

UNIVERSITY OF NORTHERN COLORADO
SCHOOL OF APPLIED PSYCHOLOGY AND COUNSELOR EDUCATION
APCE 692: Internship in Clinical Mental Health Counseling
Fall 2015

Faculty Professor & University Clinical Supervisor: Danielle M. Kahlo, Ph.D.

Office: Denver-Lowry Campus Room 233, (970) 351.1021, danielle.kahlo@unco.edu

COURSE DESCRIPTION:

A culminating field experience for qualified clinical counseling students in the area of specialty (refer to program handbook and internship manual for more information). Minimum of 700 total on-site hours are required. S/U graded. Repeatable, with a maximum of 18 credits.

PREREQUISITES:

APCE 558, 603, 607, 612, 619, 657, 662/605, 661, 673 (plus 665, 669 and 601 for LMFT Licensure Option students) & consent of academic advisor and program coordinator

KNOWLEDGE AND SKILL OUTCOMES: Upon successful completion of this course students will:

1. Complete a supervised internship in his/her designated program area of 600 clock hours, begun after successful completion of the Practicum I and II. This will include at least 300 clock hours of direct service, including experience leading groups (CACREP III.G, G.1). *Assessed via documentation of accrued logs of internship activity, signed by the on-site clinical supervisor.*
2. Participate in weekly supervision that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor, and an average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member (CACREP III.G.2, G.3). *Assessed via documented logs of supervision activity signed by the on-site clinical supervisor, and attendance records of UNC group supervision.*
3. Become familiar with a variety of professional activities and resources in addition to direct service (e.g. record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings) (CACREP III.G.4). *Assessed via documentation in student learning outcomes, informal and formal case presentations, formal site evaluation reviews (midterm and final), and submitted written case conceptualization and treatment plan.*
4. Have the opportunity to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients (CACREP III.G.5). *Assessed via site agreement to adherence with this standard and site supervisor confirmation of performance of this activity.*

5. Have been provided with evaluations of his/her counseling performance throughout the internship, including documentation of a formal evaluation after he/she completes the internship by a program faculty member in consultation with the site supervisor (CACREP III.G.6). *Assessed via documentation of mid-term and final evaluations from on-site clinical supervisor, and written documentation of evaluation of case conceptualization and treatment plan in student's file.*
6. Implement self-care strategies appropriate to the counselor role (CACREP II.G.1.d). *Assessed via documentation in student learning outcomes, informal and formal case presentations, and formal site evaluation reviews.*
7. Demonstrate: an orientation to wellness and prevention as desired counseling goals, counselor characteristics and behaviors that influence the helping process, essential interviewing and helping skills, an understanding of crisis intervention and suicide prevention models (CACREP II.G.5.a, b, c, g), and the ability to apply and adhere to ethical and legal standards in clinical mental health counseling (CACREP CMHC.B.1). *Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, articulation of development of a personal theoretical approach informed by the current literature and evidence-based practices (including multicultural and ethical guidelines) as evidenced in the submitted written case conceptualization and treatment plan, and membership in and adherence to guidelines/standards of professional organizations (i.e., ACA).*
8. Apply knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling (CACREP CMHC.B.2). *Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, articulation of development of a personal theoretical approach informed by the current literature and evidence-based practices (including multicultural and ethical guidelines) as evidenced in the submitted written case conceptualization and treatment plan, and membership in and adherence to guidelines/standards of professional organizations (i.e., ACA), and completion of the application for registration as a psychotherapist (includes jurisprudence exam, disclosure statement, articulation of theoretical approach) with the Colorado Department of Regulatory Agencies (DORA).*
9. Demonstrate an ability to use the principles and practices of diagnosis, treatment, referral and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling, and an ability to apply multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental health and emotional disorders (CACREP CMHC.D.1, 2). *Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and using the current literature and evidence-based practices (including multicultural and ethical guidelines) in the submitted written case conceptualization and treatment plan.*

10. Promote optimal human development, wellness, and mental health through prevention, education, and advocacy activities (CACREP CMHC.D.3). *Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and use of the current literature and evidence-based practices (including multicultural and ethical guidelines) in the submitted written case conceptualization and treatment plan, as well as professional membership in and adherence to guidelines/standards of professional organizations (i.e., ACA).*
11. Demonstrate an ability to apply effective strategies to promote client understanding of and access to a variety of community resources, appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling (CACREP CMHC.D.4,5), an understanding of crisis intervention and suicide prevention models and the ability to use procedures for assessing and managing suicide risk (CACREP II.G.5.g and CMHC.D.6), an ability to apply current record-keeping standards related to clinical mental health counseling, an ability to recognize his or her own limitations as a clinical mental health counselor, to seek supervision or refer clients when appropriate, and to maintain information regarding community resources to make appropriate referrals (CACREP CMHC.D.7, 9, F.1). *Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, articulation of development of a personal theoretical approach informed by the current literature and evidence-based practices (including multicultural and ethical guidelines) as evidenced in the submitted written case conceptualization and treatment plan, and membership in and adherence to guidelines/standards of professional organizations (i.e., ACA).*
12. Advocate for policies, programs, and services that are equitable and response to the unique needs of clients (CACREP CMHC.F.2). *Assessed via documentation in student learning outcomes, informal and formal case conceptualization presentations in group supervision, formal site evaluation (midterm and final) reviews, articulation of development of a personal theoretical approach informed by the current literature and evidence-based practices (including multicultural and ethical guidelines) as evidenced in the submitted written case conceptualization and treatment plan, and membership in and adherence to guidelines/standards of professional organizations (i.e., ACA).*
13. Demonstrate the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations and select appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols (CACREP CMHC.F.3, H.1). *Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, articulation of development of a personal theoretical approach informed by the current literature and evidence-based practices (including multicultural and ethical guidelines) as*

evidenced in the submitted written case conceptualization and treatment plan, and membership in and adherence to guidelines/standards of professional organizations (i.e., ACA).

14. Demonstrate an ability to screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders (CACREP CMHC.H.3). *Assessed via informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and articulation of a clinical approach informed by the current literature and evidence-based practices as evidenced in the submitted written case conceptualization and treatment plan, and membership in and adherence to ethical guidelines/standards of practice of professional organization (i.e., ACA).*
15. Apply relevant research findings to inform the practice of clinical mental health counseling, develop measurable outcomes for clinical mental health counseling programs, interventions, and treatments, and analyze and used data to increase the effectiveness of clinical mental health counseling (CACREP CMHC.J.1,2,3). *Assessed via informal and formal case presentations/treatment plans in group supervision, formal site evaluation (midterm and final) reviews, articulation of development of a personal counseling approach informed by the current literature and evidence-based practices (including multicultural and ethical guidelines) as evidenced in the submitted written case conceptualization and treatment plan, and membership in and adherence to guidelines/standards of professional organizations (i.e., ACA). Additionally, students are each required to present a peer-reviewed/juried article from the literature in group supervision class, which includes leading a discussion on how the material in the article has directly influenced their counseling development (approach, style, skills, etc.) with particular clients.*
16. Demonstrate appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments, an ability to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals, and an ability to differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma causing events (CACREP CMHC.L.1,2,3). *Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and written case conceptualization and treatment plan.*
17. Demonstrate a developmentally appropriate level of integration of multicultural awareness, sensitivity and counselor competence in all of the above areas. Understand strategies for working with and advocating for diverse populations, including multicultural competencies (CACREP II.G.2.d). *Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, articulation of development of a personal counseling approach informed by the current literature and evidence-based practices (including multicultural and ethical guidelines) as evidenced in the submitted written case conceptualization and treatment plan, and membership in and adherence to guidelines/standards of professional organizations (i.e., ACA).*

