

Counseling Practicum Manual

For
Center for Community Counseling and
Development

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***For External Practicum Placements, request the Global Campus
Practicum Handbook***

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Dear Student:

Welcome to the Counseling Practicum experience (CED 690) of Central Michigan University's Counselor Education Program. Your practicum is a very important part of your learning experience because it provides the opportunity to demonstrate the theory and practice you have been learning in your classes. It is important to recognize that everyone is nervous when beginning fieldwork. You are not expected to know everything or be perfect. However, you are expected to observe, ask questions, be open to learn, and practice from the highest level of ethics and within the best practices of our profession. To assist you in the learning process, you will be supervised by a University Faculty Instructor/Site Supervisor. This Practicum Manual contains most of the information and forms you need to start, maintain, and complete your Practicum experience.

Your practicum experience has been designed to introduce you to the work of a professional counselor. During this term, you will:

- Refresh and further develop your skills from your techniques course
- Work out of a professional office environment in our department's clinical lab
- Utilize professional forms, write clinical notes and maintain your client's files
- Learn how to intake, assess, counsel, and discharge clients
- Receive feedback from clinical supervisor(s) observing your sessions live through one-way mirrors, or from reviewing session recordings
- Record each of your sessions and receive additional supervisor feedback during weekly triadic supervision sessions
- Present client cases in class
- Benefit from two formal evaluations on your skills and case conceptualizations

The clinical staff is excited to work with each of you. Please remember that we are here to assist you. Do not hesitate to ask.

Sincerely,

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FRED RICHARDS: “CODE OF PRACTICE”

Fred Richards has expressed, as well as we have ever seen it, the reciprocal nature of the relationship between helper and helpee. We would like to end this book with some of his statements about the way he sees the helping relationship. He is speaking about psychotherapy, but his words could well serve as a “code of practice” for all professional helpers:

The path of psychotherapy is a journey in which two or more persons seek to discover one another and share one another’s personal truth. To do this we will learn to risk disclosing who we are, to reach out to one another, to experience ourselves for who we are at the moment.

I cannot force you to change and grow. I will not tell you how to live. I will, however, invite you to grow, to become more aware, more loving, more able to live a richer, fuller life for which you accept responsibility.

Again, I will neither take responsibility for your life nor protect you from the pain and suffering of living. I will help you in your effort to change the perceptions and behaviors contributing to the unnecessary pain and suffering in your life. In regard to the pain and suffering that comes with simply living. I will help you to face it, accept it, and use it to grow. Sharing this effort with you will most likely help me to more creatively deal with the pain and suffering in my life.

I will be present with you. I will be as honest, genuine, and real as I can muster the insights and courage to be. I will exert my will to not hide from you, even when, feeling helpless, confused, and afraid, I feel an urge to do so.

I will be with you as long as I see you trying to grow. When I experience you as no longer trying to grow, I will share this with you. I will tell you my time left in this life is precious to me and that I choose not to be with you. It is possible that for you my usefulness has ended and you perhaps need to seek help to grow elsewhere. We will talk about this impasse and hopefully not diminish our relationship when deciding whether or not to continue on the journey together.

I will not meet with you to help you become what is called a normal, adjusted, self-satisfied person. Nor will I help you to whine and wallow in the misery of your own making. I, too, have a tendency to do both of the above, so I will lovingly provoke you to share with me the effort to be more. I will help you take charge of your life and to reinvent it if necessary.

I will invite you to tell your story, as honestly and truly as you are capable of telling it now, perhaps more intimately than you have every disclosed it to another human being. I will not share your story with others unless you request I do so. I may decide to tell you part of my story when I believe it is appropriate and helpful to do so.

I will say hello to you as honestly as I know how, but my commitment is to encounter you in such a way that you will someday decide to say goodbye. It is my hope we will say hello and goodbye as authentically and humanly as persons like ourselves are capable of.

In a sense, I will help you to die, to leave behind outgrown and worn out ways of being, believing, and behaving in order that you can review yourself and become a new person. To surrender and let go of the old and embrace the new is often a painful and joyful experience. I will not run away from the fullness of either your pain or joy.

I have myself learned that much of our suffering and misery, when seen and understood, can evoke laughter. There are times I may laugh at both you and myself. There are times when you may laugh at me and yourself. Hopefully there will be times we can laugh together. If we can share this laughter, there's a chance we will help one another free ourselves to grow and live.

We know of no better guidelines for professional helpers, for those aspiring to enter one of the helping professions, or, for that matter, as a framework for daily living.

[Modified slightly from Fred Richards, in *The Helping Relationship*, by A. Combs & D. Avila.]

**SECTION 1:
COUNSELING PROGRAM INFORMATION**

Program description

Central Michigan University's Counseling Program academic unit is housed the Department of Counseling and Special Education within the College of Education and Human Services. The program's primary responsibility is to prepare students through a listing of academic requirements and expectations needed to obtain a Master of Arts in Counseling degree, focusing in either School Counseling, Clinical Mental Health Counseling, or Addictions Counseling. Graduates of the 60-credit hour School Counseling Program will meet the academic requirements for licensure or endorsement as a School Counselor and requirements for licensure as a Limited Licensed Professional Counseling (LLPC) in the State of Michigan. Students enrolled in the 60-credit hour Clinical Mental Health Counseling Program or the Addictions Counseling Program will meet the academic requirements for licensure as a Limited Licensed Professional Counseling (LLPC) in the State of Michigan and will receive training necessary to permit them to function in a wide-range of community service agencies.

The coursework and training experiences at Central Michigan University are equivalent to the standards established by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and exceeds the Michigan requirements for school counselor licensure/endorsement and/or counselor licensure in professional counseling. The Counseling program at CMU is fully accredited by the Higher Learning Commission (HLC). The School Counseling option is fully accredited by the Council for the Accreditation of Educator Preparation (CAEP). **These programs are currently in the process of pursuing accreditation by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).**

Mission, Vision, & Values

Mission: The mission of the Counseling Program at Central Michigan University is to provide high quality training that inspires emerging counselors to develop a strong professional identity and a lifelong passion for knowledge, wisdom and creativity. Through the implementation of our core program and specialized tracks, we encourage our students to be advocates for wellness and social justice and we help them develop the clinical skill necessary to meet the mental health, educational and career needs of an increasingly diverse society.

Vision: The CMU Counseling Program will become the pre-eminent training program in Mid-Michigan and surrounding areas for training, professional leadership, counseling skill

development, knowledge, and research in clinical mental health counseling and school counseling and will continue to expand its national reputation and prominence.

Values:

- a. Human diversity, respect for the individual, and freedom of expression.
- b. Student-centered programs that integrate learning, discovery, engagement tailored to the unique experience of both traditional and non-traditional student success.
- c. Excellence in our progression through mentorship of students, innovative learning opportunities, visionary programming, research contributions to the professional knowledge base, professional leadership, and active partnerships with community schools, agencies, and healthcare providers.

Philosophy Statement

The counseling faculty has developed an extensive program, both theoretical and experiential, that meets or exceeds national standards and is designed to prepare you for a professional career in counseling. While you will be encouraged to develop your own approach to counseling based on professional standards of practice, special emphases will be placed on self-examination, critical thought, ethical conduct and sensitivity to multicultural and special needs issues. The counseling faculty believes that an effective helper is a combination of a growing self and a person with specialized skills, developed through exposure to counseling theory, techniques and personal experiences with self-examination.

Curriculum

In conjunction with foundational coursework, students will translate knowledge to skills in their growth as professional counselors. Each student participates in a sequence of intense supervised counseling experiences prior to a community or school counseling internship placement. A unique feature to their training is CED 690: *Practicum*, which is a 100-hour clinical experience completed at the *Center for Community Counseling & Development* within the Educational Health Services Building providing counseling services for community residents, area school students, and Central Michigan University students. Under the supervision of Counseling program faculty, Counselors-In-Training (CITs) provide individual counseling for children, adolescents, and adults; family and couples counseling; play therapy for children; general counseling for emotional problems and life adjustment concerns; career and employment counseling; referral help in finding appropriate services for identified problems; and consultation with community agencies and schools. Upon completion of the 100-hour practicum experiences, students then move into CED 691: *Internship in Counseling*, which is an advanced 600-hour clinical experience in the field at an agency or school.

**SECTION 2:
PRACTICUM COURSE REQUIREMENTS
AND EXPECTATIONS**

Description

The Practicum is an intensive field-based clinical experience for students with regular admission into the CMU Counseling Program. Counselors-in-training will apply their knowledge and practical skills with actual clients under university (faculty instructor) and site supervision. Settings for the Practicum may include, but are not limited to, hospital, community mental health agency, private practice, jail/prison, youth service agencies, career centers, women’s resource and counseling centers, domestic violence shelters, K-12 schools, or in higher education. An application is required to register for the CED 690 course. The grading system is credit/no credit. Students preparing to enter the Practicum course must have successfully completed CED 660 with a grade of B or better and have regular admission to the MA in Counseling program. One hundred (100) clock hours of involvement in counseling and/or counseling-related activities are required for completion of the Practicum.

CED 690: Counseling Practicum is the second of three “gatekeeping courses” in the CMU counselor education program.

Gatekeeping courses:

- 1) Include a significant clinical skills component
 - 2) Require that you receive not just a passing letter grade for assignments and homework but also meet the pre-determined criterion for skills mastery and professional conduct necessary for you to continue your progression in the program.
 - 3) Signal an important step in your overall development as Counselors-in-Training (CIT).
- A. The first gatekeeping course, *CED 660: Counseling Techniques*, typically occurs in your second semester in the program. Once the three core prerequisite courses (CED 566, 630 & 677) have been completed and you have applied for and been granted “regular admission” status, you are eligible to register for CED 660 where you will receive in-depth instruction on an array of basic clinical skills and you will be provided opportunities to demonstrate your mastery of these skills by working in mock counseling dyads with a fellow CED student. These mock sessions will be recorded, reviewed and evaluated. *Please note: prerequisites for CED 690 are in the process of revision and once approved, will likely include additional required courses of: CED 699, CED 620, and CED 650. You will be best prepared for the practicum experience, if you have had these courses.*
- B. Upon successful completion of CED 660 *and other prerequisites*, you are eligible to register for *CED 690: Counseling Practicum*, which is typically taken in the student’s second year.

- C. The third and final gatekeeping course, *CED 691: Counseling Internship* is typically taken at the end of the student's program and requires the CIT to secure and maintain a clinical internship in a school or community setting. During internship (two semesters), students counsel actual clients and receive supervision from both a site supervisor and their CED internship professor (may be the same person).

Prerequisites:

To be eligible for a Practicum, the student applicant must meet the following requirements:

- Regular Admission to the CED program.
- Be in good academic standing with the department.
- D. Have a grade of B or better required in CED 660: *Counseling Techniques* before registering for CED 690. *Please note: prerequisites for CED 690 are in the process of revision and once approved, will likely include additional required courses of: CED 699 and CED 620.*
- Have been judged by the department faculty supervisor to have demonstrated a suitable degree of personal, academic, and professional functioning to warrant admission into the Practicum.
- Read the Practicum Manual carefully.
- If outside Practicum Placement (see Off-Campus Practicum Manual): Students are expected to have Practicum placements before the semester of initial registration. Involvement in the placement is expected by the third week of the semester.
- Students must provide documentation that they have purchased and/or are covered by professional liability insurance. Students are expected to provide evidence that their insurance covers them for \$1 million per incident and a minimum of \$3 million total.

Liability Insurance

The Council for Accreditation of Counseling & Related Programs (CACREP, 2016), Section 3, Standard A states "Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship." As a result, students are required to purchase liability insurance for the practical courses in the program (CED 690: *Practicum* & CED 691: *Internship*). Even though CMU provides standard insurance coverage of its own, CACREP requires it and it is best professional practice to safeguard yourself. Students must have a policy that provides a minimum liability of \$1 million per incident and \$3 million per annual aggregate.

Professional Liability insurance is often offered to student members of many professional organizations, for example: the American Counseling Association or the American School Counselors Association. If you are not a member of an association that offers liability insurance,

you may secure coverage through another provider. Common providers of liability insurance for counselors include: HPSO- www.hpsso.com or CPS & Associates- <http://www.cphins.com/>. The CMU Counseling Program does not endorse any specific carrier or program.

Liability purchase must be purchased in advance of the first day of your Practicum experience in the field.

The Center for Community Counseling and Development-CMU Practicum Lab

CED 690 is an in-depth clinical experience that takes place in *The Center for Community Counseling & Development* (CCCD) located in room 322, near the offices of the Department of Counseling & Special Education in the Education & Human Services Building at CMU. The CCCD is both a high-tech training facility and a community counseling center, staffed by practicum students and under the supervision of CED practicum professors. The entire operation is overseen by the Clinic Director, a CED professor. *Students should expect to spend approximately 8-10 hours per week on site for their practicum. Class time does not count in these hours.*

Each section of CED 690 meets one night a week for three hours. Students are required to meet with their instructor/supervisor for one hour of triadic supervision (2 students, 1 supervisor) during the week. In order to complete 20 hours a direct client contact, students will be required to complete daytime counseling hours, as well as assist with the operation of the clinic (greet clients, schedule clients, clinical documentation, observe peers, etc).

In addition to the counseling sessions, practicum students write weekly session notes and maintain client files, create treatment plans, review and critique their recorded sessions, receive guidance and instruction during supervision hours, complete on-line course work and, at the end of the term, successfully discharge their clients, and provide referrals when necessary. In every way possible, the practicum experience is designed to be a professional setting, thus preparing the student for internship and eventually, graduation.

Each practicum section offered has a limit of six students, which is strictly enforced (no exceptions), so students should plan in advance with their advisors when they hope to take the course, and to register promptly when the registration process opens. Students are taken on a first come, first served basis. Any student registered for CED 690 who does not achieve a successful final grade in CED 660 will automatically be dis-enrolled by the registrar and their slot will open up.

Course Enrollment and Registration Information

There are several special requirements for this course. The following information will assist you in meeting the requirements and in making a smoother transition through the Practicum process.

