<table>
<thead>
<tr>
<th>Course</th>
<th>COUN 6500: Counseling Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term, Day, Time, Location</td>
<td>Fall 2021  Thursdays  August 17, 2021 – October 16, 2021  5:30 p.m. – 7:30 p.m. (Class will periodically go over based on student need) Orlando Campus</td>
</tr>
<tr>
<td>Instructor Name</td>
<td>Ms. Carolyn Ellis, MA, LMHC</td>
</tr>
<tr>
<td>Instructor Email</td>
<td><a href="mailto:carolynellis30@webster.edu">carolynellis30@webster.edu</a></td>
</tr>
<tr>
<td>Instructor Office</td>
<td>Main Campus 407-563-4770 / Cell Phone: 407-212-2691</td>
</tr>
<tr>
<td>Instructor Office Hours</td>
<td>On weekdays, please text or call between 3:30 p.m. and 5:00 p.m. Orlando Campus (By appointment only)</td>
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<tr>
<td>Catalog Description</td>
<td>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. 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 prior to the start of class (please, see clinical handbook for details). Students are required to abide by the ACA Code of Ethics (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.</td>
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<tr>
<td>Content Areas</td>
<td>WebEx Instruction and Telemental Health Knowledge and Skills Outcomes</td>
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<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Content Areas: professional practice, professional identity, helping</td>
<td>All Field Experience (FE) documentation, assessment, evaluation and tracking in done via TEVERA.</td>
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<tr>
<td>relationships, professional orientation and ethical practice, diagnosis,</td>
<td>- All FE students are required to have their Liability Insurance through American Counseling Association (ACA) or American School Counseling</td>
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<td>assessment, social and cultural diversity.</td>
<td>Association (ASCA). ACA student membership is required.</td>
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<td></td>
<td>- All FE students scheduled to provide virtual counseling services are required to complete telemental health training approved by instructor or</td>
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<td></td>
<td>clinical coordinator. A certificate of completion must be submitted prior to start of TLMH services. Site supervisors must submit evidence of their</td>
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<td></td>
<td>own training.</td>
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<td></td>
<td>- All FE students must get the approval of their faculty supervisor to provide telemental health services (students may complete TLMH training but</td>
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<td></td>
<td>not be approved for such services for specific reasons).</td>
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<td></td>
<td>- Sites must provide students with appropriate HIPAA compliant platform where session recording function is enabled.</td>
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<td></td>
<td>- All FE students approved to provide telemental health services must follow ACA Code of Ethics (2014); online etiquette (attached to the syllabus);</td>
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<td></td>
<td>HIPAA and state regulations.</td>
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<td></td>
<td>- 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</td>
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<td>faculty supervisor, students must place the link to a HIPAA compliant electronic storage (could be the telemental health platform itself) and the access</td>
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<td>code or password in two separate emails to minimize risk of breach. Only HIPAA compliant email is permitted.</td>
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<td></td>
<td>- Students who cannot physically be at their site to engage in telemental health counseling, must ensure they have been approved to provide such services</td>
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<td></td>
<td>from home (see the attached checklist for details and instruction).</td>
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<td></td>
<td>Students have to complete all required components and be eligible for telemental health services to be approved to provide such services. Site</td>
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<td></td>
<td>supervisors must ensure availability while students engage in telemental health.</td>
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<tr>
<td>COUN 6500 Course Standards</td>
<td>Knowledge and Skills Outcomes</td>
</tr>
<tr>
<td>Upon successful completion of this class, students will be able to:</td>
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<tr>
<td>Demonstrate comprehension of a variety of models and theories related to</td>
<td>Case conceptualization</td>
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<tr>
<td>clinical mental health counseling, including the methods, models, and</td>
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<tr>
<td>principles of clinical supervision (2009 CACREP standard CMHC A. 5; 2016</td>
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<tr>
<td>standard III. A.5.)</td>
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<tr>
<td>Evidence processes for aiding students in developing a personal model of</td>
<td>Site PSE &amp; Faculty PSE; group supervision</td>
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<tr>
<td>counseling (2016 standard 2.F.5.n.)</td>
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<tr>
<td>Evidence development of measurable outcomes for clients (2016 standard</td>
<td>Case conceptualization</td>
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<tr>
<td>2.F.5.i.)</td>
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<tr>
<td>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.e.; 5.C.3.a.; 2.F.5.h)</td>
<td>Case conceptualization; SS consultation; SS and F PSE; group supervision</td>
</tr>
<tr>
<td>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.)</td>
<td>SS and F PSEs</td>
</tr>
<tr>
<td>Demonstrate the ability to apply and adhere to ethical and legal standards in clinical mental health counseling (2009 CACREP standard CMHC B.1.);</td>
<td>SS F PSEs; SS consultation; group supervision</td>
</tr>
<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>SS and F PSEs; consultation with SS; group supervision</td>
</tr>
<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>SS and F PSEs; advocacy check in in group</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>SS and F PSEs; Referral list</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>SS and F PSEs; consultation with SS; group supervision</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>Referral list</td>
</tr>
<tr>
<td>Maintains information regarding community resources to make appropriate referrals (2009 CACREP standard CMHC F.1.)</td>
<td>Referral list/ advocacy check in group supervision</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>SS and F PSEs; Case conceptualization; group supervision</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>Group supervision; F and SS PSEs</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; Case conceptualization</td>
</tr>
<tr>
<td>Promotes a general framework for understanding and practicing consultation (2009 CACREP standard G.II.5.f.)</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.**

**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:** Withdrawn 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. The final grade in this course will reflect not only on academic performance but also growth in 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**

<table>
<thead>
<tr>
<th>Assignments for one term of COUN 6500</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Conceptualization uploaded to WorldClassroom (graduate level writing, paper organization, following instructions, presentation, etc.)</td>
<td>15</td>
</tr>
<tr>
<td>a concise and thorough iteration of client history, your theory and adequate presence of theory with Individual Session Skill Evaluation Form/Individual Session Skill Evaluation Form/Skill Tape Evaluation (STE) in Tevera reviewed by Site Supervisor and Clinical Session Progress Note in WorldClassroom</td>
<td></td>
</tr>
<tr>
<td>Faculty Professional Skill Evaluation (PSE) (Tevera)</td>
<td>10</td>
</tr>
<tr>
<td>Site Supervisor Professional Skill Evaluation (PSE) (Tevera)</td>
<td>10</td>
</tr>
<tr>
<td>Resources &amp; Referral List (Each Term) // or LPC Interview (once) (WorldClassroom)</td>
<td>10</td>
</tr>
<tr>
<td>Readings, Quizzes, &amp; Self-Care Strategy (WorldClassroom)</td>
<td>10</td>
</tr>
<tr>
<td>Session with Faculty</td>
<td>10</td>
</tr>
<tr>
<td>Attendance (includes coming to class on time and staying for the entire class) (2 pts week 1 and 1 pt weeks 2-9) and Participation (in group supervision, CC presentations, individual supervision)</td>
<td>10</td>
</tr>
<tr>
<td>Adherence to ACA Code of Ethics, professional conduct &amp; acceptance of feedback</td>
<td>10</td>
</tr>
<tr>
<td>Completion of all required hours and agency service</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total for one Term</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Passing for this course requires minimum of 80 points for both terms (or 40 points for one term) (regardless of hours completed at site)**

* If you have completed an LPC interview in a previous field course you do not have to repeat it this term or any other (i.e., the interview only has to occur one time in a field experience course).

