<table>
<thead>
<tr>
<th>Course</th>
<th>COUN 6100 and 6200: Counseling Learning Practicum</th>
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</thead>
</table>
| Term, Day, Time, Location | F1 2021  
Mondays  
5:30 – 7:30 P.M.  
Virtual |
| Instructor | Katie Vena  
Phone: 618-401-2255  
Email: katherinevena51@webster.edu |
| Catalog Description/Content Areas | COUN 6100 and 6200: Counseling Learning Practicum  
Practicum is considered a beginning clinical counseling experience and should provide beginning counseling activities. This course is time consuming and demanding. Students should be prepared to apply more hours to this course than to most other courses. Practicum students are required to complete a total of 100 clinical hours, 40 of which must be direct face-to-face hours, before they can take Internship. Students will split these hours up over COUN 6100 and COUN 6200 (typically half in each). Students are encouraged to withdraw from Practicum 6100 and/or 6200 before week 6 of each term if their field experience sites cannot provide the required clinical hours. Students may need to change sites if they realize they are unable to present the hours. Students will be required to meet weekly for a minimum of 60 consecutive minutes with their site supervisor in individual or triadic supervision and a minimum of 90 minutes (or more) of group supervision with the Practicum class. Weekly skill evaluations and activity logs are a critical component of this course. Self-growth experiential activities are associated with this course content. Students are required to make copies of all syllabi and documentation regarding their activities and save them as hard copies for licensure purposes. Tevera Management System is required in the Counseling program and it will assist students in building their virtual portfolio.  
Students are required to abide by the ACA Code of Ethics (2014) in their Practicum experience. Site supervisors must be licensed mental health professionals with a minimum of two years of post-licensure experience supervising counselors in training. All required appendices from the clinical handbook must be completed, signed and submitted prior to registration in this course. Students are required to have a professional liability insurance (PLI, which is provided to them through their mandated student ACA membership) prior to seeing a client and at all times while in an FE course. Students must obtain their own recording equipment.  
Students will be required to read articles and book chapters weekly as well as log into their CANVAS course and post, respond, or reflect on topics related to class. Students are required to submit all evaluation, assessment and hour log forms into Tevera. Case presentations, role plays, and sharing experiences are vital parts of this class.  
Content Areas: professional practice, professional identity, helping relationships, professional orientation and ethical practice, diagnosis, assessment, social and cultural diversity. |
| Virtual Instruction and Telemental Health | Practicum may be taught virtually through audio-video synchronous instruction. All students must maintain professionalism, provide distraction-free setting, and maintain privacy and confidentiality of information shared in virtual class. Students must be dressed appropriately and sitting up during the class. Camera must be on throughout the class. When not speaking, students must keep their microphone on mute to minimize all background noise. All client-related information prepared for class must be stored in a HIPAA compliant way. |
All FE documentation, assessment, evaluation and tracking in done via TEVERA.

- All FE students are required to have their Liability Insurance through American Counseling Association (ACA) or American School Counseling Association (ASCA). ACA student membership is required.
- All FE students scheduled to provide virtual counseling services are required to complete telemental health training approved by instructor or clinical coordinator. A certificate of completion must be submitted prior to start of TLMH services. Site supervisors must submit evidence of their own training.
- All FE students must get the approval of their faculty supervisor to provide telemental health services (students may complete TLMH training but not be approved for such services for specific reasons).
- Sites must provide students with appropriate HIPAA compliant platform where session recording function is enabled.
- All FE students approved to provide telemental health services must follow ACA Code of Ethics (2014); online etiquette (attached to the syllabus); HIPAA and state regulations.
- Video-recording of telemental health sessions is required and must be stored in a secure space with a password. When sending the recording to site or faculty supervisor, students must place the link to a HIPAA compliant electronic storage (could be the telemental health platform itself) and the access code or password in two separate emails to minimize risk of breach. Only HIPAA compliant email is permitted.
- Students who cannot physically be at their site to engage in telemental health counseling, must ensure they have been approved to provide such services from home (see the attached checklist for details and instruction).
- Students have to complete all required components and be eligible for telemental health services to be approved to provide such services. Site supervisors must ensure availability while students engage in telemental health.

<table>
<thead>
<tr>
<th>Knowledge and Skill Outcomes</th>
<th>COUN 6100 &amp; 6200 Course Standards</th>
<th>Assignment(s)</th>
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<tbody>
<tr>
<td>Upon successful completion of this class students will be able to:</td>
<td>Develop and evidence proficiency with basic skills and essential counseling skills including active listening sequence (minimal encouragers, paraphrasing and reflection with feeling); effective questioning, therapeutic silence; appropriate interpretation of CL underlying meaning; identification of CL patterns and or issues; emotional engagement with CL and elimination of barriers to communication including advice giving, non-therapeutic praising and reassurance, befriending, moralizing, analyzing, and judging (2009 CACREP standard II.G.5.c.; 2016 CACREP Standard 2. F. 5. g.); Follow developmentally relevant counseling treatment or intervention plans &amp; evidence-based counseling strategies and techniques for prevention and intervention (2016 CACREP Standards 2. F. 5. h. &amp; J); Conduct intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (2016 CACREP Standard 5. C. 3. a.); Follow techniques and interventions for prevention and treatment of a broad range of mental health issues (2016 CACREP Standard 5.C.3.b); &amp; strategies for interfacing with integrated behavioral health care professionals (2016 CACREP Standard 5.C.3.d.)</td>
<td>PSE and Transcripts</td>
</tr>
<tr>
<td>Task</td>
<td>Assessment Type</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td>Define and demonstrate ethical and legal considerations specifically related to the practice of professional clinical mental health counseling (2009 CACREP standard CMHC A.2.)</td>
<td>Reading Quizzes</td>
<td></td>
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<tr>
<td>Understands and follows procedures for identifying trauma and abuse and for reporting abuse (2016 CACREP Standard 2. F. 7. d.)</td>
<td>Reading Quizzes</td>
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<tr>
<td>Describe and demonstrate procedures for assessing crisis intervention and suicide prevention models, including the use of psychological first aid strategies (CACREP standard II.G.5.g.) and abilities to use procedures for assessing and managing suicide risk (2009 CACREP standard CMHC D.9.; 2016 CACREP Standard 2. F. 5.1.); procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide (206 CACREP Standard 2. F. 7. c.)</td>
<td>Reading Quizzes</td>
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<tr>
<td>Demonstrate the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate (2009 CACREP standard CMHC D.9.); strategies for personal and professional self-evaluation and implications for practice (2016 CACREP Standard 2. F. 1. k.); counselor characteristics and behaviors that influence helping processes (2016 CACREP Standard 2. F. 5. f.); follows processes for aiding students in developing a personal model of counseling (2016 CACREP Standard 2. F. 5. n.) &amp; record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling (2016 CACREP Standard 5.C.2.m.)</td>
<td>PSE</td>
<td></td>
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<tr>
<td>Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management (2009 CACREP standard CMHC H.2)</td>
<td>Transcripts</td>
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<td>Applies current record keeping strategies related to clinical mental health counseling (2009 CACREP standard CMHC D.7)</td>
<td>Progress Note Check</td>
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<tr>
<td>Understands counseling supervision models, practices and processes (CACREP standard II.G.1.e.); and the role of counseling supervision in the profession (2016 CACREP standard 2. F. 1. m.)</td>
<td>PSE &amp; Transcript</td>
<td></td>
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<tr>
<td>Follows strategies to promote client understanding of and access to a variety of community-based resources (2016 CACREP Standard 2. F. 5. k.)</td>
<td>Referral List</td>
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### Materials

**Required Text:**


**Recommended:**


See a list of books recommended for all beginner counselors: [https://theranest.com/blog/books-for-therapists/](https://theranest.com/blog/books-for-therapists/)

**Other articles, handouts and readings will be required.**

### Method of Instruction

Learning will be primarily experiential including live supervision and group supervision of audio or video recordings of client sessions. Discussion regarding readings and practicum site
experiences will occur; quizzes related to readings and typescripts are also part of this class. Outside class supervision meetings may occur at the faculty supervisor’s discretion.

<table>
<thead>
<tr>
<th>Grading</th>
<th>Grades in this course are CR, F, NC, W and WF:</th>
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<tbody>
<tr>
<td></td>
<td>• <strong>CR:</strong> Work that is performed as satisfactory graduate work (B– or better). A grade of &quot;CR&quot; is reserved for courses designated by a department, involving internships, a thesis, practicums, or specified courses.</td>
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<td></td>
<td>• <strong>NC:</strong> Unsatisfactory graduate work; also, per the Professional Counseling Program, grade of NC equals, no credit for lack of completion of course requirements including clinical hours, lack of sufficient progress in counseling and interpersonal skills and openness to supervision</td>
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<td>• *<em>F</em>: Work that is unsatisfactory; also, per the Professional Counseling program, grade of “F” relates to unethical and or unsatisfactory work; being released from a field site for any reason may result in an automatic F for course; grade of F may result in dismissal from program especially if associated with ethical violation</td>
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<td>• <strong>W:</strong> Withdrawn from the course</td>
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<td></td>
<td>• <strong>WF:</strong> Unofficial Withdrawal: A student enrolled for the course, did not withdraw, and failed to complete course requirements. Used when, in the opinion of the instructor, there is insufficient completed work to evaluate academic performance. WF is treated the same as an F or NC for all cases involving GPA, academic warning, probation, and dismissal</td>
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**Subjective aspect of grading**

The grading of this course includes a subjective component to it based upon the professional experience and expertise of the instructor. The Counseling faculty recognize that counseling skills, counselor effectiveness, and professionalism cannot be assessed in the same manner as academic performance in typical university coursework. Students completing this course should demonstrate marked progress toward the course objectives as noted above as well as be able to write coherently about counseling theories and techniques. Your final grade in this course will reflect not only your academic performance but also your counseling and interpersonal skill development as evaluated by the instructor. It is possible to excel academically and receive a less than satisfactory final grade. Thus, all grades will reflect a combination of objective and subjective assessment.

If you do not accomplish the requirements of this course (direct hours, skills, openness to supervision, etc.), you may be required to take another skills course including additional practicum(s), or other courses.

Students completing all course requirements will be approved to register for Internship after week eight of the term; no registration for Internship will occur before this.

**Grade Breakdown**

| Attendance and Participation (15 per term) | 30 |
| Transcript (faculty) evaluation (20 per term) | 40 |
| Individual session skill evaluation (10 per term) | 20 |
| Readings Quizzes/Cases (10 per each) | 30 |
| Self-Care Plan and Final Self-Care evaluation statement (5 for each statement, total points of 10 per term) | 20 |
| Clinical case notes (10 per term) | 20 |
| Faculty PSE (50 per term) | 100 |
| Site supervisor PSE (20 per term) | 40 |
| **Total** | 300 |

*Completion of all required hours and agency service is required to pass this course; and appropriate time/hours at the site (10-15/week)*

*additional required sessions do not receive points*
**Course Policies:**

Passing for this course requires minimum of 270 points (regardless of hours completed at site).

**Note:** It is possible to write well and attend all class sessions but fail the course if students do not evidence strong performance in skill development, regular openness to and application of supervision, regular participation in class, and professionalism in all interactions. Also note that students may evidence competent skills but lack of participation, attendance, and reading/ quizzes may result in failing the course. Any ethical violations and/or resistance to supervision can serve grounds for failure and a possible dismissal from the program. See ACA Ethics Code (2014).

Use of digital/electronic devices not part of the virtual class is strictly prohibited. Students who are given notice for being distracted in class more than twice, will be asked to drop the class.