CEC 690 (practicum) and CEC 691 (internship) are two distinctly different classes. Refer to the course description in the CMU Bulletin. CEC 690 is the first skill level class where you will work with clients. You will be closely supervised and are expected to demonstrate counseling skills at a more basic level. CEC 691 is a more advanced field experience in that you are working more independently with clients and are expected to demonstrate skills at a more professional level. Note: Because of the difference in skill levels between CEC 690 and CEC 691, the nature, expectations, and complexities of your duties and responsibilities for the internship experience should clearly be at a more advanced level than for practicum. Professional Liability insurance is often offered to student members of many professional organizations, for example: the American Counseling Association or the American School Counselors Association. If you are not a member of an association that offers liability insurance, you may secure coverage through another provider. Common providers of liability insurance for counselors include: HPSO- www.hpsso.com or CPS & Associates- <http://www.cphins.com/>. The CMU Counseling Program does not endorse any specific carrier or program. **Liability purchase must be purchased in advance of the first day of your Practicum experience in the field.**

**SECTION 3:
PRACTICUM LAB REQUIRMENTS,
EXPECTATIONS, AND PROCEDURES**

Professional Conduct, Rights, and Responsibilities

CED 690 is designed to be a professional counseling experience. Therefore, our actions are ultimately guided by the American Counseling Association's 2014 Code of Ethics. You should be familiar with this document and refer to it often.

Timeliness

Just as in a professional setting, you will be expected to arrive on time, prepared for work. It is assumed that each week when you arrive for clinic that you will have reviewed your recorded sessions, completed your notes, updated your client file and followed-up on any recommendations from your supervisor.

Attire

CIT attire is to be "business casual" on all evenings when clients are seen. Slacks, khakis or skirts only. If skirts are worn, they should be professional length. Shirts and blouses should be professional with no logos. No caps, athletic wear, tennis/running shoes, sandals or "flip flops." You should be appropriately groomed.

Cell Phones, Food/Drink, and Visitors

Cell phones are always to be silenced and are not to be used anywhere in the clinic, except the Counselor Ready Room or in the Group Therapy Room, when supervision or class are not in session. Food & drink (not including water) are prohibited anywhere in the clinic except the Counselor Ready Room or the Group Therapy Room. A refrigerator has been provided for your convenience, but microwaves are not allowed in the clinic. Visitors or observers are never allowed in the clinic.

Skill Evaluation and Consultation

Considerable emphasis will be placed on the student's willingness to honestly evaluate her/his own counseling skills development. This includes the student's openness and flexibility concerning observations by supervisors and peers pertaining to her/his strengths as well as areas for growth related to the role of counselor. It is expected that students will seek out, listen to and incorporate feedback from the instructor, dyad partner and classmates.

Remediation

An observed lack of receptivity to input or feedback or any behavior deemed unprofessional, inappropriate, intolerant or intimidating may warrant a meeting with the instructor/supervisor. If

the behavior is not immediately rectified, the issue will be brought to the counseling faculty and/or the department chair and the student may be placed on a remediation plan or disciplined which could include receiving a failing grade in the course or possible expulsion from the program.

Recordings and Confidentiality

Any content observed in these recorded sessions and any personal content divulged during class will be treated with the utmost confidentiality and consistent with the best standards and practices of our profession. Any violations in this matter will be dealt with as a serious breach of professional conduct.

Clinic Expectations

CIT's will conduct counseling sessions during their scheduled on-site time. Additionally, CIT's are required to schedule a weekly triadic supervision session with the instructor/supervisor.

Clinic Itinerary for Regular Operations

1. Arrive no later than 15 minutes before client appointments. Check your schedule for any client changes
2. Go to the Counselor Ready Room where you can store your personal effects and connect with your peers. Unpack and get ready, leave your personal articles in the Ready Room; do not bring them into your counseling office. The time before the client session is spent accessing the client files, reviewing your session notes from the previous week, checking your schedule, returning phone calls, and preparing your counseling office.
3. Get set up in the Observation Room & log in to your lap top (see instructions below)
4. Greet and bring back client
5. Begin session on time.
6. Session length up to 90 minutes for intakes and 45-75 minutes for follow-up sessions
7. Escort client out and give card with next appointment.
8. Store any client related material in your folder in the locked file cabinet. -- know where the file is at all times.
9. Take a brief break
10. Start process again as scheduled

Using the CCCD's laptop and *Landro Live* System:

1. Go to the Observation room and turn on your lap top
2. Connect laptop to the Ethernet cable at your station in the observation room
3. Log-in with your assigned student ID (The first time you log-in use the default password provided by I.T./Professors. Change the password after your initial log-in)
4. Once logged in, click on *Landro Live*
5. Choose room to record

6. Click red button to record
7. Choose Landro S:Drive
8. Click on SUPERVISOR folder, click supervisor folder
9. Choose your student video folder
10. Title your video, including date
11. Adjust recording time as necessary (located on the right hand side of screen 52 minutes is the default time) As soon as you click “Save” the recording begins
12. When you are finished, click the red record button to stop (If time runs out the video stops automatically).
13. LOG OFF OF THE COMPUTER AND SHUT IT OFF (do not just close it)

PLEASE REPORT ANY TECHNICAL DIFFICULTIES.

Intake

It is critical that you arrive on-time, ready to go for these meetings. At the beginning of the first client hour, CIT’s will go out to the waiting room and invite their clients back to their respective office.

- The first night a client arrives for treatment, they will either bring their signed consent form and completed Personal History Inventory that was sent to them in advance, or you will find it in the Electronic Health Record. The CIT should always allow a few moments to quickly review the materials provided by the client, while paying particular attention to the signature page of the Informed Consent form, and any mention of medications, hospitalizations and/or a history of suicidal or self-harming behaviors. If you have concerns or questions, check in with your instructor/supervisor before inviting the client back.
- During the first session with your new client you will review the consent content and conduct an intake interview; this is done by reviewing the material completed by the client and exploring any areas of missing information. Typically, the intake portion takes the first session and it is essential that you secure this information.
- Priority is always given to securing/confirming the client’s contact information including physical residence as well as the section on suicidal ideation and self-harming behaviors. You want to have a good idea why the client is coming in for counseling, and the client’s symptoms related to diagnosis and life function.
- Following the intake session, CIT’s complete the paperwork. While CIT’s do not write clinical notes during the session, you may make notes related to additional client history gained in the session.
- A clinical hour is 50 minutes; however, since we are a training facility, you may extend the session to 60-75 minutes. However, if you are scheduled back-to back with clients, you will need to adhere to the 50-minute session as you will only have 10 minutes before your next session. This is important time for you to use the restroom, check your laptop, consult with your supervisor or simply take a few moments to yourself.

- Class time is reserved for group supervision, instruction, and case presentations. Though your instructor/supervisor may schedule a variety of activities during this time, the general purpose is to spend half of the class time on teaching components and half the time on group supervision (review cases, seek input from peers and supervisors and benefit from hearing the experiences of your colleagues). You should always come prepared to all individual and group supervision sessions with your questions and concerns, and with a video prepared for viewing. Priority is given to any serious client concerns such as emotional instability, reports of suicidal ideation, abuse, etc. It is your responsibility to ensure that your supervisor is fully briefed on any such issues, as soon as possible.

**SECTION 4:
PRACTICUM HOUR REQUIREMENTS**

CED 690

MINIMUM HOURS

	HOURS NEEDED
Client Contact/Direct	40
Supervision	15
Administrative/Indirect	45
TOTAL	100

Please carefully read the following section.

Client Contact/Direct Hours

- Defined as any group or individual interaction with a client(s) in which the student is responsible for facilitating some or all of that interaction. Thus, if a student is asked to sit in on a group, that time would be classified as Administrative/Indirect, and the processing of the group afterward with the group facilitator would be classified as Supervision. Accrual of Client Contact/Direct hours would begin when the student begins to take responsibility for conducting all or part of a session(s). The hours should be assigned as follows:
 - Client Contact/Direct = individual client session(s) (individual counseling, families and groups);
 - Supervision = individual, group, and family contact with supervision;
 - Administrative/Indirect = non-clinical client contact (any activities except clinical contact, such as tape work, case notes, consultation, reading, preparation, and professional development).

- Direct contact includes the actual counseling of an individual, couple, family and group counseling hours. Note: For example, if you see eight people in a group for two hours, you do not log 16 hours. This is two hours of direct contact.

- It is imperative that the appropriate number of Client Contact/Direct hours be accrued as described above. If you have accrued 100 total hours but less than 40 Client Contact/Direct hours, you will not necessarily receive a satisfactory grade in CED 690 (unless you plan to take two semesters of Practicum. You must accrue the full 40 hours of Client Contact/Direct, even if it means accruing more than the 100 total hours.

**SECTION 5:
PRACTICUM CLASS REQUIREMENTS**

As long as a student is accruing hours at a site AND has registered for course credit, **attendance is required**. You must attend all class meetings for group supervision and practicum class supervision throughout the entire term. Course content for practicum includes various course requirements beyond seeing clients, such as: case conceptualizations, clinical documentation, ethical case discussions, diagnosis and treatment planning, professionalism and professional identity, and theoretical orientation development.

CACREP (2016) Section 3, Standard “I” states that “Practicum students must participate in an average of 1 ½ hours per week of group supervision on a regular schedule throughout the practicum. This will take place during class time. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member,” (p.14). While you will receive at least 1 ½ hours of supervision from the faculty instructor, the practicum course is not intended to function as, or replace, the clinical supervision that you receive on-site.

Incomplete/Deferred Grades

If you do not complete all of your required hours within the semester, you will receive a “Z” grade for the class until your hours are submitted. Students completing their hours must consult with the University Instructor regarding class attendance and supervision requirements and removal of the “Z” grade. Please refer to the CMU Bulletin for additional information. In addition, the University Instructor should complete and submit the Report on Incomplete or Deferred Grade form available at

<https://www.cmich.edu/ess/registrar/Documents/Department/R128AForm.pdf>

You will continue with the University Instructor who assigned you the “Z” grade. Note: You may not accrue hours without continuing supervision with the University Instructor who assigned the “Z” grade.

Attendance & Missed Classes

Since there is not a university-wide attendance policy at CMU, each individual instructor has created their own policy listed in the course syllabus. If you need to miss class for any reason, please contact your instructor in advance to let them know. If you are not able to communicate in advance, follow-up with the instructor as soon as possible to discuss missed work/information. In the case of excused absences, instructors have the right to request documentation of missed class

sessions. The situations that constitute an “excused absence” are subject to the discretion of the instructor. Please do not register for a course, especially a clinical course such as practicum or internship, already knowing that you will miss multiple days throughout the semester on-campus. At a minimum, you will be required to make-up supervision time.

Student Rights

CED 690 Counseling Practicum Students have the following rights:

1. To be advised of the course expectations set forth by the practicum instructor/supervisor
2. To be advised of the procedures of operation for *The Center for Community Counseling & Development*
3. To expect consistent, weekly supervision in group and triadic formats, consisting of constructive feedback and input on both client case management and counselor skills/theory application. Supervisory feedback will be offered in a respectful, professional manner consistent with the ethical standards of the American Counseling Association and the Association for Counselor Education & Supervision.
4. To expect regular supervisory feedback from live session observations and reasonable access to the instructor/supervisor for questions and concerns during clinic operations.
5. To be advised of the criteria for successful completion of the course as well as successful session/skills evaluation as provided in the course syllabus and the counselor evaluation forms.
6. To be advised of the Critical Incident Protocols in case of an emergency.

Student Responsibilities

CED 690 Counseling Practicum Students have the following responsibilities:

1. Regular and prompt attendance to practicum class and all clinic operations as well as triadic supervision
2. To be prepared for all class, supervision and client sessions.
3. To regularly and thoroughly review client session recordings.
4. To dress and conduct her/himself in a professional manner and in adherence to best practices, as well as aligning with the ACA Code of Ethics, at all times.
5. To follow legal and ethical code related to confidentiality, duty to warn, malpractice, and negligence.

6. To receive supervisory feedback/input in a professional and non-defensive manner and to comply with all stipulations of an implemented remediation plan when it has been determined that a student's performance or behaviors are not consistent with the standards set forth in the course and/or the ACA Code of Ethics.
7. To provide clients with a quality experience and to treat all clients with respect, never discriminating or judging them based on their identity values, beliefs or decisions.
8. To maintain complete client records in a timely and professional manner.
9. To request additional supervision when needed.
10. To immediately notify the instructor/supervisor of concerns about clients.

Accruing Hours

Due to liability issues and to ensure that each student is receiving appropriate faculty supervision, **practicum students are not able to accrue hours over winter break, or any other break between semesters** (i.e. between Spring & Summer I sessions). Students should clearly describe this in their informed consent document to clients and/or their Professional Disclosure Statement that they will need to stop seeing clients during breaks. If necessary, the student and his/her supervisor should discuss possible termination procedures to avoid client abandonment during their absences from the agency or school.

Practicum students may ***begin*** accumulating hours beginning on the first day of the semester and must ***stop*** accumulating hours on the Thursday of the last day of the regular semester. The clinic will be closed for clients during exam week. Final hours logs are due not later than the Wednesday of exam week each semester.

Evaluations

Formal evaluations of the practicum student will occur at midterm and at the end of the semester. These are completed in Task Stream and will be reviewed by the supervisor and the student. The student counselor will sign acknowledging that the evaluation has been reviewed.

- Three (3) evaluation forms are used in the practicum program.
 1. The **CED 690—Practicum in Counseling Evaluation** is completed by your on-site supervisor/instructor on or about the midterm of each semester. After reviewing this evaluation with the student both the supervisor and student sign the evaluation, which is then uploaded to the course and also put in the student's file/portfolio. At the end of the semester your on-site supervisor/instructor completes a final evaluation of the

- student in the same manner described above. The University Instructor must also complete an evaluation of the student's performance in class.
2. At the end of each semester in which you are enrolled in practicum your site supervisor(s)/instructor must complete a **Supervisor's Evaluation of Practicum Student** which is completed in Task Stream and reviewed with the student.
 3. **Hour Log Sheets** are used to document hours, and must agree with the Supervisor's Recommendation form.-*See BB for the excel hour logs.*
 4. Finally, the **Student Evaluation of Practicum Site and Field Supervisor** form is completed by the student for each site upon termination of her or his practicum.
- A mid-term and final evaluation are required each semester and must be submitted to the University instructor each semester.
 - You are responsible for maintaining logs (using the forms provided) of all hours accrued in your practicum. Your on-site supervisor will be asked to verify and sign this log.
 - Successful completion of this course and eligibility to register for CED 691 – Internship, will require BOTH:
 - (1) The accumulation of sufficient points to earn a final grade of “B” or better for the course and granting a “CR” (Credit) mark on the student's transcripts (see course syllabus), AND
 - (2) *A passing score on the FINAL skills evaluation. If the student's skills have not developed sufficiently to receive passing evaluation scores or if the student displays attitudes or behaviors that indicate a lack of willingness to receive feedback and/or that are not consistent with professional conduct, a remediation plan will be required, and an incomplete or failing grade may be issued.*
 - NOTE: If the instructor/supervisor and the student cannot reach an agreement on the evaluation of the student's skills or any consequent remediation plan for improvement, the instructor/supervisor will request an alternate counseling faculty member to serve as an independent evaluator and that professor's evaluation will take precedence.

