<table>
<thead>
<tr>
<th>Course</th>
<th>COUN 6500: Counseling Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term, Day, Time, Location</td>
<td>Fall 1 2021</td>
</tr>
<tr>
<td>Instructor</td>
<td>Name: Katie Vena  Phone: 618-401-2255  Email: <a href="mailto:katherinevena51@webster.edu">katherinevena51@webster.edu</a></td>
</tr>
<tr>
<td>Catalog Description</td>
<td><strong>COUN 6500: Counseling Internship</strong> Internship is an intensive counseling experience which provides students with the opportunity to perform a variety of counseling activities expected of a professional mental health counselor (e.g. intake, application of diagnostic and therapeutic skills, documentation, information and referral techniques, staff meetings, and weekly supervision). Interns are required to gain a variety of counseling experiences including individual counseling and complete a minimum of ten hours of group facilitation as part of the total Internship experience. Sites are required to provide a comprehensive counseling experience. Sites that only provide one type of counseling experience (such as group facilitation or intake activities) will not be approved. This course is time-consuming and demanding. Students should be prepared to apply more hours to this course than to most other courses. Students will be required to meet weekly for a minimum of 60 consecutive minutes of uninterrupted time with their site supervisor; and to meet weekly for a minimum of 90 minutes (or more) of group supervision with the Internship 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 complete Internship in conjunction with their Counseling curriculum. Acceptance into a section of Internship (COUN 6500) depends on the approval of the licensed faculty supervisor of the course. Hence, enrollment in this course requires permission of the faculty supervisor. The site supervisor is required to be a licensed mental health professional with a minimum of two years of post-licensure experience supervising counselors in training. <strong>If students had to change sites between practicum and internship, they have to go through the same pre-practicum process and resubmit all the required documents</strong> prior to the start of class (please, see clinical handbook for details). Students are required to abide by the ACA <em>Code of Ethics</em> (2014) in their Internship experience and throughout their time in the counseling program. Students are required to obtain professional liability insurance (PLI) through ACA (student membership is required) and cannot see clients without a PLI. Students must obtain a recording equipment in this course. No school settings or in-home services are allowed for CMHC internship at this time. Tevera Management System is required in the Counseling program and it will assist students in building their virtual portfolio.</td>
</tr>
<tr>
<td>Content Areas</td>
<td>Content Areas: professional practice, professional identity, helping relationships, professional orientation and ethical practice, diagnosis, assessment, social and cultural diversity.</td>
</tr>
</tbody>
</table>
## Virtual Instruction and Telemental Health

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.

## Knowledge and Skills Outcomes

<table>
<thead>
<tr>
<th>COUN 6500 Course Standards</th>
<th>Assignment(s)</th>
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</thead>
<tbody>
<tr>
<td>Upon successful completion of this class, students will be able to:</td>
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<tr>
<td><strong>Demonstrate comprehension of a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision (2009 CACREP standard CMHC A. 5; 2016 standard III. A.5.)</strong></td>
<td>Case conceptualization presentations; participation</td>
</tr>
<tr>
<td><strong>Evidences processes for aiding students in developing a personal model of counseling (2016 standard 2.F.5.n.)</strong></td>
<td>Case conceptualization</td>
</tr>
<tr>
<td><strong>Evidence development of measurable outcomes for clients (2016 standard 2.F.5.i.)</strong></td>
<td>PSE</td>
</tr>
<tr>
<td><strong>Defines principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning (2009 CACREP standard CMHC C. 6; 2016 standard III.C.7); (2016 standards 5.C.1.c.; 5.C.3.a.; 2.F.5.h)</strong></td>
<td>Case conceptualization</td>
</tr>
<tr>
<td><strong>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals (2009 CACREP standard CMHC III. L.2.) (2016 standard 2.F.5.j.)</strong></td>
<td>PSE: Case conceptualization</td>
</tr>
<tr>
<td><strong>Demonstrate the ability to apply and adhere to ethical and legal standards in clinical mental health counseling (2009 CACREP standard CMHC B.1.);</strong></td>
<td>PSE</td>
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<tr>
<td>Use the principles and practices of diagnosis, treatment, referral, and prevention of mental health and emotional disorders to initiate, maintain, and terminate counseling (2009 CACREP standard CMHC D.1.); (2016 standard 5.C.2.d.)</td>
<td>PSE</td>
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<tr>
<td>Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders (2009 CACREP standard CMHC D.2.); (2016 standard 5.C.3.b.)</td>
<td>PSE</td>
</tr>
<tr>
<td>Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities (2009 CACREP standard CMHC D.3.)</td>
<td>Self-care; PSE</td>
</tr>
<tr>
<td>Applies effective strategies to promote client understanding of and access to a variety of community resources (2009 CACREP standard CMHC D.4.); (2016 standard 2.F.5.k.)</td>
<td>PSE; Referral list</td>
</tr>
<tr>
<td>Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling (2009 CACREP standard CMHC D.5.)</td>
<td>PSE</td>
</tr>
<tr>
<td>Maintains information regarding community resources to make appropriate referrals (2009 CACREP standard CMHC F.1.)</td>
<td>Referral list</td>
</tr>
<tr>
<td>Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients (2009 CACREP standard CMHC F.2.); and (2016 standard 5.C.3.e)</td>
<td>PSE; Referral list</td>
</tr>
<tr>
<td>Demonstrate the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations (2009 CACREP standard CMHC F.3.)</td>
<td>PSE; Case conceptualization</td>
</tr>
<tr>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders (2009 CACREP standard CMHC H.3.)</td>
<td>PSE</td>
</tr>
<tr>
<td>Promotes a general framework for understanding and practicing consultation (2009 CACREP standard G.II.5.f.) and implements strategies for interfacing with integrated behavioral health care professionals (2016 standard 5.C.3.d).</td>
<td>PSE; Referral list</td>
</tr>
</tbody>
</table>

**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/)


Additional Resources:
16 best books recommended for therapists: [https://positivepsychology.com/best-therapy-books/](https://positivepsychology.com/best-therapy-books/)
Recommended list of 100 books for therapists: [https://www.goodreads.com/list/show/2101.Books_Every_Psychology_and_or_Counseling_Doctoral_Student_Should_Read](https://www.goodreads.com/list/show/2101.Books_Every_Psychology_and_or_Counseling_Doctoral_Student_Should_Read)

Other articles, handouts and readings will be required.

**Method of Instruction**
Learning will include readings, presentations, treatment planning, group supervision; and individual supervision outside of class with faculty supervisor.

**Grading**
Grades in this course are CR, F, NC, W and WF:

- **CR:** Work that is performed as satisfactory graduate work (B– or better). A grade of "CR" is reserved for courses designated by a department, involving internships, a thesis, practicums, or specified courses.
- **NC:** 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
- **F*: 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
- **W:** Withdrawed from the course
- **WF:** 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.