**Course Attendance**

The University reserves the right to drop a student who does not attend the first night of class. The counseling program reserves the right to drop a student who misses two classes or more during the term. Any absence or tardiness in this accelerated program will result in a significant loss of learning. Students are expected to attend all class sessions of every course. Additionally, students are expected to come to class on time, having completed the reading assignments, ask questions and participate in all activities, as well as write at a graduate level. Students coming to class more than 15 minutes late or leaving class early will be considered ‘Absent’ for the class session (these apply to all synchronous classes as well).

Students are expected to attend all class sessions (and weekly participation online for the online/hybrid courses) of every class.

*Punctuality is critical for a mental health counselor.* Counselor Trainees are expected to act professionally and adhere to all punctuality and attendance rules as professional counselors. Counselor Trainees (CT) are expected to develop these habits as part of their professionalism, credibility, and integrity as professionals whose work is based on hourly sessions and professional interactions with clients and colleagues.

This is an 18-week intensive practicum, therefore students’ presence in each class is critical and required by both CACREP and ACA (see group supervision requirement). *Tardiness will not be tolerated.* If a student is late by 10+ minutes or leaves class early it will result in one missed class. If a student is late to class more than twice in the 18 week semester, referral to the clinical committee will result.

**Participation**

**Participation in all group supervision sessions is critical** considering the accelerated format of this program. Any absences will affect students’ final grade. Participation in class discussions is the primary way an instructor gauges students’ understanding of course content. Students are expected to come prepared to dialogue as a professional about the readings to evidence knowledge. This means students have to read and comprehend the readings enough to discuss them with their peers. Students are expected to be able to dialogue about all critical and clinical topics as well as relevant incidents at their sites. Students are expected to develop a clinical language while presenting cases and providing feedback to peers. Students must notify clinical faculty about any emergencies or critical incidents at their sites.

Each student is expected to speak up during each class-period and take responsibility for their engagement (i.e., do not tell the instructor that others monopolized or didn’t give you a chance to speak). *Part of field experience is learning to be an effective member of a treatment*
team. That means asking appropriate questions, being on time, participating without monopolizing, studying in between classes, reviewing client files in between sessions, listening to peers, and preparing for every client session and every class period. Students are expected to carry the dialogue with their peers and evidence their knowledge, which includes asking questions around things that are not clear. Counseling is an interactive profession requiring participation on treatment teams, life-time supervision and consultation, work with ‘systems’ of schools, families, couples, etc.; testimony in court, etc., and continuous growth both personally and professionally. Students who are not comfortable with active participation need to consider changing their educational and career path.

**Point of critical understanding:** In a practicum or internship, each student is practicing under the professional licenses of the site supervisor and the faculty supervisor. Hence, if a client is harmed by an intern, the supervisors’ licenses are liable. Therefore, it is critical that field experience students are open to and apply the supervision they receive. Students in this program are counselors in training, therefore they must evidence that at all times while participating in the MA in Counseling, including field experience and all other classes. See the Webster Counseling Student Handbook and Clinical Handbook for further detail.

**Being fired or released from a site** will result in a final grade of F or NC (to be determined based on reason for release) and a mandatory meeting with the Clinical team to determine position in and potential dismissal from program. As mentioned above, if students do not accomplish the expected skills in this course or are released from a site and or receive a final grade of NC or F, they may be required to take another practicum or skills-based course and or seek personal counseling prior to being approved for re-enrolling in COUN 6100 or 6200 Practicum or 6500 Internship; and or be dismissed from the program. Additional requirements, such as ethics training can be placed.

### Activities

1. **PLI:** Students are required to evidence procurement of professional liability insurance (PLI provided by their required student ACA membership) by the first day of class and prior to interacting with practicum clients. PLI must be submitted to Tevera along all other documents. Please, see Clinical Handbook for details.

2. **Required Hours:** Students must complete supervised practicum experience that totals a minimum of 100 clock hours for the combined terms of Practicum (50 hours total in each term). Students are required to meet with their faculty instructor when issues outside of their control are preventing them from acquiring the necessary hours at site. Each student’s total practicum experience (both terms) includes at least 40 clock hours of direct service with actual clients, this is actual counseling and not shadowing or office work (total for both terms of Practicum; 20 direct hours with clients in each term of Practicum) that contributes to the development of counseling skills.
   
   i. **Note:** Students are not allowed to facilitate groups if they have not completed COUN 5600, Techniques of Group Counseling; conduct substance abuse counseling if they have not completed COUN 5630, Substance Abuse; or conduct family counseling if they have not completed Family Systems Theory, COUN 5540.

   ii. **Record time at the site on Activity Log.** Recommendation for time spent on site is between 8 and 12 hours, however, individual site requirements may vary. Check with all requirements with sites before agreeing to terms and conditions of practicum placement. Faculty perform by-annual site visits and other forms of contact with all site supervisors throughout each term to verify students’ skill progression, attendance, cooperation, time at site, etc.

   iii. Any time spent at the site prior to practicum starting cannot be clinical and cannot be associated with the department. If students choose to volunteer at their chosen sites outside of practicum, a written notice is required that clarifies the work student does at the site prior to start of practicum is not associated with the counseling program at Webster.
3. **Documentation of Clinical Activity**: Weekly practicum activity (hours) is recorded on the *Weekly Activity Log* that is signed by the site supervisor and submitted to the faculty supervisor/instructor via Tevera. See p.34. *Students will keep track of their clinical activities and supervision times on a weekly basis using the form in Tevera which automatically tallies up their totals.*

4. **Site Supervision**: Weekly **60 consecutive minutes of individual and/or triadic supervision** throughout the practicum by a site supervisor who is working in consultation with the practicum faculty supervisor in accordance with the supervision contract. Meet with your assigned site supervisor for individual supervision once per week for a minimum of 60 consecutive minutes. (Site supervisors will complete at least two of the evaluation forms: *Individual Skills Evaluation and PSE*).

*Students who experience difficulty with their site supervisor, should take the following steps immediately:* a) Consult the Practicum faculty supervisor asap; b) discuss the difficulty with the site supervisor immediately; c) and follow up with the faculty supervisor regarding the outcome of the discussion with the site supervisor. The faculty supervisor will guide students if further intervention is necessary.

Being released from a Practicum site will result in a final grade of F or NC for the Practicum course and all hours will be lost. It is imperative that students notify the faculty supervisor of any concerns immediately and that they work closely with the site supervisor to resolve those concerns (see ACA Code of Ethics (2014)).

**Evaluation of the student's counseling performance throughout practicum**, including documentation of skills on a formal evaluation at the midterm and end term by the site supervisor; and regular observation of skills and professional growth by the faculty supervisor documented per term via different evaluation forms (See *Live Supervision Basic Skills Evaluation Form* and *PSE* attached to syllabus).

*For all clients, students under their site supervisor’s supervision are required by ACA Ethical Code (2014) to:*

- a. Conduct an intake interview including informed consent and statement of confidentiality (may use related documents or format of site) (See Appendix A)
- b. Write a case note immediately after every session (per official practice of site)
- c. Review case notes immediately prior to each session (per official practice of site)
- d. Make and maintain weekly appointments with clients (per site)
- e. Make and maintain weekly appointments with site supervisor
- f. Be on site 8-12 hours per week based on recommendation of site supervisor, i.e., agency service hours do not include the time spent with clients. This is an accreditation requirement. Students must ensure these requirements are maintained or they may be required to repeat Practicum.
- g. Write a treatment summary *after the termination* of each counseling client (per official practice of site)

5. **Group Supervision**: A minimum of 1.5 hours of class-time per week of group supervision is provided on a regular schedule throughout the practicum by the practicum faculty supervisor. Group supervision will involve role-plays, open discussion regarding readings and site happenings, as well as discussion on skill development and ethics. Openness to group and supervisor feedback as a recipient is critical. Non-critical feedback to the recipient is necessary; students are urged to use their developing counseling skills and interpersonal skills when providing feedback to peers. Students will be graded on providing feedback and receiving feedback. Students will take turns in weekly **role-plays** as therapist and client (See *Live Supervision Basic Skills Evaluation Form*)

Group supervision is about providing feedback regarding skills to the student counselor; it is not about co-therapy. In other words, group supervision is not about assisting the counselor trainee in determining client outcome but in assisting the counselor trainee in developing competent skills.
6. **Recording of Sessions**: This is a required component of field experience. Rent, borrow, or purchase recording equipment for the required counselor skill presentation recordings (2 or more) of client sessions. **Students must provide the informed consent form to clients for recording** — ALL RECORDED SESSIONS MUST INCLUDE AN INFORMED CONSENT SIGNED BY THE CLIENT AND BE AGREED TO BY THE SITE SUPERVISOR. The Acknowledgment form is the only form that can leave the site. By signing this short form, the site supervisor acknowledges that student has completed all elements of the informed consent procedure. If you have any questions related to this practice, see the professor prior to recording.  

**IN CONFORMANCE WITH REQUIREMENTS BY THE CODE OF ETHICS AND HIPAA, all session recordings must be kept in a secure location and are required to be destroyed at the end of the term. If the recording is on your phone, the phone needs to be locked by a security code.**

7. **Individual Supervision Sessions with Faculty Supervisor** Students are required to meet with the Practicum faculty supervisor outside of class for individual supervision at least once per term, and for additional individual supervision if they are not progressing at a rate consistent with the course or are experiencing difficulties on site. Cooperation is necessary. **Extra sessions may be required by the faculty supervisor and are not uncommon.** Participation/availability of the student during faculty office hours is required and part of the commitment to the field experience.

Students are required to come to their supervision session prepared with their session recording, consent form acknowledgment signed by site supervisor, site supervisor’s completed **Individual Session Skills Evaluation Form** and student’s self-evaluation of that session, as well as the transcript of the recording of that session. You must also provide case notes for that session to the faculty supervisor. **Additional documents may be required by faculty supervisor which will be communicated to the student. Students will lose 10 points for any missing document.** For virtual class, students will meet with their faculty supervisor via a virtual platform, following the link with an access code sent by the faculty.

The number of required individual supervisions with the faculty supervisor can increase at the faculty supervisor’s discretion based on the student’s skill development. The faculty, site supervisor and students will utilize **or Individual Session Skills Evaluation** to evaluate a specific session and/or the **PSE for student’s overall development and growth.**

**Steps to a successful individual supervision with faculty supervisor**

a. **Record a client session for a minimum of 40 minutes for each individual supervision session.** Every time you bring a recorded session to the group and individual supervision, you must also bring the Informed Consent Acknowledgment form signed by your site supervisor. For Virtual Counseling, please, review HIPAA regulations when using external recording apps that are not part of the approved telemental health platform.

b. **Review the recording with your site supervisor PRIOR to your appointment with the faculty; have the site supervisor complete the Individual Session Skills Evaluation** (attached to this syllabus as **Appendix D**) and review it with you.

c. **Review the recording on your own** and complete the **Individual Session Skill Evaluation** yourself.

d. **Bring your self-evaluation of the session and your site supervisor’s evaluation** of the session to your individual supervision meeting with the faculty. If this is your third or more session, bring a treatment plan; if this is your termination session, bring your termination summary. Otherwise, bring a case note completed for that session. Your site supervisor must sign the case note where it indicates an acknowledgment for consent. For virtual class, submit these to the appropriate assignment section prior to the meeting.
If you are unsure of your ability to share recording electronically request a 5 minute appointment with instructor to practice upload (usually takes 5 mins) to be prepared.