* **additional required sessions do not receive points**

* If you have completed an LPC interview in a previous field course you do not have to repeat it this term or any other (i.e., the interview only has to occur one time in a field experience course).

Note that it is possible to write well and attend all class sessions but fail the course due to lack of professional development. Also note, that you may evidence
professional development but lack of participation, attendance, and writing skills may fail you.

NOTE: All projects are to be completed and turned in on time. Students with ‘acceptable’ grades are not to skip an assigned task or turn in subpar work because they have enough points in other categories. The final grade includes participation, which includes turning in all activities with evidenced concentrated effort.

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.

Course Attendance:

One unexcused absence in this course will result in deduction of 20 points with a second unexcused absence requiring that a student withdraw from the class. If it is too late to withdraw, the final grade will be an automatic NC (in this case, you will be failing Internship and will have to start over with the possibility of being referred to remediation). Excused absence is only approved with proper documentation. 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; and write at a graduate level. Students coming to class 10 + minutes late or leaving class early will be considered ‘absent’ for that class session.

It is expected that you arrive to class having an understanding (not just having read) of the reading assignments and prepared to discuss the material in relation to your field experience. A percent of your grade is determined by classroom discussion/participation. This includes treatment team feedback.

Students will be required to self-disclose in this course. Therefore, when it is your turn to present as a client, ensure that you have thought through the issue you would like to discuss so you do not discuss an issue that may leave you uncomfortable.

The faculty supervisor is responsible for providing the grade for this course. Per Webster University policy and administrative lead, the faculty supervisor is responsible for determination of the intern progressing to additional sections and completing field experience; per ACA Code of Ethics (2014) and state law, the faculty supervisor is responsible to the general public and state department of higher education for determination of the intern passing/progressing to additional sections of internship and completing field experience. Hence, site supervisor evaluations and comments are highly informative and influential, yet the final grade is determined and provided by the licensed faculty supervisor of the course section.

<table>
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<tr>
<th>Activities</th>
<th>Required:</th>
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<tr>
<td>• Students must complete supervised Internship experience that totals a minimum of 150 clock hours per term (9 weeks).</td>
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</table>
1.5 credit hour term

- 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.
- 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.
- 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.
- A minimum of 1.5 hours of group supervision per week in regular schedule throughout the internship course with the faculty supervisor.
- 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.
- For all clients, each counselor trainee is required to:
  - Conduct an intake interview with both written and verbal informed consent and statement of confidentiality
  - Write a case note immediately after every session
  - 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:** Recording Equipment and/or a HIPAA Compliant App is required. 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 signatures 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 WebEx class, each student will electronically fill out the form then submit on WorldClassroom 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 WorldClassroom in the post where all documents are submitted.

**Presentation Components:**

4. 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.

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

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

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

**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 WorldClassroom 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 WebEx, 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 WorldClassroom 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.

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.

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/

**Grading**

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

**Incomplete**

*Grades of Incomplete are not permitted for field experience courses due to absence of insurance by the University and potential absence of weekly supervision during such time.*

**Grade Appeals**

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

**Academic Honesty**

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

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

**Statement of Ethics**

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

- The opportunity for students to learn and inquire freely
- The protection of intellectual freedom and the rights of professors to teach
- The advancement of knowledge through scholarly pursuits and relevant dialogue
To review Webster University’s statement of ethics, see the Graduate and Studies Catalog: [http://www.webster.edu/catalog/current/graduate-catalog/ethics.html](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](http://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](http://library.webster.edu). For support navigating the library's resources, see [http://libanswers.webster.edu/](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](http://www.webster.edu/catalog/current/graduate-catalog/enrollment.html)

Academic Calendar - [http://www.webster.edu/academics/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](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.

<table>
<thead>
<tr>
<th><strong>Course Policies</strong></th>
<th>This course is taught in a manner that provides a safe, welcoming and inclusive environment for students of all racial, ethnic, gender identities and variances, sexual orientations, economic classes, ages, ability status, and religions. Students are encouraged to use language and communication that is respectful and culturally appropriate. In the interaction between class members, self-disclosure and personal examination will occur. All interactions fall under the same umbrella of confidentiality as do client/counselor relationships, i.e., <strong>what is discussed in the class stays in the class and is not discussed with other students outside of the course or friends</strong>. Maintaining confidentiality is the primary ethical principle of counselors and violations are serious. We will be learning from each other in addition to the text throughout the semester. Therefore, it is important that everyone feels safe, comfortable, and free to discuss and elaborate on their thoughts around their developing knowledge and skills. In class, it is important for each of us to be respectful of one another’s positions; relating to others in an empathic manner occurs in class <strong>just as with clients</strong>. Students are encouraged to make your feelings and thoughts known, yet, to do so in a “counselor manner”, i.e., respecting the position of the listener while giving voice to your thoughts and using your budding counselor attending skills. This is an opportunity for you to practice and evidence your basic skills of empathy, warmth, genuineness, and congruence by communicating in a manner consistent with a good counselor. The building of trusting alliances with your classmates is as important as doing so with your clients. Therefore, you will be practicing some of the same skills when participating in class as in counseling sessions with your clients one day. Respecting professional boundaries is also a critical component of your development as a counselor.</th>
</tr>
</thead>
</table>
Further, 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 by the Counseling Advisory Committee at the campus. See the student handbook and/or catalog for further detail.

ACA Code of Ethics (2014)
Counselors [Counselors-in-training] have a responsibility to read, understand, and follow the ACA Code of Ethics and adhere to applicable laws and regulations (see C.1.). Students and supervisees have a responsibility to understand and follow the ACA Code of Ethics. Students and supervisees have the same obligation to clients as those required of professional counselors (see F.5.a.).

