Due Date: No later than May 8, 1:00 PM

Supervisor Evaluations, Site Visits, and Site Evaluation

1. Site Visits & Bi-weekly Consultation

Students are responsible for setting up 2 site visits wherein the student, university supervisor (instructor for this course), and site supervisor are present. The course instructor will provide the student with her availability, and the student will set up a time that is amenable to all three parties. The appointment will take approximately 1/2 hour. In addition, the university supervisor will consult via phone, email, or in-person on at least a bi-weekly basis to discuss students' progress and competence level.

2. Site Supervisor's Evaluation

Students will submit their site supervisor evaluation at mid-term and at the end of the semester.

Mid-term Due Date: March 6, 1:00 PM

Final Due Date: No later than May 8, 1:00 PM

3. Student Evaluation of Practicum Site

Students will submit an evaluation of their practicum site at the end of the semester. ***Evaluations will not be shared with site supervisors until the internship placement is completed.***

Due Date: No later than May 8, 1:00 PM

Course Schedule

Date	Topics	Assignments/Readings
January 16	<ul style="list-style-type: none"> • Course Introduction <ul style="list-style-type: none"> ▸ Syllabus ▸ Paperwork ▸ PLA—Initial GS*: Introduction to the Supervision Process 	Baird: Ch. 5: Supervision <ul style="list-style-type: none"> • Complete Information Sheet and submit no later than January 23, 1 PM • Read Student Practicum Handbook [available online] • Familiarize yourself with CECP website for practicum: www.marquette.edu/education/current_students/cecp_practicum_info.shtml • Begin Practicum Learning Agreement— Initial
January 23 + January 30	<ul style="list-style-type: none"> • Exploration Stage Review • GS: Client/Case Conceptualization • GS: Progress Notes and Case Notes 	Hill, Chs. 8-10; SOAP Notes reading *Schedule Peer and Client Presentations PLA—Initial Due Jan 30
February 6	<ul style="list-style-type: none"> • Insight Skill Development • GS: Client Harm 	Hill, Chs. 11-13
February 13	<ul style="list-style-type: none"> • Insight Skill Development • GS: Tolerating Ambiguity 	Hill, Chs. 13-15
February 20	<ul style="list-style-type: none"> • Action Skill Development • GS: Presenting Client Cases 	Hill, Chs. 16-18
February 27	<ul style="list-style-type: none"> • Action Skill Development 	Hill, Ch. 16-18 <ul style="list-style-type: none"> • Peer Client Taping/Analysis and Progress Note Due

	<ul style="list-style-type: none"> ● GS: Peer Client Presentations 	
March 6	<ul style="list-style-type: none"> ● GS: Peer Client Presentations 	Midterm Hours Log Due Midterm Supervisor Eval Due
March 13	NO CLASS—SPRING BREAK	
March 20	<ul style="list-style-type: none"> ● Integrating the Three-Stage Skill Process; GS: One Client Presentation; Read Hill, Ch. 19 	
March 27	<ul style="list-style-type: none"> ● GS: Client Presentations 	
April 3	<ul style="list-style-type: none"> ● Termination with Clients ● GS: Client Presentations 	Reading: Baird, Ch. 11: Termination
April 10	<ul style="list-style-type: none"> ● Self-Awareness and Self-Care ● GS: Client Presentations 	Reading: Baird, Ch. 8: Stress and Self-Care
April 17	<ul style="list-style-type: none"> ● GS: Client Presentations 	Set Up Final Site Visits
April 24	<ul style="list-style-type: none"> ● GS: Client Presentations 	D2L: M Butler Reading
May 1	<ul style="list-style-type: none"> ● Last class of the semester ● Closing Activity ● GS: Client Presentations 	PLA—Revisited Due
May 8	All final paperwork no later than today! <ul style="list-style-type: none"> ▸ Final Hours Log ▸ Final Supervisor Evaluation ▸ Student Evaluation of Site 	

Schedule subject to change as necessary.

*GS = Group Supervision component

M.S. IN CLINICAL MENTAL HEALTH COUNSELING COUNSELING INTERNSHIP

The internship is a 600-hour experience that requires 240 direct hours of client face-to-face interaction. It begins after successful completion of the practicum. Generally this experience occurs in the Fall and Spring semesters of the student's second year. The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area.

Responsibilities of the University

1. Assume full responsibility for the administrative duties related to the academic requirements of the Clinical Mental Health Counseling Internship, including approval of the site and experience, maintaining on-going and direct communication with Agency representative, ensuring that students are academically ready to begin the clinical experience, and evaluation of student work.
2. Provide information regarding the CECP Clinical Mental Health Counseling program and curriculum so that the Agency may properly plan and execute task assignments and supervision. Specifically included are the university calendar, student handbook, and the Practicum and Internship Handbook.
3. Designate one CECP faculty member each academic semester who will be the instructor for the student and who will communicate directly with the site supervisor by telephone contact and complete at least one site visit. The instructor will lead and facilitate weekly Clinical Mental Health Counseling Internship class/group supervision (2.5 hours/week; at least 1.5 hours of group supervision).

Responsibilities of the Internship Site

1. Designate one clinical staff person as site supervisor with appropriate graduate degree and an independent mental health license. This person will be an employee (part time, full time, or contracted with the site) of the site where the internship will be conducted. The primary site supervisor must be a Licensed Professional Counselor (LPC), or a Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), or a licensed Psychologist or Psychiatrist.
2. Ensure that student meets a minimum of 600 total internship hours.
3. Ensure that for internship, at least 240 hours are devoted to direct services.
4. Provide at least one hour of direct individual and/or triadic supervision on a regularly scheduled weekly basis.
5. Provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance in those activities. Suggested activities include individual counseling, group counseling, intake Interviewing, assisting with report writing, consultation , career counseling, assisting with programming, individual supervision, group or peer supervision, case conferences at staff meetings.

6. Provide student with adequate workspace, telephone, office supplies, and staff to conduct professional activities.
7. Directly examine student clinical work using video tapes, observation, and/or live supervision.
8. Provide written evaluation of the student based on criteria established by the Department of Counselor Education and Counseling Psychology.
9. Allow the student to attend weekly internship class session and monthly department colloquium for the duration of his/her clinical experience.