**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.

**Grade Breakdown for each term**

| Attendance (includes coming to class on time and staying for the entire duration of the class) | 20 |
| Participation (includes treatment planning & class discussion) | 20 |
| One on one Supervision with faculty (includes organization) | 20 |
| Midterm/End-Term Faculty PSE | 40 |
| Midterm/End-Term Site Supervisor PSE | 20 |
| Case Conceptualization (graduate level writing, paper organization, following instructions, presentation, etc.) | 30 |
Activities

<table>
<thead>
<tr>
<th>Required:</th>
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<tbody>
<tr>
<td>• Students must complete supervised Internship experience that totals a minimum of 150 clock hours per term (9 weeks).</td>
</tr>
<tr>
<td>• At least 60 of those clock hours must be direct service with actual clients that contributes to the development of counseling skills. Direct hours are to be a combination of group, individual hours, and intake. Intake and group hours together cannot exceed 60% of total direct hours. Each student must have both individual and group hours.</td>
</tr>
<tr>
<td>• Documentation of weekly internship activity on the Weekly Activity Log in Tevera and signed by student and site/faculty supervisors. It’s recommended to keep hard copies for record in addition to the digital portfolio in Tevera.</td>
</tr>
<tr>
<td>• A minimum of 60 consecutive minutes of individual and/or triadic supervision is required per week with site supervisor who is working in consultation with the faculty supervisor in accordance with the supervision contract.</td>
</tr>
<tr>
<td>• A minimum of 1.5 hours of group supervision per week in regular schedule throughout the internship course with the faculty supervisor.</td>
</tr>
<tr>
<td>• Evaluation of the student’s counseling performance throughout the Internship by both site and faculty supervisors, including documentation of a formal evaluation using the PSE in each 9 week-term and Individual Session Skill Evaluation Form with each recorded session.</td>
</tr>
<tr>
<td>• For all clients, each counselor trainee is required to:</td>
</tr>
<tr>
<td>o Conduct an intake interview with both written and verbal informed consent and statement of confidentiality</td>
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<tr>
<td>o Write a case note immediately after every session</td>
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</tbody>
</table>
- Review case notes immediately prior to each session
- Make and maintain weekly appointments with clients
- Be punctual and reliable to the site and clients
- Make and maintain weekly appointments with clinical site supervisor
- Write a treatment plan after at least the third session once goals with that client are established
- Write a treatment summary after the termination/referral of each client
- Maintain professionalism in and out of session and adhere to ACA code of ethics at all time while practicing as a trainee or professional counselor.

Any of the above points not occurring on site must be reported to the faculty supervisor as soon as possible.

Assignments:

1. **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 relaxation exercises by the Counselor Trainee. The practice of relaxation is meant to de-stress the person from the clinical experience. Examples include but are not limited to breathing exercises, meditation, prayer, fictional reading, visualizations, etc. **Students are required to implement a preferred self-care strategy throughout the term.** Submit the 3 activities in the first week of class, and the self-evaluation paragraph at the last week of the term. The brief evaluation paragraph will indicate how the practice of self-care/relaxation affected students’ clinical experience and what may need to change in their plan for better outcomes. Self-care activities (3) must be measurable, realistic and clear, i.e. "I will be attending 45 minute yoga class 3x a week between 8AM and 9AM." Students are expected to select these activities to aid in their holistic wellness and self-care throughout this semester.

2. **Record Sessions for Supervision Purposes:** Review HIPAA regulations to ensure securing of recorded sessions with several passwords/locks. **Review HIPAA regulations regarding telemental health and storage of electronic files.** For questions related to this practice, see the professor prior to recording. Recorded sessions should be erased after both site and faculty supervisors have evaluated them. For each recorded session presented for supervision (individual or group) to the university for supervision (individual and group), the Informed Consent Acknowledgment form must be signed by the site supervisor who confirms by signature that the entire document was provided to the client and all signature had been collected. The complete informed consent document which contains the client’s name and signature will not leave the site to protect client’s confidentiality. This acknowledgment form, attached to this syllabus, will replace it for supervision purposes and can be found in Tevera.

3. **Weekly Activity Logs.** All clinical activities ought to be documented on a weekly basis using the form in Tevera.

4. **Group Supervision.** Group supervision will take place during each class period. Group supervision will occur once per week for a minimum of 1.5 hours and will involve group check in and student case presentations. Group supervision class is scheduled for 2 hours however may go longer based on class size and student needs. Students will sign up for a case presentation consisting of their theory and a case introduction and accompanied by a segment of a recorded session. Students are required to present **two different sessions** to class and faculty supervisor in group and individual supervision. **Non-defensive openness to group and supervisor feedback is critical** as is providing constructive, non-threatening feedback to others. Students are urged to use their counseling and interpersonal skills when providing feedback to peers. Students are evaluated on both providing and receiving feedback. Group supervision is about providing feedback regarding skills to the counselor trainee and 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.

5. **Case Conceptualization Presentation** is limited to 45 minutes, one per term **--strongly adhere to time limit.** Students will demonstrate and articulate their theoretical orientation to the class through a case
presentation. The following applies:

a. Present the theory to class by briefly discussing (no more than 5 minutes) techniques, key tenets, role of counselor & client, nature of change, client counselor relationship, empirical support, perspective on cultural diversity, and contemporary proponents of the theory (using their own interpretation of what they have read and learned). To help with time limit, more detailed information can be placed in the handout (about 2 pages) provided to peers and faculty. Students must demonstrate a thorough understanding of the theory they are utilizing. On the day of their presentation, students will start a discussion post by uploading their handouts, resources relevant to this presentation, and any required forms.

b. Students are required to provide a copy of the Treatment Team Feedback form for every member of the class and the professor to receive feedback on their presentation. For Virtual class, each student will electronically fill out the form then submit on Canvas under that student’s post or email to the student copying the instructor.

c. Upload the Informed Consent Acknowledgment signed by site supervisor which confirms that permission has been obtained to record this session (form attached to this syllabus) on Canvas in the post where all documents are submitted.

Presentation Components:

a. Articulate your theoretical orientation in the recorded session (no more than 5 minutes). Demonstrate understanding of the theory without reading from paper word by word.

b. Present the case based on the 6 trans-theoretical items (see attached) (not more than 10 minutes) and submit this on Canvas.

c. Play recording (15-20 mins) - the professor may stop the recording at any time or ask fast-forwarding/rewinding if necessary. For Virtual class, students will be playing the recording by sharing their screen which will allow for better quality. **Do not submit the recording on Canvas.** Canvas is not HIPAA compliant.

d. Receive feedback (10 minutes) - students will complete the form in more detail and give to the presenter (or submit to Canvas).