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 10% of total project points for each 24-hr. period overdue. Some requirements are to be in hard copy and some in electronic format—check with faculty.

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 unless it is an emergency. In which case, 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 your instructor at the beginning of class and take any call outside of class.

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. Students 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.** According to the *Publication Manual of the American Psychological Association* (2010), plagiarism involves presenting the work of another as if it were your own work. It is very important that you give appropriate credit to others when you use their work. If you paraphrase someone else’s work, you must also give them credit with a citation.

**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. If you believe that you do not have a clear understanding of plagiarism, see your instructor immediately and before any written work is turned in.

**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. One unexcused absence in this course will result in dropping the student one full letter grade with a second unexcused absence requiring that the student withdraw from the class. If it is too late to withdraw, the final grade may be an NC or F. Students are expected to write at a graduate level and arrive 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.

**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 your 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; ensure you are evidencing them in class.

Additionally, counselors are often required to lead group counseling, educate large 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, or for excessive or unexcused absences (see Course Attendance section for this). See the Grading section on individual course syllabi for further information.
**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 class discussions, you are placing unfair burden on your peers. Every comment is valid. Everyone’s input is important.

**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.

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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.

**COUN 6500 -- FALL 1**

**CLASS MEETINGS AND ASSIGNMENTS (Tentative 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
- Course Introduction and Syllabus Overview
- Theory check in—know which theory you are going to utilize throughout your internship

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

**Sign up for Live Supervision of your Case Conceptualization**

Including the Presentation, Paper, Treatment Plan, Session Note, &/or Termination Summary
- Case Conceptualization Paper #1
- Video/audiotape of the session
- Clinical Session Progress Note/Treatment Plan/Termination Summary
- Client Informed Consent/Site Supervisor’s Acknowledgement Form (Tevera)
- Skills Tape Evaluation (STE) Student (Tevera)
- Skills Tape Evaluation (STE) site supervisor (Tevera)

- If the site has changed – New Admission Packet signed by the counseling coordinator, including Appendices B, C, D, Site Supervisor’s License, your Proof of Liability Insurance, and site supervisor contact information

Interns will want to be familiar with Florida State Statutes for Registered Internship to become licensed. Please read and review F.S. 491.0045
**Week 2:**
- Discussion: How to function as a relevant member of a treatment team
- Group check in/supervision
- **Due: Weekly Time Log (Tevera)**
- **Due: Self-Care checklist and plan for this term (WorldClassroom)**
- **Due: Identify a Personal Theory**

**Week 3**
- Case Conceptualization Presentations
- Group check in/supervision
- **Due: Weekly Time Log (Tevera)**

**Week 4**
- ***NO CLASS ON MON., SEPT. 7th – LABOR DAY ***
  - Case Conceptualization Presentations
  - Group check in/supervision
  - **Due: Weekly Time Log (Tevera)**

**Week 5**
- Case Conceptualization Presentations
- Group check in/supervision
- **Due: Weekly Time Log (Tevera)**

**Week 6**
- Case Conceptualization Presentations
- Group check in/supervision
- **Due: Weekly Time Log (Tevera)**

**NOTE:** The textbook is to be read in entirety by Week 7.

**Week 7**
- Case Conceptualization Presentations
- Group check in/supervision
- **Due: Weekly Time Log (Tevera)**

**** Reminder: **Submit the Professional Skills Evaluation (PSE) Student/Site Supervisor (Tevera)**

**Week 8**
- Case Conceptualization Presentations
- Group check in/supervision to evaluate goals set for the semester
  
  **Due: Professional Skills Evaluation (PSE) - Site Supervisor (Tevera)**
  **Due: Case Conceptualization #1 with STE from Student & Site (WorldClassroom/Tevera)**
  **Due: Self-Care Strategy Final Paragraph (WorldClassroom)**
  **Due: All Weekly Time Logs (Tevera)**
  **Due: Resources & Referral List (Each Term) or LPC Interview (WorldClassroom)**
  **Closure**
### Week 9

**Individual Supervision and Review of Documents**

Individual student-faculty meeting to review of course outcomes.

- Due: Final Weekly Time Logs (Tevera)

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

### LOOKING FORWARD !!

**THERE IS NO BREAK BETWEEN FALL 1 AND FALL 2 CLASSES**

**FALL 2 2021** CLASSES: OCTOBER 19 – DECEMBER 18

*** NO CLASS MEETING ON NOVEMBER 26 - THANKSGIVING ***

### LOOKING FORWARD !!

*** NO CLASS MEETINGS ON WINTER BREAK: DEC. 21, 2021 – JAN. 1, 2021 ***

**SPRING 1 2021** CLASSES: JANUARY 4, 2021 – MARCH 5, 2021

*** NO CLASS ON MON., JAN. 18 – MARTIN LUTHER KING, JR. DAY ***

*** SPRING BREAK -- NO CLASSES -- MARCH 8 – MARCH 12 ***

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**COUN 6500 -- FALL 2**

**CLASS MEETINGS AND ASSIGNMENTS**

**Tentative Schedule**

#### Week 10: *(Start as Week 1 on Weekly Logs)*

- Start of term 2: check in and overview
- Group check in/supervision
- Due: Weekly Time Log (Tevera)

Case Conceptualization

Including the Presentation, Paper, Treatment Plan, Session Note, &/or Termination Summary

- Case Conceptualization Paper #2 *(WorldClassroom)*
- Video/audiotape of the session
- Clinical Session Progress Note/Treatment Plan/Termination Summary *(WorldClassroom)*
- Client Informed Consent / Site Supervisor’s Acknowledgement Form *(Tevera)*
- Skills Tape Evaluation (STE) Student *(Tevera)*
- Skills Tape Evaluation (STE) site supervisor *(Tevera)*

#### Week 11:

- Case Conceptualization Presentations resume
- Group supervision
- Due: Weekly Time Log *(Tevera)*
- Due: Self-Care checklist and plan for this term *(WorldClassroom)*
- Due: Identify a Personal Theory
Week 12:
- Case Conceptualization Presentations
- Group check in/supervision
- Due: Weekly Time Log (Tevera)

Week 13:
- Case Conceptualization Presentations
- Group check in/supervision
- Due: Weekly Time Log (Tevera)

Week 14:
- Case Conceptualization Presentations
- Group check in/supervision
- Due: Weekly Time Log (Tevera)

Week 15:  *** NO CLASS MEETING ON NOVEMBER 26 - THANKSGIVING ***
- Due: Weekly Time Log (Tevera)