COURSE CONTENT: The program requires completion of a supervised internship in the student's designated program area of 700 clock hours (for students admitted before Fall 2010) or 600 clock hours for students admitted during or after Fall 2010 who complete a Practicum II, begun after successful completion of the practicum. The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area. The faculty member will provide an average minimum of 1 ½ hours of group supervision per week to internship students. The supervising faculty member will also provide evaluations of the student's counseling performance throughout the internship, including documentation of a formal evaluation in consultation with the site supervisor at the end of the internship experience.

This course will consist of individual and group supervision, personal examination, reflection and discussion, and provision and utilization of feedback. Content areas include but are not limited to the following topics of professional development and practice:

- Examination and discussion of therapeutic variables
- Legal and ethical aspects of providing counseling services
- Working with diverse clients/populations
- Disclosure documents and informed consent process, client rights, referral procedures, case planning and management
- Intake and termination procedures
- Use of counseling aids.
- Development of personal counseling approach.
- Case staffing and case presentations.
- Evaluating and determining effectiveness in counseling.

Method of Instruction: This is a clinical course involving lecture, supervision and group discussion of clinical site activities, formal and informal case presentations and submission and leading a discussion on an article from the literature that has informed the student's practice. The class will meet for six hours per month. Attendance is required each month.

Evaluation: This course is graded on an "S/U" basis. An "S" grade indicates satisfactory demonstration of the course requirements and is the equivalent of a letter grade of either "A" or "B." A grade of "U" indicates unsatisfactory demonstration of the course requirements and is the equivalent of a letter grade of "F." Grades for this course are determined through the professional judgment of the supervisor.

Texts: American Psychiatric Association (2013). Diagnostic & Statistical Manual of Mental Disorders (DSM-5). American Psychiatric Association.

Baird, B. (2012). Internship, Practicum and Field Placement Handbook: A Guide for the Helping Professions. Pearson Prentice-Hall. ISBN 13: 9780205804962

Bauman, S. (2008). Essential Topics for the Helping Professional. Pearson. ISBN 13: 978-0202414017

Jongsma, A.E & Peterson, M.L. (2006). *The Complete Adult Psychotherapy Treatment Planner*. New York: Wiley.

AND/OR (As appropriate, and based on clinical population at training site)

Jongsma, A.E., & Peterson, L.M. (2006). *The Child Psychotherapy Treatment Planner*. New York: Wiley.

Dattilio, A.E. & Jongsma, A.E. (2000). *The Family Therapy Treatment Planner*. New York: Wiley.

Dattilio, A.E. & Jongsma, A.E. (2011). *The Couples Psychotherapy Treatment Planner*. New York: Wiley.

Recommended Texts:

Hays, D.G. & Erford, B.T. (2009). *Developing Multicultural Counseling Competence*. Pearson Education, Upper Saddle River, NJ.

---and/or---

Robinson (2008). *The Convergence of Race, Ethnicity, and Gender: Multiple Identities in Counseling*. 3rd Edition. Pearson-Merrill Prentice Hall

Remley, T. P., Jr., & Herlihy, B. (2007). *Ethical, legal, and professional issues in counseling*. (2nd ed. Updated). Upper Saddle River, NJ: Prentice Hall.

Lane, D. K. *The legal guide for practicing psychotherapy in Colorado. (latest ed.)*. Denver, CO: Bradford Publishing Company.

Supplemental Materials: *It is the responsibility of the student to obtain these materials, available on the Internet, which relate to his/her major area of study.*

Colorado Board Rules and Frequently Asked Questions of student's specialty area, e.g., marriage and family therapists, professional counselors, unlicensed psychotherapists, etc. Found on Internet at <http://www.dora.state.co.us/> On left margin of main web page, click "Division of Registrations." In center of next page find, "SELECT A PROFESSION." Select your professional area. Select "Board Rules," or "Frequently Asked Questions." Review both documents for class.

American Counseling Association 2014 *Code of Ethics*.
(Available through the ACA webpage.)

---and/or---

American Association of Marriage and Family Therapy 2013 *Code of Ethics*.
(Available through the AAMFT webpage.)

---and/or---

American Psychological Association *Ethical Principles of Psychologists and Code of Conduct, 2010*. (Available through the APA webpage.)

---and/or---

American School Counselor Association *2010 Ethical Standards for School Counselors*.
(Available through the ASCA webpage.)

Course Requirements:

1. Regular Attendance with active and constructive participation in class discussion and supervision meetings. Complete assigned readings prior to class meetings and be prepared to discuss.
2. Complete a formal written case conceptualization and treatment plan according to the outline provided by the instructor.
3. Present at least one peer-reviewed/juried article from the literature to the class, leading a discussion on how the material in the article has directly influenced their counseling development (approach, style, skills, etc.) with particular clients. Present a hard copy for each student and the instructor, along with an outline of your reflection on how the material in the article has influenced your counseling skills.
4. Complete Student Learning Outcomes (i.e., formal self-observation assessments with a current APCE 601 client, professional development questions, etc.). See CACREP-required professional development packet for instructions; posted on the UNC Professional Counseling webpage.
5. Provide additional informal case presentations to class during group supervision, as appropriate.
6. Provide feedback to fellow class members in group supervision
7. Arrange and participate in site evaluation reviews between student, faculty supervisor/instructor and on site supervisor each semester.
8. Follow all ACA ethical guidelines
9. Articulate a personal theoretical orientation and begin to demonstrate its application in sessions and in case presentations
10. Demonstrate appropriate counseling skills equivalent to a master's level counselor (attending, empathy, respect, concreteness, genuineness, immediacy, and confrontation). Use skills and competencies such as:
 - a. Opening and closing an interview
 - b. Responding effectively to cognitive and affective content of clients' communication
 - c. Setting outcome goals with clients and planning change strategies with clients
 - d. Employing a variety of counseling techniques, procedures, and resources as appropriate.
11. Accept and use supervisory feedback in a professional manner, to improve counseling effectiveness
12. Demonstrate awareness, knowledge and skills in counseling clients who are culturally different, including racial, ethnic, gender, sexual orientation or socioeconomic differences.

Academic Conduct: Cheating on assignments or examinations, submitting work of other students as your own, or plagiarism in any form will result in penalties ranging from an "F" on an assignment to expulsion from the University.

Professional Conduct: Students are expected to adhere to the appropriate code of ethics for their particular program. Any behavior which is deemed unethical will be grounds for dismissal from the program.