Responsibilities of Internship Student

1. The student will be enrolled in the Clinical Mental Health Counseling Internship course and will attend all classes for the duration of her/his internship experience. Students will continue working at their site until the end of the semester, even if they complete the required minimum 300 hours prior to the conclusion of that academic semester.
2. The student will complete an initial ILA and revisited ILA at the beginning and end of each semester.
3. The student will complete a weekly hours log and obtain site supervisor's initials/signature for each week. Original copies of the hours log will be submitted to the course instructor at midterm and the end of the semester.
4. The student is responsible for scheduling site visits each semester that include the student, course instructor, and site supervisor.
5. The student will take responsibility for ensuring that a) the site supervisor has been provided a copy of the course syllabus, a copy of the Practicum and Internship Handbook and evaluation forms to be completed at the mid- and end-point of each semester; b) that the supervision agreement has been signed by all parties; and c) that the Internship Learning Agreement (ILA) and ILA revisited have been reviewed and signed by all parties.

Internship Documentation—Filing and Records

Supervision Agreements

Students are responsible for obtaining all required signatures for the supervision agreement. The supervision agreement can be found in the Master's Practicum and Internship Handbook, or on the CECP website. Agreements should be turned into the department/Coreen before the semester starts. Only one supervision agreement is needed for the entire Internship experience, unless there is a change in supervisor.

Student/Supervisor Information Sheets

Students are responsible for obtaining all required information for the student/supervisor information sheet. The supervisor information sheet can be found in the Master's Practicum and Internship Handbook, or on the CECP website. This sheet is for the Practicum instructor to use during the course, but should be filed in the student's file at the end of the semester.

Hours Sheets, Supervisor Evaluations of Students, PLAs/ILAs and Site Evaluations

Students are responsible for turning in these materials to the instructor on the day they are due. Instructors will sign forms that require instructor signatures (e.g., PLAs/ILAs and hours sheets), and then they will submit all the forms to Coreen for photocopying. Originals of these forms will be placed in the student's file, and copies will be returned to the instructor to give back to students (or, if the class is completed, to be held in the front office for students to pick up later).

It is the instructor's responsibility to keep track of these forms and assure that they have been submitted. If a student has received an incomplete in the course, the instructor should keep the materials until an updated set (e.g. hours sheet) has been submitted and the grade has been changed.

Revisited Internship Learning Agreements (ILAs)

Revisited ILAs are part of our assessment system, and as such it is critical that all instructors include certain items* on their rubrics to ensure consistency. Once Revisited ILAs are turned in they should be given to Coreen so she can photocopy and enter the data for our system.

*items are highlighted on the Revisited ILA example on page 32; **Note they should total 9 possible points.**

Case Presentation

Case presentations are part of our assessment system, and as such it is critical that all instructors include certain items on their rubrics to ensure consistency. One Case Presentations are turned in they should be given to Coreen so she can copy the Presentation and the Rubric and enter the data for our system.

*items are highlighted on the Case Presentation rubric on page 36: **Note they should total 20 possible points.**

Student/Supervisor Information Sheet

****NOTE: Internship course instructors should collect this sheet from students within the first week of classes. Instructors can keep these forms for the duration of the semester, and then should give them to Coreen for filing at the end of the semester.**

Name:			
Address:			
City:		Zip:	
Phone number:		MU email:	
Dates at Site	/ / through / /		
Days & Times at Site:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: Time: Time: Time: Time: Time: Time:	
Weekly Site Supervision Day & Time:			
Total Hours Per Week at Site:			

Internship Site Information

Name of Site:			
Address:			
Site phone number:			
On-Site Supervisor Name:			
Phone:		Email:	
Agency/Clinical Director Name:			
Phone:		Email:	
Highest degree of supervisor (check one): <input type="checkbox"/> EdD <input type="checkbox"/> PhD <input type="checkbox"/> MS <input type="checkbox"/> MEd <input type="checkbox"/> MA other (specify):			
Specific discipline (e.g., counseling, social work):			
Credential(s) of Supervisor (check all that apply): <input type="checkbox"/> Licensed Professional Counselor (LPC), License number: <input type="checkbox"/> Licensed Marriage and Family Therapist (LMFT), License number: <input type="checkbox"/> Licensed Clinical Social Worker (LCSW), License number: <input type="checkbox"/> Licensed Psychologist, License number: <input type="checkbox"/> Other:			
Type(s) of counseling in which student will be supervised (check all that apply): <input type="checkbox"/> General <input type="checkbox"/> Marriage/Family <input type="checkbox"/> Group <input type="checkbox"/> Academic <input type="checkbox"/> Career/Vocational <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Child/Adolescent <input type="checkbox"/> Other, Specify:			

Internship Site Visit and Evaluation Schedule

Evaluation Methods	Internship
Site Visits (Minimum Number)	<p>Three—one at beginning, one at middle, and one at end of internship experience</p> <p>*If students begin internship in the Summer, they will have one site visit per semester (for a total of three)</p> <p>*If students begin internship in Fall, they will receive three site visits over the course of two semesters</p> <p>Please try to plan site visits to best meet student and site needs. In other words, if a student had her/his site visit in late July at the end of the Summer semester, it might be more useful to conduct the next visit later in the Fall semester.</p>
Biweekly consultation	N/A unless needed
Mid-term evaluation	Supervisor Evaluation Form* completed at midterm of each internship semester
Final evaluation	Supervisor Evaluation Form* completed at end of each internship semester

Internship Site Visit Record

STUDENT:

SITE:

PRIMARY SUPERVISOR:

Date of 1st Site Visit:

Date of 2nd Site Visit:

Date of 3rd Site Visit:

Internship Learning Agreement (ILA) Assignment & Rubric

- b.) **Internship Learning Agreement** (ILA: length should be 2 - 3 typed pages) - The ILA consists of the following elements:
- i) A narrative description of your perceived professional strengths and expected growth areas.
 - ii) A statement of your intended future professional goals/practice area(s).
 - iii) A “learning plan” **in table form** with the following three column headers for the semester’s practicum/internship that documents:
 - (1) **Goals** (i.e., what do I want to learn through this practicum/internship, what do I want to get out of this practicum/internship, how do I want to be different as a counselor by the end of this practicum/internship?) Remember that goals are to be small, concrete, specific, salient, attainable, and measurable.
 - (2) **Activities** (what are the specific steps, activities, procedures, experiences I need to pursue to meet these goals?)
 - (3) **Outcome** (how will I objectively measure whether or not I met these goals?).
 - iv) A brief description of ways in which you will implement self-care this semester.
 - v) The Initial ILA must be reviewed, approved, signed and dated by you, your site supervisor, and lastly by your course instructor; provide a space at the end of the ILA for signatures and dates. **Due: XXX**
 - vi) The ILA should be revisited again at the end of the semester. In the “revisited” version, please address the degree to which you met your goals, and discuss what helped and hindered your meeting them. This revisited ILA can also include any changes in strengths/growth areas, intended future practice areas, and self-care strategies. **Due: XXX**
 - vii) The ILA will be evaluated based on a rubric distributed in class.