2 Transcripts. See attached Transcript Guidelines (Appendix A). 20-25 minutes of a recorded session plus an APA title page and the essay sections meeting APA formatting requirements. The transcript is to be uploaded on Canvas under the assignments (check with instructor if they require a hard copy during your scheduled individual supervision session). Missing individual supervision without providing prior communication and attempt to reschedule may result in an NC or F in this class. See Appendix A.

Self-Care. Burnout is a common occurrence among mental health professionals who do not practice some form of self-care. Self-care practices include weekly (or more) occurrences of focused, purposeful mind and body relaxation by the counselor trainee. The practice of relaxation is meant to de-stress from the clinical experience as well as train one’s body to remain calm in stressful situations thereby enabling one to approach a situation, especially in crisis, with calm, balanced and objective manner. It also models appropriate responses for the client. Examples of self-care include but are not limited to breathing exercises, meditation, prayer, fictional reading, visualization, yoga, etc. Note that exercise, while increasing endorphins in the body, should be in addition to a relaxation practice and not in place of. Note that watching TV and or playing with kids, while enjoyable, is not considered a self-care strategy. At the beginning of the term, students a) will choose 3 self-care activities, write up a plan for self-care for the semester and post on Canvas during the first week of class, and b) will write a paragraph statement regarding what they learned about themselves from practicing the technique in addition to how it worked and what they would change about it at the end of each term.

Class Readings: Chapters are to be read by class date and students should demonstrate obvious familiarity with content through weekly participation in discussion of readings. If you are not participating in the class discussions you are placing unfair burden on your peers. Every comment is valid. Everyone’s input is important.

Readings Quizzes. Quizzes will be given some weeks in relation to the readings. Be prepared. Some quiz formats will be vignettes, some will be factual inquiries from readings, all will be book and lecture based.

Webster Counseling Program Student Handbook and Clinical Handbook

Students are responsible for learning the policies and procedures associated with the professional counseling degree program as delineated in the Webster Counseling Program Student Handbook and Clinical as well as School Handbooks. See Academic Resources on the website.

Instructional Modification: Academic Accommodations

ADA law does not provide for absence, restriction, or elimination of any course requirement. All course requirements must be met.

Webster University makes every effort to accommodate individuals with academic/learning, health, physical and psychological disabilities. To obtain accommodations, students must identify themselves and provide documentation from a qualified professional or agency to the appropriate campus designee or the ADA Coordinator at the main campus. The ADA Coordinator may be reached at 314-246-7700 or disability@webster.edu.
Policy Statements:

University Policies

Academic policies provide students with important rights and responsibilities. Students are expected to familiarize themselves with all academic policies that apply to them. Academic policies for graduate students can be found in the Graduate Studies Catalog.

Graduate Studies Catalog

The Graduate Studies Catalog contains academic policies that apply to all graduate students. The academic policies section of the catalog contains important information related to conduct, academic honesty, grades, and more. If you are a graduate student, please review the catalog each academic year. The current Graduate Studies Catalog is at: http://www.webster.edu/catalog/current/graduate-catalog/

Grading

The Grades section of the academic catalog outlines the various grading systems courses may use, including the information about the final grade reported for this class. http://www.webster.edu/catalog/current/graduate-catalog/academic-policies.html#grades

Incomplete

There are important policies that govern grades of Incomplete (I), including the circumstances under which Incomplete grades are granted, deadlines for completion, and consequences should the remaining course work not be completed. It is the responsibility of a student who requests an Incomplete to ensure that he/she understands and follows the policies.

*Note that Incompletes are not permitted in Field Experience courses due to ethical regulations.*

Grade Appeals

Instructors are responsible for assigning grades, and student should discuss grade issues with the instructor. Policies and procedures for appealing grades are available in the appropriate catalog.

Academic Honesty

Webster University is committed to academic excellence. As part of our Statement of Ethics, we strive to preserve academic honor and integrity by repudiating all forms of academic and intellectual dishonesty, including cheating, plagiarism and all other forms of academic dishonesty. Academic dishonesty is unacceptable and is subject to a disciplinary response. Students are encouraged to talk to instructors about any questions they may have regarding how to properly credit others’ work, including paraphrasing, quoting, and citation formatting. The university reserves the right to utilize electronic databases, such as Turnitin.com, to assist faculty and students with their academic work. The University’s Academic Honesty Policy is published in academic catalogs: http://www.webster.edu/catalog/current/graduate-catalog/academic-policies.html

As a part of the University commitment to academic excellence, the Academic Resource Center provides student resources to become better acquainted with academic honesty and the tools to prevent plagiarism in its many forms: http://www.webster.edu/arc/plagiarism_prevention/

Statement of Ethics

Webster University strives to be a center of academic excellence. The University makes every effort to ensure the following:

- The opportunity for students to learn and inquire freely
- The protection of intellectual freedom and the rights of professors to teach
- The advancement of knowledge through scholarly pursuits and relevant dialogue

To review Webster University's statement of ethics, see the Graduate and Studies Catalog: http://www.webster.edu/catalog/current/graduate-catalog/ethics.html
**Academic Accommodations**

Webster University makes every effort to accommodate individuals with academic/learning, health, physical and psychological disabilities. To obtain accommodations, students must identify themselves and provide documentation from a qualified professional or agency to the appropriate campus designee or the ADA Coordinator at the main campus. The ADA Coordinator may be reached at 314-246-7700 or disability@webster.edu.

Students who have already identified as a student with a documented disability and are entitled to classroom or testing accommodations should inform the instructor of the accommodations needed for this class at the beginning of the course.

**Academic Resource Center**

Additional support and resources may be accessed through the Academic Resource Center (ARC). Support and resources include academic counseling, accommodations, assistive technology, peer tutoring, plagiarism prevention, testing center services, and writing coaching. Visit www.webster.edu/arc or Loretto Hall 40 on the main campus for more information.

**University Library**

Webster University Library is dedicated to supporting the research needs and intellectual pursuits of students throughout the University’s worldwide network. Resources include print and electronic books, journal articles, online databases, DVDs and streaming video, CDs and streaming music, datasets, and other specialized information. Services include providing materials at no cost and research help for basic questions to in-depth exploration of resources. The gateway to all of these resources and services is http://library.webster.edu. For support navigating the library’s resources, see http://libanswers.webster.edu/ for the many ways to contact library staff.

**Drops and Withdrawals**

Drop and withdrawal policies dictate processes for students who wish to unenroll from a course. Students must take proactive steps to unenroll; informing the instructor is not sufficient, nor is failing to attend. In the early days of the term or semester, students may DROP a course with no notation on their student record. After the DROP deadline, students may WITHDRAW from a course; in the case of a WITHDRAW, a grade of W appears on the student record. After the WITHDRAW deadline, students may not unenroll from a course. Policies and a calendar of deadlines for DROP and WITHDRAW are at: http://www.webster.edu/catalog/current/graduate-catalog/enrollment.html

Academic Calendar - http://www.webster.edu/academics/academic-calendar/ Current tuition rates, policies, and procedures, including details of pro-rated tuition refunds, are available in the “Tuition, Fees, and Refunds” section of Webster’s Academic Catalogs: http://www.webster.edu/catalog/current/graduate-catalog/tuition.html

**Student Handbook and Other Important Policies**

Student handbook and other non-academic policies apply to all Wester Students and may impact their experience in this class. Such policies include the student code of conduct, privacy, technology and communications, and more. Please review the handbook each year and be aware of all policies. The handbook is available at: http://www.webster.edu/student-handbook/

**Sexual Assault, Harassment, and Other Sexual Offenses**

Webster University makes every effort to educate the community to prevent sexual assault, harassment, and other sexual offenses from occurring, and is committed to providing support to those affected when this behavior does occur. To access information and resources or to review the Policy on Sexual Assault, Harassment, and Other Sexual Offenses, visit: http://www.webster.edu/sexual-misconduct/
<table>
<thead>
<tr>
<th><strong>Research on Human Subjects</strong></th>
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<tbody>
<tr>
<td>The Webster University Institutional Review Committee (IRB) is responsible for the review of all research on human subjects. The IRB process applies to all Webster University faculty, staff, and students and must be completed prior to any contact with human subjects. For more information on the IRB, visit: <a href="http://www.webster.edu/irb/index.html">http://www.webster.edu/irb/index.html</a></td>
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<tr>
<th><strong>Course Evaluations</strong></th>
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<tbody>
<tr>
<td>At the end of this course, students will have the opportunity to provide feedback about their experience. Student input is extremely valuable to the university, instructors, and the department that offers this course. Students are urged to provide an honest and thoughtful evaluation as it helps the university provide the best experience possible for all of its students.</td>
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<tr>
<th><strong>Department Policies:</strong></th>
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<tr>
<td><strong>Self-Awareness, Safety of Disclosure, Appropriate Interpersonal Skills and ACA Code of Ethics:</strong></td>
</tr>
<tr>
<td>This course is taught in a manner that provides a safe, welcoming and inclusive environment for students of all racial, ethnic, gender identities and variances, sexual orientations, economic classes, ages, ability status, and religious affiliations. Students are urged to use language and communication that is respectful and culturally appropriate.</td>
</tr>
<tr>
<td>In the interaction between class members, self-disclosure and personal examination will occur. All interactions fall under the same umbrella of confidentiality as do client/counselor relationships, i.e., <strong>what is discussed in the class stays in the class and is not discussed with other students outside of the course or friends.</strong> Maintaining confidentiality is the primary ethical principle of counselors and violations are serious.</td>
</tr>
<tr>
<td>Classroom is a mutual learning environment therefore, it is important that everyone feels safe, comfortable, and free to discuss and elaborate on their thoughts around their developing knowledge and skills. It is important to be respectful of one another’s positions. Interaction with and relating to others in an empathic manner occurs in class <strong>just as it does in session with clients.</strong> Students are encouraged to share their feelings and thoughts in a “counselor manner”, i.e., respecting the position of others while giving voice to own thoughts and using counselor attending skills. This is an opportunity for students to practice and evidence their basic skills of empathy, warmth, genuineness, and congruence by communicating in a manner consistent with a good counselor. The building of trusting alliances with classmates is as important as doing so with clients. Therefore, students will be practicing some of the same skills in class that they use in counseling sessions with clients.</td>
</tr>
<tr>
<td><strong>ACA Code of Ethics (2014)</strong></td>
</tr>
<tr>
<td>Counselors [Counselors-in-training] have a responsibility to read, understand, and follow the ACA Code of Ethics and adhere to applicable laws and regulations (see C.1.). Students and supervisees have a responsibility to understand and follow the ACA Code of Ethics. Students and supervisees have the same obligation to clients as those required of professional counselors (see F.5.a.).</td>
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<tr>
<th><strong>Late Submission</strong></th>
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<tbody>
<tr>
<td>All assignments are to be turned in at the <strong>beginning</strong> of class on the day they are due. Late assignments will be penalized 20% of total project points for each 24 hr period overdue. Some requirements are to be in hard copy and some in electronic format—check with faculty.</td>
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<tr>
<th><strong>Use of Personal Electronic Devices</strong></th>
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<tbody>
<tr>
<td>Students should turn off all cell phones during class unless otherwise advised by the instructor. Absolutely no: texting, taking of calls, emailing, unauthorized web activity, or social media use during class. In case of a potential emergency brewing during class-time and a need to be available by cell (sick child, dying relative, suicidal client) students are required to notify instructor at the beginning of class and take any call outside of class. More than one of these events will require a personal meeting with the instructor scheduled for non-class time. Faculty</td>
</tr>
</tbody>
</table>
will mark down student’s participation and attendance points if students use their phones or other electronic devices in class. All computers must be shut unless there is documentation provided by ADA. During virtual class, students must ensure complete engagement and stay away from any distractions. Instructors who see students distracted will call out on them and require a separate meeting if behavior does not change.