Forms and Confidentiality

All forms related to consent and clinical work are stored in the electronic health records, Therapy Notes. Notes are to be written while at the CCCD and no confidential information is to be accessed outside of the clinic. Additionally, no confidential documents are to be removed from the CCCD. Violation of confidentiality is a serious matter and will likely result in serious professional and/or legal consequences. You do not discuss clients outside of the clinic in any form, and when inside the clinic, it should be in a secure, confidential location (e.g. a closed office).

Confidentiality in CED Classes

Confidentiality is the foundation of the counseling process and relationship. Clients come to licensed helpers and reveal information they have not discussed with others and that may remain hidden otherwise.

Confidentiality entails the ethical and legal responsibility of mental health professionals to safeguard clients/patients from unauthorized disclosures of information given in the therapeutic relationship. You are expected to operate in an ethical and professional manner. Since you will be working with actual clients during the course of your studies, their privacy is to be respected and all information concerning them **is confidential**. During case conceptualization, confidentiality is extremely important. Use pseudonyms for clients, etc. **A breach of confidentiality could result in course failure or dismissal from the program.**

There are four general exceptions to the legal and ethical requirement that counselors keep client confidentiality: (a) cases in which clients pose a clear and imminent danger to themselves or others; (b) cases in which clients request that their records be released to themselves or a third party; (c) cases in which a court orders a counselor to make records available; and (d) cases in which the client was/is a victim or perpetrator of child abuse or neglect.

Technology has created additional ethical and legal concerns about confidentiality given that the transmission of information is not necessarily private (fax, Internet, written communication, phone, etc.). Often a disclaimer stating that this is confidential information and is only for the intended recipient is necessary. Although there is a disclaimer, if the information is sent to someone other than the intended individual, confidential information has been breached, and must be reported to your supervisor and likely the client.

Ethical Considerations

- It is okay for you to give your site supervisor a gift only after you have completed your practicum experience and evaluations are turned in. See American Counseling Association *Code of Ethics* (2014).
- It is okay to accept a small token of appreciation from your client at the end of counseling (e.g. a card, handmade item, small monetary value).
- If you think something is wrong at the CCCD, or you feel as those you have witnessed something unethical, please bring these issues to the University Instructor and the Clinic Director immediately. Do not try to handle these kinds of issues by yourself.
- In case the instructor or director is not available, reach out to the faculty member who is covering the clinic, or the Department Chair.

Multiple & Non-Professional Relationships

Supervisors and practicum students shall avoid dual relationships, which may impair judgment and/or lead to exploitation.

- The practicum student shall not be supervised by any individual who had a prior therapeutic relationship with the intern.
- No practicum student shall enter into any business relationship with a supervisor except as an employee.
- The practicum student must adhere to applicable licensure laws concerning payment for supervision.
- There shall be no direct family relationship between a practicum student and a supervisor.
- No student shall assume a practicum in an agency, program, or facility wherein they or members of their family are either currently receiving services or have received services in the preceding 12 months.

A Note on Safety

CMU students should never be first-responders and are not to see clients anywhere except the approved site. Practicum Students should consult their supervisor in high risk, crisis, and during emergencies and not attempt to address the situation on their own. Seek supervision and document, document, document.

Hepatitis B: in addition to other blood-borne pathogens including HIV, etc., is a very real concern for all of us in the helping professions. You are encouraged to look into all precautions that can help to protect you from these diseases, including vaccination and on-the-job safety measures. If you have any questions regarding this matter, please contact your University Instructor and/or your site supervisor.

Reporting Abuse and Neglect:

Note that the Michigan Department of Human Services has established a Centralized Intake (CI) unit for Abuse and Neglect, both Children's Protective Services (CPS) and Adult Protective Services (APS), with an implementation date of March 5, 2012.

The guidelines for reporting abuse and neglect are as follows:

- 1.) Call the hotline phone number: 1-855-444-3911,
- 2.) Fax the DHS-3200 form within 72 hours to 616-977-1158.

Further information about the DHS-3200 reporting form and the DHS CPS Mandated Reporter's Guide may be obtained by visiting www.michigan.gov.

**SECTION 6:
PRACTICUM SUPERVISION REQUIREMENTS**

Definition of Supervision

Supervision shall mean a process: (1) by which the practicum site's standards of performance are maintained through review and correction of service provided; (2) which assists in skill development; and (3) by which the practicum site gives support and consultation to its staff.

Supervision includes, but is not limited to, the following areas: (1) education and training; (2) provision of feedback relevant to job performance; (3) evaluation; (4) monitoring performance to ensure that administrative policies and procedures are met; (5) quality assurance and utilization review.

Supervision can be provided in a variety of ways, including individually, in triads, or in small groups. It may involve consultations, observation, audio- or videotaping, verbal instruction, role plays, demonstrations, readings, etc.

Minimally, the practicum student should meet with his or her site supervisor for no less than one (1) hour of individual or triadic, supervision per week. Additional hours of supervision may be on either an individual or group basis.

Audio/Visual Recordings and Supervisor Evaluations

Per CACREP Section 3, Standard B., “supervision of practicum and internship students includes program-appropriate **audio/video recordings** and/or **live supervision** of students’ interactions with clients.” Site supervisors shall utilize recordings and/or live supervision (including direct observation) as a form of evaluation of the student’s skills and dispositions. This may be accomplished by having the site supervisor sit in on a client session and/or observe through a two-way mirror. If recording by video, the camera can be focused on the practicum student, rather than the client. Recordings should not be removed from the agency/school setting. The student should take extreme measures to ensure client confidentiality. As a start, the student should review and obtain consent from the client to record using the “Permission to Record or Observe Counseling Sessions” form.

**SECTION 7:
RIGHTS, ROLES & RESPONSIBILITIES**

Site/Site Supervisor

The **Site Supervisor** is a person who has expressed a willingness to supervise and serve as a mentor for a developing professional. The Site Supervisor is the key person at the agency or educational setting who facilitates and supervises all the activities in which you will be participating. Site supervisors are expected to provide regular individual and group supervision each week of the practicum, in addition to several evaluations of your growth and development as a counselor throughout each semester.

Additionally, the **Site Supervisor** will ensure the following:

- screen and select practicum counselors based upon their appropriateness for placement and their likelihood of success. The practicum site shall not select practicum counselors on the basis of race, creed, color, religion, gender, sexual orientation, or national origin,
- orient the practicum counselor to the policies and procedures of the practicum site,
- may request the termination of a practicum agreement where the practicum counselor's performance is in violation of site policies or procedures,
- may request the termination of a practicum agreement where the practicum counselor's performance is judged to be unsatisfactory, insubordinate, unethical, inappropriate, or harmful to clients.
- retains the right to manage the practicum counselor as they would any other staff member or employee,
- shall provide experience in the delivery of services appropriate to the educational and ability level of the practicum counselor in consultation with the faculty instructor,
- shall provide the department with verification of the practicum counselor's experience, supervision, and contact hours,
- shall provide the department with regular evaluations of the practicum counselor's performance including a formal mid-term and final evaluation,
- agrees to conform its supervision to the requirements set out in the laws and regulations governing the practice of counseling, and
- shall abide by the ethical standards and practices which are set forth by the American Counseling Association and any other relevant counseling professional organizations.

The Practicum Counselor

The practicum counselor has regular admission in the Master of Arts in Counseling degree program and is enrolled in CED 690: Counseling Practicum for a 100-hour supervised clinical experience. The practicum counselor shall always conduct his or her behavior in accordance with

the policies and procedures of the practicum site and with the ethical standards of the American Counseling Association (ACA) and other applicable standards of conduct. Counselors-in-training have a responsibility to understand and follow the ACA Code of Ethics and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement.

Additionally, the **Practicum Counselor** will ensure the following:

- accept the supervision and authority of the site supervisor,
- shall agree to abide by the policies and procedures of the CCCD
- shall demonstrate satisfactory knowledge, skills, and attitudes in the applicable competencies identified on the performance evaluation,
- shall meet with his or her faculty supervisor on a regularly scheduled basis,
- retains the right to withdraw from the practicum at any time pursuant to the policies and procedures of the Department of Counseling & Special Education,
- shall secure professional liability insurance in the amount of no less than \$1,000,000.00 each occurrence and \$3,000,000.00 aggregate, and
- In the event of the university's closure due to inclement weather, the practicum counselor shall contact the Practicum Site to determine whether or not the Practicum counselor is required to report for duty.

Faculty Instructor

During your practicum experience, you are required to meet for class time, which is group supervision. The University Faculty Instructor conducts class group supervision and is also likely the clinical supervisor. CACREP requires that students meet in-group supervision for a minimum of one and one-half hours per week; this is done during class time. The course supervisor also facilitates individual triadic supervision. During your experience as a practicum counselor, please be aware that attendance at all group and individual supervision sessions is mandatory.

Additionally, the **University Faculty Instructor/Supervisor** will ensure the following:

- 1) assure that the practicum counselor has completed the prerequisite academic work before entering the practicum,
- 2) shall monitor the progress of the practicum counselor,
- 3) reserves the right to assign readings, case presentations, journal entries, papers, etc., as part of the requirements of the practicum,
- 4) shall have the responsibility to terminate any practicum agreement where the practicum counselor's performance is judged to be unsatisfactory, insubordinate, unethical, inappropriate, or harmful to clients. Such action would only be taken after consultation with the practicum counselor and with representatives of the practicum site, and
- 5) reserves the right to amend, change, or otherwise modify its policies regarding practicums from time to time as may be deemed necessary or appropriate.

Gatekeeping

Central Michigan University accepts the responsibility of being the gatekeeper of those students graduating from our counseling program who would enter the counseling profession. We have an ethical responsibility to make sure all practicum counselors have the knowledge, ethics, practice skills, professional judgment, and emotional stability to provide competent services consistent with the level of practice they will be eligible to provide. We take our ethical responsibility very seriously to ensure, that our practicum counselors have the professional qualities that will do no harm to clients.

This responsibility requires that we have the right to deny admission into the profession if an practicum counselor does not make adequate progress in his/her professional development. Denial into the profession would happen through not allowing an practicum counselor to begin a practicum, removing a student from the practicum, giving an unsatisfactory grade for the practicum course, and/or dismissing the practicum counselor from the program.

Practicum counselors that we recommend for graduation and entry into professional counseling are expected to have the professional knowledge, ethics, and practice skills that are consistent with and befitting of licensed counselors in the state of Michigan.

**SECTION 8:
PROCEDURES AND CRITICAL INCIDENT
PROTOCOLS**

Clinical Procedures

CCCD Daily Procedures

1. Student work will open the clinic each morning. If you arrive and it is dark, just check in with the Counseling Office. Remember you can use the lock box for the key and to open the outside door for clients.
2. Turn on white noise machines
3. Reception room door to the clinic therapy rooms remains locked.
4. You will greet your own clients or arrange for a peer to greet them.
5. Check in Therapy Notes to see if Consent is signed and the intake paperwork is complete
6. Greet client and check to see if they have brought the intake/history paperwork.
7. If paperwork is not completed, give them a hard copy, pen, and the clipboard.
8. Check on them occasionally while completing it.
9. Keep any paperwork in your individual file in the locked cabinet in the counselor ready room. Upload to Therapy notes and shred
10. First session 60-90 minutes
11. Check in with client to see if wanting to reschedule and schedule at the end of the session. For now, use your personal computer, or use the one at the reception desk.
12. Walk client out.
13. Log out of Landro and power off the computer before shutting it.
14. Use time at the clinic to:
 - a. Write intake and session notes/treatment plan
 - b. Research/read treatment interventions
 - c. Observe peers
 - d. Review recording for consultation and supervision
 - e. Transcribe session
 - f. Greet clients/reception desk.
15. Last one to leave in the evening:
 - a. Lock outside door to the clinic
 - b. Return the key to lock box.
 - c. Turn of white noise machines and lights.

Intake Procedures

A. Prior to Intake Session:

1. When the client calls to schedule counseling appointment, the administrative staff will help the client create a portal and upload the personal history inventory (PHI) and informed consent form. The client will fill out the forms at home prior to the intake appointment. They will either bring it with them, or it will be uploaded to their chart in Therapy Notes. The administrative staff will also inform the client to arrive 20 minutes before the intake appointment to start to fill out paperwork, if the client does not complete them ahead of their session.
2. If done ahead of time, the counselor will find the paperwork in the client's document section of Therapy Notes.
3. ALWAYS check to ensure the client does not have current suicidal ideation. If so give the C-SSRS The counselor will consult with the clinic director/practicum instructor after or IMMEDIATELY (if warranted), if there is a question about client's presenting concerns and suicidal ideation.
4. Greet your client in the waiting area with smile/handshake. Briefly introduce your name and you will be his/her counselor. Take the client to your therapy room.

B. During Intake Session

1. The counselor will present the professional disclosure statement to the client and briefly introduce who you are and your approach to the counseling.
2. The counselor will verbally but briefly summarize the informed consent to the client including but not limited to the following information:
 - a. A summarization of client's right to privacy as written in the Informed Consent, which the client will be given with their initial paperwork
 - b. All sessions in the CCCD are video recorded
 - c. The limits of and exceptions to confidentiality (e.g. imminent danger to self/others, child or elder abuse/neglect, court orders, and release records with client's written consent)
 - d. Functions and limitations of the CCCD as a training clinic, including CCCD's limited operating hours and inability to provide immediate crisis services outside of clinic hours.
 - e. If the clinician in consultation with their supervisor, find that the client's presenting concerns would be best served by a licensed clinician, the client will be provided a referral to an outside agency.
 - f. Counseling will be likely limited to one semester with you, but if additional counseling is warranted, they may be able to continue with a new clinician next semester or provided a referral for outside services.

3. The counselor will then initiate a discussion with the client based on the questions on the intake form, including current stressors and reasons for wishing to enter counseling. The counselor will use basic counseling skills to facilitate the client's discussion of current stressors or reasons for entering counseling and start the process of therapeutic relationship building. The counselor will work to identify initial goals.
4. The counselor will follow up the client's report of presenting problems by asking questions about the following issues: Is the client currently receiving services elsewhere?
5. Is the client on any medications? Does the client have a current or previous mental health diagnosis?
6. During the information gathering segment of the intake session, it is the responsibility of the counselor to make an evaluation as to whether or not the clinical services of the CCCD are appropriate for the client.
 - a. If the counselor's evaluation indicates that the clinical services of the CCCD are appropriate for the client, the counselor will continue with the steps listed below.
 - b. If the counselor is unsure of the suitability of services at the CCCD for the client (e.g. the client reports having active current suicidal/homicidal ideations), the counselor will step out the therapy room and inform the clinic director/practicum instructor IMMEDIATELY. Client will be provided referral resources as to the suitability of our services and CIT ability to meet the needs of the client.
7. Remind the client the counseling appointment for next week and encourage the client to contact you or the clinic as soon as possible if he/she needs to cancel the appointment.