Initial Internship Learning Agreement (ILA) Evaluation Rubric

Instructions. Students are expected to meet expectations for all sections of the ILA **within a maximum of three typed pages**. For the ILA, students are assigned points for each section (total = 10 points).

1. A brief narrative description of your perceived professional strengths and expected growth areas.

Does not meet expectations (0 points)	Meets expectations (2 points)
Student's ILA does not include a narrative description of either their perceived professional strengths or expected growth areas.	Student's ILA narrative includes a clear and realistic description of their perceived professional strengths and expected growth areas.

2. A statement of your intended future professional goals/practice area(s).

Does not meet expectations (0 points)	Meets expectations (2 pts)
Student's ILA does not include a clear statement of their intended future professional goals/practice area(s).	Student's ILA includes a clear statement of their intended future professional goals/practice area(s).

3. A "Learning Plan" for the semester's practicum/internship that documents: (1) 2-3 learning goals (i.e., what do I want to learn through this practicum/internship, what do I want to get out of this practicum/internship, how do I want to be different as a counselor by the end of this practicum/internship?), corresponding learning activities (what are the specific steps, activities, procedures, experiences I need to pursue to meet these goals?), and objective outcome criteria (how will I objectively measure whether or not I met these goals?). **Present your learning plan in table form with the three headings: goals, activities, outcomes.**

Does not meet expectations (0 points)	Partially Meets Expectations (1-2 points)	Meets Expectations (3 points)
Student's learning plan is not included.	Student's learning plan is incomplete in one or more of the following areas: goals, activities, or outcomes or is not in table format.	Student's learning plan adequately addresses all of the following areas in table format: goals, activities, and outcomes.

4. A description of ways in which you will **implement self-care** this semester.

Does not meet expectations (0 points)	Meets expectations (2 points)
ILA does not include a description of reasonable ways in which the student will implement self-care this semester.	ILA includes reasonable plans/approaches to self-care for this semester.

5. The Initial ILA must be **reviewed, approved, signed** and dated by you, your site supervisor, and lastly by your course instructor **by the due date**.

Does not meet expectations (0 points)	Meets expectations (1 point)
Student's ILA has not been reviewed, approved, signed, or dated by the student, site supervisor or course instructor, or was turned in late.	Student's ILA has been reviewed, approved, signed, or dated by the student, site supervisor or course instructor by the due date.

Total ILA Points:

Revisited Internship Learning Agreement (ILA) Evaluation Rubric

Instructions. Students are expected to meet expectations for all sections of the ILA **within a maximum of three typed pages**. For the ILA, students are assigned points for each section (total = 10 points).

1. A brief narrative description of your perceived professional strengths and expected growth areas, with particular attention to the areas that have changed over the past semester.

Does not meet expectations (0 points)	Meets expectations (2 points)
Student's ILA does not include a narrative description of either their perceived professional strengths or expected growth areas and their change.	Student's ILA narrative includes a clear and realistic description of their perceived professional strengths and expected growth areas as well as changes over the semester.

2. A statement of your intended future professional goals/practice area(s), with attention to any changes in your intended areas over the course of the semester.

Does not meet expectations (0 points)	Meets expectations (2 pts)
Student's ILA does not include a clear statement of their intended future professional goals/practice area(s) or discussion of the changes in these areas.	Student's ILA includes a clear statement of their intended future professional goals/practice area(s) and any changes since the beginning of the semester.

3. A discussion of each of the learning goals identified in your initial learning plan, including the progress you made towards your goals, and any other goals that have now emerged as a result of learning this semester.

Does not meet expectations (0 points)	Partially Meets Expectations (1-2 points)	Meets Expectations (3 points)
Student's learning plan is not discussed.	Student's learning plan is discussed but incomplete in one or more of the following areas: goals, activities, or outcomes.	Student's learning plan was adequately discussed and addressed all of the following areas: goals, activities, and outcomes.

4. A description of how well you implemented self-care this semester.

Does not meet expectations (0 points)	Meets expectations (2 points)
ILA does not include a description of ways in which the student implemented self-care this semester.	ILA includes a discussion of how well the student implemented self-care for this semester.

5. The Revised ILA must be **reviewed, approved, signed** and dated by you, your site supervisor, and lastly by your course instructor **by the due date**.

Does not meet expectations (0 points)	Meets expectations (1 point)
Student's ILA has not been reviewed, approved, signed, or dated by the student, site supervisor or course instructor, or was turned in late.	Student's ILA has been reviewed, approved, signed, or dated by the student, site supervisor or course instructor by the due date.

**Total Revisited ILA Points:
Internship Course – Suggested Point Distribution**

Below is a list of the required course assignments and possible points for each one. Please note that this adds up to 115 points; instructors can include additional assignments (e.g., course participation, other assignments) for any remaining points.

Completion and Documentation of Practicum Hours	30 points
Supervisor Evaluations, Site Visits, Individual Meetings	15 points
Practicum Learning Agreement-Initial*	10 points
Practicum Learning Agreement-Revisited*	10 points
Case Presentation*	50 points

***These assignments are graded with a rubric**

Case Presentation Criteria

<p>1. Identifying Information: Include relevant, deidentified client information: fictitious client's name, age, date of birth; race/ethnicity; date of report, school/agency, etc.).</p>
<p>2. Reason for Referral: Describe present referral concerns in concise and useful manner. Identify the type of referral source (do not use actual name of referral source).</p>
<p>3. Presenting Problem: State the problem(s) that the client identified in her or his first session/intake. Include information regarding onset, duration, and intensity of symptoms.</p>
<p>4. Background Information: Summarize relevant developmental, social, familial (do not use actual names, and give only first names), medical, psychiatric, educational, psychological, and treatment history. Do not identify any specific treatment centers, clinics, hospitals, etc.; use generic terms such as "General Hospital" or "XYZ Outpatient Clinic." Indicate all present and past medications and be aware of the reason for their use and any important side effects. Include a summary of the cultural context (relevant aspects of identity) of the client, as well as noted strengths they possess.</p>
<p>5. DSM Diagnosis or Diagnoses: Provide a logical diagnosis or diagnoses with appropriate codes.</p>
<p>6. Case Conceptualization: Discuss how you conceptualize the referral concern, that is, why is the client having this particular difficulty? This conceptualization should be based in a particular counseling theory. Be sure to clearly identify and describe the theoretical perspective(s) that undergird your conceptualization/formulation.</p>
<p>7. Treatment Plan: Building on the conceptualization, identify and prioritize (include rationale) counseling goals, as well as outcome measures you are using. Finally, include any ancillary services that are occurring. Although your treatment plan should be specific, do not specifically identify any names, referral sources, agencies, etc.</p>
<p>8. Legal/Ethical Issues: Discuss the relevant ethical/legal issues regarding the case.</p>
<p>9. Cultural and Social Justice/Advocacy Issues: Discuss relevant cultural and social justice/advocacy issues regarding the case.</p>
<p>10. Reason for Case Presentation: State your purpose for presenting this case. How can your colleagues be of help? Diagnosis? Assessment? Treatment planning? Aftercare? Be specific so that your audience knows its purpose.</p>
<p>11. Annotated Bibliography: Include 3-4 references (and a brief description of each) you found useful in working with this client and/or in preparing the formal case presentation.</p>
<p>12. Selection of Audio/Videotape Segment and Facilitation of Discussion: Select useful segment to present to class and engages class in productive group supervision discussion while effectively managing time.</p>
<p>13. Overall Writing and Formatting: Appropriately de-identify client information, organize and write case presentation in a clear manner with appropriate grammar, spelling and proofreading.</p>