Week 16:
- Case Conceptualization Presentations
- Brief information discussion regarding applying for licensure
- Review of CV and Professional Disclosure; Review of typical interview questions for a job (typically done during the last term of the internship)
- Group check in/supervision
- Due: Weekly Time Log (Tevera)

Week 17:
- Due: Professional Skills Evaluation (PSE) - Site Supervisor (Tevera)
- Due: Case Conceptualization #2 with STE from Student & Site (WorldClassroom/Tevera)
- Due: Self-Care Strategy Final Paragraph (WorldClassroom)
- Due: All Weekly Time Logs (Tevera)
- Due: LPC Interview or Referral & Resource List – (WorldClassroom)
- Closure

Week 18: (may not have a formal meeting)
- Due: Final Weekly Time Logs (Tevera)

LOOKING FORWARD !!
*** NO CLASS MEETINGS ON WINTER BREAK: DEC. 21, 2021 – JAN. 1, 2021 ***

SPRING 1 2021 CLASSES: JANUARY 4, 2021 – MARCH 5, 2021
*** NO CLASS ON MON., JAN. 18 – MARTIN LUTHER KING, JR. DAY ***
*** SPRING BREAK -- NO CLASSES -- MARCH 8 – MARCH 12 ***
Appendix A--Case Conceptualization

Case Conceptualization with Theoretical Approach Outline and Required Contents

Write a case conceptualization of a particular client taped session from your caseload. Students 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?

Papers will also be graded on graduate level writing competency including attention to grammar, spelling, following directions, and APA style.

**Turn in the following:** The tape, the consent form, Self-evaluation of the Skills Tape Evaluation (STE) on yourself, your site supervisor’s Skills Tape Evaluation (STE), and the Case Conceptualization Paper.
Sample (This format must be presented for individual supervision)
SOAP Note Template

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

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

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

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

Example:

S: Client arrived on time and appeared ready and motivated to begin session. Client reported reduction in feeling of fear and tension in neck area during a presentation 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 CI account, she currently resides in assisted living and gets some government support for her disability. Her
children are all living on their own. Outside of her parents, client states not having anyone else to ask for support.
She claims having had depression for as long as she can remember. She states having been on various medications
to help with her spinal injury pain and with her depression. CI reports that she occasionally has panic attacks
when she gets overly worried about something. Client shares no prior history of counseling, however states that
she feels this experience can be beneficial to her. She shares that she would like to focus on coping skills, so she
doesn’t let anger and sadness define her current state.

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

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

Suicidality/Homicidality Assessment: No Suicidal/Homicidal thoughts, intent, or plan were reported to the
counselor.
Abuse/neglect assessment: No abuse of child, elderly or a person with disability was reported.

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

Client Reports:
1. Constant anger towards her husband for all his actions and the consequences she had to deal with
2. Steady depression which seems to always be there, sadness and feeling of abandonment and fear of
loneliness
3. Lack of support – children are on their own and hardly ever visit her, parents are too old to help
4. Difficulty forming new relationships and maintaining past relationships within support system
5. Lack of assertiveness when needing to express her needs to her friends or family
6. Feelings of resentment towards people who she perceives to be taking advantage of her
**Client Goals for Treatment:**
1. Client would like to obtain positive coping skills to address anger, resentment and depression.
2. Client would like to process past trauma and work towards healing.
3. Client would like to improve interpersonal communication, conflict resolution and assertiveness skills to establish and maintain healthy relationships within existing and possibly newly built support system.

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

**Homework Assigned:**
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: ______________________
Sample Overview of Therapy and Progress
CBT Model

Client Name: ___________________   Reason for Seeking Therapy: _____________________ ________

Date of Start of Therapy: _________________________    Date of end of Therapy: _______________
Reason for Conclusion of Therapy: __________________________________________________________
Or/ Reason for Referral: ___________________________________________________________________

Brief overview of therapy and progress:

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

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

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

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

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

**Recommendation by this CT for future wellness maintenance:**

________________________________________________________________________________________
________________________________________________________________________________________

Ct Name:
Ct. Signature:
Site Supervisor Name:
Site Supervisor Signature:

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:

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:
(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.)
Existential Mental Health Theory Including Abraham Maslow’s Hierarchy of Needs (Title)

Kim Student  (Author)

Webster University (Affiliation)

COUN 6500: Clinical Mental Health Internship (Course)

Ms. Carolyn Ellis (Instructor)

January 1, 2026 (Due Date)
Description of Client and Relevant History

Jennifer is a twenty-four-year-old, Caucasian female. She is … She works … Her stated reason for seeking treatment is … Her physical and emotional symptoms are stated (but may not be limited to): … Jennifer has a history of …, which she uses … Although, by her own report, she … By self-report, she has attempted suicide … in the past … years, but she states she experiences no suicide ideation currently. When asked about a support system, Jennifer reports …

Jennifer’s history with counseling includes … She states the first experience of counseling was … She has attended … sessions to date. Jennifer was … Jennifer believes … The client experiences … as a result. She has developed… Currently, Jennifer copes by …

Presenting Concerns and Treatment Issues

Jennifer’s reason for seeking treatment is to… Throughout counseling sessions, Jennifer has realized … Jennifer’s worldview seems … Her coping mechanisms … To date treatment has focused on … Jennifer is emotionally conflicted; evidenced by her profession of love for her boyfriend, and experience of constant stress from his jealousy and accusations. Her limited friends and co-workers tell her they do not like her boyfriend; they are little support anyway.

Treatment with Jennifer has involved several main areas including: … To address these areas, YOUR THEORY is the primary mental health approach being used. YOUR THEORY can be helpful in treating … as research indicates. YOUR THEORY employs multiple strategies, including...

Jennifer is diagnosed with DIAGNOSIS, DSM 5 CODE/ICD-9 CODE (ICD-10 CODE) and DSM 5 CODE/ICD-9 CODE (ICD-10 CODE). She was previously diagnosed with… by… These diagnoses are evidenced by Jennifer having met the following criteria … (Copy of DSM 5).

Along the same lines, she has received psychoeducational information with regard to… YOUR DEVELOPMENTAL THEORY. This DEVELOPMENTAL THEORY includes the following history/criteria… It relates to Jennifer’s situation by … This client is striving to … She is capable of…
Treatment Goals and Interventions

Jennifer’s treatment goals include… This is accomplished in therapy by… During therapy sessions…

This therapist and Jennifer have worked together to…

Jennifer has worked on implementing… and doing the following … as a result of therapy. This therapist considers this a beginning in her recovery process. She can obtain additional support from… Jennifer was referred to her primary care physician for a complete physical. This therapist has strongly recommended that she discuss her physical symptoms with her physician. There will be a follow up in the next session.