**Graduate level writing competency**

Writing competency is important in graduate school. As a graduate students and counselors in training, students have a responsibility to the profession and those they will be representing/serving to write professionally. Students are expected to take this task seriously and consult the Academic Resource Center or enroll in a writing course if they have received feedback that additional improvement of writing assignments is needed. The grade penalty will be heavy for grammatical, spelling, and APA formatting errors in all assignments. Please, consult the rubric in the syllabus for specific grading impact.

**Academic Integrity**

All work in this class should be original to the student and to this class. Students are expected to explore, analyze, and discuss the ideas of others while giving them proper credit through citations and references on any written work.

**Recycling papers from other coursework is not acceptable and will be treated as plagiarism. All students are expected to know what constitutes plagiarism and to avoid committing plagiarism in their written work.** According to the *Publication Manual of the American Psychological Association* (2016), plagiarism involves presenting the work of another as if it were one’s own work. It is crucial to give appropriate credit to others for their work. See the *Manual* for more details.

**Plagiarism** will not be excused by ignorance on the student’s part.

**Title IX**

Title IX makes it clear that violence and harassment based on sex and gender is a civil rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. Students are urged to contact Samantha Sipple at the counseling center if they have experienced sex-based discrimination, harassment or abuse: (800) 981-9804 or (314) 968-7030; or the 24-hour emergency line: (314) 422-4651

**Weekly Schedule**

**Tentative Schedule**

Below is a tentative schedule of main topics to be used in preparing for classes. Deviations from the schedule may occur as class discussions will primarily correlate to counseling and supervision sessions. **Students are responsible for understanding the material and discussing the material in relation to their practicum experience** on the date on which the reading is listed below. Lecture over the content of the readings will not occur. Students are expected to have read all assigned readings and be able to discuss and or present on topics and possibly complete a pop quiz for a particular reading. **Take notes during discussion time as these are critical topics and they will show up in your practice. Study the notes not to blank when the situation arises in session.**

Note: readings are heavy in the initial portion of the term in order to prepare you for your client interactions and lighter toward the end of the term.
**CLASS MEETINGS AND ASSIGNMENTS**
*Tentative Schedule: Subject to Change*

**Week 1:**

**READINGS DUE—“Preparing for Practicum”** (Readings for the terms will be posted on Canvas)

- **Ethical guidelines:** a. Students are required to read the *ACA Code of Ethics, 2014* by the second class and be able to discuss it in class. (Here is the website to download the pdf: [https://www.counseling.org/resources/aca-code-of-ethics.pdf](https://www.counseling.org/resources/aca-code-of-ethics.pdf)); b. *NBCC Code of Ethics*, see website: [http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf](http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf)
- Cristiani & George, *Characteristics of a helping relationship* (in Canvas, under File, entitled ‘Characteristicsofhelpingprofession’)
- Nelson, *Levels of Facilitative Response* (on Canvas, under File, entitled “Revised Carkhuff levels”)
- Lamport-Commons et al., *Informed consent: Do you know it when you see it?* (under Canvas, under Files, entitled “Informed consent article by Lamport”)

**Information to be discussed in weekly site supervision:**

- Begin meeting with supervisors this week
- *Informed Consent and Confidentiality* form (Appendices B and C). Review site’s protocol for informed consent w/site supervisor
- Provide copy of syllabus to site supervisor

**In Group Supervision:**

- **DUE to instructor:** PROOF OF LIABILITY INSURANCE
- Site supervisor contact information (handout to be completed in class)
- Course Introduction and Syllabus Overview
- Sign up for live supervision sessions and outside instructor session
- *Brief Discussion: Trusting the process and “writing the pattern”*

**Week 2:**

**READINGS**

- *Protecting Yourself*, Hodges, Ch 10

**In Group Supervision:**

- **DUE:** Self-Care activity plan for the term – to be uploaded on Canvas
- Check-in: Update on how things are going at the sites

**Information to be discussed in weekly site supervision:**

- Ask agency’s protocol and supervisors thoughts on protecting yourself from violent clients and or violent ‘affiliates’ of clients (ex: DV partners)

**Due on Canvas:** Setting 3 goals for the term (academic and professional growth related)

**Week 3:**

**READINGS DUE—**

- *Crisis Intervention*, Hodges, Ch 9
• Reading Quiz 1: online, timed, over readings due week 1 (Cristiani and George, Nelson, Ethical Code, on Canvas)

**Information to be discussed in weekly site supervision:**
- Review site’s protocol for assessment of suicidal and homicidal ideation, assessment of substance abuse, and mandatory reporting; and documentation of each.
- Ask their thoughts on no harm contracts.

**Week 4:**
**READINGS**—Ethical and Legal Issues in Practicum; and Substance Abuse
- Hodges, Ch 3; and
- Bauman, 2009, CH 5, Substance Abuse (in Canvas, under Files, entitled, ‘SubstanceAbuseBaumanchapter’)
- *Brief Discussion: Informed consent. Assessing for suicidal and homicidal ideation and mandatory reporting in field experience. No Harm contracts*
- Check in

**Information to be discussed with weekly site supervisor:**
- Review your site’s protocol for assessment of SA

**In Group Supervision:**
- Reading Quiz 2: Hodges, CH 9
- *Brief Discussion: Ethics in field experience and assessment of substance abuse*
- Check in

**Week 5:**
**READINGS DUE**—Clinical Documentation
- Hodges, Ch. 5

**Information to be discussed with weekly site supervisor:**
- Discuss documentation practices at your site with supervisor.
- Retain permission to bring case notes WITH CLIENT NAME(S) BLACKED OUT to class instructor for review/approval NEXT WEEK. PREPARE. POINTS OFF FOR NOT BEING PREPARED BY HAVING DOCUMENTS.

**In Group Supervision:**
- *Brief discussion on documentation*
- Reading Quiz 3: Substance Abuse, Bauman, (2009)
- check in
- Live supervision begins

**Week 6:**
**READINGS DUE**—Multicultural Issues
- Hodges, Ch 7

**Information to be discussed in weekly site supervision:**
- Ask their thoughts on managing sexual minorities and broaching multiculturalism in counseling.
- *Review of session recording* 1 with site supervisor

**In Group Supervision:**
- *DUE: Notes review*
- check in
• Brief discussion: ‘Appropriate’ grieving
• Live supervision

Typescript 1 due to be reviewed by site supervisor next week—prepare now.

**Week 7:**

**READINGS DUE:** Managing Stress & Self-care practices
• Hodges, Ch. 8

**Information to be discussed in weekly site supervision:**
• Provide site super with a blank/incomplete copy of the Professional Skills Evaluation form to complete, sign, and review with you. Then, turn in to professor no later than next class meeting. THAT’S DUE IN ONE WEEK—PREPARE.
• Ensure all logs are signed and approved by your site super this week so you may turn in to faculty supervisor next week.

**Individual supervision starts this week:** Session recording 1 with Transcript 1, affiliated Individual Session Skills Evaluation forms (yours and your site supers—Appendix D); and consent form (Appendices B and C).

**In Group Supervision:**
• check in
• Role-plays

**Week 8:**

**READINGS DUE:** Termination in Counseling
• Hodges, Ch. 11
• Keys to termination (in Canvas, under Files, entitled, ‘Keys to termination’)

**Information to be discussed in weekly site supervision:**
• Sites practices on termination of clients

**In Group Supervision:**
• DUE: Signed site supervisor midterm PSE
• DUE: ALL weekly logs completed to this date. All logs are to be signed by the site supervisor, stapled in chronological order, with direct and indirect hours tallied on the top page; direct hours should be broken into intake, group, and other hours. Do this or lose points for not following direction.
• Discussion: Protocols of termination
• Role-plays

**Week 9: NO CLASS MEETINGS—INDIVIDUAL PROGRESS MEETINGS AND INDIVIDUAL SUPERVISION SCHEDULED WITH FACULTY**

**READINGS DUE:** none unless assigned by faculty

**Information to be discussed in weekly site supervision:**
• Supervisor’s choice

******************************************************************************
II Term
******************************************************************************
Week 10:
(On logs, start the weeks from 1 and end with 9 so it's easy to keep a record of 9 logs per term)

NO READINGS DUE unless otherwise noted

In Group Supervision:
  • check in
  • Role-Plays & Discussion

Information to be discussed in weekly site supervision:
  • Supervisor’s choice

Week 11:
NO READINGS DUE unless otherwise noted

In Group Supervision:
  • Role-Plays & Discussion
  • check in

Information to be discussed in weekly site supervision:
  • Supervisors choice

Week 12:
NO READINGS DUE unless otherwise noted

In Group Supervision:
  • Role-Plays & Discussion
  • check in

Transcript 2 due to be reviewed in site supervision next week and uploaded on Canvas in two weeks—prepare now.

Information to be discussed in weekly site supervision:
  • Supervisor’s choice

Week 13:
NO READINGS DUE unless otherwise noted

Information to be discussed in weekly site supervision:
  • Review of recorded session 2 with site supervisor
  • Complete evaluations

In Group Supervision:
  • Role-Plays & Discussion
  • check in

Week 14:
NO READINGS DUE unless otherwise noted

Information to be discussed in weekly site supervision:
• Provide site super with a blank/incomplete copy of the **Professional Skills Evaluation** form to complete, sign, and review with you. Then, turn in to professor no later than next class meeting. THAT’S DUE IN TWO WEEKS—PREPARE.

**In Group Supervision:**
• DUE: Session recording 2 with Transcript 2, affiliated Individual Session Skills Evaluations (yours and your site supervisor’s); case notes, and consent form.
• Role-Plays & Discussion

**Week 15:**
**NO READINGS DUE unless otherwise noted**
**Information to be discussed in weekly site supervision:**
• Ensure all logs are being prepared--signed and approved by your site super this week so you may turn in to faculty supervisor next week. Make copies of all documents before turning them in.
• Provide site super with a blank/incomplete copy of the **Professional Skills Evaluation** form to complete, sign, and review with you. Then, turn in to professor no later than next class meeting.

**In Group Supervision:**
• Role-Plays & Discussion
• check in

**Week 16:**
**NO READINGS DUE unless otherwise noted**

**Information to be discussed in weekly site supervision:**
• Communicate with your site supervisor about transitioning to internship. If you are staying at the same site for internship, **do not see clients** (no direct hours) during the break between Practicum and Internship **unless** you have produced a written note to the site supervisor AND copied the faculty supervisor stating that you will:

  “not be under university supervision between the dates of __________ and __________.”