Case Presentation Scoring Rubric: Instructor to circle points earned for each criterion (total possible points = 50 points)

	Not Addressed	Less than Adequately Addressed	Adequately Addressed	Total Points
1. Identifying Information (2 pts.)	No description of relevant info. (0 pts.)	Identifying information is presented for 1-2 of the identified areas (i.e., fictitious name, age, birth date, date of report, school/agency, parents). (1pt)	All relevant areas are presented (i.e., fictitious name, age, birth date, date of report, school/agency, parents). (2 pts.)	
2. Reason for referral (3 pts.)	No reason provided. (0 pts.)	Reason for referral is vague or unclear (1-2 pts.)	Reason for referral provides is fully and concisely presented. (3 pts.)	
3. Presenting Problem (5 pts.)	No problem described. (0 pts.)	Description of client's problem only minimally described, without sufficient detail regarding onset, duration and intensity of symptoms. (1-3 pts.)	Information about problem, including onset, duration and intensity of symptoms are described clearly and concisely (4-5 pts.)	
4. Background Information (5 pts.)	No summary is present. (0 pts.)	Limited description and synthesis of relevant historical information, client strengths, objective findings and presenting problems. (1-3 pts.)	Critical thinking, analysis, and synthesis of client's background (i.e., strengths, presenting problems, relevant historical information, objective findings) with current level of functioning are present. (4-5 pts.)	
5. DSM Diagnosis or Diagnoses (3 pts.)	No DSM diagnosis present. (0 pts.)	DSM diagnosis is listed. However, it is not supported with report data/information or there are aspects of client's history or concerns not accounted for in diagnosis (1-2 pts.)	DSM diagnosis is listed. This diagnosis is fully supported with report data/information (3 pts.)	
6. Case Conceptualization (6 pts.)	None present (0 pts.)	Treatment conceptualization is described but is vague or missing important information (i.e., lack of or poor use of theoretical framework to conceptualize presenting problems). (1-3 pts.)	Treatment conceptualization is firmly grounded in theoretical framework. This conceptualization is used to support argument for the choice of treatment strategies (4-6 pts.)	
7. Treatment Plan (5 pts.)	None present (0 pts.)	Specific counseling techniques, activities, behavioral program, etc. you will use to meet your treatment goals are vague or inappropriate for the presenting problem. (1-3 pts.)	Specific counseling techniques, activities, behavioral program, etc. you will use to meet your treatment goals are listed concisely and in appropriate depth to allow others to implement them (4-5 pts.)	
8. Legal/Ethical Issues (3 pts.)	None present (0 pts.)	Relevant implications of potential legal/ethical issues are vague or incomplete. (1-2 pts.)	Relevant implications of potential legal/ethical issues are well integrated and demonstrate that the reporter has critically considered each area. (3 pts.)	

9. Cultural and Social Justice/Advocacy Issues (3 pts.)	None present (0 pts.)	Relevant implications of potential social justice/advocacy issues are vague or incomplete. (1-2 pts.)	Relevant implications of potential social justice/advocacy issues are well integrated and demonstrate that the reporter has critically considered each area. (3 pts.)	
10. Reason(s) for Case Presentation (2 pts.)	None present (0 pts.)	Reason (s) for case presentation is/are limited in number and lack depth (1 pt.)	Reason (s) for case presentation is/are reasonable in number and depth to generate excellent class discussion (2 pts.)	
11. Annotated Bibliography (3 pts.)	No bibliography included (0 pts.)	Only 1-2 references are included in bibliography, or brief description of each reference is missing (1-2 pts.)	All 3 references and a brief description of each are included (3 pts.)	
12. Selection of Audio/Videotape Segment and Facilitation of Discussion (5 pts.)	No video tape segment is selected and class discussion is not initiated (0 pts.)	Selected videotape selection marginally ties into reason for case conceptualization or does not generate opportunity for feedback or class discussion (1-3 pts.)	A useful segment is presented to class and presenter engages the class in productive group supervision discussion while effectively managing time. The presenter is well prepared with meaningful comments/questions to facilitate group discussion (4-5 pts.)	
13. Overall Writing and Formatting (5 pts.)	Numerous writing errors; Report is not de-identified (0 pts.)	A few errors present either with spelling or grammar and/or there is limited organization to the report regarding main paragraphs and transitions. Does not have a professional appearance (1-3 pts.)	Well written and organized report with sufficient depth to answer most possible questions that could be raised by a reader (4-5 pts.)	

TOTAL POINTS

Internship in Counseling

COUN 6986

Spring, 2018

Marquette University

Instructor: Lisa M. Edwards, Ph.D.

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Phone: (414) 288-1433

Office hours: Thursdays 11:00-1:00 or by appointment; Office: 168C SC

Course Meets: Tuesdays, 9:00-11:40am in Schroeder Complex 177

*Please note that email is the best way to get in touch with me. I generally can respond to emails within three business days.

Course Description

Supervised counseling experiences in assessment, diagnosis, intervention, prevention and consultation. Students engage in their internship activities at approved sites in the greater Milwaukee area and meet on campus weekly for a didactic seminar and group supervision. Three credits of internship require a minimum of 300 clock hours of internship activities.