C. After Intake Session

1. After the intake/initial counseling session, the counselor is responsible for completion of the intake form AND session 1 therapy note. Completion of the file includes summarizing information gathered during the intake in narrative form on the intake form (no bullet points or informal notes to self – the note MUST be in narrative form). The counselor will complete the file no less than 5 business days from the date of intake.

Critical Incident Protocols

The practicum training experience at the Center for Community Counseling & Development is not designed to treat clients who are in significant and immediate crisis or those who have or are currently dealing with persistent and severe mental illness or active suicidal ideation.

- If clients present with these issues, they will be provided with referrals to campus counseling services, a community agency, a hospital or 911 will be called. Though rare, critical incidents and emergencies can occur unexpectedly with clients. As with your

future professional practice, preparation is the key. The time to create an emergency protocol is NOT when you are in the middle of one. Please read and frequently re-read, the following Critical Incident Policies. This is part of a commitment to “best practice.”

Level 1: If something occurs in session that leaves you with some concerns but is NOT urgent, make sure to raise the issue in group supervision or in individual consultation with your supervisor after the session (if you have another session following, make sure to at least make contact with your supervisor BETWEEN sessions, apprising her/him of the situation) and s/he will advise you as to how to proceed. Following the consultation, make sure to note the incident/behavior in your SOAP notes and that you consulted with the group/supervisor. -- *An example of this type of situation might be a strange interaction where you are worried if you handled it well, or a disclosure the client made that leaves you concerned, but that did not give you the sense that the client (or anyone else) was in any immediate or imminent danger.*

Level 2: If something occurs in session that seems serious enough that you need consultation during the session and you deem it appropriate and safe to step out of the room briefly, inform your client what you would like to do and ask them if they would feel safe in allowing you to leave momentarily to consult with your supervisor. Find the supervisor covering the clinic and consult with them. The supervisor will either instruct you as to your next steps or return with you to consult with and assess your client. Use your office phone to contact the faculty covering or the front desk. The supervisor will come to your office and knock on the door. Following the consultation, make sure to note the incident/behavior in your SOAP notes and that you consulted with the group/supervisor. -- *An example of this might be the client during the session becomes observably upset, a disclosure of serious depressive symptoms or suspected suicidality, an admission of abuse or significant fears the client has about something they are currently facing, etc.*

Level 3: If something occurs in session that is immediately urgent, and you have reason to believe that your client, another person or yourself could be in foreseeable danger, pick up the crisis phone in your office, call the faculty member covering the clinic, or inform the office manager of your name and office number and request the supervisor. If you deem it safe to remain in the room, do so. However, you are not expected to put yourself in harm’s way and you are NEVER to block or restrain a client who is attempting to exit your office. Your supervisor will immediately take the lead in such a situation and will inform you of what s/he needs you to do. Follow her or his instructions explicitly. After the incident, your supervisor will debrief with you and assist you in processing the incident which may encompass several different discussions in the days following. You may also want to seek out a counselor to examine your own feelings and the impact of the incident on you. Again, make sure to note the incident/behavior in your SOAP notes and that you consulted with the group/supervisor. -- *An example of this rare occurrence would be if the client becomes extremely angry, combative or violent or if they demonstrate a threat to their own life or someone else, or if the client is currently presenting with such pronounced instability or disassociation, that you cannot get them calmed/stabilized.*

NOTE: “Client Safety Plan” is an intervention tool utilized by counselors/professionals for clients who may be depressed or who have had a history of depressive symptoms and/or suicidal ideation BUT who are not currently deemed to be an active threat to themselves or others. You will be trained on how to complete the clinic’s client safety plan, but you are never to issue one without consulting with your supervisor.

Clinical Documentation

Clinical documentation is done via Therapy Notes. Instructions will be provided on how to create a secure login. All clinical documentation will be completed via this HIPAA compliant software. All documentation must be done while at the CCCD. The CIT is responsible for completing her or his client session notes the same day or no later than 3 days following the session. **It is critical that you not fall behind on your notes and failure to do so may result in not being allowed to engage in additional sessions.** Many things happen and are said in session and your documentation of this is essential to the effective and ethical treatment of your clients. The instructor/supervisor will routinely review case documentation and provide feedback/corrections needed and co-sign when they are ready.

1. Once you are assigned a client and you complete the Intake session, your client’s file, its maintenance and security is solely your responsibility.
2. You will have a file folder in the counselor ready room to keep any session documents secure, that are not yet ready to be uploaded to Therapy Notes or shredded.
3. If not already submitted electronically, you will upload the intake forms to the client file. Do not include any documents in the client file beyond unless you receive permission from your instructor/supervisor. When in doubt, ask.
4. Each client file will include an intake forms, informed consent, session notes, treatment plan, assessments, and discharge summary.
5. CIT’s will be given access to the clinic throughout the week for note writing and session review. A department office worker can let you into the clinic. Once there, you can gain entrance to the Counselor Ready Room by entering a combination code in the key holder mounted on the wall adjacent to the door (You will be provided with instructions on how to use the holder and informed of the current semester’s combination code). Inside, the holder you will find keys to both the Ready Room door as well as the file cabinet where client files are stored. **It is essential that you replace the keys into the holder and, when you are finished with your work and preparing to leave the room, if there is not another CIT remaining, you are responsible to lock the file cabinet and room door.**
6. In addition to your individual recorded session reviews and note writing, you will also meet with your instructor/supervisor and a peer for a pre-arranged hour of triadic supervision during the week. As with group supervision, you are expected to always arrive on time for these sessions, and fully prepared to review your current client cases. The hour will typically be divided equally between you and your colleague. You should have one or several brief recorded segments prepared to show, and any questions and

concerns prepared to share. This is your time and is critical to your preparation for the next client sessions. Use the time wisely and efficiently.

The Therapeutic Process

1. Once the client arrives for her or his first session, the client file is created and the intake is complete, the “helping process” can begin. Significant latitude will be given to each individual CIT as to how they proceed with their client, assuming there are no “red flags” or indications that the client is unstable or in danger. However, each step in the therapeutic relationship will be reviewed and approved by the instructor/supervisor. S/he is there to provide guidance and ensure that ethical and legal guidelines are being adhered to throughout the process of client care.
2. Before the first SOAP note can be written, you will need to create a placeholder tx plan, with the intent that the diagnosis and formal plan will be more formalized by the end of session 3, after which, the CIT will identify a diagnosis for learning purposes and create a treatment plan based on the client’s stated presenting issues and all the data collected to this point in the process. This plan will be reviewed and approved by the instructor/supervisor. CIT’s should recognize that the treatment plan, though an important guide in the therapeutic process, must remain flexible and change with the client’s needs, and their progress in therapy
3. In addition to the previously mentioned forms and processes, a CIT may also have the opportunity to request information from or provide information to a third party. The CIT will be given guidance and oversight from the instructor/supervisor on how to complete this process including filling out the release of information form and writing a summary of treatment letter if needed.

Supervisory oversight and approval is REQUIRED before Files can be sent out or before there is communication with ANY outside parties. This is a CRITICAL requirement, that if not followed, could result in ethical violations and legal sanctions.

While termination actually begins with the intake, as the therapeutic process nears its end, CIT’s will be given in-depth instruction on:

- How to introduce the concept of discharge to the client
- Explore the client’s feelings around this.
- Summarize the client’s therapeutic accomplishments
- Discuss future work and possible referrals
- “Saying goodbye” and processing feelings of pride, grief or fear
- Complete the Termination Note in Therapy Notes

The CIT should recognize that it is “normal” and appropriate that s/he will have feelings about letting go of their client including concerns about how the client will proceed following discharge. CIT are encouraged to debrief with their peers, their instructor/supervisor and their own personal therapist if applicable.

Closing Out Your Practicum Semester

At the end of the term, each CIT will write a major case presentation based on their semester-long work with a single client. The CIT will be provided a template to work from, an example of a completed case-presentation and guidance from the instructor/supervisor while it is being written. The case presentation represents the culmination of the CIT's work with her/his client and exemplifies the CIT's case conceptualization.

Each CIT will undergo a final skills evaluation with her/his instructor/supervisor. If the CIT has successfully completed all requirements of the course and received a passing score on the final skills evaluation, the instructor/supervisor will post a final grade distinction of "CR" in the CMU system and the CIT will be eligible to move on to their field internship experience (CED 691).

All experiences the CIT had with her/his clients and all clinical information pertaining to the ***client's cases remains confidential and is not to be discussed with anyone outside of the CIT's practicum section.***

Checklist for Practicum

- Signed Hour logs uploaded to BB (each page must be signed and include the final summary sheet) and Task Stream
 - Keep a copy for yourself
- Sign verification of Final Evaluation in Task Stream
 - Keep a copy for yourself
- If you have an external site, you must submit one for both
- Complete evaluation of your supervisor(s): This survey asks the students to evaluate the site supervisor and faculty supervisor for practicum. There are questions about the site as well. : https://cmich.co1.qualtrics.com/jfe/form/SV_3Er2VJ5t3cnLmYt
- Complete all case documentation
- Complete all coursework
- Scan and upload all client documents into Therapy Notes. Shred the originals

**SECTION 9:
PRACTICUM FORMS**

Example Forms

(fillable forms available on CSE website:

<https://www.cmich.edu/colleges/ehs/program/counsel/Pages/Practicum-and-Internship.aspx>)

- a. Informed Consent
- b. Intake-Client Personal History Form
- c. Mid-Term Evaluation
- d. Final Evaluation
- e. Student Practicum counselor Evaluation of Practicum Site and Field Supervisor

Miscellaneous Forms

- f. Permission to Record or Observe Counseling Session
- g. Request for “Z” Grade
- h. Supervision Form after “Z” Grade
- i. Supervision Observation Form
- j. Final Check-Off Form

Clinical Mental Health Counseling Weekly Practicum Log

See Excel Spreadsheet on BB.

Student Practicum counselor Evaluation of Practicum Site and Field Supervisor

See Task Stream and the following link:

https://cmich.co1.qualtrics.com/jfe/form/SV_3Er2VJ5t3cnLmYt

Informed Consent

THE COUNSELING PROCESS

We are pleased that you have chosen to participate in the counseling experience at CMU's Center for Community Counseling & Development (CCCD). The decision to come for counseling is sometimes a difficult one, yet an important step toward change. There are both risks and benefits to counseling. While positive growth and resolution of personal issues often occur, no promises can be made about specific outcomes. Counseling outcomes and progress toward goals are a collaborative effort and require active participation with the counselor-in-training to create the change you desire.

THE COUNSELOR-IN-TRAINING AND SUPERVISOR

Here at the CCCD, your counselor-in-training will be a graduate student nearing completion of their master's degree. This counselor will be closely supervised by a licensed professional counselor who also teaches in the department.

The goal of the clinic is two-fold, to provide you with the opportunity for support, growth, and development, as well as provide supervised experience and instruction for the counselor-in-training. If during the process of counseling it becomes evident that more specialized professional services would better meet your presenting concerns or there is a concern about your safety or the safety of others, the counselor-in-training, in consultation with the supervisor, will make an outside referral.

By signing this informed consent, you are attesting that you are not currently in a life-threatening crisis or are not currently being treated by a mental health professional. If you begin to experience significant distress during our work together or you begin to display symptoms that are beyond the CCCD's ability to assist you with, the supervisor and your counselor will advise you of this and provide you with referral information for a professional that can adequately assist you.

If this were to happen, please know that it will not be because you did anything wrong or that we do not want to work with you, but rather we want to make sure that you receive the qualified care that you deserve.

Finally, please understand that your work with your counselor-in-training will likely be limited to this semester only, as course guidelines prohibit her or him from continuing to work with you after the semester ends. If services are still necessary, you will be welcome to continue here at the CCCD with a new counselor, or we will be glad to supply you with referral information to someone in the community.

CONFIDENTIALITY

All Records are kept in a HIPAA compliant electronic format. Counselors are mandated by law to release certain information. Client information will not be released to any agency or individual(s) except in the following:

- Cases in which clients pose a clear and imminent danger to themselves or others.
- Cases in which clients give written consent that their records be released to an outside individual.
- Cases in which the minor client was/is a victim or perpetrator of child abuse or neglect.
- Cases in which a court orders a counselor to release information to a specific court or judge.

RECORDING

As a critical part of their training, counselors record all sessions. These recordings are used for training purposes and are destroyed at the end of each semester. The counselor may also be observed, behind the mirror by instructors/supervisors and other student counselors who are working in the clinic.

Additionally, towards the end of the semester, the incoming student counselors for the subsequent semester may visit the clinic and observe. Again, these observations are done for training purposes only,

and all information is held in strict confidence. Unless written consent is given by you to divulge it, your identity will always be protected.

INCIDENTAL CONTACT

The counseling process between you and your counselor-in-training will never involve any social, business, or sexual contact. In the unlikely situation that you encounter your counselor outside of the counseling setting (shopping, attending a function, etc.), the counselor-in-training will not initiate contact with you because it is their obligation to guard your confidentiality. However, you are welcome to initiate it if you choose to. While of course counseling issues will not be discussed, the counselor-in-training would be glad to say, “Hello” and greet you.

FEE SCHEDULE

This counseling experience is being offered at no charge to you.

LENGTH OF COUNSELING

Individuals here in the CCCD are usually seen from 4 to 12 sessions in one semester. If you would like to continue counseling, you can be referred to another counselor at the beginning of the next semester to continue your work.

APPOINTMENTS & CANCELLATIONS

It is expected that you will attend scheduled sessions unless you inform me otherwise. If there is ever a situation when your counselor cannot meet you, the counselor-in-training will make every attempt to notify you in advance. Counseling will be canceled on any day in which Central Michigan University is closed due to adverse weather conditions. Additionally, the clinic is closed during all university breaks. If there is any doubt about the status of your appointment during such circumstances or if you know you are not going to be able to attend a scheduled appointment, please contact us as soon as possible.

EMERGENCIES

If you need to contact us beyond your regularly scheduled appointments, we will do our best to respond to you in a timely manner. You can call (989) 774-3532 and leave a message. **However, this option should never be used in an emergency. If you find yourself in danger or in crisis, please dial 911 or if you live on campus you can call Campus Police at (989) 774-3081.** When the situation is stabilized, please leave us a message with the relevant information and we will contact you as soon as possible.

QUESTIONS

If you have questions about what you have read, please discuss your concerns with your counselor-in-training and/or ask to speak with the clinical supervisor. If you understand what you have read and find these conditions acceptable, please complete and sign the following page.