*This note is due before the end of class.*

*Due to liability concerns, students are not permitted to complete more than 10 direct hours during the interim for transfer into internship regardless of the number of direct hours that the student may complete during the week(s) between terms. It is important the student is not completing more than the direct hours required. Students are not competent to complete more than the average 3-5 direct client hours per week of Practicum. More direct hours may result in dismissal as you will be placing your site and faculty supervisors’ licenses at risk.*

**In Group Supervision:**
• DUE: Site supervisor signed final PSE
• DUE: Evaluation Paragraph on self-care
• DUE: All **signed** logs
• DUE: Email to site and faculty supervisors if you are seeing clients during break between terms.
• DUE: Evaluation of Goals set for the semester (class activity in week 1)
<table>
<thead>
<tr>
<th>Class 17 — May not hold In-Person Class (check with instructor)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual Supervision and Review of Documents</strong></td>
</tr>
<tr>
<td>Individual student-faculty meeting to review of course outcomes. Possibly no class meeting, depends on all live supervisions completing.</td>
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<tr>
<th>Class 18 — NO CLASS MEETINGS — INDIVIDUAL PROGRESS MEETINGS AND INDIVIDUAL SUPERVISION SCHEDULED WITH FACULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual Supervision and Review of Documents</strong></td>
</tr>
<tr>
<td>Individual student-faculty meeting to review of course outcomes. Possibly no class meeting, depends on all live supervisions completing.</td>
</tr>
</tbody>
</table>

**DESTROY ALL RECORDINGS FROM COURSE PROJECTS. FAILURE TO DO SO RESULTS IN BREACH OF PROFESSIONAL ETHICAL CODE (ACA 2014) and CONSEQUENCES BY THE COUNSELING ADVISORY COMMITTEE.**

This schedule is subject to change. Any changes made will be posted on canvas.
Follow these subheadings precisely. Proofread your paper for grammar and spelling before handing in. 25 minutes of a recorded session equals to approx. 13 pages of typed script plus a cover page. Double spaced. Review your work and follow guidelines exactly.

1. **Title page** (Running head, title, name, university) **APA Style** is required (use your manual)

2. **Section I: General Introduction**
   1. Brief background on client including personal constructs (religion if stated, race and or ethnicity, age, sexual orientation if stated in first session, marital status, etc.); current support system and history of family system. This should equal approx. one paragraph.
   2. History of counseling, current diagnosis, session number in this recording. **This should equal approx. one paragraph.**

3. **Section II: Background**: brief statements re: what brought them to counseling, what you have worked on so far, goals for treatment, coping skills of client (what do they do when things go wrong, e.g., withdraw and avoid, use, strike out, etc.)

4. **Section III: Transcript**: A verbatim transcript of what was said followed by your evaluation of your comment, thoughts, evaluation - if you disliked your response and believe you should have said something different, type “My response was not appropriate because _____________. A better response would have been ___________.” (Your thoughts, what was going on in your head during that interaction). Identify the skills used (paraphrasing, reflections of feelings or content, etc.)

See example of the transcript format on next page. Use the exact format given – only Word documents will be accepted.

4. **Section IV: Session Analysis**: Label the overall strengths and weaknesses of approaches of CT specific to this session (what worked and what did not) and CT’s plan for improvement with this client.

7. **Section V: Overall Counselor Development**: Label current strengths and challenges CT is working on in general.

The transcript form is uploaded under Files on Canvas. **Type on that form to follow the exact format.**

Review your work and follow all guidelines. Transcripts that do not follow these guidelines will lose all points. **No resubmission allowed for any assignment.**

**Bring to individual supervision the recorded session, consent form disclosure form signed by site supervisor, case note, site supervisor and self-evaluation of this session with the transcript. Recording of session will be reviewed with the transcript.**
<table>
<thead>
<tr>
<th>Practicum term and year</th>
<th>Date</th>
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<tr>
<td>_________________________</td>
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<table>
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<tr>
<th>Student Name</th>
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<td>_________________________</td>
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<tr>
<th>Session Duration</th>
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<tr>
<td>__________</td>
<td>in minutes</td>
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<table>
<thead>
<tr>
<th>CT thoughts, feelings, ideas, and insights unsaid</th>
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</thead>
<tbody>
<tr>
<td>(Write what was going on in your mind with each part of session)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Counselor Trainee (CT)</th>
<th>Client (CL)</th>
<th>CT thoughts, feelings, ideas, and insights unsaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Word-by-word transcription of recording)</td>
<td>(Word-by-word transcription of recording)</td>
<td>(Write what was going on in your mind with each part of session)</td>
</tr>
<tr>
<td>CT: Hi, I am Jane Lowe, your counselor in training.</td>
<td>CL: Hi, I am Julie (Always change the name of the client or use an initial).</td>
<td>I was trying to open up the conversation in a calm, simple way, so not to intimidate the client.</td>
</tr>
<tr>
<td>CT: Hey, Julie, how are you doing? Did you find the office easily? I know the parking can be a real trouble.</td>
<td>CL: I had to drive around a bit to find a spot, but it was ok.</td>
<td>As she said that, I realized my meter must have been expired and I forgot about it.</td>
</tr>
<tr>
<td>CT: Julie, before we start our session, I need to go over the consent form, which defines our therapeutic relationship, confidentiality, limits to confidentiality, and several other crucial concepts. (goes over the consent form, has the client sign the form and gives the client a copy.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>So, you were referred to us by Family Agency. Can you tell me a little bit about what brings you in today?</td>
<td>CL: Yeah, they thought it would be good for me and my husband to see separate therapists for some individual stuff. So, we are there for some couple’s counseling and are actually standing on the verge of divorce. But I don’t know how to talk about some of the things that happened in our marriage, you know, like stuff that will make him really angry if I were to talk about, so the therapist thought I should see my own therapist simultaneously to have additional support.</td>
<td>Here I was thinking, it’s either domestic violence or a third person involved in their marriage and was starting to feel nervous because I wasn’t sure if I had enough training to tackle something that big right away.</td>
</tr>
</tbody>
</table>

The skill I used

[Blank line]

You may copy and paste this into your Transcript paper to preserve the required format.
Webster University
Department of Professional Counseling

Client Informed Consent and Statement of Confidentiality

(Used when sites have no form indicating recording and intern status. To be placed in client file. Only Acknowledgment form is brought to instructor to evidence this full form has been provided to clients)

Informed Consent

I, _____________________________, (client or parent/legal guardian) understand that (name of counselor in training) ____________________________, a counseling student at Webster University is a counselor in training (herein referred to as Student Counselor). This Student Counselor is working under the direct supervision of ____________________________, a faculty member for Webster University and ____________________________, a licensed supervisor for ____________________________ (name of site). By signing at the bottom of the page, I agree to the following.

It has been explained to me that counseling services and psychotherapy have benefits and risks. Research has evidenced that receiving counseling services in times of emotional distress is more beneficial than receiving no counseling at all. Yet, there are no guarantees regarding treatment outcomes.

I understand that video or audio taping or live supervision may be used in counseling sessions. These recordings may be shared with other counseling students for purposes of training only. Recordings pertaining to counseling sessions will be maintained in a secured location and will be destroyed by the end of the practicum term or these counseling sessions.

I understand that I have the right to ask about any aspect of counseling or to terminate counseling sessions at any time.

I understand that I have the right to an explanation of any test/questionnaire I may be given, to decline participation in any such test or questionnaire, and to a summary, either verbal or written, of any test results/conclusions.

I understand that if I find myself in an emergency emotional situation (I feel like hurting myself or another), I agree to contact ____________________________ (phone number of the nearest hospital emergency room) before I take any other action and ask for the mental health professional on call. I may contact my counselor in training or the named supervisor above after I contact the emergency room.

Statement of Confidentiality

I understand that there are specific situations in which my confidentiality may be broken and in which the Student Counselor and or supervisor is legally obligated to take actions that may be necessary to protect me or others from harm. If such a situation arises, it will be discussed with me before any action takes place.

I understand that the reasons for which my confidentiality may be broken include the following:

1. If it is suspected that a child or a vulnerable adult is being neglected and or abused,
2. If it is suspected that I, the client, present a clear and substantial danger to myself or other(s).
3. If there is a court order regarding the contents of my case.

Resulting actions may include contacting family members, seeking hospitalization, notifying potential targets, and notifying the police.

I understand that these counseling sessions may be terminated by me at any time and that the Student Counselor may, with advanced notice, refer me to another counselor. I also understand that the Student Counselor will end his/her relationship with this site at a set time and that I have been notified that sessions may not occur with this Student Counselor beyond ____________________________ (date of end of field experience).

I understand that this summary is designed to provide an overview of confidentiality and the limits of professional counseling. I understand that this form is required to be signed by me before professional counseling services can be provided.
I have read and understand the above and have had the opportunity to ask questions regarding the counseling process before revealing personal information about myself.

<table>
<thead>
<tr>
<th>Client/parent/legal guardian Signature</th>
<th>Printed Name</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Student Counselor Signature</th>
<th>Printed Name</th>
<th>Date</th>
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<thead>
<tr>
<th>Licensed Supervisor Signature</th>
<th>Printed Name</th>
<th>Date</th>
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Department of Professional Counseling
Informed Consent Acknowledgment Form

(This form will be brought to Faculty Supervisor instead of the complete Informed Consent Document, also attached to the syllabus, which contains clients’ names and signatures and remains at the site to ensure confidentiality of clients.)

To be reviewed and signed by the site supervisor who has reviewed the consent form provided to the client by the Counselor Trainee before the recording of the session. The Consent Form then will be kept in the client’s treatment file on Site.

This Consent Acknowledgment serves as an evidence that Informed Consent Form was provided and signed by Client, Intern, and Site Supervisor prior to the recording of the session.

I have reviewed and signed the Informed Consent document for this recorded session provided by the Intern and signed by the client, intern, and myself.

Site Supervisor Name: ______________________ Site Supervisor Signature: ______________________
Date ______________________
This rubric is based on the outline and required content for this assignment (see syllabus). Transcript must follow these subheadings precisely. Students are required to proofread papers for grammar and spelling before submission. 25 minutes of a recorded session equals to approximately 13 pages of a verbatim transcript plus an APA cover page.

<table>
<thead>
<tr>
<th>Title Page: APA Style and Format, Grammar and Structure</th>
</tr>
</thead>
</table>

**Section I: General Introduction**
1. Brief background on client including personal constructs (religion if stated, race and or ethnicity, age, sexual orientation if stated in first session, marital status, etc.); current support system and history of family system. This should equal approx. one paragraph.
2. History of counseling, current diagnosis, session number in this recording. This should equal approx. one paragraph.

**Section II: Background:** brief statements re: what brought them to counseling, what you have worked on so far, goals for treatment, coping skills of client (what do they do when things go wrong, e.g., withdraw and avoid, use, strike out, etc.)

**Section III: Transcript:** A verbatim transcript of the session for about 20-25 minutes: what was said by Counselor Trainee and Client followed by CT’s self-evaluation of used skills, comments, thoughts, identification of the skills utilized.

**Section IV: Session Analysis:** Label the overall strengths and weaknesses of approaches of CT specific to this session (what worked and what did not) and CT’s plan for improvement with this client.

**Section V: Overall Counselor Development:** Label current strengths and challenges CT is working on in general.

**TOTAL SCORE**

**Additional Comments:**
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Faculty/Site Supervisor Name and Signature: ___________________________ ______________________
Date: __________
Individual Session Skill Evaluation Form

To be used when evaluating the sessions associated with the Typescripts and the Faculty supervision session. To be completed by Site and faculty Supervisors and the Student. Student to provide copies of self and site supervisor evaluations to faculty at time of turn in.