Impediments to change

Jennifer’s typical emotional reaction … could be an impediment to change. She has worked to recognize her circle of influence, and her realization that she cannot control … She can only control her own thoughts and feelings. Jennifer consistently expects… One of her core beliefs’ is … She values … Jennifer’s tendency to …

This therapist needs to further assess … She may need … This will be assessed again in … Her reaction to the treatment process has been … She values our time together as evidenced by her comments, “Therapy has been helpful, and I have progressed so much.” She knows she can discuss anything confidentially as evidenced by her stating, “You told me about confidentiality, and I know you won’t tell anyone anything I say unless I threaten myself or others, or if there is abuse.” (First person – I – must be in quotes).

Therapeutic Process

A strong therapeutic alliance has been built. From the beginning, this therapist has worked to …The therapeutic relationship parallels her other relationships … ; and differs from other relationships …

This therapist uses … as techniques… and advanced microskills by …

Jennifer continues to demonstrate strengths of … and weaknesses of …

The relationship in this therapeutic alliance between this therapist and Jennifer is good and consistent. Jennifer has received psychoeducational information regarding … She plans to continue with weekly sessions in order to gain better insight into …
Department of Professional Counseling  
Case Conceptualization Evaluation Rubric  
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>
</tr>
</thead>
<tbody>
<tr>
<td>1. Description of client</td>
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<td>_____/3</td>
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<tr>
<td>2. Relevant history</td>
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<td>_____/3</td>
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<tr>
<td>3. Presenting concerns &amp; treatment issues</td>
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<td>_____/3</td>
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<tr>
<td>4. Client conceptualization</td>
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<td>_____/6</td>
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<tr>
<td>5. Treatment goals and interventions</td>
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<td>_____/3</td>
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<tr>
<td>6. Impediments to change</td>
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<td>_____/3</td>
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<tr>
<td>7. Therapeutic process</td>
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<td>_____/3</td>
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<tr>
<td>8. Academic rigor - APA writing style &amp; format</td>
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<tr>
<td>9. Professionalism &amp; Presentation quality</td>
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<td>_____/3</td>
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<tr>
<td>Total Points</td>
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</table>

Overall student conceptualization of the case:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Appendix C
Case Conceptualization Presentation--Treatment Team Feedback Form
(to be used, one for each peer case presentation—make 12 copies)

Intern Presenting the Case: ________________________________ Date ______________

Feedback sought:
____________________________________________________

Summary of presented case information:
____________________________________________________
____________________________________________________
____________________________________________________

Skills/Requirements

<table>
<thead>
<tr>
<th>Helpfulness</th>
<th>Feedback entered here.</th>
</tr>
</thead>
<tbody>
<tr>
<td>THEORY:</td>
<td></td>
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<tr>
<td>Presentation of theory: accurate?</td>
<td></td>
</tr>
<tr>
<td>Concise? Understood by CIT?</td>
<td></td>
</tr>
<tr>
<td>Can you hear CIT theory demonstrated in this session? If so, how?</td>
<td></td>
</tr>
<tr>
<td>Need for homework assignments/exercises?</td>
<td></td>
</tr>
<tr>
<td>SKILLS:</td>
<td></td>
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<tr>
<td>Consistent paraphrasing throughout (reflection of content)</td>
<td></td>
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<tr>
<td>Therapeutic silence</td>
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<tr>
<td>Confrontation of inconsistencies</td>
<td></td>
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<tr>
<td>Reflection of feelings &amp; meaning</td>
<td></td>
</tr>
<tr>
<td>Progress on goals, e.g., identification/ co-creation and/or discussion of-</td>
<td></td>
</tr>
<tr>
<td>Barriers to communication? (judging, advising, non-therapeutic reassurance)</td>
<td></td>
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<tr>
<td>Need for SI or HI assessment this session?</td>
<td></td>
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<tr>
<td>Use of here and now</td>
<td></td>
</tr>
<tr>
<td>CN projection of core conditions, e.g., empathy, genuineness, warmth, unconditional regard?</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

____________________________________________________
____________________________________________________
____________________________________________________

31
###附录 D

###Webster大学 – 佛罗里达奥兰多校区
###专业咨询部

###专业技能评估表

学生：_________________________________________  COUN 6100 / COUN 6200  期：____________

CIRCLE ONE:  FACULTY / SITE SUPERVISOR / SELF-EVALUATION  (CIRCLE COURSE)

<table>
<thead>
<tr>
<th>Rating Scale:</th>
<th>This form is to be used in the following courses:</th>
</tr>
</thead>
</table>
| N – No opportunity to observe | COUN 5020 基础咨询学
| 0 – Does not meet criteria for program level | COUN 5100 社会和文化咨询学
| 1 – Meets criteria minimally or inconsistently for program level | COUN 5600 团体咨询技术
| 2 – Meets criteria consistently at this program level | COUN 5610 咨询学技术
| 3 – Exceeds criteria for program level competency | COUN 6000/6100/6200 练习
| COUN 6500 实习 |

请只评估你所观察到的行为和技能。

<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>
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<tr>
<td>2. Demonstrates interpersonal skills* necessary to effectively and professionally interact with fellow students, faculty, supervisor, and staff</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<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>
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</table>

### II. Learning Attitudes and Behaviors

<table>
<thead>
<tr>
<th>N</th>
<th>0</th>
<th>1</th>
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<th>3</th>
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</thead>
<tbody>
<tr>
<td>1. Participates every week in class discussions and activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Demonstrates professionalism in discussion of conflict or concern</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Demonstrates appropriate self-care</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Demonstrates appropriate self-disclosure</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Demonstrates awareness of effect on others</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>
</tr>
<tr>
<td>7. Demonstrates appropriate self-control (e.g., frustration, anger and impulse)</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>
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### III. Basic Counseling Skills

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<tr>
<th>N</th>
<th>0</th>
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</thead>
<tbody>
<tr>
<td>1. Demonstrates awareness of own belief system, values, needs, and biases</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>
2. Demonstrates awareness of own cultural, ethnic, racial identity  

3. Respects cultural, individual and role differences, including but not limited to those related to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and SEC status  

4. Demonstrates unconditional positive regard, warmth, and empathy toward clients and others  

5. Demonstrates capacity to listen reflectively, summarize, and paraphrase  

6. Demonstrates capacity to use therapeutic silence  

7. Demonstrates ability to determine underlying meaning and unstated values of the client’s story  

8. Recognizes, respects, and maintains appropriate boundaries in all professional relationships  

9. Demonstrates ability to elicit information from others in a therapeutic manner (with open-ended questions, avoidance of double questions, and not answering questions for others)  