CLIENT ACKNOWLEDGMENT OF RECEIPT

I, _____ have received, read and fully understand the information provided to me by Central Michigan University’s Center for Community Counseling & Development.

I have completely read the information on pages 1-2 of this Informed Consent Form and certify that I am 18 years of age or older, or I am the parent or legal guardian of the client.

I also acknowledge that each counseling session will be recorded and that my counselor will only use these recordings in consultation with the counselor-in-training instructor/supervisor and the counselor-in-training fellow counseling students for the purpose of professional development. At no time will my name or other identifying information be disclosed. Recordings will be stored securely and upon completion of use, will be erased or destroyed.

I also attest that I am not currently a significant danger to myself or others, nor am I currently being treated by a mental health professional. I understand that if I begin to experience significant distress during our work together or I begin to display symptoms that are beyond the CCCD’s ability to assist me with, that the counselor-in-training and the counselor-in-training supervisor will advise me of this and provide me with referral information for a licensed professional that can adequately assist me.

Client Printed Name: _____

Client Signature: _____

If couples/family:

Client Printed Name: _____

Client Signature: _____

Client Printed Name: _____

Client Signature: _____

Parent/Legal Guardian (as applicable): _____

Date of Birth: _____ Current Date: _____

Counselor-in-Training Signature: _____ Date: _____

Instructor/Supervisor Signature: _____ Date: _____

INTAKE FORM

The intake form is in Therapy Notes as a fillable pdf, but included here for your review.

Please provide the following information and answer the questions below.

Please note: information you provide here is protected as confidential information.

Name: _____
(Last) (First) (Middle Initial)

Under 18: Parent/guardian: _____
(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: ____

Please indicate any/all gender/sex identities that you identify with: _____

Any concerns about your sexuality? No Yes: Please explain:

Indicate your preference of pronouns: he/his [] she/hers [] they/them [] other:

Identified Racial/Cultural Group:

Any disability that you would like your counselor to be aware of:

Marital Status: Never Married Domestic Partnership Married Separated Divorced Widowed

Please list any children/ages: _____

Living Arrangements: Alone With family With friends With partner Other _____

Address: _____
(Street and Number)

(City) (State) (Zip) Cell/Other Phone: ()

May we leave a message? Yes No E-mail:

Email is only used for the client portal

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? No

Yes Previous therapist/practitioner and dates of service:

Are you currently taking any prescription medication? Yes No

Please list: _____ Prescribing physician: _____

Have you ever been prescribed psychiatric medication? Yes No

List and provide dates: _____ Prescribing physician: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

How would you rate your current physical health? (Please circle) Poor Unsatisfactory Satisfactory Good
Very good

Describe concerns:

How would you rate your current sleeping habits? (Please circle) **Poor Unsatisfactory Satisfactory Good**
Very good

Please list any specific sleep problems you are currently experiencing: -

How many times per week do you generally exercise? _____ Types of exercise: _____

Are you experiencing overwhelming sadness, grief or depression? No Yes:

For approximately how long? _____

Do you have thoughts of wanting to harm or kill yourself? No Yes

If yes, how frequently? _____

Are you experiencing anxiety, panic attacks or have any phobias? No Yes

If Yes, for approximately how long? _____

Do you drink alcohol more than once a week? No Yes

How often? _____ How many drinks per day? _____

How often do you engage recreational drug use? Daily Weekly Monthly Infrequently Never

Are you currently in a romantic relationship? No Yes If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

List any significant life changes or stressful events have you recently experienced:

FAMILY MENTAL HEALTH HISTORY: In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please Circle		List Family Member
Alcohol/Substance Abuse	yes	no	
Anxiety	yes	no	
Depression	yes	no	
Domestic Violence	yes	no	
Suicide Attempts	yes	no	
Obesity	yes	no	
Obsessive Compulsive Behavior	yes	no	
Schizophrenia	yes	no	
Bipolar Disorder	yes	no	
Eating Disorders	yes	no	

Are you currently employed? No Yes Occupation: _____

Military Status: N/A Active Duty Retired from Active Duty Dependent of Active Duty

Dependent of Retired member Reserves Other _____

Branch of Service: Air Force Army Navy Marines Other

Adult Checklist of Concerns

Please mark all of the items below that apply. Feel free to add any other concerns at the bottom.

- | | | |
|--|---|---|
| <input type="checkbox"/> Aggression, violence | <input type="checkbox"/> Guilt | inhibitions, laziness |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Headaches, other kinds of pains | <input type="checkbox"/> Relationship problems (with friends, relatives, or at work) |
| <input type="checkbox"/> Anger, hostility, arguing, irritability | <input type="checkbox"/> Health, illness, medical concerns, physical problems | <input type="checkbox"/> School problems (see also "Career concerns ...") |
| <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> Housework/chores—quality, schedules, sharing duties | <input type="checkbox"/> Self-centeredness |
| <input type="checkbox"/> Attention, concentration, distractibility | <input type="checkbox"/> Inferiority feelings | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Career concerns, goals, and choices | <input type="checkbox"/> Interpersonal conflicts | <input type="checkbox"/> Self-neglect, poor self-care |
| <input type="checkbox"/> Childhood issues (your own childhood) | <input type="checkbox"/> Impulsiveness, loss of control, outbursts | <input type="checkbox"/> Sexual issues, dysfunctions, conflicts, desire differences |
| <input type="checkbox"/> Codependence | <input type="checkbox"/> Irresponsibility | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Judgment problems, risk taking | <input type="checkbox"/> Shyness, oversensitivity to criticism |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Legal matters, charges, suits | <input type="checkbox"/> Sleep problems—too much, too little, insomnia, nightmares |
| <input type="checkbox"/> Custody of children | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Smoking and tobacco use |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments | <input type="checkbox"/> Spiritual, religious, moral, ethical issues |
| <input type="checkbox"/> Decision making, indecision, mixed feelings | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Stress, relaxation, stress management, stress disorders |
| <input type="checkbox"/> Delusions (false ideas) | <input type="checkbox"/> Menstrual problems, PMS, menopause | <input type="checkbox"/> Suspiciousness, distrust |
| <input type="checkbox"/> Dependence | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Depression, low mood, sadness, crying | <input type="checkbox"/> Motivation, laziness | <input type="checkbox"/> Temper problems, self-control, low frustration tolerance |
| <input type="checkbox"/> Divorce, separation | <input type="checkbox"/> Neglect (of children or elderly persons) | <input type="checkbox"/> Thought disorganization and confusion |
| <input type="checkbox"/> Drug use—prescription medications, over-the-counter medications, street drugs | <input type="checkbox"/> Nervousness, tension | <input type="checkbox"/> Threats, violence |
| <input type="checkbox"/> Eating problems -overeating, under eating, appetite, vomiting. | <input type="checkbox"/> Obsessions, compulsions (thoughts or actions that repeat themselves) | <input type="checkbox"/> Weight and diet issues |
| <input type="checkbox"/> Emptiness | <input type="checkbox"/> Oversensitivity to rejection | <input type="checkbox"/> Withdrawal, isolating |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Pain, chronic | <input type="checkbox"/> Work problems, employment, workaholism/overworking, cannot keep a job, dissatisfaction, lack of ambition |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Panic or anxiety attacks | <input type="checkbox"/> Other concerns or issues: |
| <input type="checkbox"/> Fatigue, tiredness, low energy | <input type="checkbox"/> Parenting, child management, single parenthood | _____ |
| <input type="checkbox"/> Fears, phobias | <input type="checkbox"/> Perfectionism | _____ |
| <input type="checkbox"/> Financial or money troubles, debt, impulsive spending | <input type="checkbox"/> Pessimism | _____ |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Physical Abuse | |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Procrastination, work | |
| <input type="checkbox"/> Grieving, mourning, deaths, losses, divorce | | |

Goals for Counseling: Please look back over the concerns you have indicated and choose the ones that you *most* want help with. _____

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

EMERGENCY CONTACT INFORMATION

Client Name: _____

In Case of Emergency, Please Notify: _____

Relationship(s) to Client: _____

Address: _____

Phone: Home _____ Work _____ Ext. _____ Cell _____

I hereby give my permission for the individual(s) listed above to be contacted in the event of an emergency.

Client Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Release of Information

Note: All matters relating to client records are considered privileged and confidential and are treated as such by the employees of the Center for Community Counseling & Development. Information regarding such matters cannot be released without the consent of the client.

The Center for Community Counseling & Development is hereby granted my permission to release to:

(Full Name and Address of Person, Institution, or Agency)

such information as may be necessary regarding the treatment of:

Print or Type Full Name of Client

Date of Birth

Purpose or need for disclosure:

Specific information to be disclosed:

This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

This consent (unless expressly revoked earlier) expires upon:

(Specify date, event, or condition upon which it will expire in 90 days)

Signature of Client or Person Authorized to Consent

Relationship

Date Signed

Witness

Counselor Self-Observation/Evaluation

Evaluate your abilities as a counselor at this point in your development by completing the following:

1. **Choose a Session:** Pick a session recording from the last two weeks that offers you the most opportunity for growth.

Review 10 minutes of your video and write down verbatim what you said and did, and what the client said and did using the following guide.

Please type your transcript here. The transcript must be verbatim and should indicate who is speaking. The transcript should also include your body language, i.e. if you lean forward, cross your arms, raise your voice, etc. Identify yourself as the counselor and the client only by “client.” After you have completed the transcript, go back to the beginning of the transcript and do the following:

1. Identify who your client is- his/her world view. Respond to the following questions
 - a) How old is your client?
 - b) What is your client’s gender?
 - c) What is your client’s socioeconomic status?
 - d) What is your client’s ethnicity?
 - e) What is your client’s spiritual background?
 - f) What is your client’s educational background?
 - g) What is the reason your client is in your session and how does it affect their thoughts about you?
 - h) What do you think the client thinks about you based on your age, gender, race, ethnicity, etc.?

Put all this information together and develop a short statement about the client’s worldview based on how you think you might see the world if you were your client.

2. Next, go through the section and identify the following:
 - a) Identify the skill you used
 - b) Identify your intention in using the skill – what was your goal?
 - c) Identify your body language and tone in your voice – is it warm, open or closed –judgmental
 - d) Identify any judgment in the skill
 - e) Identify what you could have said or done that would have been more effective
 - f) Identify how the client non-verbally responded to the skill – did body language change? Did tone change?
 - g) Based on the client’s worldview, what do you think the client is thinking about what you are doing or saying?
 - h) How do you think the client feels about what you said or did? (include tone/body language)

If you cannot identify the intention, state “I don’t know why I said this.” Indicate silence by typing “remained silent.”

Please use the table below; you can cut and paste the table each time you need to change it.

3. **Case Conceptualization:** Write a theoretical case conceptualization of the client using the concepts and terminology of your guiding theory integrated with your personal experience and understanding of the client.

EXAMPLE:

Identify who your client is his/her worldview. Respond to the following questions

- a) How old is your client? – 20 years old
- b) What is your client’s gender? - male
- c) What is your client’s socioeconomic status? – poverty level
- d) What is your client’s ethnicity? – African American
- e) What is your client’s spiritual background? – Baptist
- f) What is your client’s educational background? Finished high school at DPS
- g) What is the reason you client is in your session and how does it affect his/her thoughts about you? – coming for anger management – expects to be judged
- h) What do you think the client thinks about you based on your age, gender, race, ethnicity, etc.? – thinks I am an older white female working in a university who probably has no clue about his life or what he has been through, expects me to judge him.

This client most likely has a history of being exposed to racism, of being treated as if he is less than others and has witnessed violence. He might view the world as unsafe and view others, especially people in power, with suspicion, as if the counselor is looking to set him up. He has been arrested and might expect his counselor to judge him or label him based on his arrest.

Counselor: Tell me more about your work problems.

Skill	Intention	Body Language/Tone	Judgment used – how?	What could you have said or done that you have been more effective?	Client nonverbal response
Open-ended question	To allow the client to talk about work	I was open, but too quiet when talking	Yes, I implied she had problems	Tell me about your work.	The client looked down at the floor.
How do you think the client thinks and feels about what you said or did?		That I am judging her, thinking she cannot handle her job, annoyed and angry or perhaps defensive like she must defend her problems to me.			

Client: I hate work, its long and boring and no one ever listens to me. I don’t know why I keep going back; I just feel stupid all the time

Counselor: remained silent – nodded head

Skill	Intention	Body Language/Tone	Judgment used – how	What could you have said or done that you have been more effective??	Client nonverbal response
Nonverbal encourager	To demonstrate interest in what the client said	I was open, leaned in	no	nothing	Client continued to talk

Client: I just wish someone would find me a new job and I didn’t have to find one myself.

Counselor: I hear you saying that work is boring, and no one ever listens to you. You are fed up with trying to look for new work and feel stuck and angry.

Skill	Intention	Body Language/Tone	Judgment used – how?	What could you have said or done that you have been more effective?	Client nonverbal response
Paraphrase and reflection of feeling	To let the client know I understood what she felt	Tone was too matter of fact, no warmth	Yes – I wondered if she was looking for work, which isn’t my business	Used more emotion in my voice - “I hear you telling me you are exhausted by looking for work	Client sat silent for a few minutes
How do you think the client thinks and feels about what you said or did?		That I’m hearing her, but tone is too blank, just repeating what she is saying, maybe confused, not sure if she is supported due to tone.			

Client: Yes I just don’t know what to do.

Counselor: Have you tried finding another job?

Skill	Intention	Body Language/Tone	Judgment used – how?	What could you have said or done that you have been more effective?	Client nonverbal response
Closed-ended question	To help her figure out what to do.	Open, questioning tone Yes – I insinuated she didn’t know what to do to solve the problem		It sounds like this problem is	Client became upset

			causing you a lot of pain	
How do you think the client thinks and feels about what you said or did?		Probably thinking I'm patronizing her. Annoyed, or perhaps insulted that I suggested she didn't know what to do, responding to my power.		

Final Case Presentation Format

- I. Title Page
- I. Identifying Information
- II. Reason for Referral
- III. Brief History-Overall client- then
 - A. Family
 - B. Social
 - C. Educational/Employment
 - D. Medical
 - E. Mental Health
- IV. Behavioral/Mental Status Exam
- V. Summary of Counseling
- VI. Theoretical Conceptualization and Application to the client
- VII. Assessment Results:
 - A. Suicide
 - B. Diagnostic Related (at least one)
- VIII. Diagnosis (es) with symptoms outlined
- IX. Formal Treatment Plan
- X. Research Related to Presenting Problem (1-2)

- XI. Multicultural/Diversity/Client Specific Contextual Considerations
- XII. Ethical Considerations
- XIII. Human Development Considerations
- XIV. General Conceptualization and Treatment Outcome Assessment
- XV. References
- XVI. Transcript-with counselor intents Identified.