Practicum Counselor Trainee: ________________________________

Completed by (name): ________________________________ (Site Sup.) (Faculty Sup.) (Self)

Session # with this CL: _______ Supervision Session #: _______ Current Date: __________

**Rating Scale:**

<table>
<thead>
<tr>
<th>N/D</th>
<th>Skill Not Demonstrated in this session (also can be not necessary)</th>
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</thead>
<tbody>
<tr>
<td>Emerging 1</td>
<td>Attempted to demonstrate skill but lacked consistency and or intentionality</td>
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<tr>
<td>Emerging 2</td>
<td>Demonstrated skill some of the time with consistency and or intentionality</td>
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<tr>
<td>Proficient</td>
<td>Demonstrated skill in appropriate areas with intentionality most of the time</td>
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<tr>
<td>Mastery</td>
<td>Consistently demonstrated appropriate skill with intentionality resulting in therapeutic movement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SKILL</th>
<th>N/D</th>
<th>Emerging1</th>
<th>Emerging2</th>
<th>Proficient</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Session/Informed Consent</td>
<td>Provide Consent Acknowledgment signed by Site Supervisor</td>
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<tr>
<td>Initial Assessment of CL/Opening Questions</td>
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<tr>
<td>Discussed Confidentiality (supervision, taping, storing of recordings)</td>
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<tr>
<td>Provided Informed Consent (nature of counseling, supervision, CT approach and status, anticipated process, etc)</td>
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<tr>
<td>Building Therapeutic Alliance &amp; Exploration Phase(sessions 1-3/4)</td>
<td>This section is completed for all sessions to rate basic skills</td>
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<tr>
<td>Attending &amp; Listening</td>
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<tr>
<td>Minimal Encouragers</td>
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<tr>
<td>Paraphrasing</td>
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<tr>
<td>Reflection of Feelings</td>
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<td>Use of Open Ended questions</td>
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<td>Explores Support Systems</td>
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<td>End Session Summarization</td>
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<tr>
<td>Therapeutic Silence</td>
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<tr>
<td>Appropriately Interprets CL Meaning</td>
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<tr>
<td>Use of Self-Disclosure when Appropriate</td>
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<tr>
<td>CT/CL Co-identify Specific Issue</td>
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<tr>
<td>Confront Incongruities &amp; Inconsistencies</td>
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<tr>
<td>Emotional Engagement w/CL</td>
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<td>Multicultural Integration</td>
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<tr>
<td>Mid-treatment Skills (sessions 3/4 - 6/7)</td>
<td>This section is only filled out if this is beyond session 4</td>
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<tr>
<td>Label CL Values</td>
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<tr>
<td>Interpretation of CL underlying meaning</td>
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<td>Self-Disclosure</td>
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<tr>
<td>Immediacy/Use of here and now</td>
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<tr>
<td>Development and presenting of Hypotheses</td>
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<tr>
<td>Integration of Theory (tools)</td>
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<tr>
<td>CT/CL Co-identified Specific Issue</td>
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<td>Explore Action on Issue</td>
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<tr>
<td>N/D</td>
<td>Emerging1</td>
<td>Emerging2</td>
<td>Proficient</td>
<td>Mastery</td>
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<td>Assess Previous Change Attempts</td>
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<td>Co Create Commitment to Change</td>
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<td>Brainstorm Options</td>
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<td>Choose Action Options</td>
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<td>Check on Progress and Modify Treatment and/or Assignments</td>
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<tr>
<td><strong>Termination Skills (sessions 6/7-9)</strong></td>
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<tr>
<td>Co-Create Tasks to Transition Change to Life outside of counseling</td>
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<tr>
<td>Check on Progress and Modify Treatment and/or Assignments</td>
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<td>Allow CL opportunity to evaluate session</td>
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<tr>
<td>Closing Session</td>
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<td><strong>Professionalism</strong></td>
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<td>Approp. Writing/completion of case notes</td>
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<tr>
<td>Professional Attitude, Conduct, and Attire</td>
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<tr>
<td>Scheduling of/Timeliness w/CLs</td>
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<tr>
<td>Provides CLs researched referral source</td>
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</table>

Please, check ND if CT is not engaging in any of these:

| **Barriers to Communication** | | | | |
| Giving advice | | | | |
| Offering solutions | | | | |
| Moralizing/Preaching | | | | |
| Analyzing/diagnosing | | | | |
| Judging | | | | |
| Praising or non-therapeutic agreeing | | | | |
| Non-therapeutic Reassurance | | | | |
| **Overall Professionalism** | | | | |
| **Openness to Supervision** | | | | |
| Understands impact on others | | | | |
| Understands impact on client | | | | |
| Applies constructive criticism | | | | |
| Receives constructive criticism non-defensively | | | | |

**Strengths (Skills to Continue):**

**Areas Needing Improvement:**

Theory used in this session ________________________________

Site/Faculty Supervisor Signature ________________________________ Date _______________________

Student name and Signature ________________________________ Date _______________________

27
Appendix III: Professional Skill Evaluation Form: Completed in Tevera

Webster University—Professional Counseling Department

<table>
<thead>
<tr>
<th>Student Name: __________________________</th>
<th>Student ID ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site/Faculty Supervisor: _______________</td>
<td>Course Number: __________________________ Section ___</td>
</tr>
<tr>
<td>Date: ___________________________</td>
<td>Term: _______________</td>
</tr>
</tbody>
</table>

**Rating Scale:**

- N – No opportunity to observe
- 0 – Does not meet criteria for program level
- 1 – Meets criteria minimally or inconsistently for program level
- 2 – Meets criteria consistently at this program level
- 3 – Exceeds criteria for program level competency

**This form is to be used in the following courses:**

- COUN 5020 Foundations of Counseling
- COUN 5100 Social and Cultural Foundations of Counseling;
- COUN 5600 Techniques of Group Counseling;
- COUN 5610 Techniques of Counseling;
- COUN 6000/6100/6200 Practicum; and
- COUN 6500 Internship

Please rate **ONLY** those behaviors and skills that you have observed.

### I. Aptitude, Personality Traits, and Behaviors Appropriate for Counseling Students

<table>
<thead>
<tr>
<th>1. Demonstrates cognitive and sensory capacities to effectively and professionally interact with fellow students, faculty, supervisor, and staff</th>
<th>N 0 1 2 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Demonstrates interpersonal skills* necessary to effectively and professionally interact with fellow students, faculty, supervisor, and staff</td>
<td>N 0 1 2 3</td>
</tr>
<tr>
<td>3. Demonstrates interpersonal skills* necessary to enhance interactions with fellow students, faculty, supervisor, and staff (*Interpersonal skills include but are not limited to positive regard for others, mood and affect regulation, openness, genuineness, empathy, and appropriate verbal and non-verbal communication skills)</td>
<td>N 0 1 2 3</td>
</tr>
<tr>
<td>4. Overall Assessment of Student’s skills related to Aptitude, Personality Traits, and Behaviors Appropriate for Counseling Students <em>(Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed)</em></td>
<td>N 0 1 2 3</td>
</tr>
</tbody>
</table>

**Comments:**

### II. Learning Attitudes and Behaviors

<table>
<thead>
<tr>
<th>1. Participates every week in class discussions and activities</th>
<th>N 0 1 2 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Demonstrates professionalism in discussion of conflict or concern</td>
<td>N 0 1 2 3</td>
</tr>
<tr>
<td>3. Demonstrates appropriate self-care</td>
<td>N 0 1 2 3</td>
</tr>
<tr>
<td>4. Demonstrates appropriate self-disclosure</td>
<td>N 0 1 2 3</td>
</tr>
<tr>
<td>5. Demonstrates awareness of effect on others</td>
<td>N 0 1 2 3</td>
</tr>
<tr>
<td>6. Provides feedback appropriately to other students</td>
<td>N 0 1 2 3</td>
</tr>
<tr>
<td>7. Demonstrates appropriate self-control (e.g., frustration, anger and impulse)</td>
<td>N 0 1 2 3</td>
</tr>
<tr>
<td>8. Overall Assessment of student’s skills related to Learning Attitudes and Behaviors <em>(Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed)</em></td>
<td>N 0 1 2 3</td>
</tr>
</tbody>
</table>

**Comments:**

### III. Basic Counseling Skills

| N 0 1 2 3 |
1. Demonstrates awareness of own belief system, values, needs, and biases
2. Demonstrates awareness of own cultural, ethnic, racial identity
3. Respects cultural, individual and role differences, including but not limited to those related to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and SEC status
4. Demonstrates unconditional positive regard, warmth, and empathy toward clients and others
5. Demonstrates capacity to listen reflectively, summarize, and paraphrase
6. Demonstrates capacity to use therapeutic silence
7. Demonstrates ability to determine underlying meaning and unstated values of the client’s story
8. Recognizes, respects, and maintains appropriate boundaries in all professional relationships
9. Demonstrates ability to elicit information from others in a therapeutic manner (with open-ended questions, avoidance of double questions, and not answering questions for others)
10. Demonstrates awareness of theories of counseling
11. Demonstrates understanding of informed consent and the limits of confidentiality
12. Overall Assessment of student’s skills related to Basic Counseling Skills
   (Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed)

Comments:

IV: Fitness for Counseling

<table>
<thead>
<tr>
<th></th>
<th>Demonstrates ability to establish a counseling relationship</th>
<th>N</th>
<th>0</th>
<th>1</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
<td>Demonstrates ability to conceptualize a case and develop a treatment plan</td>
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<td>3.</td>
<td>Demonstrates practicing within one’s level of training</td>
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<td>4.</td>
<td>Demonstrates appropriate use of confrontation, re-direction, interruption</td>
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<td>5.</td>
<td>Demonstrates understanding of the DSM and clinical application</td>
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<td>6.</td>
<td>Demonstrates risk management skills for suicidal or homicidal ideation</td>
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<td>7.</td>
<td>Demonstrates ability to identify and respond to various forms of abuse</td>
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<td>8.</td>
<td>Understands treatment protocol for chemical addiction</td>
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<td>9.</td>
<td>Demonstrates multicultural awareness and sensitivity</td>
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<td>10.</td>
<td>Demonstrates ability to write appropriate case notes</td>
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<td>11.</td>
<td>Demonstrates understanding of referral and termination processes</td>
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<td>12.</td>
<td>Demonstrates adherence to ACA Code of Ethics</td>
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<td>13.</td>
<td>Maintains appropriate boundaries in clinical practice</td>
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<td>14.</td>
<td>Overall Assessment of student’s skills related to Fitness for Counseling (Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed)</td>
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Comments:

V. Integration of Theory and Practice

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<tr>
<th></th>
<th>Demonstrates ability to integrate selected theory with practice</th>
<th>N</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
<td>Demonstrates ability to present case studies consistent with theory</td>
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<td>3.</td>
<td>Demonstrates ability to measure outcomes based on theory</td>
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### 4. Demonstrates appreciation of a variety of counseling theories

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### 5. Overall Assessment of student’s skills related to Integration of Theory and Practice (Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed)

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Comments:

### VI. Openness to Clinical Supervision

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<tbody>
<tr>
<td>1. Actively participates in learning activities</td>
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<td>2. Responds appropriately to peer, instructor, and supervisor feedback</td>
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<td>3. Demonstrates preparedness for supervision</td>
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<td>4. Demonstrates professionalism in all interactions with agency and program</td>
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<td>5. Is compliant and cooperative with agency rules and expectations</td>
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<tr>
<td>6. Overall Assessment of student’s skills related to Openness to Clinical Supervision (Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed)</td>
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Comments:

Summary of student strengths:

Summary of areas that need more attention for this student:

Faculty/Supervisor Signature (circle: Faculty or Site Supervisor) __________________________ Date __________________________

_I acknowledge that I have been provided with feedback and understand the above evaluation._

Student Signature __________________________ Date __________________________
Webster University
Department of Professional Counseling
Weekly Clinical Hours Log
COUN 6100/6200 Practicum and COUN 6500 Internship
Complete one log each week during your field experience. Provide a copy of each log to your faculty supervisor and maintain a copy of each weekly log for licensure purposes.