10. Demonstrates awareness of theories of counseling  

11. Demonstrates understanding of informed consent and the limits of confidentiality  

12. Overall Assessment of student’s skills related to Basic Counseling Skills (Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed)  

Comments:

<table>
<thead>
<tr>
<th>IV: Fitness for Counseling</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 establish a counseling relationship</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Demonstrates ability to conceptualize a case and develop a treatment plan</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>3. Demonstrates practicing within one’s level of training</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>4. Demonstrates appropriate use of confrontation, re-direction, interruption</td>
<td>☐</td>
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<tr>
<td>5. Demonstrates understanding of the DSM and clinical application</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Demonstrates risk management skills for suicidal or homicidal ideation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. Demonstrates ability to identify and respond to various forms of abuse</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>8. Understands treatment protocol for chemical addiction</td>
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<tr>
<td>9. Demonstrates multicultural awareness and sensitivity</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>10. Demonstrates ability to write appropriate case notes</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>11. Demonstrates understanding of referral and termination processes</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>12. Demonstrates adherence to ACA Code of Ethics</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>13. Maintains appropriate boundaries in clinical practice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. 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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Comments:

V. Integration of Theory and Practice

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<thead>
<tr>
<th>V. Integration of Theory and Practice</th>
<th>N</th>
<th>0</th>
<th>1</th>
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</table>

33
<table>
<thead>
<tr>
<th></th>
<th>Demonstrates ability to integrate selected theory with practice</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Demonstrates ability to present case studies consistent with theory</td>
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<td></td>
<td>Demonstrates ability to measure outcomes based on theory</td>
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<td></td>
<td>Demonstrates appreciation of a variety of counseling theories</td>
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<td></td>
<td>Overall Assessment of student’s skills related to Integration of Theory and Practice (Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed)</td>
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**Comments:**

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

**Comments:**

**Summary of student strengths:**

**Summary of areas that need more attention for this student:**

Faculty/Supervisor Signature (Faculty / Site Supervisor) Date

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

Student Signature Date

**Note** The PSE is REQUIRED to be filled out by site and faculty supervisors once each term. For clinical courses, faculty may require weekly supervision for students who face challenges enough to potentially not pass the course, until the student is prepared to pass the term. Should the student not show enough progress to pass the term, he/she will fail the course for that term. Students who receive unfavorable evaluation on PSE may be referred to remediation (Student Handbook).
Appendix E – COUN 6500 COUNSELING INTERNSHIP

Individual Session-Skill Evaluation Form

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

Student: ___________________________ Completed by: ___________________________

# of Sessions with this CL: _______ # of Weeks in Supervision: _______ Date: __________

Rating Scale:

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

<table>
<thead>
<tr>
<th>SKILL</th>
<th>N/D</th>
<th>Emerging1</th>
<th>Emerging2</th>
<th>Proficient</th>
<th>Mastery</th>
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<tbody>
<tr>
<td><strong>Opening Session/Informed Consent</strong></td>
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<tr>
<td>Initial Assessment of CL/Opening Questions</td>
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<tr>
<td>Discussed Confidentiality (supervision, taping, storing of recordings)</td>
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<td>Provided Informed Consent (nature of counseling, supervision, CT approach and status, anticipated process, etc.)</td>
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<tr>
<td><strong>Building Therapeutic Alliance &amp; Exploration Phase(sessions 1-3/4)</strong></td>
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<td>Attending &amp; Listening</td>
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<td>Minimal Encouragers</td>
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<td>Paraphrasing</td>
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<td>Reflection of Feelings</td>
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<tr>
<td>Use of Open-Ended questions</td>
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<td>Explores Support Systems</td>
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<td>End Session Summarization</td>
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<td>Therapeutic Silence</td>
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<tr>
<td>Appropriately Interprets CL Meaning</td>
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<td>Use of Self-Disclosure when Appropriate</td>
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<tr>
<td>CT/CL Co-identify Specific Issue</td>
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<td>Confront Incongruities &amp; Inconsistencies</td>
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<td>Emotional Engagement w/CL</td>
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<td>Multicultural Integration</td>
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<td><strong>Mid-treatment Skills (sessions 3/4 - 6/7)</strong></td>
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<tr>
<td>Label CL Values</td>
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<td>Interpretation of CL underlying meaning</td>
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<td>Self-Disclosure</td>
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<td>Immediacy/Use of here and now</td>
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<td>Development and presenting of Hypotheses</td>
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<td>Integration of Theory (tools)</td>
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<tr>
<td>CT/CL Co-identified Specific Issue</td>
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<td>Explore Action on Issue</td>
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<td>Assess Previous Change Attempts</td>
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<td>Co Create Commitment to Change</td>
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<td>Brainstorm Options</td>
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</table>
Choose Action Options
Check on Progress and Modify Treatment and/or Assignments

<table>
<thead>
<tr>
<th>SKILL</th>
<th>N/D</th>
<th>Emerging1</th>
<th>Emerging2</th>
<th>Proficient</th>
<th>Mastery</th>
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</thead>
<tbody>
<tr>
<td><strong>Termination Skills (sessions 6/7-9)</strong></td>
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<tr>
<td>Co-Create Tasks to Transition Change to Life outside of counseling</td>
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<tr>
<td>Check on Progress and Modify Treatment and/or Assignments</td>
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<tr>
<td>Allow CL opportunity to evaluate session</td>
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<tr>
<td>Closing Session</td>
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</table>

Always complete these 3 below - - Check ND if the Practicum Student does not engage in any of these.

**Professionalism**
- Appropriate writing/completion of case notes
- Professional Attitude, Conduct, and Attire
- Scheduling of/Timeliness w/CLs
- Provides CLs *researched* referral source

**Barriers to Communication**
- Giving advice
- Offering solutions
- Moralizing/Preaching
- Analyzing/diagnosing
- Judging
- Praising or non-therapeutic agreeing
- Non-therapeutic Reassurance

**Openness to Supervision**
- Understands impact on others
- Understands impact on client
- Applies constructive criticism
- Receives constructive criticism non-defensively

Strengths (Skills to Continue):

Areas Needing Improvement:

Theory used in this session:______________________________________________

Site / Faculty  Supervisor Signature ________________________________    Date ________________________
Student name and Signature _______________________________________   Date _________________________
Appendix F- Client Assessment Form

(Field experience students will present all of this information for every client presentation)

ALL of this information should be gleaned in the first two sessions (in addition to informed consent) with EVERY CLIENT REGARDLESS OF SESSION NUMBER. (Note that some information can be gleaned from a written intake form, yet the field student must be familiar with all of this information for every client.)