APCE Professional Membership Policy: As a graduate student in a professional training program, the faculty of the Division strongly encourage you to become a member of your professional association, e.g., ACA, APA, AAMFT, ACES, ASCA, NASP.

APCE Professional Counseling Policy: As of March 4, 1996, all incoming Ph.D. in Counselor Education and M.A. students are required to join ACA during their first semester in the program; future registration will be put on hold until membership is acquired. At the beginning of the student's first semester, a copy of the student's ACA membership card is to be given to the APCE Administrative Assistant for entry in the Division data base.

Professional Liability Insurance Policy: All students are required to show proof of having professional liability insurance before being allowed to take an internship.

Accommodations Statement

Students who believe that they may need accommodations in this class are encouraged to contact the Disability Support Services, voice/TTY (970) 351-2289, or fax (970) 351-4166, or visit www.unco.edu/dss as soon as possible to ensure that accommodations are implemented in a timely fashion.

Inclusivity Statement

The College of Education and Behavioral Sciences (CEBS) supports an inclusive learning environment where diversity and individual differences are understood, respected, appreciated, and recognized as a source of strength. We expect that students, faculty, administrators and staff within CEBS will respect differences and demonstrate diligence in understanding how other peoples' perspectives, behaviors, and world views may be different from their own. Sexual Misconduct/Title IX Statement: The University of Northern Colorado prohibits and will not tolerate sexual misconduct or gender-based discrimination of any kind. UNC is legally obligated to investigate sexual misconduct (including, but not limited to sexual assault, sexual harassment, stalking, and intimate partner violence). If you disclose an incident of sexual misconduct to a faculty member, they have an obligation to report it to UNC's Title IX Coordinator. "Disclosure" may include communication in-person, via email/phone/text message, or through in/out of class assignments. If you wish to speak confidentially about an incident of sexual misconduct, please contact the UNC Counseling Center (970-351-2496) or the Assault Survivors Advocacy Program (970-351-4040). If you would like to learn more about sexual misconduct or report an incident, please visit: www.unco.edu/sexualmisconduct.

University of Northern Colorado
INTERNSHIP IN CLINICAL MENTAL HEALTH COUNSELING
AGENCY/SITE SUPERVISOR
MIDTERM & FINAL EVALUATION FORM

Name of Supervisee: _____ Date: _____

Name of Supervisor: _____ Site: _____

Address: _____

Please identify the types of activities utilized in supervision with this supervisee.

	Observed supervisee directly via one way mirror or video circuit
	Listened to or watched tapes of supervisee counseling
	Read session notes
	Discussed cases with supervisee
	Group Supervision (6 supervisees or less)
	Triadic Supervision (2 supervisees)
	Individual Supervision
	Other (please describe)

What number of overall hours did the supervisee spend doing the following:

	Direct client contact (Individual counseling)
	Direct client contact (couples or families)
	Indirect client activities (i.e. case conferences, staff meetings, in-service workshops, trainings, administrative duties, completion of paperwork, case notes, treatment plans, etc.)
	TOTAL INTERNSHIP HOURS

Logistical aspects:

	Supervisee is on time for sessions and supervision
	Case notes are ready on time
	Case notes are well written
	Treatment planning notes completed and modified with supervision
	Supervisee has current and active liability insurance in place
	Supervisee has completed application/is registered with DORA as a Registered Psychotherapist

Counseling/theoretical models used by supervisee: _____

Supervisee Skills Rating Form

Please use the scale below to rate the supervisee across each of the following dimensions.

**Use the scale on the left side for the mid-term evaluation,
and the scale on the right side for the final evaluation.**

1 = Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.

2 = Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.

3 = Competence is at least at the minimal level necessary for functioning with moderate supervision required.

4 = Competence is above average, trainee can function independently with periodic supervision.

5 = Competence is well developed and trainee can function independently with little or no supervision required.

N = Insufficient data to rate at this time.

Interaction / Interview Skills

Midterm		Final
N 1 2 3 4 5	Counselor establishes good rapport with clients	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is in charge of direction of interview	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is accepting and encouraging of client emotions, feelings, and expressed thoughts	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is aware and accepting of client's cultural, religious, sexual orientation, ethnic, economic, gender and lifespan/developmental issues, and displays sensitivity to these dimensions in sessions	N 1 2 3 4 5

Counselor Responses

N 1 2 3 4 5	Counselor's responses are appropriate in view of what client is expressing and according to developmental level	N 1 2 3 4 5
N 1 2 3 4 5	Counselor reflects emotions and responds to feelings appropriately	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is able to establish appropriate boundaries between therapist and client (i.e., counselor avoided being "caught" by client dynamics)	N 1 2 3 4 5
N 1 2 3 4 5	Counselor's values remain neutral when working with the client	N 1 2 3 4 5
N 1 2 3 4 5	Interventions are presented appropriately to the client	N 1 2 3 4 5

Counseling Relationship

N 1 2 3 4 5	Therapeutic relationship was conducive to productive counseling	N 1 2 3 4 5
N 1 2 3 4 5	Counselor used appropriate language level with client	N 1 2 3 4 5
N 1 2 3 4 5	Counselor used language, tone of voice, and other behavior to convey an interest in clients	N 1 2 3 4 5
N 1 2 3 4 5	Counselor communicated his/her interests, feelings and experiences to clients when appropriate	N 1 2 3 4 5

Client Conceptualization

N 1 2 3 4 5	Understands/conceptualizes client's problem in its full perspective (systemic, developmental, cultural)	N 1 2 3 4 5
N 1 2 3 4 5	Reports client's behavior patterns accurately and supports reports with specific behavioral observations	N 1 2 3 4 5
N 1 2 3 4 5	Identifies and utilizes client strengths in sessions and treatment planning	N 1 2 3 4 5
N 1 2 3 4 5	Interventions reflect a clear understanding of the client's problem and the client's goals	N 1 2 3 4 5
N 1 2 3 4 5	Interventions are consistent with the theoretical counseling model being used to conceptualize the client	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is able to demonstrate knowledge of principles and processes of theoretical framework underlying mode of treatment used	N 1 2 3 4 5
N 1 2 3 4 5	Treatment goals and plans reflect good case conceptualization and are consistent with the theoretical model being used	N 1 2 3 4 5
N 1 2 3 4 5	Counselor assesses influence of other systems (i.e. school, work, medical etc) and acts accordingly	N 1 2 3 4 5

Termination

N 1 2 3 4 5	Counselor reviews goals with clients and prepares for closure	N 1 2 3 4 5
N 1 2 3 4 5	Termination was initiated and planned properly (was it a smooth transition from the counseling process)	N 1 2 3 4 5
N 1 2 3 4 5	Follow up phone calls, or referral was discussed	N 1 2 3 4 5

