COUN 5690: Practicum in Counseling

Catalog Description

Provides actual counseling experience with a variety of clients and problems. Requires a minimum of 100 total hours in counseling-related activities including a minimum of 40 direct client contact hours. Prerequisite(s): All required degree courses in counseling program except second specialty track course (COUN 5300, COUN 5600, COUN 5770, COUN 5780); COUN 5720 and COUN 5721. COUN 5740 may be taken concurrently. With the exception of COUN 5700, students may take an elective concurrently.

Goal of the Course

Students will develop and demonstrate an integration of counseling theory and skills, utilizing a guiding theory of counseling, session and case management, and ethical and legal conduct.

Core Curricular Experiences Covered

Curricular experiences will provide an understanding of the following content areas:

<table>
<thead>
<tr>
<th>Professional Counseling Orientation and Ethical Practice</th>
<th>CACREP Standard</th>
<th>Curriculum/Evaluation Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The role and process of the professional counselor advocating on behalf of the profession</td>
<td>2.F.1.d.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling</td>
<td>2.F.1.i</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>Strategies for personal and professional self-evaluation and implications for practice</td>
<td>2.F.1.k.</td>
<td>PCPE-Practicum (KPI)</td>
</tr>
<tr>
<td>Self-care strategies appropriate to the counselor role</td>
<td>2.F.1.i.</td>
<td>Class Discussions</td>
</tr>
<tr>
<td>The role of counseling supervision in the profession</td>
<td>2.F.1.m.</td>
<td>PCPE-Practicum</td>
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</tbody>
</table>

Social and Cultural Diversity

<table>
<thead>
<tr>
<th>CACREP Standard</th>
<th>Curriculum/Evaluation Outcomes</th>
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</tr>
<tr>
<td>1.</td>
<td>Multicultural and pluralistic characteristics within and among diverse groups nationally and internationally</td>
</tr>
<tr>
<td>2.</td>
<td>Multicultural counseling competencies</td>
</tr>
<tr>
<td>3.</td>
<td>The impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual’s views of others</td>
</tr>
<tr>
<td>4.</td>
<td>The effects of power and privilege for counselors and clients</td>
</tr>
<tr>
<td>5.</td>
<td>Help-seeking behaviors of diverse clients</td>
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<tr>
<td>6.</td>
<td>The impact of spiritual beliefs on clients’ and counselors’ worldviews</td>
</tr>
<tr>
<td>7.</td>
<td>Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination</td>
</tr>
</tbody>
</table>

**Human Growth and Development**

<table>
<thead>
<tr>
<th></th>
<th>CACREP Standard</th>
<th>Curriculum/Evaluation Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Effects of crisis, disasters, and trauma on diverse individuals across the lifespan</td>
<td>2.F.3.g.</td>
</tr>
<tr>
<td>2.</td>
<td>A general framework for understanding differing abilities and strategies for differentiated interventions</td>
<td>2.F.3.h.</td>
</tr>
<tr>
<td>3.</td>
<td>Ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan</td>
<td>2.F.3.i</td>
</tr>
</tbody>
</table>