Prepare. Know your clients. Use simple one-word answers and/or bullets when possible.

NAME of CIT_______________________ TODAYS DATE _______________# SESSION w/CL & CIT__________

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

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

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

2. What do significant caretaker relationships look like?

3. Who do they love /care about?
4. What are the coping skills of this CL (what do they do/think when faced with anxiety provoking or uncomfortable incidents)?

5. Client is on medication to treat ___________________________. Common side effects of this drug are:

***I have specifically asked client about the above-mentioned side effects (i.e., I did not ask them 'any side effects?' I actually named the common side effects) _____YES _____NO

6. Issue as presented by CL:
   a. Why is this issue surfacing for this CL now (i.e., what happened to bring the client into therapy)?
   
   b. What was the CL’s life like in the months surrounding the issue surfacing?
   
   c. Did this issue originate to protect the client? If so, how? IE, what does this issue bring to or take away from the client?

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

7. Recent successes this client has experienced:

8. What motivates this client?

9. What keeps them stuck?

10. What makes them feel at peace?

11. Goals for this client:
   a. 
      i. Progress:
   
      b. 
      i. Progress:
   
      c. 
      i. Progress:

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

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

    Strategies attempted that have not worked:
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. Gender
   c. Current work
   d. Educational status
   e. Race/Ethnicity
   f. Marital status
   g. Children
   h. Support system
   i. Living with and conditions
   j. Medications for 
   k. History of Counseling (experience? Duration? Number of startups?)
   l. Presenting Diagnosis
      1. Differential?
      2. Rule out general medical condition?

2. Issue as presented by CL?

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

4. What was the CL's life like in the months surrounding the issue surfacing?

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

6. What are the coping skills of this CL (what do they do/think when faced with anxiety provoking or uncomfortable incidents)?
Client Informed Consent and Statement of Confidentiality  
(To be copied and provided to each client with original placed in client file)

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

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

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

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

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

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

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

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

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

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

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

I understand that this summary is designed to provide an overview of confidentiality and the limits of professional counseling. I understand that this form is required to be signed by me before professional counseling services can be provided.

I have read and understand the above and have had the opportunity to ask questions regarding the counseling process before revealing personal information about myself.

_____________________________________________________________________________________
Client/parent/legal guardian Signature                Printed Name                               Date
_____________________________________________________________________________________
Student Counselor Signature                       Printed Name                       Date
_____________________________________________________________________________________
Licensed Supervisor Signature   Printed Name    Date
Appendix I
Department of Professional Counseling
Licensed Professional Counselor Interview & Client Consultation Among Colleagues
COUN 6500
(To be used by student when conducting consultation interview with LPC)

Students who have completed an LPC interview in a previous COUN 6500 - Internship do not have to repeat this exercise. Students who have completed this activity in previous courses, must have another interview with a different licensed person. Student can interview their site supervisor, another licensed therapist on site, or private practitioner.

Type the responses to the below and email to instructor at webster.edu address. Document should be 2-3 pages only. The interview should take 15-30 minutes. Use the below questions.

The LPC’s business card is to be handed in to the instructor on due date.

1. How do you define client consultation among colleagues?

2. How often do you do find you have to engage in it?

3. On what type of issues have you consulted before?

   a. Can you expand on a few of those, tell me about them?

4. On average, how many LPCs do you consult with when you have an ethical or legal dilemma?

5. What type (license type) of professionals do you consult with when you consult?

6. Do you find yourself working with other types of mental health professionals when working with your clients?

   a. Can you expand on that, provide me a few examples?

7. What is your advice to me regarding consultation?
Appendix J
COUN 6500 COUNSELING INTERNSHIP
Referral and Resource List

Students will create a list of resources and referrals for the local district. This should encompass several contacts for each of the following areas of resources. Include a minimum of 10 different referrals/resources (20 points). Think broadly about issues that arise with the population of children and families with whom you will be working.

*** Do NOT turn in a list created by an agency or other source. You are to create this list. ***

Be sure to think about factors such as mental health and wellness, special needs, ethnicity/culture, and other topics that concern your clients. For each resource, include a brief written description of the resource along with the contact information. Explain why the resource is beneficial for the client.

**TOPIC: BULLYING**

1. Private agencies
   For example: Florida Regional Center, Adolescent Program, 123-456-7891. This is a group counseling program for teenagers between the ages of 10 and 17 who have experienced bullying. The medical center also offers a number of other mental health classes and support groups for patients and their families. Support groups include eating disorders, anger management, diabetes support, and cancer support.

2. Website / Internet / Phone Apps
   For example: Internet Blog - www.BullyNoMore.org. This resource provides parents, teachers, and children with assistance in handling bullying and behavioral issues. It is also available in Spanish. Counselors can provide this resource to client or families. There are interventions for behavior.

3. Telephone and/or e-mail contacts for specific or specialized therapy
   For example: John Smith Counseling, 407-123-4567. 33216 Silly Drive, Orlando, Florida 32804. Intake Procedure: Call for an appointment. Hours of operation: 8:30 am – 4:30 pm Mon-Fri. Areas Served is limited to Orange County, Florida. This therapist is a specialized person who will provide trauma care for persons who have been bullied.

4. Printed material/books/publications
Chapter in a Book: Author, A. A. (Yr). Title of chapter. In J. Editor and K. Editor (Eds.), *Title (pp. 109-110)*. Location: Publisher.


5. Church or School Programs (Only if it relates to your topic)
For example: Mary Smith, Orange County School Board, Florida High School, 987 Winding Road, Silver City, Florida 32888, 407-123-4567, marysmith@ocps.edu.k12 фл.us. Mary is a high school counselor who has worked with bullied and traumatized students and their families. She specializes in victim crisis intervention. She is a good resource for clients in the immediate area.

6. Other sources, such as Web Applications, other media, or other resources that do not fit in the above categories.
Appendix K
Webster University
Internship - COUN 6500
Self-Care Strategy

Burnout is a common occurrence in mental health professionals who do not practice some form of self-care. Self-care practices include weekly (or more) occurrences of relaxation by the student/counselor.

The practice of relaxation is meant to de-stress from the clinical experience. Examples include but are not limited to breath work, meditation, prayer, fictional reading, watching comedies, spending time with people who encourage feeling good and only talking about positive things for that period each week, visualization, etc. Note that exercise, while increasing endorphins in the body, should be in addition to a relaxation practice and not in place.