Case Conceptualization & Supervision

N 1 2 3 4 5	Supervisee is able to observe/understand his or her own personal influence on the counseling relationship	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee is able to conceptualize and discuss cases meaningfully and insightfully with the supervisor	N 1 2 3 4 5
N 1 2 3 4 5	Able to reflect on personal motives, regulate emotions, and is open to accepting personal responsibility and addressing issues pertaining to personal/professional growth conceptually and/or behaviorally	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee seeks, is well prepared, and actively participates in the supervisory process	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee is open to entertaining new ideas and behaviors	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee is receptive to supervisor feedback	N 1 2 3 4 5
N 1 2 3 4 5	Conversations in supervision and feedback reflected in future counseling sessions	N 1 2 3 4 5
N 1 2 3 4 5	Counselor demonstrates an ability to appropriately negotiate the balance between autonomy and dependency in supervision	N 1 2 3 4 5

Use of Evidence Based Interventions and Literature

N 1 2 3 4 5	Counselor made serious effort to integrate case with Evidence Based Interventions	N 1 2 3 4 5
N 1 2 3 4 5	Counselor used literature to be more informed in regards to case conceptualization, and intervention	N 1 2 3 4 5

Miscellaneous

N 1 2 3 4 5	Counselor actively participates in group supervision and both gives and receives feedback with other supervisees	N 1 2 3 4 5
N 1 2 3 4 5	Counselor understands and observes agency operating procedures	N 1 2 3 4 5
N 1 2 3 4 5	Counselor collegially participates with the treatment team in consultation and collaboration with other providers (intra- and inter-professionally)	N 1 2 3 4 5
N 1 2 3 4 5	Counselor demonstrates an ability to negotiate conflict or differences in a professional manner	N 1 2 3 4 5
N 1 2 3 4 5	Counselor produces appropriate documentation (i.e., case	N 1 2 3 4 5

	notes, treatment plans, etc.) consistent with uniformly acceptable guidelines as well as adapting stylistically to agency-specific standards	
N 1 2 3 4 5	Counselor actively pursues answers to ethical dilemmas as they arise in cases: aware of and follows general guidelines for ethical decision making, with guidance in supervision and attention to professional organization's (i.e., ACA) ethical guidelines as well as the state-specific statutes	N 1 2 3 4 5
N 1 2 3 4 5	Counselor strives to become a more multi-culturally competent counselor and to promote social justice within the domains of current practice and client contact	N 1 2 3 4 5
N 1 2 3 4 5	Counselor demonstrates initiative, motivation, and a focus on professional development	N 1 2 3 4 5

Comments:

Supervisor Signature: _____

Trainee signature: _____

- The faculty has approved this form for evaluation in Clinical Internship for MA students. It is a CACREP requirement that a copy of this evaluation is to be included in the student's file upon course completion.**
- This form has been adapted and modified. It was originally developed for use in the internship manual for MA students in Community Counseling: Couples and Family Therapy Emphasis and for use in Family Practicum with MA and Doctoral students by Lia Softas-Nall, Professor of Counseling Psychology and adopted by the APCE faculty. It appears as a published contribution in Hovestadt, C. et al (2002). *Practice management forms: Tools for the business of therapy*. Washington, DC: American Association for Marriage and Family Therapy.

**UNC Professional Counseling Programs
STUDENT LEARNING OUTCOMES (SLO / BI-ANNUAL REVIEW)**

SELF-SUPERVISION FORM

(To Be Completed During Practicum I, Practicum II, Family Practicum, and Internship)

Name:

Date:

Number of Sessions:

Supervisor:

Please use this form to assess your counseling skills each week. You should complete this form while watching your session tapes and bring it to supervision each week. You must complete this form on at least one client for three sessions and submit to your instructor as part of your evaluation materials.

Identify Examples of Culturally Appropriate Attending Skills: (Include eye contact, posture, tone of voice, amount of movement in session, mirroring, facial expressions, or bodily expression)

Identify Examples of Empathy & Influencing Skills: (Include paraphrasing, reflection of feeling or meaning, summarization, clarifying and perception checking, pacing, focusing, staying with affect, counselor self disclosure, immediacy, or confrontation)

Identify & Evaluate Any Specific Techniques Used:

Identify Your Areas of Strength (Identify a minimum of 2)

Identify Your Growth Areas (Identify a minimum of 2)

UNC Professional Counseling Programs

**STUDENT LEARNING OUTCOMES (SLO / BI-ANNUAL REVIEW)
TREATMENT PLAN AND CASE CONCEPTUALIZATION**

(To Be Completed During Practicum I, Practicum II, Family Practicum, and Internship)

Completion of this form: Use accompanying rubric to understand expectations of each section in this form and use this rubric as a guideline for appropriate completion of this form. Your instructor may have specific information they request in each section.

Name:

Date:

Course Enrolled:

Supervisor:

Client Pseudonym:

Approximate Age (i.e., “mid-thirties”):

Introduction:

Presenting Concern:

Background Information:

Client Strengths:

Hypotheses:

Counselor Observations (i.e., Larger System & Developmental Perspective):

Assessment Information (If Applicable):

Overall Conceptualization:

Multi-axial Diagnosis (DSM-IV-TR): Axis I - V

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Status at the Beginning of Treatment:

Presenting Concerns:

Treatment Goals:

1)

2)

3)

Suggested or Implemented Interventions:

Prognosis:

This is an expansion of the outline provided above and in the SLO Manual. Follow this outline for a systematic approach to adequate comprehensive coverage of this assignment. Your written summary can be in paragraph form, or in bullet form; it should be brief (maximum five typewritten pages), yet thorough and professional.

Please note, you will be required to submit this to your permanent student file, as part of CACREP's documentation of student learning outcomes. You will be graded on this assignment, according to the rubric provided to you, so please follow the outline given below!

Introduction

- Set the context for problem understanding
- **Client Information: Use a pseudonym / made-up first name only.** Identify only basic demographics factors, as they are clinically relevant to the case: [race, SES, ability status, sexual orientation, religion/spirituality, children, general vocation, current substance abuse concerns, physical concerns]. Be general rather than specific, and alter any details that are not relevant to the case to maintain the confidentiality of the client. Keep in mind that no one should ever be able to figure out the true identity of the individual(s) presented in the case. A general rule of thumb to be safe: no Proper Nouns (names of persons, places, cities, schools, businesses, etc.),, and no specific dates beyond year (year of treatment; age by *decade* such as “caucasian male in his forties” rather than specific age, etc.) Also keep in mind that no official files/clinical or report data should be removed from your agency site, EVER. See information at the end of these directions on de-identifying clinical reports.

Presenting Concern(s)

- Why has the client(s) come to therapy? What is the complaint (describe in the client's words)?
- Who referred the client, have they been in treatment before for this specific concern? If so, what was the previous outcome? Who else is involved in the concern (family, partner, spouse, co-workers, parents)?
- What is the: ***Nature, History, Duration, Frequency and Intensity*** of the concern? These are important features in a differential diagnosis. An accurate diagnosis is critical in implementing an appropriate treatment plan and being a good helper (*it's impossible to assist someone in managing their diabetes, if you've diagnosed them with hyperlipidemia*). Some sites will want a diagnostic label at this point—please include one in your written summary, but do not provide it to the group during your oral presentation, as we will use the case to brainstorm possible diagnoses for practice.

Background Information

- Recent and past events related to presenting concern

Client strengths

- Individual, relational, social, spiritual, etc.