This course is designed to help prepare you to become a professional counselor with the knowledge, skills, and dispositions required to understand your role and functions in the human services field, to practice ethically and in a culturally sensitive manner, to apply theories of development and personality in your conceptualization of referral concerns, to select and use appropriate counseling assessment and intervention strategies, to learn how to advocate for clients, and to evaluate your effectiveness as a counselor. The course seminar is designed to support and supplement your work at your internship site. Class time and activities will be devoted to clinical supervision in order to provide you with a regular opportunity to discuss your activities at your internship site and their impact on your professional growth. Supplemental class activities and assignments are designed to meet the general purposes of this course described above.

Course Learning Objectives

All of the following knowledge and skill learning objectives are based on the Counselor Education and Counseling Psychology Department's Program Learning Outcomes (PLOs), as well as CACREP's (2009) General Core Standards, and Clinical Mental Health Counseling specialization Standards.

At the completion of this course, students will be able to:

Knowledge:

1. Meet or exceed the knowledge-based expectations of his/her internship site.
2. Identify his/her role, function and relationship with other human service providers at the internship site (PLO 4 and CACREP CMHC D.9.).
3. Identify approaches to maintaining self-care and avoiding burnout and counselor impairment (PLO 2 and CACREP CMHC D.9.).
4. Describe multicultural issues relevant to both counselor and client (PLO 1 and

CACREP CMHC D.2., F.3.).

5. Demonstrate an understanding of theories of learning, personality and individual development as they apply to conceptualizing referral concerns and assessment and intervention practices (PLO 5b and CACREP CMHC D.1.)

Skills:

1. Meet or exceed the skill-based expectations of his/her internship site.
2. Act in accordance with the Ethical Code of the American Counseling Association (PLO 2 and CACREP CMHC. B.1.).
3. Use counseling principles, theories and research to initiate, maintain, and terminate counseling. (PLO 5b and CACREP CMHC J.1.).
4. Apply multicultural competencies and knowledge to clinical mental health counseling (PLO 5b and CACREP CMHC D.2., 5., F.3.).
5. Complete appropriate documentation of counseling practice, including informed consent, intake summaries, assessments, treatment plans, progress notes, termination summaries, and correspondence (CACREP CMHC D. 7.)
6. Recognize own limitations as a clinical mental health counselor and engage in self-care and seek supervision when needed (PLO 4 and CACREP CMHC D.9.)
7. Selects culturally appropriate assessments for diagnosis, treatment, and evaluation (PLO 1 and CACREP CMHC H.1., J.2., 3.)
8. Demonstrates skills in conducting intakes, mental status evaluations, client history, and individualized assessment for treatment planning (PLO 1 and CACREP CMHC H.2.)
9. Demonstrates ability to assess and provide treatment for clients with addictions and co-occurring disorders (CACREP CMHC D.8., H.3., 4.)
10. Demonstrates appropriate use of diagnostic systems in clinical mental health counseling (PLO 5b and CACREP CMHC L.1., 2., 3.)
11. Demonstrates skills in assessing and managing clients with suicide risk (CACREP CMHC D.6.)
12. Advocates for service delivery opportunities and resources for clients and communities that promote optimal human functioning (PLO 3 and CACREP CMHC B.2., D.3., 4., F.1., 2.)
13. Actively participate in an average of one hour of individual or triadic supervision on site (CACREP III, G. 2)
14. Actively participate in an average of an hour and a half of group supervision during the internship class. (CACREP III, G. 3)

For a complete description of the Program Learning Outcomes, please see the CECP Department Master's Handbook. For the Council for the Accreditation for Counseling and Related Educational Programs' Standards (CACREP, 2009), please see www.cacrep.org.

Required Readings*

These readings can be accessed via the links provided below:

American Counseling Association (ACA) 2014 Code of Ethics:

<http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>

Association of Multicultural Counseling and Development (AMCD) Multicultural Counseling Competencies: <http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

Meyers, L. (2015). Stumbling blocks to counselor self-care. Counseling Today. <https://ct.counseling.org/2015/02/stumbling-blocks-to-counselor-self-care/>

APA Practice Central: Self-Care Resources
<http://www.apapracticecentral.org/ce/self-care/index.aspx>

Wisconsin Professional Counselor Definitions, Rules and Practices
Department of Safety and Professional Services
<http://docs.legis.wisconsin.gov/statutes/statutes/457/01/8>

*Please note that other readings will be assigned during the semester to aid discussions and learning.

Instructional Methods

Course Objectives will be achieved through weekly group supervision and seminars on campus, class activities, outside readings and trainings, written assignments, and site visits. The course syllabus and assignment descriptions are available on D2L.

Class Attendance and Participation

Attendance and punctuality are expected at each class. When an absence cannot be avoided, the instructor should be contacted as soon as possible via email. In-class activities and presentations may be made up only in the case of an excused absence. The format for this course requires regular student preparation prior to each class and **active and consistent participation** during class.

Professionalism/Ethics

It is expected that students will act in a professionally responsible way at all times in class and at their internship sites. This includes attending class, being punctual and prepared, participating actively, and being supportive of fellow students. Students are required to adhere to the "Ethical Standards" of the American Counseling Association (ACA) Code of Ethics (2014). Students are also expected to follow the rules of academic conduct set forth by the University in the Academic Code of Honor Handbook and Statement on Academic Integrity. Failure to adhere to the ethical or academic code can result in a failing grade and possible termination from the program.

Important Note:

Any student in this course who has a documented disability that may prevent him/her from fully demonstrating his/her abilities should contact me personally as soon as possible so we can discuss accommodations necessary to ensure full participation and facilitate the educational opportunity. These students should also

contact the MU Office of Disability Services (ODS): <https://www.marquette.edu/disability-services/>

Course Assignments

Separate course requirements are included for the student's internship site and university.

Internship Site

1) 300 total hours/semester

- a) 120 hours of **Direct Service**, which refers to direct, face-to-face counseling interactions with clients. Examples: Individual, group, and family counseling, in home services, intake and assessment activities. All of these activities should occur **in the presence of the client**.
- b) 180 hours of **Indirect Service**, which refers to other activities that occur when not in the presence of the client including supervision, client staffing, staff meetings, reviewing records, attending workshops, etc. Examples: Writing process/progress notes, reviewing charts, time spent planning interventions, and consulting with other professionals about a case. In addition, outside activities related to internship should be included (e.g., class time and preparation; professional reading).

2) Documentation of internship hours - Students are expected to maintain a daily log of activities relating to the internship (e.g., client sessions, preparation for counseling, case documentation, preparation for supervision, supervision, administrative duties, etc.). Review department website for the COUN Practicum/Internship Hours Worksheet. These logs must be reviewed and initialed by your site supervisor on a **weekly basis**. Students must also submit a **mid-semester** and **end-of-semester summary** of internship hours by turning in a copy of their most recent (mid-semester) and final (end-of-semester) Internship Hours Worksheet (including the cumulative totals) to their instructor. These mid-term and end-of-term summaries must be signed by your site supervisor and submitted for retention in the department files. Students must also keep copies of these documents for their portfolios.