Note: Students are evaluated by peers on the presented information (or lack thereof) based predominantly on the skills performed and the theory application in the recorded session.

Note: Students who miss the day of their scheduled presentation will lose all the points for this assignment and will have to make another individual supervision with Faculty supervisor with any additional requirements.

6. **Case Conceptualization Paper** must follow the outline and format attached to this syllabus:

a. All papers must adhere to the APA format (2019, 7th ed.)

b. Some faculty require that students bring a hard copy of their case conceptualization paper to class or submit it to Canvas on the day of their presentation (see sample and instructional handout attached at the end of syllabus). Other faculty require that students present their case conceptualization paper on the day of individual supervision session with the instructor. Check with your faculty supervisor.

c. All narrative sections must be included as illustrated in the sample provided. The paper is evaluated by faculty supervisor using the **Case Conceptualization Rubric** attached.

7. **Individual Supervision Sessions with Site Supervisor.** Students are required to meet with their assigned site supervisor for individual supervision once per week for a minimum of 60 consecutive minutes. Students experiencing difficulty with their site supervisor should take the following steps immediately: a) consult the internship faculty supervisor ASAP to discuss the difficulty with the site supervisor; b) attempt to professionally resolve any conflicts with the site supervisor in person; c) follow up with the faculty regarding the outcome of the meeting with the site supervisor.
Being released from a practicum/internship site may result in a grade of F for the course and all hours will be lost. It is imperative that students inform the faculty supervisor of any concerns and work closely with the site supervisor to resolve those concerns per ACA Code of Ethics (2014).

8. **Individual Supervision Sessions with Faculty Supervisor.** Interns will meet with the faculty supervisor (outside of class) for individual supervision at least one time per term to review a recorded client session and all required documentation. The number of required outside class individual supervisions with the faculty supervisor can increase at the faculty supervisor’s discretion based on the student’s skill development. For virtual class, interns will meet with their faculty supervisor via Virtual platform, following the link with an access code sent by the faculty.

**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. 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 recorded session with your site supervisor prior** to your appointment with the faculty; have the site supervisor complete the Individual Session Skill Evaluation (attached to this syllabus and in Tevera) and review it with you.

c. **Review the recorded session on your own** and complete the Individual Session Skill Evaluation form.

d. **Present your self-evaluation** of the session and your site supervisor’s evaluation of the session to your individual supervision meeting with the faculty if a hard copy is requested. Submit all these documents on Tevera.

e. **Present your case notes** for that session (sample case note is attached to this syllabus). All documents must be submitted to Tevera.

f. If this is your third or more session, **present your treatment plan,** if this is your termination session, present your termination (or referral) summary. Be prepared to discuss your theory, skills, and session in same format as Case conceptualization. Submit all documents to Tevera. See sample clinical documentation attached to this syllabus.

g. **Present your case conceptualization paper** for this client (some faculty will require your case conceptualization paper at your scheduled class presentation, check with them to make sure). An evaluation rubric will be completed by your faculty supervisors and the paper with feedback will be returned to you to help you improve your next paper. For virtual class, submit these to the appropriate assignment section prior to the meeting.

**Note:** Some students may be required to meet with the faculty supervisor outside of class for additional individual supervision during the semester when the student is not progressing at a rate consistent with the course. Extra sessions are made by the faculty supervisor and are not uncommon. Participation/availability of the student intern during supervisor office hours is required.

9. **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.

10. **Resource and Referral Portfolio:** Develop a list of appropriate and varied referral resources throughout the internship experience that accurately reflects your area and population you serve, collect resources that can be accessible to individuals with various mental health needs, or counseling activities that can be helpful for your peers. Build your referral list now that will benefit you throughout your career. Post in Canvas and upload to Tevera to have access to it after graduation.

11. **PSE Evaluations:** You are evaluated throughout the entire term/semester based on your attendance, participation, conduct, adherence to ACA Code of Ethics, reception of constructive
feedback/supervision, and all your skills detailed in the PSE. Your site supervisor and faculty supervisor will complete, review with you, and sign a PSE at the end of each term. However, the faculty reserves the right to complete a PSE at any time throughout the term as needed.

**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 as well as practice within the scope of their expertise. 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.

**Webster Counseling Program Student Handbook and Clinical Handbook.** Students are responsible for learning the policies and procedures associated with the professional counseling degree program. This document is on the counseling webpage.

**For school counseling students**

All school counseling interns will be assessed using the Missouri School Counselor Candidate Assessment for certification purposes. Both the faculty member and the site supervisor are required to use this form and discuss the results with the school counselor candidate.

**Additional information for faculty** can be found in the comments under this item in the "edit syllabus" screen on this page. Scroll to the top of this page in Concourse, and select "edit" from the “syllabus” drop-down menu on the top left.

Faculty: Please use the following link to complete the school counselor candidate assessment for each school counselor in training: [https://webster.co1.qualtrics.com/jfe/form/SV_cZ1MIX6dKa6ohpj](https://webster.co1.qualtrics.com/jfe/form/SV_cZ1MIX6dKa6ohpj)

Additionally, please share the link with site supervisors and ensure that they are completing this as well.

**Instructional Modification**

ADA law does not provide for absence, restriction, or elimination of any course requirement. All course requirements must be met. Hence, students who have a disability or condition that may impair their ability to complete assignments or otherwise satisfy course requirements are encouraged to meet with the professor to identify, discuss, and document any feasible instructional modifications or accommodations by close of first class period or before if possible. Students are encouraged to notify the professor as soon as possible if the condition is diagnosed during the term/semester.

### 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/](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](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.

**Grade Appeals**

Instructors are responsible for assigning grades, and students 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](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/](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](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.

If you have already identified as a student with a documented disability and are entitled to classroom or testing accommodations, please inform the instructor of the accommodations you will require 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 may apply to you and may impact your 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 policies that apply to you. 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/

**Research on Human Subjects**

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: http://www.webster.edu/irb/index.html

**Course Evaluations**

At the end of this course, you will have the opportunity to provide feedback about your experience. Your input is extremely valuable to the university, your instructor, and the department that offers this course. Please provide your honest and thoughtful evaluation, as it helps the university to provide the best experience possible for all of its students.

**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. If you or someone you know has been harassed or assaulted, contact campus advocate Gladys Smith: (800) 981-9804 or (314) 968-7030; or the 24-hour emergency line: (314) 422-4651

**Course Policies:**

**Course Attendance**

The University reserves the right to drop a student who does not attend the first class. 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. More than one unexcused absence in this class will require that the student meet with the faculty supervisor outside of class and may require the student’s withdrawal
from the class. If it is too late to withdraw, the final grade will be an automatic F. Students are expected to come to class on time, having completed the reading assignments so they are prepared to ask questions and participate in all activities. Students coming to class late or leaving class early will be considered ‘absent’ for that class session unless approved in advance by the instructor.