Client Conceptualization / Clinical Hypotheses (THEORETICALLY INFORMED)

- How do you understand what is happening with the client?
- What are your hypotheses about this case? What is *your theoretical framework for conceptualizing* the client's concerns? What are your hopes for this client?

Counselor Observations/ Larger Systemic and Developmental Perspective

- Additional Factors that Impact This Case: School, Community, Family, Peers, etc.
- Factors that support a *positive outcome* for the client: family support, partner support, stable work history, previous successful treatment, etc.
- Factors that may influence or *impede* treatment: previous unsuccessful counseling, cognitive level, psychiatric concerns of an organic nature, history of major mental disturbances/illnesses addiction and relapse history, history of victimization [physical, sexual or emotional], history of perpetration [physical, sexual or emotional], combined status, legal concerns [DHS, criminal, civil], suicide or homicidal threats, eating disorder or traumatic background).

Assessment Information (If Applicable)

- Present the results of any assessment data collected by you, or which is part of the client's file and relevant to the understanding of the case

Multi-axial Diagnosis (DSM-IV-TR)

- Axis I:
- Axis II:
- Axis III:
- Axis IV:
- Axis V:

Prognosis:

- Status at the Beginning of Treatment and Treatment Focus thus Far
- How long has the client been engaged in treatment services and what type of services have been utilized (individual, family, group, meds, case management)?
- What are the major themes in the treatment process?
- Does the client attend regularly? To what degree is the client(s) actively engaged in the treatment process [e.g., do they act on suggested changes, follow through on homework assignments, take appropriate responsibility for change?]

Interventions

- Suggested or implemented interventions - What has worked in therapy, what has not?
- Treatment Goals:
 - (1)
 - (2)
 - (3)

Interventions:

- (1)
- (2)
- (3)

Seek to Get Your Question Answered

- If the group process has not answered your question, ask the group directly again. This is a good place to take notes on their suggestions, strategies, and input. As always, take any suggestions from the internship group or consultation group back to your site supervisor BEFORE attempting or intervening in any way with your clients.

Thank the group for their time and feedback.

Tips for the Oral Presentation:

- Begin with the end in mind. or in other words, have a purpose for what you are sharing. The central question to be answered is: What do you want from the group with which you are sharing this information? (Feedback, treatment planning, resources, specific questions, ethical concerns, etc. etc.)
- Share only what is relevant. Too often too much irrelevant information is shared, so report only that information which is germane. Make a list of important details, use professional language [not referring to client by their diagnosis, be clear, & specific, describe behaviors without value judgments].
- Be Flexible & Mindful of Time. Others may want to stop you and ask a question or seek clarification. A skilled presenter can balance some questions with his or her presentation. If someone asks a question that you plan to address later, simply and professionally, tell them and then move on. You are responsible for managing the time.
- Interaction and Questions. After you present, there most likely will be a period of discussion and further clarification. Be sure your question(s) or concerns were addressed. You may wish to take notes during the discussion so you can remember later. Help to keep the discussion focused.

The Privacy Rule allows a covered entity to de-identify data by removing all 18 elements that could be used to identify the individual or the individual's relatives, employers, or household members; these elements are enumerated in the Privacy Rule. **The covered entity also must have no actual knowledge that the remaining information could be used alone or in combination with other information to identify the individual who is the subject of the information.** Under this method, the identifiers that must be removed are the following:

1. Names.
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP Code, and their equivalent geographical codes, except for the initial three digits of a ZIP Code if, according to the current publicly available data from the Bureau of the Census:
 - a. The geographic unit formed by combining all ZIP Codes with the same three initial digits contains more than 20,000 people.
 - b. The initial three digits of a ZIP Code for all such geographic units containing 20,000 or fewer people are changed to 000.
3. All elements of dates(except year)for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Telephone numbers.
5. Facsimile numbers.
6. Electronic mail addresses.
7. Social security numbers.
8. Medical record numbers.
9. Health plan beneficiary numbers.
10. Account numbers.
11. Certificate/license numbers.
12. Vehicle identifiers and serial numbers, including license plate numbers.
13. Device identifiers and serial numbers.
14. Web universal resource locators (URLs).
15. Internet protocol (IP) address numbers.
16. Biometric identifiers, including fingerprints and voiceprints.
17. Full-face photographic images and any comparable images.
18. Any other unique identifying number, characteristic, or code, unless otherwise permitted by the Privacy Rule for re-identification.

University of Northern Colorado

Professional Counseling Programs: APCE 692 Internship in Clinical Mental Health Counseling Course Supervision Contract

Purpose:

This document is intended to: establish parameters of supervision; assist in supervisee professional development; and provide clarity in supervisor responsibilities including client protection. The purpose of the supervisory relationship is to safeguard client welfare and enhance supervisee development. The intern recognizes that both the intern and the supervisor are responsible for clients' welfare; by signing this document, the supervisee, acknowledges and agrees to immediately notify the site supervisor in writing (with a copy provided to the UNC internship supervisor) of any problems that arise within the context of the therapeutic relationship, and to notify the UNC clinical supervisor if the site is unresponsive to the supervisee's needs. The intern also recognizes that supervision is intended to promote supervisee progress in completing the requirements of the training program, and fulfill academic requirements in preparation for the supervisee's pursuit of professional counseling licensure; the supervisee therefore agrees to immediately notify the supervisor of any problems, discrepancies, or concerns that arise within the context of the supervisory relationship.

This contract between Danielle M. Kahlo, Ph.D. (UNC Clinical Internship Supervisor) and _____ (intern) at The University of Northern Colorado, signed on _____ (date), serves to verify the provision of face-to-face clinical group supervision (in addition to required weekly on-site agency supervision), per CACREP and UNC academic training standards. This contract further documents that the intern has an official and signed contract with the internship site, and has and will maintain professional liability insurance.

I. Competencies Expectations

- A. It is expected that supervision will occur in a competency-based framework.
- B. Supervisees will self-assess clinical competencies (self-awareness, knowledge, skills, and values/attitudes). This assessment will be conducted verbally and/or in writing during group supervision meetings at the UNC campus to which the intern is assigned.
- C. Supervisors will compare supervisee self-assessments with their own assessments based on: report of clinical work; group supervision; in-class self-evaluation instruments and competency-based activities, and recordings of client-trainee interactions (*if deemed necessary during the course of interactions between the faculty and the on-site supervisor for the provision of ongoing training and intern development, and if approved of and supplied by the internship agency/site in a confidential manner during a faculty supervisor site visit. No client information is ever to be removed from the agency site*).

- D. The initial level of supervision will take place monthly, on the UNC campus to which the intern is assigned, supplemented by site visits from the UNC faculty supervisor to the clinical internship agency each semester. Any changes in this level will be discussed in supervision.

II. Context of Supervision

- A. At least six hours of face-to-face group supervision will be provided per month, at the UNC campus to which the supervisee has been academically assigned, in a professional environment that ensures confidentiality.
- B. Supplemental individual supervision will be provided on an as-needed basis, in coordination with the on-site agency supervisor.
- C. Supervision will consist of multiple modalities including: discussion, instruction, modeling and role-playing, mutual problem-solving, video demonstrations and small group discussions.