3) Supervision - Students are responsible to arrange an average of one hour of weekly, individual or triadic on-site supervision with their site supervisors. Additionally, students should develop program-appropriate audio/video recordings for use in supervision or receive live supervision of their interactions with clients (audio/videotape consent forms are available in the Master's Practicum/Internship Handbook). Please provide a copy of the syllabus to your supervisor.

4) Site Expectations - Each internship site has a unique set of expectations for students. Students are expected to meet with their on-site supervisors and determine the site's expectations for them (e.g., hours and days, types of services, documentation, required meetings, supervision, etc.). Students are expected to meet or exceed the expectations set by their internship site.

5) Site Visits - Students are responsible to arrange site visits with the student, site supervisor, and course instructor. For students enrolled in the course for two consecutive semesters, three total visits will be required: one early in the experience, one in the middle of the experience, and one near the end of the

experience. **For students enrolled in the course for three semesters, three site visits will be required: one each semester.** Additional site visits and other forms of contact with the site supervisor (e.g., emails; conference calls) will be made on an as needed basis.

- 6) Supervisor Evaluation** - Students are responsible for obtaining a completed Supervisor Evaluation of Student Form at midterm and near the completion of the internship experience each semester (see Department website or Practicum/Internship Handbook for a copy of this form).
- 7) Site Evaluation** - Students are responsible for evaluating their internship sites and supervisors using the form available on the department website at the end of each semester of internship (see Department website for a copy of this form).

University Class

- c.) **Classes – Promptly** attend and **actively** participate in all weekly internship classes. For each class, all students will be expected to share about their internship experience (e.g., difficult experience, new therapeutic technique, research read, assessment method, feedback received, professional growth experience, etc.).
- d.) **Internship Learning Agreement and Revisited Internship Learning Agreement** (ILA: length should be 2 - 3 typed pages) - The ILA consists of the following elements:
- i) A narrative description of your perceived professional strengths and expected growth areas.
 - ii) A statement of your intended future professional goals/practice area(s).
 - iii) A "learning plan" **in table form** with the following three column headers for the semester's practicum/internship that documents:
 - (1) Goals** (i.e., what do I want to learn through this practicum/internship, what do I want to get out of this practicum/internship, how do I want to be different as a counselor by the end of this practicum/internship?) Remember that goals are to be small, concrete, specific, salient, attainable, and measurable.
 - (2) Activities** (what are the specific steps, activities, procedures, experiences I need to pursue to meet these goals?)
 - (3) Outcome** (how will I objectively measure whether or not I met these goals?).
 - iv) A brief description of ways in which you will implement self-care this semester.
 - v) The Initial ILA must be reviewed, approved, signed and dated by you, your site supervisor, and lastly by your course instructor; provide a space at the end of the ILA for signatures and dates. Due: February 6th.
 - vi) The ILA should be revisited again at the end of the semester. In the "revisited" version, please address the degree to which you met your goals, and discuss what helped and hindered your meeting them. This revisited ILA can also include any changes in strengths/growth areas, intended future practice areas, and self-care strategies. Due: May 1st.
 - vii) The ILA will be evaluated based on a rubric that is available on D2L.
- e.) **Article/Chapter Discussion Facilitation (DISC)**

- a) At the beginning of the semester we will identify topics that students would like to learn more about. The course instructor will find readings for these topics, and everyone will read the article/chapter for discussion on the assigned day. One student will be responsible for facilitating the discussion, which will include bringing in discussion questions, examples, or any other materials to support a fruitful discussion. Due: Based on assigned day.
- f.) **Self-Care and Resilience Exercises (SELF).** Students will be assigned a day to facilitate a self-care and resilience strategy with the class that can be used with clients and/or fellow counselors. Students will lead the class in the activity, discuss how they use the strategy for self-care, and facilitate a class discussion regarding the strategy. A copy of the write-up of the activity/strategy (see model) for every student in the class will be due on the day it is presented. Due: Based on assigned day.
- g.) **Formal Case Presentation**
- a) The purpose of this assignment is multifold:
- i) to acquire additional experience conceptualizing your clients and their referral concerns;
 - ii) to become accustomed to presenting your work to colleagues and receiving feedback;
 - iii) to identify what in your interventions is working and what is not; to recognize the appropriateness of asking for consultation assistance.
- b) Prepare the written portion of your case presentation and **distribute it to all class members and the instructor at least one week prior** (e.g., by 8:00pm on the Wednesday before you are assigned to present) to your presentation so that we may read it and be fully prepared to provide appropriate consultation. Be sure to preserve client confidentiality in all portions of this requirement, and act in accordance with HIPAA requirements (see department website). This summary should include the following information:
- i) Identifying Information: Include a first name (de-identify [i.e., do not use client's actual first name]; confidentiality must be maintained), age, race/ethnicity, place of residence, family structure (may use genogram).
 - ii) Reason for Referral: State the reason that the client was first sent for or requested services. Identify the type of referral source (do not use actual name of referral source).
 - iii) Presenting Problem: State the problem(s) that the client identified in her or his first session/intake. Include information regarding onset, duration, and intensity of symptoms.
 - iv) Background Information: Summarize relevant developmental, social, familial (do not use actual names, and give only first names), medical, psychiatric, educational, psychological, and treatment history. Do not identify any specific treatment centers, clinics, hospitals, etc.; use generic terms such as "General Hospital" or "XYZ Outpatient Clinic." Indicate all present and past medications and be aware of the reason for their use and any important side effects. Include a summary of the cultural context (relevant aspects of identity) of the client, as well as noted strengths they possess.
 - v) DSM Diagnosis or diagnoses.