**It is critical to attend all classes of field experience courses in this accelerated clinical program.** Excused absence is only approved with proper documentation. Students are expected to come to class on time. Students coming to class more than 10 minutes late or leaving class early will be considered ‘absent’ for that class session.

**Participation**

Participation is required in all counseling courses. Being prepared to participate in class is equivalent to being prepared to participate in counseling sessions with clients. Students are expected to come to class having already read the assigned material and completed the assignments. Students are expected to be active participants in the learning process, exhibiting attention, professionalism, and respect during discussions and other classroom activities. These are key behaviors for counselors expected of students in class.

Students are required to self-disclose in this course. Therefore, students are encouraged to weigh carefully what they present in role-plays as a client to prevent feelings of intense discomfort.

Additionally, counselors are often required to lead and educate groups on various topics, present in court, and perform public presentations of various types. Students who have difficulty speaking out loud in class, making presentations to the class, and participating in class discussions regularly should seek guidance from their advisor about these concerns.

Students are subject to appropriate academic penalty for incomplete or unacceptable work.

**The use of digital/electronic devices not part of the class are strictly prohibited. When discussing clients, ensure that Siri and other search engines on your phone/devices are disabled** so that conversation is not being recorded/picked up without your knowledge and permission. Ensure you do not have any apps on your phones that may access your virtual meeting content. **Students who are given notice for being distracted in class more than twice, will be asked to drop the class. What is discussed in the class stays in the class and is not discussed with other students outside of the course or friends.** Maintaining confidentiality is the primary ethical principle of counselors and violations are serious.

**Openness to supervision and instruction** by the faculty (or site supervisor) is an important element of counselor development. Openness to supervision is defined as: accepting supervision—both individual and in class; recognizing your own personal strengths, weaknesses, biases, needs, and beliefs; sensing personal and professional impact on others, both positive and negative; accepting and applying feedback from instructor; being proactive in seeking out needed experiences, feedback, etc.; and accepting feedback in a non-defensive manner with a professional attitude.

Students who do not evidence openness to supervision and or appropriate interpersonal skills are subject to remediation. See the student handbook for further detail.

**ACA Code of Ethics (2014)**

Counselors [Counselors-in-training]; students and supervisees 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 the same obligation to clients as those required of professional counselors (see F.5.a.).

**Late Submission**

All assignments are to be turned in at the **beginning** of class on the day they are due. Late assignments will be penalized with 5 point deduction for each day overdue. Some requirements are to be in hard copy and some in electronic format—check with faculty.
**Use of Personal Electronic Devices**

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. If you have a potential emergency brewing during class time and need to be available by cell (sick child, dying relative, suicidal client) you 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.

**Graduate level writing competency**

Writing competency is important in graduate school. As a graduate student and counselor in training, you have a responsibility to the profession and those you will be representing/serving to write professionally. Take this task seriously and consult the Academic Resource Center or enroll in a writing course if you are told you need assistance on writing assignments. The grade penalty will be heavy for lack of simple proofing of grammar, spelling, and APA formatting on all assignments. Please consult the rubric in the syllabus for specific grading impact.

**Academic Integrity**

All of your work in this class should be original to you and to this class. You are expected to explore, analyze, and discuss the ideas of others, but you must give 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.** Plagiarism will not be excused by ignorance on the student’s part.

*To achieve the objectives of this course, this syllabus may be revised at the discretion of the instructor without prior notification or consent of the student.*

---

**Tentative Class Schedule**

**Week 1:**
- Review of course syllabus
- Sign up for presentations
- State statutes – review (you should have these from your Ethics course)
- Group check in/supervision
- Theory check in—know which theory you are going to utilize throughout your internship
- **Due: Submit the Self-Care activities (no more than 3 paragraphs)**

*NOTE: The text book is to be read in entirety by Week 7. Students will be randomly asked to highlight the week’s readings.*

**Week 2:**
- Discussion: How to function as a relevant member of a treatment team
- Group check in/supervision

*NOTE: The textbook is to be read in entirety by Week 6.*

**Week 3:**
- Case Conceptualization Presentations start
- Group check in

**Week 4:**
- Case Conceptualization Presentations
- Group check in
Week 5:
• Case Conceptualization Presentations
• Group check in
• For those who finish this term: Review of CV and Professional Disclosure; Review of typical interview questions for a job (typically done during the last term of the internship)

Week 6:
• Case Conceptualization Presentations
• Group check in
NOTE: The text book is to be read in entirety by Week 7.

Week 7:
• Case Conceptualization Presentations
• Group supervision
• Students will finish the chapter reading
• Individual Supervision with Faculty Supervisor starts this week.

Week 8:
• Group Check in
• Case Conceptualization Presentations
• CHECK IN ON YOUR REFERRAL LIST & RESOURCES DEVELOPMENT
• Individual Supervision with Faculty Supervisor continues throughout this week. Submit site supervisor PSE to Tevera.

Week 9:
• DUE: Site supervisor end of term PSE
• DUE: Faculty end of term PSE: completed by faculty and discussed personally with each student (this week, all supervision should be completed and all students should review and sign their PSE’s)
• Group check in
• Case Conceptualization Presentations conclude
• Post resources and referral list on Canvas
• DUE: Self-care evaluation paragraph – submit on Canvas

Week 10: (Start as Week 1 on Weekly Logs)
• Start of term 2: check in and overview
• Group supervision

Week 11:
• Case Conceptualization Presentations resume
• Group supervision

Week 12:
• Group supervision
• Discussion

Week 13:
• Case Conceptualization Presentations
• Group supervision
Week 14:
- Case Conceptualization Presentations
- Group supervision

Week 15:
- Case Conceptualization Presentations
- Group supervision

Week 16:
- Case Conceptualization Presentations
- Group supervision
- Brief information discussion regarding applying for licensure in your state
- Individual Supervision with Faculty Supervisor starts this week
- Review of CV and Professional Disclosure; Review of typical interview questions for a job (typically done during the last term of the internship)
- CHECK IN ON YOUR REFERRAL LIST & RESOURCES DEVELOPMENT

Week 17:
- DUE: Site supervisor final PSE submitted to Tevera
- DUE: Weekly logs submitted to Tevera
- DUE: Faculty final PSE: completed by faculty and reviewed with each student
- Case Conceptualization Presentations conclude
- Group supervision
- Brief information discussion regarding NCE
- Sharing Referral List and Resources

Week 18: (may not have a formal meeting)

- DUE: Final Weekly activity logs submitted to Tevera
- DUE: Self-Care Evaluation Paragraph
- Post any referrals and resources on Canvas under pinned discussion.
Department of Professional Counseling
Treatment Team Feedback Form

Completed Electronically for Virtual Class
(to be used by students, one for each peer case presentation—make 12 copies per class)

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>
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<tr>
<td>Confrontation of inconsistencies</td>
<td></td>
<td></td>
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<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, and 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: _________________________________________________
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: ________________________________
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 recording 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 understand that in case of telemental health or distance counseling, there may be additional risks involved and that telemental health services can be impacted by technical failures, may introduce risks to my privacy, and may reduce my service provider’s ability to directly intervene in crises or emergencies. I understand that interruptions may disrupt services at important moments and my provider may be unable to reach me quickly or utilize the most effective tools. I understand that my provider and I will discuss reasonable solutions to minimizing such risks in session.