II. Evaluation

- A. Feedback will be provided informally during each group supervision session and be related to competency based goals.
- B. Summative evaluation will occur in conjunction with the on-site supervisor during mid-term and final site visits.
- C. Supervisor notes may be shared with the supervisee at the supervisor's discretion, and at the request of the supervisee.
- D. If the supervisee does not meet criteria for successful completion of internship, via the requirements of BOTH the University and the internship site/agency, the supervisee will be informed at the first indication of this, and supportive, and remedial steps will be implemented to assist the supervisee.
- E. If the supervisee continues not to meet criteria for successful completion of the internship, procedures delineated in the Review and Retention manual may be instituted by the training program up to and including dismissal from the training program.

IV. Duties and Responsibilities of the University Internship Supervisor

- A. Upholds and adheres to the ACA Ethical Principles and Code of Conduct.
- B. Oversees and monitors trainee's continuing development of clinical competencies (i.e., client case conceptualization and treatment planning, professional ethical behavior and self-awareness, knowledge of areas of the field including theories of counseling, multicultural practice, diagnostic information according to the DSM-IV-TR, etc.).
- C. Develops the supervisory relationship and establishes an appropriate emotional tone.
- D. Assists in the development of goals and tasks to be achieved in supervision, specific to assessed competencies.
- E. Presents challenges to and problem solves with the supervisee.
- F. Provides suggestions regarding client interventions/evaluation procedures and directives for clients at risk.

- G. Ensures that ethical guidelines are upheld, and intervenes when client or supervisee welfare is at risk.
- H. Identifies theoretical orientation(s) used in supervision and therapy, and takes responsibility for integrating theory in the supervision process. This includes assessing the supervisees' theoretical understanding/training/orientation(s).
- I. Identifies and builds upon supervisees' strengths specific to assessed competencies.
- J. Introduces and models use of personal factors including belief structures, worldview, values, culture, transference, counter-transference, and parallel process in assessment/therapy and supervision.
- K. Maintains a professional relationship with the supervisee, and ensures a high level of professionalism in all interactions.
- L. Identifies and addresses strains or ruptures in the supervisory relationship.
- M. Establishes informed consent for all aspects of supervision.
- N. Maintains a file of supervisee documents, including internship contract (Attachment A), intern's documentation of current insurance coverage, and logs documenting hours of clinical work on internship (Attachment D).
- O. Distinguishes and maintains the line between supervision and therapy.
- P. Identifies delegated supervisors who will provide supervision/guidance if and when the supervisor is not available for consultation.
- Q. Discusses and ensures understanding of all aspects of the supervisory process outlined in this document, and the underlying legal and ethical standards from the onset of supervision.

V. Duties and Responsibilities of the Supervisee

- A. Upholds and adheres to the ACA Ethical Principles and Code of Conduct
- B. Comes prepared to participate actively in class activities, and to discuss client cases including conceptualization, diagnosis, treatment planning and ethical and multicultural considerations.
- C. Is prepared to present integrated case conceptualization that is culturally competent.
- D. Brings personal factors (e.g., transference, counter-transference, and parallel process) to supervision and is open to discussing such factors.
- E. Identifies goals and tasks to be achieved in supervision specific to assessed competencies.
- F. Identifies specific needs relative to supervisor input.
- G. Identifies strengths and areas of future development.
- H. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior.
- I. Discloses errors, concerns, discrepancies in clinical and administrative practices, and clinical issues as they arise.
- J. Raises issues or disagreements that arise in the supervision process with the aim of moving towards resolution.
- K. Provides feedback to supervisors on the supervision process (regularly, not simply at the end of internship), with the goal of working together towards meeting ongoing and developing needs.

- L. Responds non-defensively to supervisory feedback and implements supervisory directives in subsequent sessions.
- M. Within the context of the agency/site's professional training protocol and standard practices, each intern will provide their clients with information regarding: (1) the limits of confidentiality;(2) the intern's training status; (3) the name of their on-site supervisor(s); and (4) the fact that their supervisor(s) will be reviewing cases as well as any audio or video recordings of sessions.
- N. At the outset of treatment, interns will inform clients about the expected duration of the treatment and the process by which the clients' care would be transferred to the supervisor or another therapist if additional contact was required.
- O. Interns will maintain records consistent with community practice standards and current ethical standards of care (best practices). This includes such things as documenting all client contact and completing all notes within 24 hours of contact, ensuring that all client information, notes, records, etc. are maintain in a double-locked capacity (i.e., in a locked filing cabinet in a locked room), and engages in case management activities solely on-site (i.e., never takes case notes or confidential client information off-site). Process or supervision notes, without client identifying information, are not part of the client record and are to be kept at the internship in a secure location. The intern will Notify the UNC faculty supervisor, *immediately*, if the agency is non-compliant with ethical standards in client care, professional behavior, or record-keeping practices.
- P. Interns will consult with the delegated agency/site supervisor in all cases of emergency and maintain a protocol of available agency personnel to contact if an emergency presents on site. A supervisor must be contacted in all emergency situations; if the agency site supervisor and delegated back-up emergency agency contacts are unavailable, the trainee should contact the university supervisor and follow designated agency/site emergency procedures, which will be explained to the trainee during orientation at onset of internship. If this training does not occur, the intern should specifically request it from the agency supervisor; if the agency does not comply, the intern should notify the university faculty supervisor immediately. *Note: interns are not to be assigned after-hours emergency duty by the agency/clinical site; it is unethical and irresponsible treatment of clients in crisis. Interns should decline this task if they are assigned it by the site, and notify the UNC faculty supervisor immediately if the agency is does not comply with this standard. Interns may shadow/follow a licensed professional who is designated by the site as responsible for covering emergency duty.*

VI. Procedural Aspects

- A. Although in supervision only the information that relates to the client is confidential, the supervisor will treat supervisee disclosures with discretion.
- B. There are limits of confidentiality for supervisee disclosures regarding clients or themselves. These include but are not limited to ethical and legal violations , indication of harm to self or others, or potential endangerment to client welfare or violation of the ACA ethical code. In the aforementioned cases, the supervisor reserves the right to consult with other APCE faculty.

- C. The supervisor may discuss the supervisee's development and strengths with the Professional Counseling faculty at UNC.
- D. Written progress reports may be submitted to the faculty for inclusion in the trainee's permanent student file, describing his/her development, strengths, and areas of concern.
- E. If the supervisor or the supervisee must cancel or miss a supervision session, the session will be rescheduled.
- F. The supervisee may contact the university faculty supervisor at (970) 351.1021 or danielle.kahlo@unco.edu.

Supervisor's Scope of Competence:

Supervisor's training, experience and licensure information is available at the supervisee's request, through a copy of the supervisor's current vitae/resume. This contract may be revised at the request of supervisee or supervisor. The contract will be formally reviewed at onset of internship, and at intervals more frequently if indicated. Revisions will be made only with consent of supervisee and approval of supervisor.