USE TEVERA FORM

Student Name: ___________________________________________  Week # _____
Faculty Supervisor Name: Chakaryan  Course Number: Practicum 6100/6200
Week Start Date: ________________  Week End Date: ________________

Direct Hours (list total hours for the week in each category)
- Individual counseling (adult) __________
- Individual counseling (child/adolescent) __________
- Group counseling __________
- Couple counseling __________
- Family counseling __________
- Intake evaluation __________
- Testing or other assessment __________
- Other (please describe) __________

Total Direct Hours for Week: __________  Total Direct Hours to Date: _______

Indirect Hours (list total hours for the week in each category):
- Preparation for class __________
- Reviewing audio or video recorded sessions __________
- Preparation for direct work with clients __________
- Preparing records for client contact __________
- Staffing/Meetings __________
- Receiving/Providing consultation __________
- Trainings/Workshops related to counseling __________ (minimum of 1 hour per week)
- Individual supervision w/site supervisor __________ (min 1.5 hours/wk)
- Group supervision with class __________
- Other (please describe) __________

Total Indirect Hours for Week: __________  Total Indirect Hours to Date: _______

TOTAL HOURS AT SITE FOR THIS WEEK: __________

____________________________________________________  ___________________________
Student's Signature  Date

____________________________________________________  ___________________________
Site Supervisor's Signature  Date

____________________________________________________  ___________________________
Faculty Supervisor's Signature  Date
Intern Presenting the Case: __________________________ Date: ________________
Feedback provided by: ______________________________________ Presented Session # _______

Summary of presented case information:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

<table>
<thead>
<tr>
<th>Skills/Requirements</th>
<th>Yes/No</th>
<th>Helpful suggestions and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory presentation: accuracy, completeness, handout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theory is demonstrated throughout recorded session</td>
<td></td>
<td></td>
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<tr>
<td>Paraphrasing at Level 3 or 4</td>
<td></td>
<td></td>
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<tr>
<td>Reflection of feelings &amp; content</td>
<td></td>
<td></td>
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<tr>
<td>Use of here and now</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic silence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confrontation of inconsistencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validation of client experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification and co-creation of goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalization of values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barriers to communication? (judging, advising, non-therapeutic reassurance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidality/homicidality assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of homework assignments/exercises</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathy, genuineness, warmth, unconditional regard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 trans-theoretical items</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Specific Skills that were strong: ____________________________________________
Specific Skills than need development: ______________________________________
Theory use and feedback for improvement: ____________________________________

**Webster University**
**Department of Professional Counseling**

**Live Supervision: Basic Counseling Skills Rating Form**  
*(To be used by instructor and peers when providing feedback for a demonstrated role-plays)*

### Performance Area Rating:

- **D** = demonstrated skill, but improvement needed
- **M** = meets expectations for skill performance
- **N** = not observed/no basis for evaluation

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<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Opens the interview in an unstructured, friendly and non-threatening way. Clarifies counseling and client/counselor relationship if necessary.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Attending: Counselor communicates attention verbally and non-verbally</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>Empathy: Demonstrates an understanding of what the client is experiencing and communicates that understanding to the client.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>Minimal encouragers: Uses statements which prompt the client to say more and which provide a smooth flow to the dialogue.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>Reflection of content: Is able to summarize or paraphrase client communications.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>Reflection of feeling: Responds to and helps clients explore the emotional content of the client’s remarks.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>Positive regard and warmth: Communicates feelings of worth and caring for the client as a person. Establishes good rapport; evidences warmth and acceptance.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td>Concreteness: Is direct and specific in discussing the client’s thoughts, feelings, and experiences.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td>Genuineness: The counselor relates to the client in a real and authentic manner.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>Non-defensiveness and safety: Counselor models and encourages non-defensiveness and creates an environment that is conducive to the client’s expression of ideas and feelings and the exploration of behavior.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td>Verbal style: counselor is not overly talkative and is clear and concise when responding.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>Silences are appropriately and effectively handled.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td>Respect: Demonstrates the use of techniques for initiating and maintaining a counseling relationship that are culturally sensitive to gender, race, religion, national origin, sexual orientation, disability, etc.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td>Response style: Counselor’s requests and responses are appropriate to the content of the client’s remarks and to the intellectual level of the client.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td>Responsibility: Counselor assumed an appropriate level of responsibility for the conduct of the session.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>Questions: Appropriate use of open- and closed-ended questions, counselor allows client to answer.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>17.</strong></td>
<td>Confrontation: Points out discrepancies and inconsistencies in client’s statements and actions.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>18.</strong></td>
<td>Restructuring: Helps client reframe or relabel thoughts, feelings, experiences, or behavior from a different perspective.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>19.</strong></td>
<td>Immediacy: The counselor and the client appropriately discuss the counseling relationship.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
<tr>
<td><strong>20.</strong></td>
<td>Self-disclosure: Counselor appropriately shares his or her own feelings, thoughts, or experiences with the client.</td>
<td><strong>D</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**Supervisor/Observer: ___________________________**
Webster University Department of Professional Counseling
Temporary Solution to Address COVID-19
Checklist for Interns Requesting Approval to offer Telemental Health Services from Home

COMPLETE IN TEVERA

Students whose sites have closed and whose sites have asked them to perform telemental health counseling services from home must complete this checklist and write in detail in the narrative sections to be reviewed and approved by the department’s Clinical Director, campus clinical coordinator or designee.

☐ Training in telemental health approved by faculty (please, describe the training and attach certificate). Please, also attach evidence of your site supervisor’s training.

☐ Type of telemental health you will be providing (individual, group, adult, child, etc.)

☐ Platform you will be using and its end-to-end encryption & HIPAA compliance status

☐ Privacy and security of the space in your home where you will provide telemental health (please describe how you will secure the space in your home to ensure it is private, free of distractions, and appropriate for professional service provision, i.e. not your bed in the background)

☐ Plan to securely store session notes, written communication with client, and any other clinical documentation (please, describe in detail how you plan to authenticate, secure, lock any devices and folders/documents on those devices to store confidential information.)

☐ Noise machine and any other provisions for blocking sound travel from inside telemental health space for confidentiality purposes

☐ Security of internet connection or phone reception for service continuity (please, describe how you plan to have a secure and uninterrupted connection/reception while providing these services)

☐ Plan for emergency and crisis situation (please describe in detail, step by step, what is your and your site supervisor’s plan for addressing SI/HI and other crisis situations while providing telemental health services)

☐ Site supervisor’s availability while intern provides services (please, describe in detail what plan is in place)
Note: Please provide any additional information that you think would be helpful for your faculty supervisor, as they review your request for approval to provide telemental health services from your home. Students cannot conduct counseling with clients via telehealth without faculty approval.

Etiquette for Distance Counseling

- Ensure you have a properly functioning device with a camera so that you can be seen through video.
- Be aware of what is behind and around you and any sounds in the area. Make sure you have an appropriate and professional environment free of audible or visual distractions. Having a quiet space is essential and muting yourself when you are not talking helps minimize echo. Practice your camera view first to ensure everything looks appropriate before your client signs in.
- For better sound control and privacy, use earphone with an attached microphone.
- All participants should dress appropriately, as you would for a professional face to face meeting.
- Do not engage in other activities on your computer or other devices during session, even if you think you have it under control, it will be obvious to the client that you are distracted and not paying attention to them.
- When you engage in counseling from home, let your family know that you are “in session” and request that they not disturb you. Place a white noise machine outside of the door.
- Ensure you have consistent and secure network connection.
- Always provide an access code or password to client to enter your virtual room rather than a link so that your virtual space cannot be hacked.
- Always store your session recordings and clinical documentation in secure, locked, and authenticated space even inside the virtual platform.
- Remain sitting up and do not move around with your phone/computer in your hand. Request that your clients follow the same etiquette. Have lighting (natural or lamp) face you and not the computer screen. Position the computer/phone camera at eye level and sit on a distance to ensure client has a proper view of your head and upper body portion.
- When taking notes during session, let the client know what you are doing and have it at least partially visible to them to ensure they know you aren’t distracted by other activities.
American Counseling Association

TELEBEHAVIORAL HEALTH INFORMATION AND COUNSELORS IN HEALTH CARE

Telebehavioral health, or distance counseling, is the use of a digital platform that provides secure, encrypted, audio-video conferencing to communicate with a client in real time. This does not include nonsynchronous (not real time) texts, calls, digital chats, emails to and from counselors and their clients.

Many professional counselors have found telebehavioral health to be a great addition to their practice and their work with clients, including the ability to reach clients while obstacles may limit or prevent clients from in person counseling.

We understand with the arrival of the 2020 global pandemic, the topic of telebehavioral health has become more prominent as a means of continuing work with existing clients, and beginning work with new clients.

All requirements for working with clients remain in place with telebehavioral health.

The usual standards of care counselors use when working with clients still apply. When using telebehavioral health, counselors must now consider additional issues along with having training and competency to deliver services through this means, https://www.counseling.org/knowledge-center/mental-health-resources/trauma-disaster/telehealth-information-and-counselors-in-health-care

Additional Resources by ACA:

The practice of telebehavioral health involves the consideration of:

FREQUENTLY ASKED QUESTIONS AND ANSWERS FOR TELEBEHAVIORAL HEALTH (Links to an external site.)
LICENSURE AND LIABILITY INSURANCE (Links to an external site.)
ETHICAL STANDARDS (Links to an external site.)
INSURANCE BILLING PRACTICES AND POLICIES (Links to an external site.)
EFFECTIVE REMOTE COUNSELING (Links to an external site.)

Skills required to effectively work with a client without in-person interactions

TELEBEHAVIORAL HEALTH TECHNOLOGY (Links to an external site.)

Using appropriate technological platforms where security standards conform with the recommendations of the Office of the National Coordinator for Health Information Technology (DHHS).

TELEBEHAVIORAL HEALTH ETHICAL STANDARDS
Carefully review the 2014 ACA Code of Ethics (see Section §H - Distance Counseling, Technology, and Social Media) (Links to an external site.). Section §H outlines the standards of care for professional counselors who use technology in clinical practice.

ACA members can have an ethics consultation, or ethics questions answered .

Ensure informed consent documents and discussions with clients are updated to reflect how counseling services has changed. Comprehensive training programs in telebehavioral health – such as Demystifying Ethics and Law for Telebehavioral Health and other courses on ACA’s Continuing Professional Development .) center – will be helpful. Additionally, you should thoroughly review the 2014 ACA Code of Ethics (§H) and your current board regulations as they relate to the practice of telebehavioral health at this time.
Supplemental Forms
Client Intake/Assessment Form
If Site Does Not Have an Intake Form, Use This Form

Field experience students will present all of this information for every client presentation. **ALL of this information should be gleaned within first 3-4 sessions (in addition to informed consent) with EVERY CLIENT REGARDLESS OF SESSION NUMBER.** (Note that some information can be gleaned from a written intake form, yet, the field student must be familiar with all of this information for every client.) **Prepare. Know your clients.** Use simple one word answers and or bullets when possible.

NAME of CT___________ DATE _______________ #SESSION w/CL & CT__________

General demographics:
A. Age
B. Client identified gender
C. Current work status
D. Educational status
E. race/ethnicity
F. religion
G. marital status
H. children
I. Support system and living situation:
J. History of counseling (experience? Duration? Number of startups?)
K. History of suicide ideation and/or attempts, hospitalization?
L. History of abuse? If so, as perpetrator or survivor?
   1. When, who, frequency and duration, criminal proceeding if any:

M. Presenting diagnosis under supervision:
   1. Differential?
   2. Did you rule out general medical condition(s)?
   3. What would be the perspective from positive psychology?