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.

____________________________________________________________________________________
Client/parent/legal guardian Signature Printed Name Date

____________________________________________________________________________________
Student Counselor Signature Printed Name Date

____________________________________________________________________________________
Licensed Supervisor Signature Printed Name Date

Running head: CASE CONCEPTUALIZATION

19
A Sample Counseling Case Conceptualization

Kim Student

Webster University
A Sample Counseling Case Conceptualization

Description of Client and Background

Client B is a 24 yr old Caucasian female. She is single with no children and lives with her boyfriend. She is an only child and currently has no relationship with her parents, who were still together the last she spoke to them. She “has no religion although believe[s] in God, whatever that means.” She works approximately 70 hours/week as a waitress at a local steak house; on occasion, she tends bar. Her stated reason for seeking treatment is to help alleviate the “feelings of stress and bodily shakes…and help [her] decide if she should leave this boyfriend… and find out why she cannot make a relationship last.”

Her physical and emotional symptoms are stated as (but may not be limited to): sleeplessness (3-4 hours/night); lack of appetite; frequent stomach and headaches; inability to concentrate at work at times; crying spells (2xs/day); moodiness; and frequent panic attacks (1x/week).

B has a history of drug use (heroine 5xs/week) although by her report she stopped using drugs two years ago after a friend died from overdose. She drinks alcohol approximately twice per week to the point of intoxication; she blacks out as a result of intoxication “occasionally.” She attempted suicide twice in the past seven years but states she experiences no suicide ideation currently.

When asked about support system, B states her support system her live-in boyfriend. She also states that he “often is verbally and emotionally abusive.” She states that she battles conflicting feelings of “anger and love” for her current boyfriend. B states that she and her boyfriend fight (verbal only) daily. She states that his “constant jealousy and accusations” cause her stress and create anxiety. B states she has tried to communicate her unhappiness with her boyfriend but the attempts are “unsuccessful.”

B’s history with counseling includes two months of weekly counseling following the first attempted suicide; and one month of inpatient treatment followed by three months of outpatient weekly group and individual counseling following the second attempted suicide. She states the first experience of counseling was “hard and uncomfortable, he [counselor] didn’t get it”; and the second experience of inpatient and outpatient treatment as “very hard—confusing--I felt all alone at the beginning…but felt mostly healed by the end.”

She states she is on no medication but “would like some for the [symptoms].”
**Relevant History**

Based on B’s record, B was molested by her uncle when she was approximately ages 5-9. She states the molestation took place approximately every other week, in her uncle and aunts home, when she would be forced to sleep over while her parents worked. The abuse consisted of fondling; she does not recall penetration occurring. (She states that at the current time, there are no minors living with this uncle that she knows of.) She recalls that her parents did not believe her when she would tell them this was going on so eventually, she quit mentioning it. She never mentioned it to her aunt and doesn’t “know why.” Currently, B’s relationship with her parents consists of no contact; she lost contact with them when “[she] quit making weekly calls” approximately four years ago. She states “they have never attempted to contact me”; she cries heavily following this statement. B says she believes the lack of parental and adult protection from her uncle resulted in her difficulty trusting others.

B seems to have developed maladaptive schemas around trust and now speaks of “needing” romantic partners to provide her personal validation and support; something she did not receive from her family. Former suicide attempts occurred during adolescent as a perceived coping mechanism to end the pain of a breakup; later, heroine fulfilled the need to release the same pain. Currently, B copes in relationships through vacillating between overdependence and distancing and alcohol.

**Presenting Concerns and Treatment Issues**

B’s stated reason for seeking treatment is to help alleviate the “feelings of stress and bodily shakes…and help [her] decide if she should leave this boyfriend… and find out why she cannot make a relationship last.” This information was shared in the first session as the presenting problem. However, on the phone with the scheduling intern, the client had disclosed possible depression and interpersonal tension.

**Case Conceptualization**

Throughout our counseling sessions, B seems to have realized that she fears being alone and strives to keep a significant other heavily infused in her life. However, B feels that she “picks the wrong men”, which includes verbal and emotional abusers and or addicts. Although B’s current relationship with her boyfriend is verbally volatile she states he “makes me feel safe.” B’s worldview seems to dictate that being single is not an option, and relying on another is necessary but uncomfortable.
Hence, a consistent relational pattern displayed by B is dependence and distancing with a significant other. Coping mechanisms tend to be through relationship dependence, substance dependence (at times; needs further assessment); and “giving up when nothing else seems apparent.”

To date treatment has focused on B’s conflicting thought patterns related to her romantic relationship and the search for stress releasing activities. The client has conflicting thought patterns as she is angered by her boyfriend’s actions, but stays in the relationship and allows the behavior to continue; B is emotionally conflicted as she professes love for her boyfriend, yet experiences constant stress from his jealousy and accusations. Her limited friends and co-workers state that they do not like her boyfriend; but are of little support or advice anyway.

Treatment has involved three main areas: designation of a support system, assignment of stress relieving activities, and realignment of maladaptive thought processes. I am using a CBT approach.

Diagnosis: still assessing for Borderline Personality Dx and Substance Abuse

Treatment Goals and Interventions

As previously stated one of B’s treatment goals is to identify and alter maladaptive thought patterns. This is accomplished through our identifying her core beliefs and the related ensuing thoughts. She keeps a diary of these thoughts in between sessions. During session, we search for the validity of the core beliefs. We have worked together to designate a positive support system for B as well. B is now seeing that she can rely on one particular friend in a variety of ways. She is beginning to communicate effectively with her friend and ask for help when she needs it.

B and CT have worked to determine simple stress relieving techniques she can incorporate weekly. She states that exercise helps relieve stress for her and we have incorporated daily walks on her lunch break into her daily routine. Future activities will include discussions around meditation and other self-soothing activities.