- vi) Case Conceptualization: Discuss how you conceptualize the referral concern, that is, why is the client having this particular difficulty? This conceptualization should be based in a particular counseling theory. Be sure to clearly identify and describe the theoretical perspective(s) that undergird your conceptualization/formulation.
 - vii) Treatment Plan: Building on the conceptualization, identify and prioritize (include rationale) counseling goals, as well as outcome measures you are using. Finally, include any ancillary services that are occurring. Although your treatment plan should be specific, do not specifically identify any names, referral sources, agencies, etc.
 - viii) Discuss the relevant ethical/legal issues regarding the case.
 - ix) Discuss relevant cultural and social justice/advocacy issues regarding the case.
 - x) Reason for Case Presentation: State your purpose for presenting this case, as well as the specific questions you have for the class to discuss. How can your colleagues be of help? Diagnosis? Assessment? Treatment planning? Aftercare? Be specific so that your audience knows its purpose. (Engage the audience here. Use open-ended questions to solicit feedback.)
 - xi) Annotated Bibliography. Include 3-4 references you found useful in working with this client and/or in preparing the formal case presentation.
- c) First, assume everyone has read your case presentation and is prepared to help you. Begin your presentation in class by briefly highlighting the most significant criteria above and/or new information that occurred since you wrote the case presentation, and then providing an opportunity for any questions about your written case presentation (10-15 minutes). Then show/play (from video or audiotape) a particular piece of your work with the client (e.g., part of a session). Select a piece about which you feel unsure—you feel stuck, you don't know what is going on or where to go, you feel that you just made a therapeutic error, etc. Before you show the piece, give us context—what is happening in the work in general, and in this particular episode; what, specifically, do you want us to look for; what focused questions do you have for us; what type of feedback is most helpful to you? Then, show the piece.
- Next, facilitate a discussion to address your areas of concern. This is your time to receive from your peers and from your instructor the consultation you seek, so be thoughtful about how you facilitate this discussion. We are ready to help; you must tell us how you want us to assist you. Finally, conclude your case presentation by summarizing the discussion and recommendations received. Your case presentation should be approximately 45-60 minutes in length, the bulk of which occurs after the presentation of the particular piece of your work with the client.
- d) At the end of the semester, give a brief (~ 5 minutes) "catch-up" on how your work with this client progressed, where you see the work continuing to go, how you will prepare the client for termination (if that is imminent), how you were able to incorporate the feedback you received in your presentation, etc.
 - e) This course assignment will be assessed through a formal rubric to be

distributed early in the semester. Due: Based on assigned day

Note: The student will take responsibility for ensuring that a) the site supervisor has been provided a copy of the course syllabus, the Practicum and Internship Handbook, and the evaluation forms to be completed at the mid- and end-point of each semester; b) the supervision agreement has been signed by all parties; c) the Internship Learning Agreement and Revisited Internship Learning Agreement have been reviewed and signed by all parties; d) the site supervisor reviews and signs the student hours log each week; and e) a site evaluation form is completed by the student near the end of the semester (see syllabus for all due dates). It is important that all documents requiring the site supervisor's review and signature are provided to her/him with sufficient notice of their due dates and ample time to complete thoroughly.

Taping Policy

As noted in the Formal Case Presentation description above, students are required to audio and/or videotape their sessions with clients and have these tapes available for use during individual supervision and in practicum/internship courses. Clients must provide consent (or assent, if they are under 18 and their parents/guardians have provided consent) to being taped. The department has an Informed Consent to Audiotape and/or Videotape Counseling Sessions form that must be completed by the practicum student/intern and signed by the client and supervisor before any recording can take place. Students must assure that the tapes are stored in a secure location and will not be shared with anyone outside the context of individual and group supervision. In cases where the agency has a separate taping form, both the Marquette University and agency forms must be completed.

Evaluation & Grading

Final grades will be assigned by the university instructor for the course. Ongoing evaluation of the internship student will be conducted throughout the semester, both formally and informally. Students will be evaluated based on meeting the Course Objectives and on their performance on assignments and overall professional growth over the course of the term. Evidence regarding growth will be obtained through discussion with on-site supervisors, evaluation of performance enumerated on the internship evaluation form (completed by site supervisor and reviewed with the student), and observations by the university instructor. The site supervisors' evaluations will be given to you and copies will be placed in your file, along with any statements you wish to provide regarding your performance in the internship. All course requirements must be completed satisfactorily before credit will be awarded for the course. In cases where the student has not evidenced the minimum skill level and professional development to advance successfully to the next level of training, or to enter the practice of counseling, it will be recommended that the student repeat the course and/or abide by departmental directives in accordance with the department's remediation procedures.

Completion and Documentation of Internship Hours: Completion of a minimum of 300 hours (40% or 120 direct hours) is a course expectation for all students. Students who do not achieve the minimum required face to face or indirect hours at internship will receive a grade of Incomplete and will not receive a final grade until the minimum hours are satisfactorily met.

The following **point distribution** will be used to assess a student's performance in the internship class:

Class Participation, Consultation and Discussion of Readings	30 points
Self-Care and Resilience Exercise (SELF)	10 points
Article/Chapter Discussion Facilitation (DISC)	10 points
Supervisor Evaluations and Site Visits	80 points
Internship Learning Agreement-Initial	10 points
Internship Learning Agreement-Revisited	10 points
Formal Case Presentation with Video- or Audiotape	50 points

Total: 200 points

Final course grades will be awarded according to the following model:

<u>Grade</u>	<u>Scale</u>	<u>Points</u>
A	94-100	188-200
A-	90-93	180-187
B+	86-89	172-179
B	82-85	164-171
B-*	78-81	156-163
F	77 or below	155 or below

*Note that students must obtain grades of "B-" or higher in order for courses to count for credit in their program of study.

COURSE SCHEDULE*

Class	Topic	Readings/Assignments
Jan 16	Welcome and introductions Group supervision goals Scheduling Site Visits & Consultations	
Jan 23	Ethical decision-making Feedback and Evaluation Cultural Context of Practice	2014 ACA Code of Ethics Readings TBA
Jan 30	Effective supervision and consultation Case conceptualization	Readings TBA
Feb 6	Case conceptualization ILA goals DISC: SELF:	Initial ILA Due Readings TBA
Feb 13	Counselor Self-Care DISC: SELF:	Meyers (2015) APA Practice Central: Self-Care Resources
Feb 20	Case Presentation: DISC:	Readings TBA
Feb 27	Case Presentation: SELF:	
March 6	Individual Consultations	Midterm Documentation of Hours & Student Evaluations Due
March 13	No Class – Spring Break	
March 20	DISC: SELF:	Readings TBA

COUN 6965 Practicum – CMHC CACREP Standards from Curriculum Map

X: Topic is fully covered; significant class time; at least one reading; appears in course objectives

Common Core Standards

Foundations. B. Skills and Practice

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling;

Counseling, Prevention, and Intervention. D. Skills and Practice

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.

2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.

4. Applies effective strategies to promote client understanding of and access to a variety of community resources.

5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.

6. Demonstrates the ability to use procedures for assessing and managing suicide risk.

7. Applies current record-keeping standards related to clinical mental health counseling.

8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.