1. Briefly (one sentence) describe the following aspects in relation to the clients issue:
   a. Bio
   b. Psycho
   c. Social
   d. Spiritual

2. What do significant caretaker relationships look like? (Describe significant relationships and/or lack thereof)

3. What are the coping skills of this CL (what do they do/think **when faced with anxiety provoking or uncomfortable incidents**)?
4. Client is on medication to treat ___________________________. Common side effects of this drug are:

***I have specifically asked client about the above mentioned side effects (ie, I did not ask them ‘any side effects?’ I actually named the common side effects) _____YES _____NO

5. Issue as presented by CL:
   a. Why is this issue surfacing for this CL now (i.e., what happened to bring the client into therapy):

   b. What was the CL’s life like in the months surrounding the issue surfacing:

   c. Did this issue originate as a possible protecting factor for the client? If so, how? IE, what does this issue bring to or take away from the client?

      Or, is it better attributed to a severe organic mental illness dx?

6. Recent successes this client has experienced: (describe and achievements, strengths, and other positive outcomes)

7. Therapy Goals for this client:
   a.
   b.
   c.

8. Strategies to achieve these goals for this client:
   a. 
      a.1.
      a.2.
      a.3

   b. 
      b.1.
      b.2.
      b.3.

   c. 
      c.1.
      c.2.
      c.3.

9. Specifically (behaviorally) what will this client’s life look like when issues are resolved?

10. Strategies employed that have worked so far with this client:

    Strategies attempted that have and have not worked previously:

11. Prognosis for this client:

12. Recommended frequency and duration of therapy for this client:

13. Recommended interdisciplinary approaches. If any, with this client:
Counseling Session Progress Notes: Sample 1

SOAP Note Template

S: Subjective: Describe your impressions of the client in the subjective section. Include your impressions about the client’s/patient’s level of awareness, motivation, mood, willingness to participate. You may also list here anything the patient and/or family may say to you during a session.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

O: Objective: Write measurable information in the objective section. Your data goes here. Include any test scores, percentages for any goals/objectives worked on, and any quantitative information.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

A: Assessment: Describe your analysis of the session in the assessment section. This is the interpretation section. Insurance companies like it when you compare the client’s performance across sessions.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

P: Plan: Outline the course of treatment in the plan section. Any changes to objectives, activities, reinforcement schedules should be included.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Example:

S: Client arrived on time and appeared ready and motivated to begin session. Client reported reduction in feeling of fear and tension in neck area during a presentations at work this week. Client shared being concerned about an upcoming conference call at work stating this call weighs heavy on them due to potential outcomes.

O: Client will engage in a role play during session with clinician for 2 sessions and identify negative self-talk. Client will make an appointment with HR representative to speak up about the micro-aggression they experience at work as discussed and reported in 3 homework logs where they identified this a priority. Client assesses their accomplishment for the week’s goals as “good” on a scale from poor; fair; good; excellent. Clint will continue with the daily mindfulness exercises in the morning and write down reflection of the day before bed.

A: Client continues to demonstrate difficulty distinguishing between self-imposed and external pressures and expectations and seems to struggle with meeting those expectations that they have come to evaluate as unrealistic. Client displays elevated levels of anxiety and tension in the body when speaking about assertiveness and illustrating scenarios where they would need to self-advocate or speak up. Client states in weekly priorities journal section that standing up for their safety at work is important to them however seems to then step back when discussing how this would look in real situations. Client displays discomfort as evidenced by “shrinking” of their body when talking about real examples of asserting themselves in a conversation at work.

P: Make a list of books and audio/visual materials for assertiveness. Commit to 1 activity a week that supports increase in self-confidence.
Counseling Session Progress Notes: Sample 2

Sample Clinical Case Note
(This format must be presented for individual supervision)

Counselor Trainee: N. L. Date: __________

Client Name: K.P. Session # _______

Demographic Data: 56 year-old Caucasian female, single, in assisted living, has documented disability.

Client History:
Client is a 56 year-old Caucasian woman who has three adult children. Based on client's report, she is legally married though her husband left her and the children when they were very young. Since her husband left, there have been many problems, communication issues, lack of interaction with the kids while growing up, and little to no financial assistance, especially when one of the children had a disability from age 3 on as client shares. Based or Cl account, she currently resides in assisted living and gets some government support for her disability. Her children are all living on their own. Outside of her parents, client states not having anyone else to ask for support. She claims having had depression for as long as she can remember. She states having been on various medications to help with her spinal injury pain and with her depression. CI reports that she occasionally has panic attacks when she gets overly worried about something. Client shares no prior history of counseling, however states that she feels this experience can be beneficial to her. She shares that she would like to focus on coping skills so she doesn’t let anger and sadness define her current state.

Client Presenting Problem: Depression, lingering anger and sadness, as well as occasional panic attacks.

Counselor Trainee Observation:
Client seemed to be adequately dressed and groomed. When talking about her husband, the client would often get emotional and cry. The counselor in training (CT) also observed what seemed to be frustration in her voice when the client discussed all the sacrifices she has made and how she feels abandoned and alone. Client’s speech seems to slow down once she settles into session, after about 15 minutes or so. She demonstrates frequent sighing when talking about past trauma.

Suicidality/Homicidality Assessment: No Suicidal/Homicidal thoughts, intent, or plan were reported to the counselor.

Abuse/neglect assessment: No abuse of child, elderly or a person with disability was reported.

Client Diagnoses: (Use both the code and the name of the disorder using DSM 5)

Client Reports:
1. Constant anger towards her husband for all his actions and the consequences she had to deal with
2. Steady depression which seems to always be there, sadness and feeling of abandonment and fear of loneliness
3. Lack of support – children are on their own and hardly ever visit her, parents are too old to help
4. Difficulty forming new relationships and maintaining past relationships within support system
5. Lack of assertiveness when needing to express her needs to her friends or family
6. Feelings of resentment towards people who she perceives to be taking advantage of her

Client Goals for Treatment:
1. Client would like to obtain positive coping skills to address anger, resentment and depression.
2. Client would like to process past trauma and work towards healing.
3. Client would like to improve interpersonal communication, conflict resolution and assertiveness skills to establish and maintain healthy relationships within existing and possibly newly built support system.

**Action Taken in Therapy:**
1. Counselor Trainee (CT) addressed client’s history of depression and attempted to get a start time of the symptoms and any events that might have sparked this. CT and CL drew a life event diagram.
2. CT and client addressed client’s anger for all the past issues with the husband who has not been in the picture for over 20 years and discussed ways this anger has had a lasting effect on the client and her life.
3. CT explored techniques that could help client trace triggers to sparking events and maintain a written record of these including her reactions, feelings, thoughts and behaviors in response to such triggers.
4. CT administered Beck Depression Inventory and Beck Anxiety Inventory. Results will be discussed in next session.

**Homework Assigned:**
1. Client will write a list of 2-3 things she can do for self-care throughout the week. In session she discussed venting to her mother was a good outlet. CT challenged her to think of other coping skills in the event that her mother isn’t there for her to vent to.
2. CT also asked the client if she would monitor her panic attacks and identify what events took place right before one would take place. This would be a weekly activity and will be discussed in session.

**Resources Provided:**
CT gave the client some community resources for support groups for individuals living by themselves with a disability. CT gave a worksheet for tracking events that spark her anger.

**Next Session was scheduled for:**
Xx/xx/20__

Recommended frequency for sessions: _______________________________

Counselor Trainee (CT) Name ________________ CT Signature __________ Date __________

**Must be Signed Prior to Leaving Site with a Recoding**

**For Site Supervisor:** *(If student is not bringing the separate statement page, supervisor must sign this portion of the case notes)*

**Informed Consent Disclosure Statement**

I have reviewed and signed the Informed Consent document for this recorded session provided by the Intern and signed by the client, intern, and myself.

Site Supervisor Name: ________________ Site Supervisor Signature: ________________
Clinical Documentation: Sample 1

Sample Treatment Plan
(This is the format needed to present at Individual Supervision)

Counselor Trainee Name: __________________________ Date: __________

Client Initials: ______________ Sessions Completed Thus Far: ______________

Client Presenting Problem: Brief Summary

Treatment Goals (What does the client want to accomplish through counseling?)

1. 
2. 
3. 
4.

Treatment Plan (How does the client want to accomplish those goals, with what strategies?)
(Activities to achieve goals should be realistic & measurable, frequency & duration should be indicated)

1. 
2. 
3. 
4.

Additional Notes (Theoretical approach, techniques, session structure, frequency, activities suggested, homework assignment suggested, etc. in order to facilitate achievement of therapeutic goals)

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

CT Name & Signature: __________________________ Date: __________

Site Supervisor Name: __________________________ Supervisor Signature: __________________________

Client Signature (Not needed to bring to supervision): ______________ Date: __________
Treatment Plan Modification/Update Notes: (Ideally, completed after sessions 7-9)

Date: _________________________________

(This section is typically filled out after about 5-7 sessions following the original treatment plan to reflect any changes that have occurred and new/updated goals and treatment to address those.)

Modified/Updated Goals:
1. 
2. 
3. 
4. 

Treatment Plan Modified to Reflect Updated Goals:
1. 
2. 
3. 
4. 

Additional Notes (See details on page 1):

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

CT Name & Signature: ___________________   ___________________  Date:_______

Site Supervisor Name: ___________  Supervisor Signature: ________________

Client Signature: ________________  Date: __________

(Client Signature is only needed if this is going to be stored in client’s file. For purposes of individual supervision with faculty supervisor, neither the case notes nor the treatment plans need to be signed by clients.)
Clinical Documentation: Sample 2

Sample Overview of Therapy and Progress
CBT Model

Client Name: ___________________   Reason for Seeking Therapy: _____________________   ________

Date of Start of Therapy: ___________________    Date of end of Therapy: __________________

Reason for Conclusion of Therapy: __________________________________________________________

Or/ Reason for Referral: __________________________________________________________________

Brief overview of therapy and progress:

This Cl shared in session having had a very fitness-orientated lifestyle; he had been an active competitive runner and a lot of his confidence was built on that. After his accident and consequent injury, this Cl shared that he started experiencing decline in overall wellness and self-image. Once he’d been told to start using a stick and be careful, he says he felt old and that everyone was looking at him, which he thinks led to panic attacks in his local shopping mall. He wanted to do all of the things he’d always done and was almost looking for permission to try based on his narrative. He shared experiencing a lot of social anxiety regarding his bowling past time which he’d recently taken up as part of new coping skills discussed in therapy. He seemed to treat it in a similar way to his running career. It appeared as though he had to do his best and push himself the entire time. If he played poorly he found it difficult to look anyone in the eye as shared in sessions.

Ct and CL spent a lot of time talking through and challenging his thoughts, and trying to get him to see his situation from a different viewpoint. By the end of the sessions, which was session 12, client had reported completing physical therapy and being back at the running track walking significant distances. Client reported going to the gym two to three times per week and attending his bowls without the anxiety. At the 6-month follow-up this Cl reported continuing to play bowls regularly and without the performance anxiety that he had experienced. He had stopped going to the running track in favor of walking around the cricket pitch as it was more picturesque. Cl shared he was having problems with his back that might require surgery, but there seemed to be a reluctance to do anything or push any further, however he stated being under his doctor’s care.

On a scale from 0 (no anxiety at all) to 10 (intense anxiety and panic attack), Cl reported 3. He claimed 3 was in relation to his back pain and the possibility of having to look at a surgery as an option in the future if pain persisted or worsened.

This Cl progress in therapy is evaluated by this CT as Good.

Are there any documents requested by this Cl? Yes: __   No: ___ (Explain what kind if yes):

Recommendation by this CT for future wellness maintenance:

________________________________________________________________________________________

Ct Name:
Ct. Signature:

Site Supervisor Name:
Site Supervisor Signature:

Source: https://www.ncbi.nlm.nih.gov/books/NBK378911/