CT has also referred B to choose between attending AA or NA meetings. CT considers this a beginning in her recovery process. CT has referred B to her primary care physician for a complete physical and has strongly recommended that she discuss her physical symptoms with her physician. CT will follow up on this next week.

Impediments to Change

B’s typical emotional reaction to her boyfriend’s accusations could be an impediment to change. CT and B have worked to recognize her circle of influence, and her realization that she cannot control her boyfriend’s thoughts or
behaviors, and she can only control her own. B consistently expects her boyfriend to change and this may be an unrealistic expectation.

B’s core belief that being alone is unacceptable may impact the speed at which she is able to experience cognitive change. She values the “safeness” of a relationship and does not like being single, which, if not reframed, may also negatively impact progression.

B’s tendency to use addictive behaviors as coping mechanisms is concerning. CT has to further assess her tendency to addiction to determine best treatment steps. She may need complete treatment including maintaining a sponsor or she may only need attendance to her use. This will be assessed in future sessions.

B’s reaction to the treatment process has been positive. CT believes she values the counseling process and the therapeutic alliance and she knows she can discuss anything confidentially.

**Therapeutic Process**

CL and CT have a strong therapeutic alliance. CT has worked from the beginning to gain the client’s trust and validate her through frequent paraphrasing and reflection of her feelings. Ct’s and client’s relationship parallels her other relationships when she distances from the CT following disclosure of painful experiences; and differs from other relationship when CT validates her through basic and advanced micro skills as CT reflects her emotions and attempt to bring out the underlying meaning of her content.

B portrays inconsistent thought patterns as she states she “can’t handle her boyfriend’s accusations” anymore, followed by statements of dependence. Through her narrative, it appears that B continues to accept her boyfriend’s verbal attacks but then expresses how tired of him she is. B’s levels of anger have increased significantly since the beginning of therapy. This is evidenced by the symptom checklist that was provided to her every other session. She frequently states her anger with her boyfriend in loud tones, then attempts to self-calm. The relationship between B and CT is good and consistent.

CT is considering introducing an integrative approach by adding Strength-Based theory to the previously used modality since the client has expressed interest in this approach. This approach seems promising for CI presenting issues and the treatment goals. CL and CT have discussed thoroughly the integrative approach in counseling and CT has explored reading materials with CL.
CT is working on her/his validation statements and run-on reflections. The goal is to use more feeling-focused reflections and not follow them up by a question each time. CT is also working on allowing more silences in the process to empower the CL to sit in with expressed emotions and increase awareness of emotions and somatic expressions.

**Prognosis for this Client**

The counselor trainee (CT) evaluates this client’s motivation as fair to good depending on the week’s progress in change attempts and support from social network. The CT evaluates the prognosis for therapeutic improvement for this client as good with appropriate support and resources.
Write a case conceptualization of a particular client recorded session from your caseload. You will present this case to the class in addition to your theory. Be clear, concise, and brief. Use APA formatting. Papers will be graded on adequate content; and graduate level writing competency including attention to grammar, spelling, following directions, and APA style.

Include the following subheadings and insure the bulleted information is provided.

1. **Description of the Client(s) (maintain confidentiality):**
   - Client demographics including relevant cultural variables (age, gender, ethnicity, 
   - Living and marital/partner situation; parental status (children?)
   - Work/educational status
   - Source of referral, number of sessions with you, and number of planned contacts.

2. **Relevant History:**
   - Family, social, and relational history
   - Educational/work history
   - Alcohol/substance abuse history
   - Biopsychosocial history related to presenting concern

3. **Presenting Concerns and Treatment Issues:**
   - Issues as initially defined by the client(s) (why seeking services now?) Use quotes to express what client stated/reported. Don’t make assumptions.
   - Other relevant treatment issues

4. **Client Conceptualization:**
   - Make sense of client's current situation, pain, strengths, and why they are "stuck"; integrate all relevant information (e.g., cultural issues, family, history, presenting concerns, maintaining factors, etc.)
   - Deepen your discussion by including a theoretically grounded formulation, i.e., identify and utilize at least one major counseling theory and one developmental theory).
   - Make sure to cite your sources APA style and use a reference page if necessary
   - Provide a DSM diagnosis

5. **Treatment Goals & Interventions:**
   - Summary of your work with client(s) including interventions utilized (or ones you plan to utilize)to attain goals and current status
   - Theoretical strategies you used or plan to use to attain goals

6. **Impediments to change:**
   - Name those behaviors, situations, or concerns that may arrest or slow the clients progress toward stated goals

7. **Therapeutic Process:**
   - Critique your work with client(s): What seemed to be helpful? What areas need improvement? What growth you need to have to better treat this client?
   - Prognosis for this client

The use of theory must be evident throughout the entire conceptualization of the client and case both in oral presentation and in written documentation. The use of theory must be evident in the entirety of the demonstrated recorded session.
Case Conceptualization Presentation Rubric

(These are the items that should be mentioned in the theory presentation portion of your case conceptualization presentation)

Name: _____________________________________  Theory: ________________________________

CL Background (6 trans-theoretical items)
____________________________________________________________________________________________________
____________________________________________________________________________________________________

How did the CT use this theory in this session/how did it evidence?
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Are there cultural limitations to this theory? ________________________________
Are there dx limitations to this theory? ________________________________

Tenets and goals of this theory: _________________________________________

What creates change? _________________________________________________

Role of CN? (direct, indirect, joined?) ____________________________

Theory techniques used in this session: ____________________________________
Department of Professional Counseling

Internship COUN 6500

6 Trans-Theoretical Information Items

This information is needed for case presentation to a treatment team. Interns will present all of this information for every recorded session presentation and in less than 10 minutes, and will be graded on such. All of this information should be gleaned in the first session (in addition to informed consent) with every client regardless of dx, hx, or CN Theory.