Treatment Plan Format Example

I. Presenting Issues: depression

Behavioral: ct identifies low self-worth, low motivation, difficulty concentrating, and passing suicidal ideation. “i just do not enjoy doing things i used to”.

Goal: develop healthy cognitive patterns and beliefs about self and the world that lead to alleviation and help prevent the relapse of depression symptoms.

Objective: develop healthy cognitive patterns and beliefs about self and the world that lead to alleviation and help prevent the relapse of depression symptoms.

Interventions:

1. Assist the client in developing an awareness of her/his automatic thoughts that reflect depressogenic schemata.
2. Assign the client to keep a daily journal of automatic thoughts associated with depressive feelings. Process the journal material to challenge depressive thinking patterns and replace them with reality-based thoughts.
3. Do behavioral experiments in which depressive automatic thoughts are treated as hypotheses/predictions, reality-based alternative hypotheses/predictions are generated, and both are tested against the client’s past, present, and/or future experiences.

Objective:

Interventions:

II. Presenting Issue: —Repeat the same format for the second Goal or Presenting Concern

The final grade process involves submitting the Final Items

It is suggested that you make copies of all submitted materials for yourself.

- Midterm evaluation of the student by supervisor
- Final evaluation of the student by supervisor
- Supervisors evaluation completed by the student
- Practicum Signed Weekly Hour Logs

Midterm and Final Evaluations

CMCH Practicum Evaluation: Name:

	Remediation Needed	More Time Needed to Develop	Progressing Satisfactorily	Internship Level Achieved
Documentation	Paperwork is not completed or unprofessional	Paperwork is consistently late and/or many grammar errors; Beginning stages of clinical writing and tx planning documentation. Areas are not thorough or missing	Some grammatical errors, on time; clinical writing is somewhat consistent and mostly developed. Treatment planning document mostly aligns, but needs guidance	Well written, clear and completed within time frames; Clinical writing is consistent, treatment planning is clearly connected to session notes; few corrections needed
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: 2m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling</p>				
Supervision – Accepts from peers	Demonstrates rigid thinking, unwilling to accept feedback.	Demonstrates moderate	Demonstrates mild defensiveness	Accepts supervision and feedback from peers

		defensiveness, argues with peers		
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				
Supervision – Accepts from supervisor	Demonstrates rigid thinking, unwilling to accept feedback. Not prepared for, or misses supervision sessions	Demonstrates moderate defensiveness, argues with supervisor; relies on supervisor for supervision session; often not prepared with video or needs	Mostly accepts supervision feedback; usually prepared for supervision session; video not always ready, or needs identified	Accepts supervision and feedback from supervisor; always prepared for supervision session.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p>				

Area: INTERNSHIP

Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Supervision – provides to peers	Feedback is not relevant to the issue.	Feedback is always positive/ too harsh and/or does not provide feedback.	Feedback is useful but not critical, misses points	Provides critical feedback to peers in group supervision
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 3: PROFESSIONAL PRACTICE

Area: INTERNSHIP

Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Supervision – Incorporates feedback into sessions	Never or rarely incorporates feedback into sessions.	Attempting to incorporate feedback into sessions	Usually incorporates feedback into sessions.	Always incorporates feedback into sessions.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				
Supervision – recognizes limitations	Never identifies limitations	Attempts to identify limitations	Usually, but not always identifies limitations.	Always able to accurately identify own limitations
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site</p>				

<p>supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				
<p>Attending ' Demonstrates ability to focus session on client(s)</p>	<p>Session is not counseling focused</p>	<p>Uses constant questioning to direct session</p>	<p>Usually focuses session on client, can be too directive</p>	<p>Focuses the session on the client.</p>
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
<p>Attending – Demonstrates basic active listening skills</p>	<p>Does not demonstrate basic attending skills</p>	<p>Demonstrates occasionally use of basic attending skills; questioning or summary frequently distract from session; reflection mostly</p>	<p>Demonstrates attending skills, but occasionally misses client story, feelings, or point; questioning or summary occasionally distract from session;</p>	<p>Demonstrates consistent attending skills and accurate reflection/summary of content</p>

		displays accurate listening	reflection mostly displays accurate listening	
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Attending – Demonstrates ability to use open ended questions	Uses only closed questions	Uses mostly closed questions	Uses closed and open ended questions.	Uses mostly open ended questions (closed when needed)
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p>				

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills				
Conceptualization – Demonstrates ability to identify client issues	Unable to identify client issues; Does not identify themes, meaning, or underlying issues beyond presenting problem	Often misses identification of client issues; frequently misses identifying themes, meaning, or underlying issues beyond presenting problem	Occasionally misses identification of client issues, themes, meaning, or underlying issues beyond presenting problem	Accurately identifies client issues, themes, meaning, underlying issues beyond presenting problem.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Conceptualization – Demonstrates ability to link theory to conceptualization	Unable to identify guiding theory or link to overall treatment goal/intervention	Has identified an initial guiding theory and beginning to understand the client through a guiding theory and link to overall treatment goal/intervention	Has identified a guiding theory and frequently, not consistently attempts to discuss clients with a guiding theory and links to overall treatment goal/interventions	Has identified a guiding theory and consistently discusses clients through a guiding theory, and clearly links to overall treatment goal/interventions

Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills

Conceptualization – demonstrates ability to identify therapeutic intention	Unable to ever articulate therapeutic intention	Unable to consistently articulate therapeutic intention	Usually identifies therapeutic intention accurately.	Accurately identifies therapeutic intention
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills

Counseling Techniques – Demonstrates ability to accurately identify/explain client thoughts and feelings	Unable to identify and reflect client thoughts and feelings.	Identifies and reflects client thoughts and feelings with major errors	Identifies and reflects client thoughts and feelings with minor errors	Accurately identifies and reflects client thoughts and feelings
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Counseling Techniques – Demonstrates understanding of motivation for behavior	Unable to identify client motivation for behavior.	Identifies client motivation for behavior with major errors.	Identifies client motivation for behavior with minor errors.	Accurately identifies client motivation for behavior.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p>				

<p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Counseling Techniques – Demonstrates ability to convey empathy	Utilizes only sympathy statements	Utilizes sympathy and empathy statements	Makes attempts to convey empathy with minor errors	Accurately conveys empathy in session.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Group – Demonstrates ability to lead or co-lead group successfully	Unable to lead/co-lead a group successfully.	Leads/co-leads group with major difficulty (group process is not therapeutic)	Leads/co-leads group with minor difficulty (problems with group cohesion etc)	Leads and/or co-leads group successfully
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p>				

<p>Area: ENTRY-LEVEL PROFESSIONAL PRACTICE</p> <p>Standard: E. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.</p>				
Group – Demonstrates skills specific to group process.	Unable to demonstrate effective group facilitator skills.	Uses group facilitator skills with major errors (group process not useful for clients)	Uses group facilitator skills with minor errors (not blocking etc)	Accurately uses group facilitator skills.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: ENTRY-LEVEL PROFESSIONAL PRACTICE</p> <p>Standard: E. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.</p>				
Professional Behavior/Ethics	Unprofessional demeanor; misses client appointments; non-professional attire	Frequent Unprofessional demeanor; reschedules client appointments; not always professional attire	Usually maintains professional demeanor; rarely reschedules or misses client appointments; generally professional attire	Professional demeanor with staff and clients; keeps client appointments; maintains consistent professional attire
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p>				

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

Sub Indicator: F1i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling

Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING

Area: C. CLINICAL MENTAL HEALTH COUNSELING

Standard: 2. CONTEXTUAL DIMENSIONS

Indicator: 2I. legal and ethical considerations specific to clinical mental health counseling

Professional Behavior/Ethics	Rarely complies with ACA ethical guidelines nor maintains confidentiality	Sometimes complies with ACA ethical guidelines and maintains confidentiality	Mostly complies with ACA ethical guidelines and maintains confidentiality	Always complies with ACA ethical guidelines and maintains confidentiality
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

Sub Indicator: F1i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling

<p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: 2i. legal and ethical considerations specific to clinical mental health counseling</p>				
Multicultural Competencies	Never or rarely identifies and addresses multicultural differences in supervision and sessions	Sometimes identifies and addresses multicultural differences in supervision and sessions	Mostly identifies and addresses multicultural differences in supervision and sessions	Accurately identifies and addresses multicultural differences in supervision and sessions
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F2. SOCIAL AND CULTURAL DIVERSITY</p> <p>Sub Indicator: F2c. multicultural counseling competencies</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: 2j. cultural factors relevant to clinical mental health counseling</p>				

Multicultural Competencies	Never or rarely conducts research to address lack of knowledge	Sometimes conducts research to address lack of knowledge	Usually conducts research to address lack of knowledge	Always conducts research to address lack of knowledge
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F2. SOCIAL AND CULTURAL DIVERSITY</p> <p>Sub Indicator: F2c. multicultural counseling competencies</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: 2j. cultural factors relevant to clinical mental health counseling</p>				
Assessment	Does not demonstrate the ability to conduct an intake interview, a biopsychosocial assessment and mental health history or with major errors.	Demonstrates the ability to conduct an intake interview, a biopsychosocial assessment and mental health history with major components missing.	Demonstrates the ability to conduct an intake interview, a biopsychosocial assessment and mental health history with minor errors/components missing	Accurately demonstrates the ability to conduct an intake interview, a biopsychosocial assessment and mental health history.

<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management</p>				
Assessment	Does not demonstrate the ability to conduct a mental status exam and assess for trauma	Demonstrates the ability to conduct a mental status exam and assess for trauma with major errors	Demonstrates the ability to conduct a mental status exam and assess for trauma with minor errors	Accurately demonstrates the ability to conduct a mental status exam and assess for trauma.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management</p>				
Assessment	Does not demonstrate the ability to choose, administer, and interpret psychological assessments; and	Demonstrates the ability to choose, administer, and interpret psychological assessments; and	Demonstrates the ability to choose, administer, and interpret psychological assessments; and	Accurately demonstrates the ability to choose, administer, and interpret psychological

	review results in a competent manner.	review results in a competent manner with major errors.	review results in a competent manner with minor errors	assessments; and review results in a competent manner.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management</p>				
Assessment	Does not demonstrates the ability to conduct a diagnostic differential assessment; accurately uses the DSM-5 & ICD-10.	Demonstrates the ability to conduct a diagnostic differential assessment; accurately uses the DSM-5 & ICD-10 with major errors.	Demonstrates the ability to conduct a diagnostic differential assessment; accurately uses the DSM-5 & ICD-10 with minor errors.	Accurately demonstrates the ability to conduct a diagnostic differential assessment; accurately uses the DSM-5 & ICD-10.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p>				

<p>Indicator: 2d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management</p>				
Assessment	Does not demonstrate the ability to assess and address substance abuse and/or process addictions	demonstrates the ability to assess and address substance abuse and/or process addictions with major errors	Accurately demonstrates the ability to assess and address substance abuse and/or process addictions with minor errors	Accurately demonstrates the ability to assess and address substance abuse and/or process addictions.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: 2e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders</p>				
Treatment	Fails to make necessary preparation for, or to implement appropriate interventions or techniques	Implements a limited range of appropriate interventions and techniques and/or uses some inappropriate techniques	Implements a small range of appropriate interventions and techniques	Accurately implements a wide range of appropriate interventions and techniques

<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3b. techniques and interventions for prevention and treatment of a broad range of mental health issues</p>				
Treatment	Unable to implement interventions and/or evaluate efficacy.	Implements interventions with major errors and sometimes evaluates efficacy	Implements interventions with minor errors and frequently evaluates efficacy	Implements interventions accurately and consistently evaluates efficacy
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3b. techniques and interventions for prevention and treatment of a broad range of mental health issues</p>				
Treatment	Unable to terminate treatment properly and/or provide referrals.	Termination is not addressed effectively, no referrals given	Termination is done abruptly and/or lacking sufficient referrals.	Appropriately terminates treatment and provides referrals as needed.
<p>Standards</p>				

<p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3b. techniques and interventions for prevention and treatment of a broad range of mental health issues</p>				
Collaboration & Advocacy	Does not demonstrate the ability to coordinate with other mental health and health professionals including psychiatrists, nurses, social works, psychologists and educators.	Accurately demonstrates the ability to coordinate with other mental health and health professionals including psychiatrists, nurses, social works, psychologists and educators with extensive assistance.	Demonstrates the ability to coordinate with other mental health and health professionals including psychiatrists, nurses, social works, psychologists and educators with prompting.	Accurately demonstrates the ability to coordinate with other mental health and health professionals including psychiatrists, nurses, social works, psychologists and educators.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3d. strategies for interfacing with integrated behavioral health care professionals</p>				
Collaboration & Advocacy –	Unable to demonstrate the	Demonstrates the ability to advocate for	Demonstrates the ability to advocate for	Accurately demonstrates the

	ability to advocate for clients based on their specific mental health needs	clients based on their specific mental health needs with extensive assistance.	clients based on their specific mental health needs with prompting	ability to advocate for clients based on their specific mental health needs.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: 3e. strategies to advocate for persons with mental health issues</p>				

School Practicum Evaluation

Name:

	Remediation Needed	More Time Needed to Develop	Progressing Satisfactorily	Internship Level Achieved
Documentation	Paperwork is not completed or unprofessional	Paperwork is consistently late and/or many grammar errors; Beginning stages of clinical writing and tx planning documentation. Areas are not thorough or missing	Some grammatical errors, on time; clinical writing is somewhat consistent and mostly developed. Treatment planning document mostly aligns, but needs guidance	Well written, clear and completed within time frames; Clinical writing is consistent, treatment planning is clearly connected to session notes; few corrections needed

Supervision – Accepts from peers	Demonstrates rigid thinking, unwilling to accept feedback.	Demonstrates moderate defensiveness, argues with peers	Demonstrates mild defensiveness	Accepts supervision and feedback from peers
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				
Supervision – Accepts from supervisor	Demonstrates rigid thinking, unwilling to accept feedback. Not prepared for, or misses supervision sessions	Demonstrates moderate defensiveness, argues with supervisor; relies on supervisor for supervision session; often not prepared with video or needs	Mostly accepts supervision feedback; usually prepared for supervision session; video not always ready, or needs identified	Accepts supervision and feedback from supervisor; always prepared for supervision.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p>				

Domain: SECTION 3: PROFESSIONAL PRACTICE

Area: INTERNSHIP

Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Supervision – provides to peers	Feedback is not relevant to the issue.	Feedback is always positive/ too harsh and/or does not provide feedback.	Feedback is useful but not critical, misses points	Provides critical feedback to peers in group supervision
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 3: PROFESSIONAL PRACTICE