1. Students will complete the attached pre-assessment and implement a preferred self-care strategy throughout the term.

2. At the end of the term, answer the following questions and write a brief paragraph about the practice of self-care.
   - Signs I’m starting to get burnt out:
   - Ways I can relieve stress:
   - People I can depend on for support:
   - Sources of professional support (e.g., a counselor or healthcare provider):
   - Music I can listen to and relax:
   - Places I can go to feel happy and calm:
   - Positive affirmations to remind myself of my value:

Include the above questions and answers when writing the self-care paragraph indicating how practice of self-care affected your clinical experience and what you would change about it in the future.
The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care? Do you tend to ignore others? Are there items on the list that hadn’t even occurred to you?

Listen to your internal responses and dialogue about self-care and take note of anything you would like to prioritize moving forward.

<table>
<thead>
<tr>
<th>Rate the following areas according to how well you think you are doing…</th>
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<tbody>
<tr>
<td>3 = I do this well (e.g., frequently)</td>
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<tr>
<td>2 = I do this OK (e.g., occasionally)</td>
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<tr>
<td>1 = I barely or rarely do this</td>
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<tr>
<td>0 = I never do this</td>
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<tr>
<td>? = This never occurred to me</td>
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### Physical Self-Care

- Eat regularly (breakfast, lunch, and dinner)
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when sick
- Wear clothes I like
- Do some fun physical activity
- Think positive thoughts about my body
- Exercise
- Eat healthily
- Get massages
- Take vacations
- Get enough sleep
- Do some fun artistic activity
- (Other) ___________________

### Psychological Self-Care

- Take day trips or mini vacations
- Have my own personal psychotherapy
- Make time away from technology/internet
- Read something unrelated to work
- Notice my thoughts, beliefs, attitudes, feelings
- Engage my intelligence in a new way or area
- Do something at which I am not expert
- Make time for self-reflection
- Write in a journal
- Attend to minimizing life stress
- Be curious
- Say no to extra responsibilities
- Be okay leaving work at work
- (Other) ___________________

### Emotional Self-Care

- Spend time with people whose company I enjoy
- Stay in contact with important people in my life
- Re-read favorite books, re-view favorite movies
- Identify and seek out comforting activities/places
- Express my outrage in social action or discussion
- Love myself
- Allow myself to cry
- Give myself affirmation/praise
- Find things that make me laugh
- (Other) ___________________
### Spiritual Self-Care

- [ ] Make time for reflection
- [ ] Find a spiritual connection or community
- [ ] Be aware of non-material aspects of life
- [ ] Try at times not to be in charge or the expert
- [ ] Identify what is meaningful to me
- [ ] Seek out reenergizing or nourishing experiences
- [ ] Contribute to causes in which I believe
- [ ] Read or listen to something inspirational
- [ ] Meditate
- [ ] Cherish my optimism and hope
- [ ] Be open to knowing
- [ ] Be open to inspiration
- [ ] Find time for prayer or praise
- [ ] Have experiences of awe
- [ ] (Other) ___________________

### Relationship Self-Care

- [ ] Schedule regular dates with my partner
- [ ] Call, check on, or see my relatives
- [ ] Share a fear, hope, or secret with someone I trust
- [ ] Stay in contact with faraway friends
- [ ] Make time for personal correspondence
- [ ] Allow others to do things for me
- [ ] Make time to be with friends
- [ ] Ask for help when I need it
- [ ] Communicate with my family
- [ ] Enlarge my social circle
- [ ] Spend time with animals
- [ ] (Other) ___________________

### Workplace or Professional Self-Care

- [ ] Take time to chat with coworkers
- [ ] Identify projects/tasks that are exciting
- [ ] Balance my load so that nothing is “way too much”
- [ ] Arrange workspace to be comfortable
- [ ] Get regular supervision or consultation
- [ ] Negotiate/advocate for my needs
- [ ] Make quiet time to work
- [ ] Take a break during the day
- [ ] Set limits with my boss/peers
- [ ] Have a peer support group
- [ ] Identify rewarding tasks
- [ ] (Other) ___________________

### Overall Balance

- [ ] Strive for balance within my work-life and workday
- [ ] Strive for balance among my family, friends, and relationships
- [ ] Strive for balance between play and rest
- [ ] Strive for balance between work/service and personal time
- [ ] Strive for balance in looking forward and acknowledging the moment

### Areas of Self-Care that are Relevant to You

- [ ] (Other) ___________________
- [ ] (Other) ___________________
- [ ] (Other) ___________________

---

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization.* Norton. Adapted by Lisa D. Butler, PhD.
Appendix L
EVALUATION OF ON-SITE SUPERVISOR AND SITE BY STUDENT
(student completes this form and turns in to instructor IN LAST WEEK of the FINAL INTERNSHIP)

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

Student Initials: __________________________________________ Term & Year: ______________________

Name of Internship 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.

1 2 3 4
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 internship student.

1 2 3 4

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

1 2 3 4

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

1 2 3 4

This experience increased your professional development.

1 2 3 4

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

1 2 3 4

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

1 2 3 4

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

1 2 3 4

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

1 2 3 4

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

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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Appendix M
WEBSTER UNIVERSITY
COUN 6500 INTERNSHIP
STUDENT CONTACT INFORMATION
(Please fill out and hand back to instructor first night of class.)

Intern Name: ____________________________________________________________

Personal Email: __________________________________________________________
Using your Webster Email send Professor Ellis a "hello" message at carolynellis30@webster.edu.

Other email you would like us to use post-graduation: ______________________________

Home Phone: ________________________ Cell Phone: ________________________
Using your cell phone send Professor Ellis a "hello" text message at 407-212-2691.

<table>
<thead>
<tr>
<th>Site Supervisor's name, phone and email (print VERY CLEARLY):</th>
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</thead>
<tbody>
<tr>
<td>Site Supervisor's Name_______________________________________</td>
</tr>
<tr>
<td>Agency/Facility: _____________________________________________</td>
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<tr>
<td>Site Supervisor Cell Phone: _________________________________</td>
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<tr>
<td>Site Supervisor Email: ______________________________________</td>
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<tr>
<td>Site address_______________________________________________________________________________________________</td>
</tr>
<tr>
<td>City, State, Zip: ____________________________________________</td>
</tr>
<tr>
<td>Site Office Phone: __________________________________________</td>
</tr>
</tbody>
</table>

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

Live Supervision Date for you as counselor: ____________________________

Live Supervision Date for you as client: ________________________________

Date of tape review with faculty supervisor: ____________________________

Theory to be implemented this term: ____________________________________

Expected graduation date: _______________
Appendix G

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.

Student Intern: ________________________________

Site Supervisor: (Print) ________________________________

Site Supervisor Signature ________________________________

Date ________________________________