1. General demographics
   A. Age
   B. ID’d gender
   C. Current work
   D. Educational status
   E. race/ethnicity
   F. marital status
   G. children
   H. support system
   I. 1. living with and conditions
   J. medications for__________
   K. History of Counseling (experience? Duration? Number of startups?)
   L. presenting Diagnosis

2. Differential?

3. Rule out general medical condition?

4. Issue as presented by CL?

5. Why is this issue surfacing for this CL now? IE, what happened to bring the client into therapy?

6. What was the CLs life like in the months surrounding the issue surfacing?

7. What do significant and or caretaker relationships look like?

8. What are the coping skills of this CL (what do they do/think when faced with anxiety provoking or uncomfortable incidents)?
Department of Professional Counseling

CASE CONCEPTUALIZATION PAPER
EVALUATION RUBRIC

Course: COUN 6500 Internship

Student Name ____________________ Instructor ____________________ Term/Year __________

This rubric is based on the outline and required content for this assignment (see syllabus)

<table>
<thead>
<tr>
<th>Required Content Criteria and Rating</th>
<th>0 Fails to meet criteria at program level</th>
<th>1 Minimally meets criteria at program level</th>
<th>2 Meets criteria at program level</th>
<th>3 Exceeds criteria at program level</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>1. Description of client</td>
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<td></td>
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<td></td>
<td>__/3</td>
</tr>
<tr>
<td>2. Relevant history</td>
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</tr>
<tr>
<td>3. Presenting concerns &amp; treatment issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>__/3</td>
</tr>
<tr>
<td>4. Client conceptualization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>__/6</td>
</tr>
<tr>
<td>5. Treatment goals and interventions</td>
<td></td>
<td></td>
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<td></td>
<td>__/3</td>
</tr>
<tr>
<td>6. Impediments to change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>__/3</td>
</tr>
<tr>
<td>7. Therapeutic process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>__/3</td>
</tr>
<tr>
<td>8. Academic rigor - APA writing style &amp; format</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>__/3</td>
</tr>
<tr>
<td>9. Professionalism &amp; Presentation quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>__/3</td>
</tr>
<tr>
<td>Total Points</td>
<td></td>
<td></td>
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<td>__/30</td>
</tr>
</tbody>
</table>

Overall student conceptualization of the case:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
# Individual Session Skill Evaluation Form

**To be completed by Site & Faculty Supervisor as well as Student (session self-evaluation). Copies of this document should be maintained by each individual.**

Practicum/Internship Student Counselor: _________________________ Date: ______________

Person completing form: __________________________ (Site/Faculty Supervisor) or Student (Self-Eval)

Session # with this CL: _____________________ Supervision Session #: __________

| Rating Scale: |
| N/D: | Skill **Not Demonstrated** in this session (also can be not necessary) |
| Emerging 1: | **Attempted** to demonstrate skill **but lacked intentionality** |
| Emerging 2: | Demonstrated skill **some of the time with intentionality** |
| **Proficient:** | Demonstrated skill in **appropriate areas with intentionality most of the time** |
| **Mastery:** | Consistently demonstrated appropriate skill with intentionality resulting in therapeutic movement |

### SKILL

#### Opening Session/Informed Consent

<table>
<thead>
<tr>
<th>N/D</th>
<th>Emerging 1</th>
<th>Emerging 2</th>
<th>Proficient</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This portion must be filled out for all sessions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Initial Assessment of CL & Opening Questions
- Discussed Confidentiality (supervision, session recording, record keeping, reporting)
- Provided Informed Consent (nature of counseling, supervision, CT approach, status, anticipated process)

#### Building Therapeutic Alliance & Exploration Phase

<table>
<thead>
<tr>
<th>N/D</th>
<th>Emerging 1</th>
<th>Emerging 2</th>
<th>Proficient</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This portion must be filled out for all sessions</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- Attending & Listening
- Minimal Encouragers
- Paraphrasing
- Reflection of Feelings
- Reflection of Content & Meaning
- Use of Open Ended questions
- Explores Support Systems
- End Session Summarization
- Therapeutic Silence
- Appropriately Interprets CL Meaning
- Use of Self-Disclosure when Appropriate
- CT/CL Co-identify Specific Issue
- CT/CL Co-identify therapeutic goals
- CT/CL Co-design treatment plan
- Confront Incongruities & Inconsistencies
- Emotional Engagement w/CL
- Cultural Awareness

#### Mid-treatment Skills (sessions 3/4 - 6/7)

<table>
<thead>
<tr>
<th>N/D</th>
<th>Emerging 1</th>
<th>Emerging 2</th>
<th>Proficient</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Only filled out for sessions 4 through 7</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Identify & Discuss CL Values
- Interpretation of CL underlying meaning
- Self-Disclosure
- Immediacy/Use of here and now
- Integration of Theory (tools)
- CT/CL Co-identify Specific Issue
- Explore Action regarding Issue
<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>Assess Previous Change Attempts</td>
<td>N/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Create Commitment to Change</td>
<td></td>
<td></td>
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<tr>
<td>Brainstorm Options</td>
<td></td>
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<tr>
<td>Choose Action Options</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Check on Progress &amp; Modify Treatment/Assignments</td>
<td></td>
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</tr>
</tbody>
</table>

**Termination Skills (sessions 6/7 - 9)**

*Only filled out when CT has conducted a termination or referral session*

<table>
<thead>
<tr>
<th>Termination Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Create Tasks to Transition Change to outside of counsel.</td>
</tr>
<tr>
<td>Check on Progress and Modify Treatment/Assignments</td>
</tr>
<tr>
<td>Allow CL opportunity to evaluate session</td>
</tr>
<tr>
<td>Closing Session</td>
</tr>
</tbody>
</table>

**CT Skills and Attitudes**

**Professionalism**

- Approp. Writing/completion of case notes
- Professional Attitude, Conduct, and Attire
- Scheduling of/and Timeliness w/CLs
- Provides CLs researched referral source

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

**Supervision and Growth**

**Openness to Supervision**

- Understands impact on others
- Understands impact on client
- Receives constructive criticism non-defensively
- Applies constructive criticism
- Overall CT growth

CT Strengths (Skills to Continue). Please, elaborate clearly and thoroughly:

CT Growth Areas: Please, elaborate clearly and thoroughly:

Skills Goals for Next Week’s Sessions (Areas Needing Improvement):

Use of Theory (please, elaborate clearly and thoroughly):

Site/Faculty Supervisor Signature: _______________________________ Date ____________________

Student Signature for Self-Evaluation: __________________________ Date ____________________
Department of Professional Counseling
Weekly Clinical Hours Log

*Please utilize the Tevera form:

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.

Student Name: ____________________________  Campus: ______________________________
Faculty Supervisor Name:________________________ Course Number: ____________________
Site: ______________________________________________________________________
Site Supervisor Name, email & Phone Number: ____________________________________________

Week Start Date: ______________ Week End Date: _____________ # of Week in this Term: ______

Direct Hours (list total hours for the week in each category)  Check if Telemental Health ________

- 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 __________
- Individual supervision with site supervisor __________ (minimum of 1 hour per week)
- Group supervision with class __________ (minimum 1.5 hours per week)
- 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
Appendix III: Professional Skill Evaluation Form: Completed in Tevera

Webster University—___________________________ Campus
Professional Counseling Department

Student ___________________________________________ Student ID ____________________________
Instructor/Supervisor ___________________________ Course Number ____________ Section ______
Date ___________________________ Term ____________ Year ____________

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.