Area: INTERNSHIP

Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Supervision – Incorporates feedback into sessions	Never or rarely incorporates feedback into sessions.	Attempting to incorporate feedback into sessions	Usually incorporates feedback into sessions.	Always incorporates feedback into sessions.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				
Supervision – recognizes limitations	Never identifies limitations	Rarely identifies limitations	Usually, but not always identifies limitations.	Always able to accurately identify own limitations
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site</p>				

<p>supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				
<p>Attending - Demonstrates ability to focus session on client.</p>	<p>Session is not counseling focused</p>	<p>Uses constant questioning to direct session</p>	<p>Usually focuses session on client, can be too directive</p>	<p>Focuses the session on the client.</p>
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
<p>Attending – Demonstrates basic active listening skills</p>	<p>Does not demonstrate basic attending skills</p>	<p>Demonstrates occasionally use of basic attending skills; questioning or summary frequently distract from session; reflection mostly</p>	<p>Demonstrates attending skills, but occasionally misses client story, feelings, or point; questioning or summary occasionally distract from session;</p>	<p>Demonstrates consistent attending skills and accurate reflection/summary of content</p>

		displays accurate listening	reflection mostly displays accurate listening	
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Attending – Demonstrates ability to use open ended questions	Uses only closed questions	Uses mostly closed questions	Uses closed and open ended questions.	Uses mostly open ended questions (closed when needed)
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p>				

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills				
Conceptualization – Demonstrates ability to identify client issues	Unable to identify client issues; Does not identify themes, meaning, or underlying issues beyond presenting problem	Often misses identification of client issues; frequently misses identifying themes, meaning, or underlying issues beyond presenting problem	Occasionally misses identification of client issues, themes, meaning, or underlying issues beyond presenting problem	Accurately identifies client issues, themes, meaning, underlying issues beyond presenting problem.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Conceptualization – Demonstrates ability to link theory to conceptualization	Unable to identify guiding theory or link to overall treatment goal/intervention	Conceptualization – Demonstrates ability to link theory to conceptualization Unable to identify guiding theory or link to overall treatment goal/intervention Has identified	Has identified a guiding theory and frequently, not consistently attempts to discuss clients with a guiding theory and links to overall treatment goal/interventions	Has identified a guiding theory and consistently discusses clients through a guiding theory, and clearly links to overall treatment goal/interventions

		<p>an initial guiding theory and beginning to understand the client through a guiding theory and link to overall treatment goal/intervention</p> <p>Has identified a guiding theory and frequently, not consistently attempts to discuss clients with a guiding theory and links to overall treatment goal/interventions</p> <p>Has identified a guiding theory and consistently discusses clients through a guiding theory, and clearly links to overall treatment goal/interventions</p>		
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

<p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Conceptualization – demonstrates ability to identify therapeutic intention	Unable to ever articulate therapeutic intention	Unable to consistently articulate therapeutic intention	Usually Identifies therapeutic intention accurately.	Accurately identifies therapeutic intention
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Counseling Techniques – Demonstrates ability to accurately identify/explain client thoughts and feelings	Unable to identify and reflect client thoughts and feelings.	Identifies and reflects client thoughts and feelings with major errors	Identifies and reflects client thoughts and feelings with minor errors	Accurately identifies and reflects client thoughts and feelings
<p>Standards</p>				

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills

Counseling Techniques – Demonstrates understanding of motivation for behavior	Unable to identify client motivation for behavior.	Identifies client motivation for behavior with major errors.	Identifies client motivation for behavior with minor errors.	Accurately identifies client motivation for behavior.
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills

Counseling Techniques – Demonstrates ability to convey empathy	Utilizes only sympathy statements	Utilizes sympathy and empathy statements	Makes attempts to convey empathy with minor errors	Accurately conveys empathy in session.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Group – Demonstrates ability to lead or co-lead group successfully	Unable to lead/co-lead a group successfully.	Leads/co-leads group with major difficulty (group process is not therapeutic)	Leads/co-leads group with minor difficulty (problems with group cohesion etc)	Leads and/or co-leads group successfully
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: ENTRY-LEVEL PROFESSIONAL PRACTICE</p> <p>Standard: E. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.</p>				

<p>Group – Demonstrates skills specific to group process.</p>	<p>Unable to demonstrate effective group facilitator skills.</p>	<p>Uses group facilitator skills including the ability to recruit, screen and select members with extensive support and or major errors.</p>	<p>Uses group facilitator skills including the ability to recruit, screen and select members with supervisor support.</p>	<p>Accurately uses group facilitator skills including the ability to recruit, screen and select members.</p>
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F6. GROUP COUNSELING AND GROUP WORK</p> <p>Sub Indicator: F6e. approaches to group formation, including recruiting, screening, and selecting members</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: ENTRY-LEVEL PROFESSIONAL PRACTICE</p> <p>Standard: E. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.</p>				
<p>Professional Behavior/Ethics</p>	<p>Unprofessional demeanor; misses client appointments; non-professional attire</p>	<p>Frequent Unprofessional demeanor; reschedules client</p>	<p>Usually maintains professional demeanor; rarely reschedules or misses client appointments;</p>	<p>Professional demeanor with staff and clients, on the school site, and with student clients; and/or keeps clients</p>

		appointments; not always professional	generally professional attire	appointments. Maintains consistent professional attire
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE</p> <p>Sub Indicator: F1i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: n. legal and ethical considerations specific to school counseling</p>				
Professional Behavior/Ethics	Rarely complies with ACA ethical guidelines, ASCA ethical standards and maintains confidentiality through informed consent with student clients.	Sometimes complies with ACA ethical guidelines, ASCA ethical standards and maintains confidentiality through informed consent with student clients.	Mostly complies with ACA ethical guidelines, ASCA ethical standards and maintains confidentiality through informed consent with student clients.	Always complies with ACA ethical guidelines, ASCA ethical standards and maintains confidentiality through informed consent with student clients.

Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

Sub Indicator: F1i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling

Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING

Area: G. SCHOOL COUNSELING

Standard: 2. CONTEXTUAL DIMENSIONS

Indicator: n. legal and ethical considerations specific to school counseling

Multicultural Competencies	Never or rarely identifies and addresses multicultural differences in supervision on the school site, and with student clients.	Sometimes identifies and addresses multicultural differences in supervision on the school site, and with student clients.	Mostly identifies and addresses multicultural differences in supervision on the school site, and with student clients.	Accurately identifies and addresses multicultural differences in supervision on the school site, and with student clients.
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F2. SOCIAL AND CULTURAL DIVERSITY

Sub Indicator: F2c. multicultural counseling competencies

Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING

Area: G. SCHOOL COUNSELING

Standard: 3. PRACTICE

Indicator: k. strategies to promote equity in student achievement and college access

Multicultural Competencies	Never or rarely uses strategies to promote equity in student achievement and college access.	Sometimes uses strategies to promote equity in student achievement and college access.	Usually uses strategies to promote equity in student achievement and college access.	Always uses strategies to promote equity in student achievement and college access.
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F2. SOCIAL AND CULTURAL DIVERSITY

<p>Sub Indicator: F2c. multicultural counseling competencies</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: k. strategies to promote equity in student achievement and college access</p>				
Assessment	Does not demonstrate the ability to use assessments specific to a P-12 educational setting.	Demonstrates the ability to use assessments specific to a P-12 educational setting with major errors	Demonstrates the ability to use assessments specific to a P-12 educational setting with minor errors.	Accurately demonstrates the ability to use assessments specific to a P-12 educational setting.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 1. FOUNDATIONS</p> <p>Indicator: e. assessments specific to P-12 education</p>				
Assessment	Does not uses developmentally appropriate career counseling interventions and assessments.	Uses developmentally appropriate career counseling interventions and assessments. with major errors	Uses developmentally appropriate career counseling interventions and assessments with minor errors.	Accurately uses developmentally appropriate career counseling interventions and assessments.
<p>Standards</p>				

<p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: e. use of developmentally appropriate career counseling interventions and assessments</p>				
Assessment	Does not demonstrate the ability to use accountability data to inform decision making	Demonstrates the ability to use accountability data to inform decision making with major errors.	Demonstrates the ability to use accountability data to inform decision making with minor errors	Accurately demonstrates the ability to use accountability data to inform decision making.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: n. use of accountability data to inform decision making</p>				
Treatment	Fails to implement a range of appropriate techniques and interventions to promote academic, career, and	Implements a limited range of appropriate techniques and interventions to promote academic, career, and	Implements a small range of appropriate techniques and interventions to promote academic, career, and	Accurately implements a range of appropriate techniques and interventions to promote academic, career, and

	social/emotional development.	social/emotional development.	social/emotional development.	social/emotional development.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: d. interventions to promote academic development</p> <p>Indicator: e. use of developmentally appropriate career counseling interventions and assessments</p> <p>Indicator: f. techniques of personal/social counseling in school settings</p>				
Treatment	Unable to implement interventions to promote college and career readiness.	Implements interventions to promote college and career readiness with major errors.	Implements interventions to promote college and career readiness with minor errors.	Accurately implements interventions to promote college and career readiness.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 3. PRACTICE</p>				

Indicator: j. interventions to promote college and career readiness				
Treatment	Never or rarely recognizes the signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs.	Sometimes recognizes the signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs.	Usually recognizes the signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs - with supervisor prompt.	Accurately recognizes the signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: i. signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs</p>				
Collaboration & Advocacy	Never demonstrates the ability to advocate for students based on their specific academic, career,	Rarely demonstrates the ability to advocate for students based on their specific academic, career,	Usually demonstrates the ability to advocate for students based on their specific academic, career,	Consistently demonstrates the ability to advocate for students based on their specific academic, career,

	and social/emotional needs.	and social/emotional needs.	and social/emotional needs.	and social/emotional needs.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: a. school counselor roles as leaders, advocates, and systems change agents in P-12 schools</p>				
Collaboration & Advocacy	Never demonstrates the ability to coordinate other education, mental health, and health professionals.	Rarely demonstrates the ability to coordinate other education, mental health, and health professionals.	Usually demonstrates the ability to coordinate other education, mental health, and health professionals.	Consistently demonstrates the ability to coordinate other education, mental health, and health professionals.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: b. school counselor roles in consultation with families, P-12 and post-secondary school personnel, and community agencies</p>				

Collaboration & Advocacy	Never demonstrates the ability to use data to advocate for programs and students.	Rarely demonstrates the ability to use data to advocate for programs and students.	Usually demonstrates the ability to use data to advocate for programs and students.	Consistently demonstrates the ability to use data to advocate for programs and students.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – SCHOOL COUNSELING</p> <p>Area: G. SCHOOL COUNSELING</p> <p>Standard: 3. PRACTICE</p> <p>Indicator: o. use of data to advocate for programs and students</p>				

Addiction Practicum Evaluation

	Remediation Needed	More Time Needed to Develop	Progressing Satisfactorily	Internship Level Achieved
Documentation	Paperwork is not completed or unprofessional	Paperwork is consistently late and/or many grammar errors; Beginning stages of clinical writing and tx planning documentation. Areas	Some grammatical errors, on time; clinical writing is somewhat consistent and mostly developed. Treatment planning document	Well written, clear and completed within time frames; Clinical writing is consistent, treatment planning is clearly connected to session notes; few corrections needed.

		are not thorough or missing	mostly aligns, but needs guidance	
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING</p> <p>Area: C. CLINICAL MENTAL HEALTH COUNSELING</p> <p>Standard: 2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: 2m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling</p>				
Supervision – Accepts from peers	Demonstrates rigid thinking, unwilling to accept feedback.	Demonstrates moderate defensiveness, argues with peers	Demonstrates mild defensiveness	Accepts supervision and feedback from peers
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				

Supervision – Accepts from supervisor	Demonstrates rigid thinking, unwilling to accept feedback. Not prepared for, or misses supervision sessions	Demonstrates moderate defensiveness, argues with supervisor; relies on supervisor for supervision session; often not prepared with video or needs	Mostly accepts supervision feedback; usually prepared for supervision session; video not always ready, or needs identified.	Accepts supervision and feedback from supervisor; always prepared for supervision session.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				
Supervision – provides to peers	Feedback is not relevant to the issue.	Feedback is always positive/ too harsh and/or does not provide feedback.	Feedback is useful but not critical, misses points	Provides critical feedback to peers in group supervision
<p>Standards</p> <p>USA- CACREP Standards (2016)</p>				

Domain: SECTION 3: PROFESSIONAL PRACTICE

Area: INTERNSHIP

Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Supervision – Incorporates feedback into sessions	Never or rarely incorporates feedback into sessions.	Attempting to incorporate feedback into sessions	Usually incorporates feedback into sessions.	Always incorporates feedback into sessions.
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 3: PROFESSIONAL PRACTICE

Area: INTERNSHIP

Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Supervision – recognizes limitations	Never identifies limitations	Attempts to identify limitations	Usually, but not always identifies limitations.	Always able to accurately identify own limitations
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: INTERNSHIP</p> <p>Standard: L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.</p> <p>Standard: M. Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.</p>				
Attending – Demonstrates ability to focus session on client.	Session is not counseling focused	Uses constant questioning to direct session	Usually focuses session on client, can be too directive.	Focuses the session on the client.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p>				

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS				
Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills				
Attending – Demonstrates basic active listening skills	Does not demonstrate basic attending skills	Demonstrates occasionally use of basic attending skills; questioning or summary frequently distract from session; reflection mostly displays accurate listening	Demonstrates attending skills, but occasionally misses client story, feelings, or point; questioning or summary occasionally distract from session; reflection mostly displays accurate listening	Demonstrates consistent attending skills and accurate reflection/summary of content
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Attending – Demonstrates ability to use open ended questions	Uses only closed questions	Uses mostly closed questions	Uses closed and open ended questions.	Uses mostly open ended questions (closed when needed)

Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills

Conceptualization – Demonstrates ability to identify client issues	Unable to identify client issues; Does not identify themes, meaning, or underlying issues beyond presenting problem	Often misses identification of client issues; frequently misses identifying themes, meaning, or underlying issues beyond presenting problem	Occasionally misses identification of client issues, themes, meaning, or underlying issues beyond presenting problem	Accurately identifies client issues, themes, meaning, underlying issues beyond presenting problem
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills				
Conceptualization – Demonstrates ability to link theory to conceptualization	Unable to identify guiding theory or link to overall treatment goal/intervention	Has identified an initial guiding theory and beginning to understand the client through a guiding theory and link to overall treatment goal/intervention	Has identified a guiding theory and frequently, not consistently attempts to discuss clients with a guiding theory and links to overall treatment goal/interventions	Has identified a guiding theory and consistently discusses clients through a guiding theory, and clearly links to overall treatment goal/interventions
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Conceptualization – demonstrates ability to identify therapeutic intention	Unable to ever articulate therapeutic intention	Unable to consistently articulate therapeutic intention	Usually identifies therapeutic intention accurately.	Accurately identifies therapeutic intention
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p>				