**Counseling and Helping Relationships**

<table>
<thead>
<tr>
<th></th>
<th>CACREP Standard</th>
<th>Curriculum/Evaluation Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Theories and models of counseling</td>
<td>2.F.5.a.</td>
</tr>
<tr>
<td>2.</td>
<td>A systems approach to conceptualizing clients</td>
<td>2.F.5.b.</td>
</tr>
<tr>
<td>3.</td>
<td>Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships</td>
<td>2.F.5.d.</td>
</tr>
<tr>
<td>4.</td>
<td>The impact of technology on the counseling process</td>
<td>2.F.5.e.</td>
</tr>
<tr>
<td>5.</td>
<td>Counselor characteristics and behaviors that influence the counseling process</td>
<td>2.F.5.f.</td>
</tr>
<tr>
<td>6.</td>
<td>Essential interviewing, counseling, and case conceptualization skills</td>
<td>2.F.5.g.</td>
</tr>
<tr>
<td>7.</td>
<td>Developmentally relevant counseling treatment or intervention plans</td>
<td>2.F.5.h.</td>
</tr>
<tr>
<td>8.</td>
<td>Evidence-based counseling strategies and techniques for prevention and intervention</td>
<td>2.F.5.j.</td>
</tr>
<tr>
<td>9.</td>
<td>Strategies to promote client understanding of and access to a variety of community-based resources</td>
<td>2.F.5.k.</td>
</tr>
<tr>
<td>10. Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid</td>
<td>2.F.5.m.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>11. Processes for aiding students in developing a personal model of counseling</td>
<td>2.F.5.n.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td><strong>Assessment and Testing</strong></td>
<td><strong>CACREP Standard</strong></td>
<td><strong>Curriculum/Evaluation Outcomes</strong></td>
</tr>
<tr>
<td>1. Methods of effectively preparing for and conducting initial assessment meetings</td>
<td>2.F.7.b.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>2. Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide</td>
<td>2.F.7.c.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>3. Procedures for identifying trauma and abuse and for reporting abuse</td>
<td>2.F.7.d.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>4. Use of assessments for diagnostic and intervention planning purposes</td>
<td>2.F.7.e.</td>
<td>PCPE-Practicum (KPI)</td>
</tr>
<tr>
<td>5. Use of assessments relevant to academic/educational, career, personal, and social development</td>
<td>2.F.7.i.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>6. Use of symptom checklists, and personality and psychological testing</td>
<td>2.F.7.k.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>7. Use of assessment results to diagnose developmental, behavioral, and mental disorders</td>
<td>2.F.7.l.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td>8. Ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results</td>
<td>2.F.7.m.</td>
<td>PCPE-Practicum</td>
</tr>
<tr>
<td><strong>Research and Program Evaluation</strong></td>
<td><strong>CACREP Standard</strong></td>
<td><strong>Curriculum/Evaluation Outcomes</strong></td>
</tr>
<tr>
<td>1. Identification of evidence-based counseling practices</td>
<td>2.F.8.b.</td>
<td>Supervision/Assigned Readings</td>
</tr>
<tr>
<td><strong>Clinical Mental Health Counseling</strong></td>
<td><strong>CACREP Standard</strong></td>
<td><strong>Curriculum/Evaluation Outcomes</strong></td>
</tr>
<tr>
<td>1. Theories and models related to clinical mental health counseling</td>
<td>CMHC C.1.b.</td>
<td>Supervision/Assigned Readings</td>
</tr>
<tr>
<td>2. Principles, models, and documentaion formats of biopsychosocial case conceptualization and treatment planning</td>
<td>CMHC C.1.c.</td>
<td>Supervision/Assigned Readings</td>
</tr>
<tr>
<td>3. Psychological tests and assessments specific to clinical mental health counseling</td>
<td>CMHC C.1.e.</td>
<td>Supervision/Assigned Readings</td>
</tr>
<tr>
<td>4. Etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders</td>
<td>CMHC C.2.b.</td>
<td>Supervision/Assigned Readings</td>
</tr>
<tr>
<td>5. Mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks</td>
<td>CMHC C.2.c.</td>
<td>Supervision/Assigned Readings</td>
</tr>
<tr>
<td>6. Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical</td>
<td>CMHC C.2.d.</td>
<td>Supervision/Assigned Readings</td>
</tr>
</tbody>
</table>
Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) | CMHC C.2.f. | Supervision/Assigned Readings
---|---|---
7. Impact of crisis and trauma on individuals with mental health diagnoses | CMHC C.2.f. | Supervision/Assigned Readings
8. Impact of biological and neurological mechanisms on mental health | CMHC C.2.g. | Supervision/Assigned Readings
9. Cultural factors relevant to clinical mental health counseling | CMHC C.2.j. | Supervision/Assigned Readings
10. Legal and ethical considerations specific to clinical mental health counseling | CMHC C.2.l. | Supervision/Assigned Readings
11. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management | CMHC C.3.a. | Supervision/Assigned Readings
12. Techniques and interventions for prevention and treatment of a broad range of mental health issues | CMHC C.3.b. | Supervision/Assigned Readings
13. Strategies to advocate for persons with mental health issues | CMHC C.3.e. | Supervision/Assigned Readings

Note: KPI=Key Performance Indicator assessment

**Methods of Instruction**

Instructional methods include assigned readings, role plays, group discussion, didactic lectures, journal exploration, individual/triadic and group supervision, case conceptualizations and related presentations, video/film analysis, and experiential activities.