<table>
<thead>
<tr>
<th>I. Aptitude, Personality Traits, and Behaviors Appropriate for Counseling Students</th>
<th>N</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates cognitive and sensory capacities to effectively and professionally interact with fellow students, faculty, supervisor, and staff</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Demonstrates interpersonal skills* necessary to effectively and professionally interact with fellow students, faculty, supervisor, and staff</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</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>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Overall Assessment of Student’s skills related to Aptitude, Personality Traits, and Behaviors Appropriate for Counseling Students (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>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>II. Learning Attitudes and Behaviors</th>
<th>N</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participates every week in class discussions and activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Demonstrates professionalism in discussion of conflict or concern</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Demonstrates appropriate self-care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Demonstrates appropriate self-disclosure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Demonstrates awareness of effect on others</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Provides feedback appropriately to other students</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Demonstrates appropriate self-control (e.g., frustration, anger and impulse)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Overall Assessment of student’s skills related to Learning Attitudes and Behaviors (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>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>
### III. Basic Counseling Skills

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>N</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates awareness of own belief system, values, needs, and biases</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates awareness of own cultural, ethnic, racial identity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>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</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates unconditional positive regard, warmth, and empathy toward clients and others</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates capacity to listen reflectively, summarize, and paraphrase</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates capacity to use therapeutic silence</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates ability to determine underlying meaning and unstated values of the client’s story</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8.</td>
<td>Recognizes, respects, and maintains appropriate boundaries in all professional relationships</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9.</td>
<td>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)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrates awareness of theories of counseling</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11.</td>
<td>Demonstrates understanding of informed consent and the limits of confidentiality</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12.</td>
<td>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)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### IV: Fitness for Counseling

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<tr>
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<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates ability to establish a counseling relationship</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates ability to conceptualize a case and develop a treatment plan</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates practicing within one’s level of training</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates appropriate use of confrontation, re-direction, interruption</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates understanding of the DSM and clinical application</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates risk management skills for suicidal or homicidal ideation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates ability to identify and respond to various forms of abuse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8.</td>
<td>Understands treatment protocol for chemical addiction</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9.</td>
<td>Demonstrates multicultural awareness and sensitivity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrates ability to write appropriate case notes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11.</td>
<td>Demonstrates understanding of referral and termination processes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>12.</td>
<td>Demonstrates adherence to ACA Code of Ethics</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13.</td>
<td>Maintains appropriate boundaries in clinical practice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<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>
<td>☐</td>
<td>☐</td>
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</table>
### V. Integration of Theory and Practice

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates ability to integrate selected theory with practice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Demonstrates ability to present case studies consistent with theory</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Demonstrates ability to measure outcomes based on theory</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Demonstrates appreciation of a variety of counseling theories</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Overall Assessment of student’s skills related to Integration of Theory and Practice <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>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

Comments:

### VI. Openness to Clinical Supervision

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actively participates in learning activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Responds appropriately to peer, instructor, and supervisor feedback</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Demonstrates preparedness for supervision</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Demonstrates professionalism in all interactions with agency and program</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Is compliant and cooperative with agency rules and expectations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Overall Assessment of student’s skills related to Openness to Clinical Supervision <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>
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Comments:

Summary of student strengths. Please, elaborate thoroughly:

Summary of areas that need more attention for this student:

---

Faculty/Supervisor Signature (circle: Faculty or Site Supervisor)  Date  
_I acknowledge that feedback has been provided for me and I understand the above evaluation._

Student Signature  Date
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. Cl 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:
5. 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.
6. 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 unless the separate form has been submitted:

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?)
(Strategies 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.)
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/
Department of Professional Counseling

Contact Sheet

(Please fill out and hand back to instructor first night of class)

Internship Student Name: __________________________________________________________

Webster Email:  AdamSmith@webster.edu

Personal Email:  InstituteEmail@institute.com

Phone Number:  (123) 456-7890

Site & Supervisor Information  (print VERY CLEARLY)

Supervisor Name & Credentials:  Dr. Adam Smith, Ph.D.

Site Name & Address:  Institute of Counseling, 123 Main St.

Phone Number & extension:  (123) 456-7890

Email Address:  InstituteEmail@institute.com

Same site as Practicum ? YES/NO (circle one)

Internship Section/Term (Circle one)  1st  2nd  3rd  4th  5th

Internship credits enrolled this term (circle one)  1.0  1.5

Total 6500 credit hours completed as of today: Direct: _______  Indirect: _______

Calendar for presentations/supervision:  (subject to change by faculty instructor).

Date of your case conceptualization presentation:  ________________________________

Date of recorded session review with faculty supervisor:  (Email for appointment)  ____________________

Note: Once you make an appointment with your faculty supervisor, you have to attend that supervision session fully prepared with all the required items, meetings cannot be rescheduled.

Theory to be implemented this term:  ________________________________

Expected graduation date:  ________________________________
Webster University Department of Professional Counseling
Temporary Solution to Address COVID-19
Checklist for Interns Requesting Approval to offer Telemental Health Services from Home

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.
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.**


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 (Links to an external site.). 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 (Links to an external site.) and other courses on ACA’s Continuing Professional Development (Links to an external site.) 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.
Webster University
Professional Counseling Degree Program

EVALUATION OF ON-SITE SUPERVISOR AND SITE BY STUDENT
(Complete this and turn in to practicum instructor by last week of course)

NOTE: This form should be completed by the student and given to the Webster University Counseling coordinator at the conclusion of the Practicum experience at a given setting.

Student Initials: ___________________________________________  Term & Year: ______________________

Name of Practicum Facility and Site Supervisor:  _____________________________________________

For the following items circle the number that best represents your experience where 1 equals always, 2 equals mostly, 3 equals rarely, and 4 equals never.

Describe the setting and the type of clients with whom you worked and the problems they experienced.

You experienced and participated in all activities expected of a practicing counselor including but not limited to direct client hours, note taking and documentation, case conceptualization and treatment planning, referral process, intake, assessment, termination, staffing, and both individual and group counseling.

If not, list those you did not participate in:
_____________________________________________________________________________________

The site provided necessary facilities and resources to perform your responsibilities while in the role of practicum student.

Your site supervisor used a theoretical approach and supervisory practices that were clear and consistent.

The site supervisor regularly referenced professional identity as a professional counselor.

This experience increased your professional development.

This supervisor increased your knowledge of and or exposure to ethical practice.

Your supervisor was always available and responsive during sessions and for immediate (crisis) consultation.

Your site supervisor met with you weekly and reviewed your counseling and interpersonal skills.

An official evaluation form was followed and presented weekly and at mid and end term.

Please provide any additional comments (e.g., on the advantages and/or disadvantages of this particular setting):
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