9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

Diversity and Advocacy. F. Skills and Practice

1. Maintains information regarding community resources to make appropriate referrals.

3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

5. Helping Relationships

b. Counselor characteristics and behaviors that influence helping processes;

- c. Essential interviewing and counseling skills;
- d. Counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling;

Assessment. H. Skills and Practice

- 2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, and a psychological assessment for treatment planning and caseload management.
- 3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.

Research and Evaluation. J. Skills and Practice

- 1. Applies relevant research findings to inform the practice of clinical mental health counseling.
- 2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
- 3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

Diagnosis. L. Skills and Practice

- 1. Demonstrates appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.
- 2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.
- 3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing effects.

I: Limited in scope and/or depth; can include Introduction; limited class time

Assessment. G. Knowledge

2. Social and Cultural Diversity

- d. Individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies;
- e. Counselors' roles in developing cultural self-awareness, promoting cultural social justice, advocacy and conflict resolution, and other culturally supported behaviors that promote optimal wellness and growth of the human spirit, mind, or body

A: Knowledge is reinforced and/or applied to professional practice; class time is devoted to topic area but not primary focus of course

G. Common Core Standards

1. Professional Orientation and Ethical Practice

- e. Counseling supervision models, practices, and processes;
- g. Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
- j. Ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.

2. Social and Cultural Diversity

- f. Counselors' roles in eliminating biases, prejudices, and processes of intentional and unintentional oppression and discrimination.

3. Human Growth and Development

- h. Theories for facilitating optimal development and wellness over the life span.

4. Career Development

- a. Career development theories and decision-making models;
- d. Interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development;

5. Helping Relationships

- a. An orientation to wellness and prevention as desired counseling goals;
- b. Counselor characteristics and behaviors that influence helping processes;
- c. Essential interviewing and counseling skills;
- d. Counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling;
- e. A systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions.

g. Crisis intervention and suicide prevention models, including the use of psychological first aid strategies.

6. Group Work

a. Principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;

8. Research and Program Evaluation

e. The use of research to inform evidence-based practice; and

Foundations. A. Knowledge

5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and **principles of clinical supervision**.

Counseling, Prevention, and Intervention. C. Knowledge

1. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.

2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.

5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.

6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.

7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.

8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.

9. Understands professional issues relevant to the practice of clinical mental health counseling.

Diversity and Advocacy. E. Knowledge

1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.

2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client.
3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.
4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.
5. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.
6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

Assessment. G. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.
3. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.
4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.

Assessment. H. Skills and Practice

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.
4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

Research and Evaluation. I. Knowledge

1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

Research and Evaluation. J. Skills and Practice

3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

Diagnosis. K. Knowledge

1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.

COUN 6986 Internship in Counseling – CMHC CACREP Standards from Curriculum Map

X: Topic is fully covered; significant class time; at least one reading; appears in course objectives

Common Core Standards

Foundations. B. Skills and Practice

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

Counseling, Prevention, and Intervention. D. Skills and Practice

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
4. Applies effective strategies to promote client understanding of and access to a variety of community resources.
5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
6. Demonstrates the ability to use procedures for assessing and managing suicide risk.
7. Applies current record-keeping standards related to clinical mental health counseling.
8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

Diversity and Advocacy. F. Skills and Practice

1. Maintains information regarding community resources to make appropriate referrals.
2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.

3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

Assessment. H. Skills and Practice

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.
2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, and a psychological assessment for treatment planning and caseload management.
3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.
4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

Research and Evaluation. J. Skills and Practice

1. Applies relevant research findings to inform the practice of clinical mental health counseling.
2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

Diagnosis. L. Skills and Practice

1. Demonstrates appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.
2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.
3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing effects.

I: Limited in scope and/or depth; can include Introduction; limited class time

A: Knowledge is reinforced and/or applied to professional practice; class time is devoted to topic area but not primary focus of course

G. Common Core Standards

1. Professional Orientation and Ethical Practice

- d. Self-care strategies appropriate to the counselor role;
- e. Counseling supervision models, practices, and processes;
- g. Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
- i. Advocacy processes needed to address institutional and social barriers that impede access equity, and success for clients; and
- j. Ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.

2. Social and Cultural Diversity

- d. Individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies;
- e. Counselors' roles in developing cultural self-awareness, promoting cultural social justice, advocacy and conflict resolution, and other culturally supported behaviors that promote optimal wellness and growth of the human spirit, mind, or body; and
- f. Counselors' roles in eliminating biases, prejudices, and processes of intentional and unintentional oppression and discrimination.

3. Human Growth and Development

- e. A general framework for understanding exceptional abilities and strategies for differentiated interventions;
- f. Human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;
- h. Theories for facilitating optimal development and wellness over the life span.

4. Career Development

- a. Career development theories and decision-making models;
- b. Career, avocational, educational, occupational and labor market information resources, and career information systems;
- d. Interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development;

5. Helping Relationships

- a. An orientation to wellness and prevention as desired counseling goals;
- b. Counselor characteristics and behaviors that influence helping processes;
- c. Essential interviewing and counseling skills;
- d. Counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling;
- e. A systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions;
- f. A general framework for understanding and practicing consultation; and
- g. Crisis intervention and suicide prevention models, including the use of psychological first aid strategies.

6. Group Work

- a. Principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;
- b. Group leadership or facilitation styles and approaches, including characteristics of various types of group leaders and leadership styles;
- c. Theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;
- d. Group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods of evaluation of effectiveness; and

7. Assessment

- b. Basic concepts of standardized and nonstandardized testing and other assessment techniques, including norm-referenced and criterion-referenced assessment, environmental assessment, performance

assessment, individual and group test and inventory methods, psychological testing, and behavioral observations;

f. Social and cultural factors related to the assessment and evaluation of individuals, groups, and specific populations; and

g. Ethical strategies for selection, administering, and interpreting assessment and evaluation instruments and techniques in counseling.

8. Research and Program Evaluation

b. Research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;

d. Principles, models, and applications of needs assessment, program, evaluation, and the use of findings to effect program modifications;

e. The use of research to inform evidence-based practice; and

f. Ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program evaluation studies.

Foundations. A. Knowledge

5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and **principles of clinical supervision**.

Counseling, Prevention, and Intervention. C. Knowledge

1. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.

2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.

5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.

6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.

7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.

8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.

9. Understands professional issues relevant to the practice of clinical mental health counseling.

Diversity and Advocacy. E. Knowledge

1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.
2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client.
3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.
4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.
5. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.
6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

Assessment. G. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.
3. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.
4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.

Research and Evaluation. I. Knowledge

1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.
2. Knows models of program evaluation for clinical mental health programs.
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

Diagnosis. K. Knowledge

1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.
2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.