**Required Text(s) and/or Reading(s)**

An original source theory book related to your orientation theory.
Counseling Practicum Handbook
Other readings as assigned by instructor.

**Recommended Readings**

HIPAA Privacy Rule:
Go to [http://www.hhs.gov/ocr/privacy/] and click on the link to ‘Health Information Privacy’

HIPAA Security (related to electronic data):
Available at: [http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/securityrulepdf.pdf]

**Foliotek**

This course requires assignments that will be uploaded and assessed in Foliotek Assessment System. KPI assignments must be uploaded into the Foliotek system for instructors to assess.
**Student completes:** mid-term and final hours logs, evaluation of supervisors

**Faculty supervisor completes:** midterm and final Professional Counseling Performance Evaluation

**Doctoral supervisor completes:** midterm and final Professional Counseling Performance Evaluation, info profile

**General Course Format:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>5:00-5:30</td>
<td>Administration</td>
</tr>
<tr>
<td>5:30-6:30</td>
<td>Counseling sessions/Supervision/Observation</td>
</tr>
<tr>
<td>6:30-7:30</td>
<td>Counseling sessions/Supervision/Observation</td>
</tr>
<tr>
<td>7:30-8:30</td>
<td>Counseling sessions/Supervision/Observation</td>
</tr>
<tr>
<td>8:30-10:00</td>
<td>Group Supervision</td>
</tr>
</tbody>
</table>

**Course Requirements:**

**Group Supervision:**

From 8:30-10:00 pm, we will hold group supervision, which will focus on areas of interest or concerns initiated by students, doctoral supervisors or instructor. The supervision will include discussion, role-playing, case presentations and observation and critiquing of counseling sessions.

**Counseling Load:**

Each student counselor will be assigned clients- to be seen during a) class time and b) the counseling block time you have indicated. The faculty supervisor will hold conferences with each student after the mid-term evaluation and final evaluations.

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**STUDENTS ARE REQUIRED TO CARRY PROFESSIONAL LIABILITY INSURANCE FOR THIS COURSE.**

These must be submitted to your faculty supervisor **BEFORE** you see clients.

**Communication:**

Students may only communicate with clients via officially endorsed channels (i.e. using the clinic phone, through clinic personnel, personal phone with caller ID blocked.) Students **MAY NOT** contact clients via text or email.

**Feedback:**

During the hours when you are not counseling, you should be participating in one of the following:

1) Participating in individual/triadic supervision,
2) Observing a peer’s counseling session and completing written feedback to them,
3) Completing paper work on your cases.

**Client Files:**

1) A Session Summary for each counseling session.
2) A Counseling plan to be filed before the third counseling session.
3) Supplemental Notes for no shows and out of session contact with clients.
4) Supervision Notes for supervisory feedback/instruction on specific clients (must be signed by supervisor).
5) Client Treatment Summary for each client (upon termination).
6) Other termination paperwork as determined by clinic policy.

**Individual/Triadic:**

You will meet with your individual/triad supervisor each week during regular class time. **You are expected to bring a counseling session recording to each supervision session for viewing and discussion.** Both your individual/triad supervisor and your faculty supervisor reserve the right to schedule additional individual meetings with you.

**Attendance:**

Attendance is mandatory. More than one absence will lower your grade but you should plan to attend every week unless absence is absolutely unavoidable. If you plan to be absent, you must let your faculty instructor and doctoral supervisor know prior to class time and you must have a plan on how your clients are being contacted. **You are also accountable for making up individual/triad supervision sessions missed.** Being on-time to class is absolutely required. Tardiness more than once may result in lowering a student’s final grade.

**Course Assignments and Student Evaluation**

**Assigned Readings/Resources and Group Participation**

Students are responsible for reading the required readings as well as any other readings provided by the instructor. Readings are to be completed, and students prepared to critically discuss the topics covered, by the class period assigned.

**Theory**

Each student is required to read at least one original source book related to his or her theoretical orientation throughout the semester. This source book should be approved by the faculty instructor within two weeks of the first class. The student should be prepared to answer questions from the instructor or doctoral supervisor regarding reading each week. The student will also include what was read in the weekly e-log.