We, _____ (supervisee) and Danielle M. Kahlo, Ph.D. (supervisor) agree to follow to the best of our ability the directives laid out in this supervision contract and to conduct ourselves in keeping with our Ethical Principles and Code of Conduct, laws, and regulations.

Supervisor _____ Date _____

Supervisee _____ Date _____

This contract is in effect from date signed until the completion of clinical internship requirements.

(Based upon a template developed by Carol Falender, Ph.D.)

Internship in Clinical Mental Health Counseling COURSE INSTRUCTOR Evaluation Form

Name of Student: _____

Mid-Term Evaluation Date: _____ Final Evaluation Date: _____

Agency/Site: _____

Address: _____

Name of On-Site Supervisor: _____

Phone number: _____ Email: _____

Student Skills Rating Form

Please use the scale below to rate the supervisee across each of the following dimensions.

**Use the scale on the left side for the mid-term evaluation,
and the scale on the right side for the final evaluation.**

- 1** = Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.
- 2** = Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.
- 3** = Competence is at least at the minimal level necessary for functioning with moderate supervision required.
- 4** = Competence is above average, trainee can function independently with periodic supervision.
- 5** = Competence is well developed and trainee can function independently with little or no supervision required.
- N** = Insufficient data to rate at this time.

Logistical Aspects.

Regarding the Group Supervision Course, this student:

Midterm		Final
N 1 2 3 4 5	Is prepared and on time for each class period.	N 1 2 3 4 5
N 1 2 3 4 5	Has provided proof of active and up to date liability insurance.	N 1 2 3 4 5
N 1 2 3 4 5	Actively participates in class discussions and presentations.	N 1 2 3 4 5

N 1 2 3 4 5	Has completed application to be registered with DORA	N 1 2 3 4 5
N 1 2 3 4 5 N 1 2 3 4 5	Has completed class assignments: (1) Juried Article Presentation/Leading class discussion (2) Case Conceptualization & Treatment Plan Presentation	N 1 2 3 4 5 N 1 2 3 4 5

Multicultural Awareness.

In class discussions and case presentations, this student:

N 1 2 3 4 5	Demonstrates sensitivity and awareness of clients' cultural identity (i.e. gender, sexual orientation, ethnicity, race, SES, ability, age, religious/spiritual)	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates openness to the cultural identity of their clients.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates a willingness to actively collaborate with clients in order to better understand the client's cultural identity.	N 1 2 3 4 5

N 1 2 3 4 5	Demonstrates a willingness to explore their own biases based on their cultural identity.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates ability to implement counseling interventions that are sensitive to their clients' cultural identity.	N 1 2 3 4 5
N 1 2 3 4 5	Actively advocates for social justice and multicultural awareness.	N 1 2 3 4 5

Professional and Ethical Behavior.

In class discussions/case presentations, this student:

N 1 2 3 4 5	Demonstrates an ability to set and define clear and consistent boundaries when working with clients.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates awareness of personal values and how they may interfere with working with clients.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates knowledge and understanding of both ACA ethical guidelines and applicable statues and case laws and implements these guidelines/laws into their practice with	N 1 2 3 4 5

	clients.	
N 1 2 3 4 5	Demonstrates best practices by utilizing ethical decision making models and consulting with supervisors and colleagues.	N 1 2 3 4 5
N 1 2 3 4 5	Actively focuses on the importance of continued professional growth and development.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates awareness of their role in the counseling relationship and recognizes opportunities for personal and professional growth.	N 1 2 3 4 5
N 1 2 3 4 5	Appropriately maintains client's confidentiality and understands and articulates exceptions to confidentiality.	N 1 2 3 4 5

Case Conceptualization & Treatment Planning.

In class discussions and case presentations, this student:

N 1 2 3 4 5	Demonstrates an ability to conceptualize clients concerns from a theoretically consistent viewpoint.	N 1 2 3 4 5
N 1 2 3 4 5	Acknowledges and promotes clients strengths when implementing interventions.	N 1 2 3 4 5

N 1 2 3 4 5	Demonstrates ability to conceptualize clients' growth areas and interpret clients' goals.	N 1 2 3 4 5
N 1 2 3 4 5	Utilizes theoretical orientation and interventions in case conceptualization.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates appropriate treatment planning and goal setting congruent with theoretical orientation.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates awareness of larger systemic dynamics (family, work, school, etc.) and their effect on clients' behaviors.	N 1 2 3 4 5
N 1 2 3 4 5	Utilizes current research and literature to implement evidenced based interventions.	N 1 2 3 4 5

Supervision.

In class discussions and assignments, this student:

N 1 2 3 4 5	Demonstrates an openness and willingness to receive feedback from supervisors and colleagues.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates appropriate implementation of feedback from supervisors and colleagues.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates the ability to provide peers with appropriate and relevant feedback.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates appropriate balance between both giving and receiving feedback.	N 1 2 3 4 5
N 1 2 3 4 5	Acknowledges growth areas and utilizes them as an opportunity for professional development.	N 1 2 3 4 5
N 1 2 3 4 5	Demonstrates an ability to openly express any concerns regarding the supervision process.	N 1 2 3 4 5

Termination.

In class discussions and case presentations, this student:

N 1 2 3 4 5	Demonstrates appropriate termination procedures including: preparing the client for termination of therapy, follow up care, and referrals.	N 1 2 3 4 5
-------------	--	-------------

Comments: _____

Instructor Signature: _____ **Date** _____

This form was adapted from the following sources:

Hovestadt, C. et al (2002). Practice management forms: Tools for the business of therapy. Washington, DC: American Association for Marriage and Family Therapy.

McAdams, C.R., Foster, V.A., & Ward, T.J. (2007). Remediation and dismissal policies in counselor education: Lessons learned from a challenge in federal court. *Counselor Education and Supervision, 46*, 212-229.

Case Conceptualization & Treatment Plan Scoring Rubric - Clinical Counseling Version
(To Be Completed During Practicum I, Practicum II, Family Practicum, and Internship)
(Adapted from Gehart, 2009)

Counselor-in-Training: _____

Date: _____

Evaluator: _____

Course Enrolled: _____

Rating Scale:

- 5 = Exceptional** (skills and understanding significantly beyond counselor developmental level)
- 4 = Outstanding** (strong mastery of skills and thorough understanding of concepts)
- 3 = Mastered Basic Skills** (understanding of skills/competence evident)
- 2 = Developing** (minor conceptual errors; in process of developing)
- 1 = Deficits** (deficits in knowledge/skills; significant remediation needed)

	5	4	3	2	1	N/A
Introduction	Provides a clear, thorough introduction to the client that provides information regarding client diversity. Descriptions set the context for problem understanding.	Provides a clear introduction to the client that provides some information regarding client diversity. Descriptions are useful for problem understanding.	Provides basic identifying information about the client and some information regarding diversity. Descriptions lack sufficient detail for problem understanding.	Provides basic information about the client; however, there is insufficient detail regarding client diversity.	Missing, incorrect, or significant problems in describing the client and diversity.	
Presenting Concern	Provides a clear, comprehensive, and accurate description of the client's presenting concerns. This includes a description of the client's concern using clear language.	Provides a clear description of the client's presenting concerns using unbiased language.	Provides a clear description of the clients presenting concerns; however, this description lacks sufficient detail.	The description of the client's presenting concerns contains minor conceptual problems and lacks clarity. Some use of biased language.	The description of the client's presenting concerns is lacking detail, inaccurate, or contains biased language.	