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills

Counseling Techniques – Demonstrates ability to accurately identify/explain client thoughts and feelings	Unable to identify and reflect client thoughts and feelings.	Identifies and reflects client thoughts and feelings with major errors	Identifies and reflects thoughts and feelings with minor errors	Accurately identifies and reflects client thoughts and feelings
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS

Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills

Counseling Techniques – Demonstrates understanding of	Unable to identify client motivation for behavior.	Identifies client motivation for behavior with major errors.	Identifies client motivation for behavior with minor errors.	Accurately identifies client motivation for behavior.
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motivation for behavior				
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				
Counseling Techniques – Demonstrates ability to convey empathy	Utilizes only sympathy statements	Utilizes sympathy and empathy statements	Makes attempts to convey empathy with minor errors	Accurately conveys empathy in session.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F5. COUNSELING AND HELPING RELATIONSHIPS</p> <p>Sub Indicator: F5g. essential interviewing, counseling, and case conceptualization skills</p>				

Group – Demonstrates ability to lead or co-lead group successfully	Unable to lead/co-lead a group successfully.	Leads/co-leads group with major difficulty (group process is not therapeutic)	Leads/co-leads group with minor difficulty (problems with group cohesion etc)	Leads and/or co-leads group successfully
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: ENTRY-LEVEL PROFESSIONAL PRACTICE</p> <p>Standard: E. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.</p>				
Group – Demonstrates skills specific to group process.	Unable to demonstrate effective group facilitator skills.	Uses group facilitator skills with major errors (group process not useful for clients)	Uses group facilitator skills with minor errors (not blocking etc)	Accurately uses group facilitator skills.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 3: PROFESSIONAL PRACTICE</p> <p>Area: ENTRY-LEVEL PROFESSIONAL PRACTICE</p> <p>Standard: E. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.</p>				
Professional Behavior/Ethics	Unprofessional demeanor; misses client appointments; non-professional attire	Frequent Unprofessional demeanor; reschedules client appointments; not always professional	Usually maintains professional demeanor; rarely reschedules or misses client appointments;	Professional demeanor with staff and clients; keeps client appointments; maintains consistent professional attire

			generally professional attire	
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE</p> <p>Sub Indicator: F1i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: A2l. legal and ethical considerations specific to addiction counseling</p>				
Professional Behavior/Ethics	Rarely complies with ACA ethical guidelines and maintains confidentiality	Sometimes complies with ACA ethical guidelines and maintains confidentiality	Mostly complies with ACA ethical guidelines and maintains confidentiality	Always complies with ACA ethical guidelines and maintains confidentiality
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p>				

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

Indicator: F1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

Sub Indicator: F1i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling

Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING

Area: A. ADDICTION COUNSELING

Standard: A2. CONTEXTUAL DIMENSIONS

Indicator: A2i. legal and ethical considerations specific to addiction counseling

Multicultural Competencies	Never or rarely identifies and addresses multicultural differences in supervision and sessions	Sometimes identifies and addresses multicultural differences in supervision and sessions	Mostly identifies and addresses multicultural differences in supervision and sessions	Accurately identifies and addresses multicultural differences in supervision and sessions
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY

Area: COUNSELING CURRICULUM

Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

<p>Indicator: F2. SOCIAL AND CULTURAL DIVERSITY</p> <p>Sub Indicator: F2c. multicultural counseling competencies</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: A2j. cultural factors relevant to addiction and addictive behavior</p>				
Multicultural Competencies	Never or rarely conducts research to address lack of knowledge	Sometimes conducts research to address lack of knowledge	Usually conducts research to address lack of knowledge	Always conducts research to address lack of knowledge
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 2: PROFESSIONAL COUNSELING IDENTITY</p> <p>Area: COUNSELING CURRICULUM</p> <p>Standard: F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.</p> <p>Indicator: F2. SOCIAL AND CULTURAL DIVERSITY</p> <p>Sub Indicator: F2c. multicultural counseling competencies</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: A2j. cultural factors relevant to addiction and addictive behavior</p>				

Assessment	Does not demonstrate the ability to conduct an intake interview, a biopsychosocial assessment, a spiritual history and substance abuse history, or with major errors.	Demonstrates the ability to conduct an intake interview, a biopsychosocial assessment, a spiritual history and substance abuse history with major components missing.	Demonstrates the ability to conduct an intake interview, a biopsychosocial assessment, a spiritual history and substance abuse history with minor errors/ components missing	Accurately demonstrates the ability to conduct an intake interview, a biopsychosocial assessment, a spiritual history and substance abuse history.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A3. PRACTICE</p> <p>Indicator: A3a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments</p> <p>Indicator: A3b. assessment of biopsychosocial and spiritual history relevant to addiction</p>				
Assessment	Does not demonstrate the ability to conduct a mental status exam and assess toxicity, intoxication and withdrawal.	Demonstrates the ability to conduct a mental status exam and assess toxicity, intoxication and withdrawal with major errors.	Demonstrates the ability to conduct a mental status exam and assess toxicity, intoxication and withdrawal with minor errors.	Accurately demonstrates the ability to conduct a mental status exam and assess toxicity, intoxication and withdrawal.
<p>Standards</p>				

USA- CACREP Standards (2016)

Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING

Area: A. ADDICTION COUNSELING

Standard: A3. PRACTICE

Indicator: A3a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments

Indicator: A3c. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal

Assessment	Does not demonstrate the ability to choose, administer, and interpret psychological assessments related to substance abuse; and review results in a competent manner.	Demonstrates the ability to choose, administer, and interpret psychological assessments related to substance abuse; and review results in a competent manner with major errors.	Demonstrates the ability to choose, administer, and interpret psychological assessments related to substance abuse; and review results in a competent manner with minor errors	Accurately demonstrates the ability to choose, administer, and interpret psychological assessments related to substance abuse; and review results in a competent manner.
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Standards

USA- CACREP Standards (2016)

Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING

Area: A. ADDICTION COUNSELING

Standard: A3. PRACTICE

<p>Indicator: A3a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments</p>				
Assessment	Does not demonstrate the ability to conduct a diagnostic differential assessment; does not accurately use the DSM-5 & ICD-10; does not evaluate for co-occurring disorders.	Demonstrates the ability to conduct a diagnostic differential assessment; accurately uses the DSM-V & ICD-10 with major errors and/or irregularly evaluates for co-occurring disorders.	Demonstrates the ability to conduct a diagnostic differential assessment; accurately uses the DSM-5 & ICD-10 with minor errors and mostly considers and evaluates for co-occurring disorders.	Accurately demonstrates the ability to conduct a diagnostic differential assessment; accurately uses the DSM-5 & ICD-10; and consistently evaluates for co-occurring disorders and the impact on treatment
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A2. CONTEXTUAL DIMENSIONS</p> <p>Indicator: A2i. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)</p> <p>Standard: A3. PRACTICE</p> <p>Indicator: A3a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments</p>				

Assessment	Does not demonstrate the ability to assess for stage of change/recovery and dependence.	Demonstrates the ability to assess for stage of change/recovery and dependence with major errors	Demonstrates the ability to assess for stage of change/recovery and dependence with minor errors	Accurately demonstrates the ability to assess for stage of change/recovery and dependence.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A3. PRACTICE</p> <p>Indicator: A3g. evaluating and identifying individualized strategies and treatment modalities relative to clients’ stage of dependence, change, or recovery</p>				
Treatment	Fails to implement appropriate interventions or techniques related to substance abuse.	Implements a limited range of appropriate interventions and techniques and/or uses some inappropriate techniques related to substance abuse.	Implements a small range of appropriate interventions and techniques related to substance abuse.	Accurately implements a wide range of appropriate interventions and techniques related to substance abuse.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A3. PRACTICE</p>				

Indicator: A3d. techniques and interventions related to substance abuse and other addictions				
Treatment	Does not implement strategies for reducing the effect of substance abuse, use and addictive disorders.	Implements strategies for reducing the effect of substance abuse, use and addictive disorders with major errors.	Implements strategies for reducing the effect of substance abuse, use and addictive disorders with minor errors.	Accurately implements strategies for reducing the effect of substance abuse, use and addictive disorders.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A3. PRACTICE</p> <p>Indicator: A3e. strategies for reducing the persisting negative effects of substance use, abuse, dependence, and addictive disorders</p>				
Treatment	Does not implement strategies for helping clients identify the effect of of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction.	Implements strategies for helping clients identify the effect of of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction with major errors.	Implements strategies for helping clients identify the effect of of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction with minor errors, inconsistently.	Accurately implements strategies for helping clients identify the effect of of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p>				

<p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A3. PRACTICE</p> <p>Indicator: A3f. strategies for helping clients identify the effects of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction</p>				
Treatment	Unable to terminate treatment and/or provide referrals.	Termination is not addressed effectively, no referrals given	Termination is abrupt/ referrals lacking.	Appropriately terminates treatment and provides referrals as needed.
<p>Standards</p> <p>USA- CACREP Standards (2016)</p> <p>Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING</p> <p>Area: A. ADDICTION COUNSELING</p> <p>Standard: A3. PRACTICE</p> <p>Indicator: A3d. techniques and interventions related to substance abuse and other addictions</p>				
Collaboration & Advocacy	Does not demonstrate the ability to coordinate with other mental health and health professionals including psychiatrists, nurses, social works, psychologists and educators.	Accurately demonstrates the ability to coordinate with other mental health and health professionals including psychiatrists, nurses, social works, psychologists and	Demonstrates the ability to coordinate with other mental health and health professionals including psychiatrists, nurses, social works, psychologists and educators with prompting.	Accurately demonstrates the ability to coordinate with other mental health and health professionals including psychiatrists, nurses, social works, psychologists and educators.

		educators with extensive assistance.		
Standards USA- CACREP Standards (2016) Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – CLINICAL MENTAL HEALTH COUNSELING Area: C. CLINICAL MENTAL HEALTH COUNSELING Standard: 3. PRACTICE Indicator: 3d. strategies for interfacing with integrated behavioral health care professionals				
Collaboration & Advocacy –	Does not demonstrate the ability to advocate for clients within the legal system	Demonstrates the ability to advocate for clients within the legal system with extensive assistance.	Demonstrates the ability to advocate for clients within the legal system with prompting.	Accurately demonstrates the ability to advocate for clients within the legal system
Standards USA- CACREP Standards (2016) Domain: SECTION 5: ENTRY-LEVEL SPECIALTY AREAS – ADDICTION COUNSELING Area: A. ADDICTION COUNSELING Standard: A3. PRACTICE Indicator: A3h. strategies for interfacing with the legal system and working with court referred clients				

Request for Deferred “Z” Grade

When requesting a “Z” grade, please fill out the following information and submit to the instructor. I understand that according to the Counseling and Special Education policy, I have one year to make up a “Z” grade.

Note: The student must have shown that satisfactory progress (more than 50% completion) is being made toward the completion of the practicum hours in order to be assigned an Incomplete grade.

Name: _____ Student ID #: _____

Phone Number(s): _____

CMU E-Mail Address: _____

Semester/Year Registered for Course: _____

Course Number: CED 690 Credits: _____ CRN : _____

Course to be Completed
By: _____

University Instructor: _____

Explain your reasons for requesting a Deferred grade:

Student Signature _____ Date _____

_____ Date _____

University Instructor
Signature _____

Supervision Form after Deferred “Z” Grade

Note: Complete a separate form for each supervision session.

Student Name: _____ Student ID #: _____

Semester: _____ CRN: _____

If a student receives an Deferred (“Z”) grade in CED 690—Counseling Practicum, he/she must continue to be supervised by the University Instructor of record. After the student is assigned the grade of “Z” he/she has one calendar year following the receipt of the “Z” to complete 100 hours. If the student does not complete the hours within that timeframe, a new registration is required, a new University Instructor is assigned, and arrangements are made for in-class and outside of class supervision. Document supervision as follows:

Date: _____ Time: To: _____ From: _____

University Instructor Name: _____

Student Name: _____ Mode of Contact: _____

University Instructor Signature

Student Signature

Submit this Supervision form with the Final Check-Off Form.

Policy on Skills Evaluation and Successful Completion of the Course

Central Michigan University
Department of Counseling & Special Education

CED 690 – Counseling Practicum

Considerable emphasis will be placed on the student’s willingness to honestly evaluate her/his own counseling skills development. This includes the student’s openness and flexibility concerning observations pertaining to her/his strengths as well as areas for growth related to the role of counselor. It is expected that students will seek out, listen to and incorporate feedback from the instructor, dyad partner and classmates. An observed lack of openness in these areas may warrant a meeting with the instructor outside of class. Any content observed in these recorded sessions and any personal content divulged during class will be treated with the utmost confidentiality and consistent with the best standards and practices of our profession. Any violations in this matter will be dealt with as a serious breach of professional conduct.

CED 690 students will receive individual feedback and formal evaluation twice during the term utilizing the Counseling Skills Scale (CSS). The instructor, based on her/his clinical expertise, will offer helpful input and suggestions in a collaborative environment with the student. If specific deficiencies are identified the instructor will offer verbal assistance designed to help the student improve the deficiencies. This will be followed up with written feedback. The expectation is that the student will integrate this input and work diligently to improve her or his performance. Successful completion of this course and eligibility to register for CED 691 will require BOTH:

- 1) The accumulation of sufficient points to earn a final grade of “B” or better for the course and granting a “CR” (Credit) mark on the student’s transcripts.
- 2) Receive a passing score on the FINAL skills evaluation. If the student’s skills have not developed sufficiently to receive passing evaluation scores or if the student displays attitudes or behaviors that indicate a lack of willingness to receive feedback and/or that are not consistent with professional conduct, a remediation plan will be required, and an incomplete or failing grade may be issued.

NOTE: If the instructor and student cannot reach an agreement on the evaluation of the student’s skills or the consequent plan for improvement, the instructor and student will agree on the use of an alternate counseling faculty member to serve as an independent evaluator and that professor’s evaluation will take precedence.

I have read and understand the above policy in its entirety and I have sought any clarification needed. My intent is to comply with this policy and work with the professor in a collaborative, non-defensive manner.

Student Name (Printed): _____

Student Signature: _____ Date: _____

Instructor
Signature: _____ Date: _____

Detach, sign and after receiving instructor signature, scan to BB. Also submit hardcopy to instructor and keep a copy for yourself.