**Role Plays/ Written and Experiential Exercises**

Demonstrated Learning- Students will participate in role plays, written and experiential activities relevant to course topics.

**Weekly E-log**

Students will submit (VIA EMAIL) a brief (1 page) weekly electronic log (‘e-log’) to the faculty AND individual/triad supervisors **by the day PRIOR to group supervision meetings.** Format for e-logs can be found in **Appendix A.** Students are advised to remove all identifying
information regarding clients, in compliance with HIPPA regulations for electronic data transmission. The purpose of the e-log is to help you organize your thoughts and experiences, and to prepare your individual/triadic and faculty supervisors to make best use of weekly supervision time.

**Session Critiques**

During the semester, each student will submit three formal session critiques. Each submission will consist of one entire video recorded session (start to end) and a detailed session critique. See [Appendix B](#) for sample formats and content expectations for this assignment.

PLEASE USE AT LEAST TWO DIFFERENT CLIENTS FOR THE ASSIGNMENTS.

**File Audit**

Students are responsible for maintaining client files according to clinic policies and procedures. Files must be kept current (i.e. session summaries should be completed and filed within 3 days of each counseling session). Your triadic supervisors will conduct weekly informal reviews of session summaries and sign off on completed documents. Formal reviews of client files will be conducted by the Assistant Directors and Triadic Supervisors at mid-semester and during the final week of classes. Your ability to proceed to internship is contingent on timely completion of client files/paperwork.

**Informal Case Presentations - Due Weekly**

Each student must come prepared to share one of their client cases with the group every week. If the student is asked to present, the student will briefly outline the client’s case, show video segments of session and will engage in group discussion.

**Treatment Summaries - Due 11-7**

Each student will complete a written treatment summary on their longest-term client. The treatment summary should be completed fully and include a diagnosis. An attachment should be added to the treatment summary that gives two additional components: a complete theoretical conceptualization of the client and a DSM-V diagnosis. This summary will be reviewed by the instructor and doctoral supervisor. See [Appendix C](#).

**The Student Perception of Teaching (SPOT)** (https://spot.unt.edu/)

The Student Perception of Teaching (SPOT) is a requirement for all organized classes at UNT. This short survey will be made available to you at the end of the semester, providing you a chance to comment on how this class is taught. I am very interested in the feedback I get from students, as I work to continually improve my teaching. I consider the SETE to be an important part of your participation in this class.

**Key Performance Indicator (KPI) Assignment - Professional Counseling Performance Evaluations** (84 points each)

The Professional Counseling Performance Evaluation (PCPE, [Appendix C](#)) is a comprehensive assessment of students’ cumulative academic, clinical and professional progress. A formal performance evaluation will be conducted **TWO** times during the semester - based on performance in counseling sessions, supervision, assignments, and class preparation (**October 15**...
& December 4). The formal performance evaluations will be supplemented by informal weekly observations by the individual/triadic and faculty supervisors. Depending on the results of these evaluations/observations formal feedback sessions will be held at the discretion of the supervisors.

**Final Grade (based on an average of the PCPE evaluations):**
- 76-84 = A
- 67-75 = B
- 59-66 = C
- <59 = F

* Your total points may vary for late assignments (10% deduction per calendar day).
** Your total points may also vary depending on your attendance (see Attendance Policy).

This course is designed to help practicum students with their first intensively supervised clinical counseling experience. The process of evaluation is ongoing throughout the semester and addresses the following areas:

a) Assessment/evaluation of clients  
b) Development of therapeutic relationships  
c) Consistent application of Advanced Counseling Skills  
d) Application of ethical decision making  
e) Receptivity to feedback from supervisors and peers  
f) Ability to provide feedback to peer group members  
g) Development of case management skills  
h) Willingness to examine counter transference issues  
i) Written assignments  
j) Involvement in individual, triadic and group supervision sessions  
k) Completion of hours  
l) Submission of all paperwork  
m) Final evaluation of student by faculty/individual/triadic supervisors  
o) Final hours completion sheet signed by individual/triadic and faculty supervisors.  
p) Attendance and promptness to class.  
q) Meeting deadlines for assignments.

The faculty supervisor provides ongoing feedback regarding the above areas. Grading focuses on demonstration and improvement as well as completion of the necessary hours for the course.

*CAVEAT: This class is competency-based. Regardless of overall PCPE average, at the end of the semester, students must have a final PCPE score of “B” or higher in order to proceed to internship.

**Even if you receive an overall average PCPE score of “B” or higher, you will NOT be allowed to proceed to Internship if it becomes clear that you are unable to practice within established professional competencies. Students who are assessed to need remediation; additional training or other support will be notified as soon as possible.

***If you have questions or concerns about the evaluation of any submitted material or your overall progress in the class, please request an individual appointment with the faculty supervisor.

**Syllabus Addendum**

Succeed at UNT:
Academic Integrity and Academic Dishonesty

Academic Integrity is defined in the UNT Policy on Student Standards for Academic Integrity. Academic Dishonesty includes cheating, plagiarism, forgery, fabrication, facilitating academic dishonesty, and sabotage. Any suspected case of Academic Dishonesty will be handled in accordance with University policy and procedures. Possible academic penalties range from a verbal or written admonition to a grade of “F” in the course. Further sanctions may apply to incidents involving major violations. The policy and procedures are available at: http://vpaa.unt.edu/academic-integrity.htm.

EagleConnect

All UNT students should activate and regularly check their EagleConnect (e-mail) account. EagleConnect is used for official communication from the University to students. Many important announcements for the University and College are sent to students via EagleConnect. For information about EagleConnect, including how to activate an account and how to have EagleConnect forwarded to another e-mail address, visit https://eagleconnect.unt.edu. This is the main electronic contact for all course-related information and/or material.

Student Perceptions of Teaching (SPOT)

Completion of an online students’ perceptions of teaching is a requirement for all organized classes at UNT. This short survey will be made available to you near the end of the semester, providing you a chance to comment on how this class is taught. I am very interested in the feedback I get from students, as I work continually to improve my teaching. I consider your completion of this online survey to be an important part of your participation in this class.

Disability Accommodation

The University of North Texas makes reasonable academic accommodation for students with disabilities. Students seeking accommodation must first register with the Office of Disability Accommodation (ODA) to verify their eligibility. If a disability is verified, the ODA will provide you with an accommodation letter to be delivered to faculty to begin a private discussion regarding your specific needs in a course. You may request accommodations at any time, however, ODA notices of accommodation should be provided as early as possible in the
semesters to avoid any delay in implementation. Note that students must obtain a new letter of accommodation for every semester and must meet with each faculty member prior to implementation in each class. Students are strongly encouraged to deliver letters of accommodation during faculty office hours or by appointment. Faculty members have the authority to ask students to discuss such letters during their designated office hours to protect the privacy of the student. For additional information see the Office of Disability Accommodation website at http://www.unt.edu/oda. You may also contact them by phone at 940.565.4323.

Observation of Religious Holy Days

If you plan to observe a religious holy day that coincides with a class day, please notify your instructor as soon as possible.

Acceptable Student Behavior

Student behavior that interferes with an instructor’s ability to conduct a class or other students' opportunity to learn is unacceptable and disruptive and will not be tolerated in any instructional forum at UNT. Students engaging in unacceptable behavior will be directed to leave the classroom and the instructor may refer the student to the Dean of Students to consider whether the student's conduct violated the Code of Student Conduct. The university's expectations for student conduct apply to all instructional forums, including university and electronic classroom, labs, discussion groups, field trips, etc. The Code of Student Conduct can be found at www.deanofstudents.unt.edu

Sexual Discrimination, Harassment, & Assault

UNT is committed to providing an environment free of all forms of discrimination and sexual harassment, including sexual assault, domestic violence, dating violence, and stalking. If you (or someone you know) has experienced or experiences any of these acts of aggression, please know that you are not alone. The federal Title IX law makes it clear that violence and harassment based on sex and gender are Civil Rights offenses. UNT has staff members trained to support you in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, helping with legal protective orders, and more.

UNT's Dean of Students’ website offers a range of on-campus and off-campus resources to help support survivors, depending on their unique needs: http://deanofstudents.unt.edu/resources_0. Renee LeClaire McNamara is UNT’s Student Advocate and she can be reached through e-mail at SurvivorAdvocate@unt.edu or by calling the Dean of Students’ office at 940-565-2648. You are not alone. We are here to help.

Campus Carry Notification
The class meets [at times] in a UNT facility in which the legal carrying of a concealed firearm by an LTC permit holder is prohibited. Please refer to campuscarry.unt.edu for more information.

**Meeting with Counseling Program Faculty Members in Welch Street Complex 2**

The Counseling Program faculty welcomes undergraduate and master’s students to meet with them. Best times are during office hours or by appointment – but students are welcomed to take their chances by coming by at any time during regular business hours. To meet with a faculty member in Welch Street Complex 2, do not enter the faculty office suite via the door between the CHDC and the suite. Instead, always enter through the main entrance on Welch Street, and tell a front office staff member which faculty member you would like to see.

**Syllabus Template Note to Practicum Instructors:**

UNT Counseling Program recognizes the need for clinical courses to be timely and responsive to students’ needs regarding knowledge and skills when engaging in ongoing practice. Clinical courses require that the instructor remain flexible week-to-week in presentation of material. However, all CACREP standards assigned to COUN 5690 must be covered at some point in the semester. Please plan your syllabus schedule accordingly.

*The following table is an example of a possible semester schedule for practicum*

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>CACREP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome, Introduction to Practicum</td>
<td>2.F.5.d.</td>
</tr>
<tr>
<td></td>
<td>Approaching and scheduling clients</td>
<td>2.F.5.e.</td>
</tr>
<tr>
<td></td>
<td>Role of technology in clinical setting</td>
<td>2.F.1.m.</td>
</tr>
<tr>
<td></td>
<td>Approaching and using supervision</td>
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<tr>
<td>2</td>
<td>Applying and integrating theory with clients</td>
<td>2.F.5.a.</td>
</tr>
<tr>
<td></td>
<td>Use of evidence-based practices</td>
<td>2.F.5.j.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.F.5.n.</td>
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<td></td>
<td></td>
<td>2.F.8.b.</td>
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<td></td>
<td></td>
<td>CMHC C.1.b.</td>
</tr>
<tr>
<td>3</td>
<td>Review of ACA Ethical Guidelines and legal considerations</td>
<td>2.F.1.i</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMHC C.2.l.</td>
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<tr>
<td>4</td>
<td>Conceptualizing clients</td>
<td>2.F.5.g.</td>
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<td></td>
<td>Developing treatment plans</td>
<td>2.F.5.h.</td>
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<tr>
<td></td>
<td></td>
<td>CMHC C.1.c.</td>
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<tr>
<td></td>
<td></td>
<td>CMHC C.2.g.</td>
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<tr>
<td></td>
<td></td>
<td>CMHC C.3.a.</td>
</tr>
<tr>
<td>5</td>
<td>Use of assessments with clients</td>
<td>2.F.7.b.</td>
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<td></td>
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<td>2.F.7.e.</td>
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<td></td>
<td></td>
<td>2.F.7.i.</td>
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<td>2.F.7.k.</td>
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<td>6</td>
<td>Diagnosis with clients</td>
<td>CMHC C.1.e.</td>
</tr>
</tbody>
</table>
| 7 | Client Advocacy  
Strategies for promoting the strengths of each client | CMHC C.2.b.  
CMHC C.2.d. |
| 8 | Counselor Self-Evaluation  
Counselor Development Plan | 2.F.1.d.  
2.F.3.h.  
CMHC C.3.e. |
| 9 | Recognizing the unique nature of each client within a multicultural context  
Role of the counselor within a multicultural context | 2.F.2.a.  
2.F.2.c.  
2.F.2.d.  
2.F.2.e.  
2.F.2.f.  
2.F.2.g.  
2.F.2.h.  
CMHC C.2.j. |
| 10 | Risk assessment | 2.F.7.c. |
| 11 | Responding to clients who have experienced trauma  
Clients in crisis | 2.F.3.g.  
2.F.5.m.  
2.F.7.d.  
CMHC C.2.f. |
| 12 | Promoting wellness with clients | 2.F.3.i  
CMHC C.3.b. |
| 13 | Working with and in client systems | 2.F.5.b.  
2.F.5.k.  
CMHC C.2.c. |
| 14 | Wrapping up |   |
| 15 | Completion of client files, counselor evaluations |   |
Appendix A

E-log

For each client:
(a) Description of session
(b) What went well in session
(c) What questions you have about the session
(d) What do you need from your instructor or supervisor?
Appendix B
SESSION CRITIQUE

Your Name: 
Client Initials: 
Session # with Client: 
Date of counseling session: 

Responses to (1) and (2) should be double-spaced, 12pt font, Times New Roman.

1. Client Information 
   a. Basic demographic information (age, gender, race/ethnicity...see Case Presentation)
   b. Presenting concern 
   c. Data (presenting/other issues; interventions/therapeutic responses; Mental status Exam; current symptoms) 
   d. Assessment (disorders; strengths; progress; continuing therapeutic needs) 
   e. Plan (focus/objectives for next session; homework) 

2. Session Critique 
   a. What was your primary theoretical approach? 
   b. What were your goals for this session? Did you achieve your goals? How or why not? 
   c. What is the status of the counseling relationship with this client? 
   d. Discuss examples of transference and/or counter transference with this client. 
   e. What techniques or skills did you use most frequently? 
   f. What techniques or skills did you not use that could have been beneficial for this client? 
   g. What went well in this session and how did it come about? 
   h. What would you have liked to have done differently this session? 
   i. What areas do you have for direction and improvements?
Appendix C

Case Conceptualization Outline

CONFIDENTIAL

Case Conceptualization

Client:
Counselor:
Date of first session:
Date of last session:
Total number of sessions:

Demographic/Personal Client Data
☐ Age, race/ethnicity, level of acculturation, gender, etc.
☐ Family information/background
☐ Education/employment
☐ How client presents him/herself (for example, typical mood, dysphoric)
☐ Client's strengths
☐ What led the client to seek counseling at this time?
☐ Presenting concern(s) (w/5 axis diagnosis: school counseling students should not address diagnosis)
☐ Additional data pertinent to working with this client: Was there a precipitating set of circumstances? How long has the concern(s) persisted? Has this concern occurred before? What were the circumstances at the time?

Interpersonal Style
☐ This section should include a description of the client’s orientation towards others in his or her environment: Is there an overall posture he/she takes towards others? What is the nature of his/her relationships? Is there a tendency toward one or the other polarity of dominance vs. submission, love vs. hate?
☐ How is the client’s interpersonal stance manifested specifically within the therapeutic dyad? What is the client’s interpersonal orientation toward the counselor?

Environmental Factors
This section should include:
☐ Elements in the environment which functions as stressors to the client, both those centrally related to the concern and more peripheral stressors.
☐ Elements in the environment which function as support of the client; friends, family, living accommodations, recreational activities, financial situation.

Multicultural Factors
☐ Necessary for understanding the client’s individual experience, this section emphasizes any parts of the client’s culture that may be affecting his or her condition. This may include effects of age, gender, race/ethnicity, cultural group, SES, family relations, etc. Consider these carefully—they are one of the most important tools you have for understanding the
client. Additional research may be necessary to ensure that your cultural findings are valid, especially if you are not familiar with the client’s culture.

**Personality Dynamics**
- **Cognitive factors.** This section will include any data relevant to thinking and mental processes such as: intelligence, mental alertness, persistence of negative cognitions, nature and content of fantasy life, level of insight – client’s psychological mindedness and ability to be aware and observant of changes in feeling state and behaviors in some interpretive scheme and to consider hypotheses about his/her own and other’s behavior, and capacity for judgment. Client’s ability to make decisions and carry out the practical affairs of daily living.
- **Emotional Factors.** Typical or most common emotional states, mood during interview, appropriateness of affect, range of emotions the client has the capacity to display, cyclical aspects of the client’s emotional life.
- **Behavioral Factors.** Psychological symptoms, other physical related symptoms, existence of persistent habits or mannerisms, sexual functioning, eating patterns, sleeping patterns.

**Counselor’s Conceptualization**
- A brief case conceptualization (What are your hypotheses? Use theoretically specific language/concepts); include a summary of your view of the client’s concerns. Include only the most central and core dynamics of the client’s personality and note in particular the interrelationships between the major dynamics. What are the common themes? What ties it all together? This is the synthesis of all the above data and the essences of the conceptualization.
- **DSM Diagnosis**
- **Treatment Plan - Approaches used so far; Counselor’s goal for client.**