	5	4	3	2	1	N/A
Background Information	Provides a clear and comprehensive summary of recent and past events related to presenting concerns that provides insight into the client conceptualization.	Provides a detailed summary of recent and past events that provides a thoughtful conceptualization of client's presenting concerns.	Provides a clear summary of recent and past events; however, this summary lacks sufficient information and connection to the client's presenting concerns.	The summary provides minimal or insufficient background information and lacks a clear connection to conceptualization.	The summary does not contain significant information and did not identify significant events related to conceptualization.	
Client Strengths	A comprehensive overview of individual, relational, and spiritual strengths, resources and resiliency that have clinical relevance.	A detailed description that highlights individual, relational, and spiritual strengths and resources.	A clear description of individual, relational, and spiritual strengths, with some lacking clinical relevance.	A brief, underdeveloped description of client strengths.	A summary of strengths that contains significant problems with identifying relevant strengths (e.g., poor choice, insufficient number).	
Hypotheses	Provides a comprehensive, systemic set of hypotheses regarding relational patterns and/or presenting concerns incorporating a theoretical prospective for these hypotheses. Hypotheses are sufficiently supported.	Provides a detailed description of hypotheses regarding relational patterns and/or presenting concerns incorporating a theoretical prospective for these hypotheses. Sufficient support is provided for most hypotheses.	Provides a clear description of basic hypotheses regarding presenting concerns, but lacks detail and is without a theoretical prospective for hypotheses.	Provides vague, unclear, or unsupported hypotheses regarding relational patterns, theoretical prospective or presenting concerns.	Provides a vague, unsupported, blaming, or one-sided description of hypotheses regarding presenting problems without theoretical prospective.	
Counselor Observations; Larger System & Developmental Perspective	A comprehensive overview of the client's system (e.g., school, community, family, peers, etc.) and a developmental perspective that demonstrates a	A detailed overview of the client's system (e.g., school, community, family, peers, etc.) and a developmental perspective that demonstrates a general	A basic overview of the client's system (e.g., school, community, family, peers, etc.) and a developmental perspective that demonstrates a basic	A vague, unclear, or unsupported overview of the client's system and a developmental perspective that does not demonstrate a clear understanding of diversity issues.	An insufficient, unclear overview of the client's system and a developmental perspective and/or failure to recognize diversity issues.	

	5	4	3	2	1	N/A
	sophisticated understanding of diversity issues and how they impact presenting concerns.	understanding of diversity issues and how they impact presenting concerns.	understanding of diversity issues.			
Assessment Information (Formal Assessments)	Provides a comprehensive overview of any formal assessments used with the client (i.e. Beck Depression Inventory) with a comprehensive explanation of the relevance to the client's presenting concerns.	Provides a clear, detailed overview of any formal assessments used with the client with some explanation of the relevance to the client's presenting concerns.	Provides a detailed overview of any formal assessments used with the client with minimal attention paid to the relevance of the information to the client's presenting concerns.	Provides a vague overview of any formal assessment information used with little to no attention paid to the relevance of the information to the client's presenting concern.	Provides an inaccurate or insufficient overview of any formal assessment information with no connection made to the presenting problem.	
Multi-axial Diagnosis (DSM-IV-TR)	Provides a multi-axial (5 axes) diagnosis with comprehensive support from presenting concerns and client behaviors.	Provides an appropriate multi-axial diagnosis (5 axes) with some support from presenting concerns and client behaviors.	Provides a multi-axial diagnosis (5 axes) with little support from presenting concerns and client behaviors.	Provides a diagnosis (missing one axis) with little to no support from presenting concerns and client behaviors.	Provides an inaccurate or insufficient diagnosis that is unsupported.	
Prognosis	Provides a clear, detailed prognosis that aligns with diagnosis, presenting concerns, and treatment goals.	Provides an appropriate prognosis that aligns with diagnosis, presenting concerns, and treatment goals; lacks some detail.	Provides an appropriate prognosis that aligns with one or more of the following: diagnosis, presenting concerns, or treatment goals.	Provides a prognosis with little attention to detail or connection to diagnosis, presenting concerns, or treatment concerns.	Provides an inaccurate or insufficient prognosis with no connection made to the diagnosis, presenting concerns, or treatment goals.	

	5	4	3	2	1	N/A
Interventions	Provides a clear, detailed explanation of appropriate interventions that aligns with diagnosis, presenting concerns, and treatment goals.	Provides an appropriate explanation of interventions that aligns with diagnosis, presenting concerns, and treatment goals; lacks some detail.	Provides an appropriate explanation of interventions that aligns with one or more of the following: diagnosis, presenting concerns, or treatment goals.	Provides an explanation or list of interventions with little attention to detail or connection to diagnosis, presenting concerns, or treatment concerns.	Provides an inaccurate or insufficient list of interventions with no connection made to the diagnosis, presenting concerns, or treatment goals.	
Overall Conceptualization: Quality of Assessment	The overall report integrates all available information into a sophisticated, consistent, and clinically relevant conceptualization. The focus and goals for treatment is clearly articulated.	The overall report integrates available information into a clinically relevant conceptualization. Most areas are clear and consistent. The conceptualization provides a clear focus and goals for treatment.	The overall report integrates information into a clinically relevant conceptualization. The conceptualization provides a general focus for treatment; however, it is lacking a clear, detailed focus and goals.	The overall report contains minor problems with integration and consistency across domains. The conceptualization does not provide a single, clear focus and goals for treatment.	The overall report contains significant problems with integration, clarity, and consistency. There is little to no clear focus or goals for treatment.	

Additional Comments:

Self-Supervision Form – Scoring Rubric

Self-Supervision Form Rubric	Below Expectations	Meets Expectations	Exceeds Expectations
Culturally Appropriate Attending Skills	Student identified few attending skills & was unable to explain cultural appropriateness of skills.	Student identified two attending skills used in session & explained the cultural appropriateness of each.	Student identified more than two attending skills used in session & explained the cultural appropriateness of each.
Empathy & Influencing Skills	Student noted few examples of empathy and influence & was unable to identify specific skills.	Student noted two examples of empathy and influence & was able to identify specific skills for each.	Student noted more than two examples of empathy and influence & was able to identify specific skills for each.
Techniques	Student did not identify or evaluate any techniques used.	Student identified and evaluated techniques used in session.	Student identified and evaluated techniques used in session & offered additional ideas on further techniques to incorporate in future sessions.
Areas of Strength	Student did not identify a minimum of two areas of strength.	Student identified a minimum of two areas of strength.	Student identified more than two areas of strength.
Areas for Growth	Student did not identify a minimum of two areas.	Student identified a minimum of two areas of growth.	Student identified at least two areas of growth & offered approaches to manage these areas.

Additional Feedback for Student: