

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES
PROFESSIONAL COUNSELING PROGRAMS
APCE 601: Practicum in Couples and Family Therapy
Spring 2017

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COURSE DESCRIPTION:

Students will receive supervised experiential training in counseling with couples and families. They will develop diagnostic and therapeutic skills in systemic approaches. Multicultural awareness, sensitivity and competence in case conceptualization and treatment approaches will be discussed. S/U graded.

PREREQUISITE:

APCE 612 and APCE 669; APCE 619

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

1. Participate in an average of one hour per week of individual and/or triadic supervision throughout the practicum by a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract and participate in an average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor (CACREP III.F.2,3). Assessed via documented participation in above activities.
2. Participate in program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients (CACREP III.F.4). Assessed via site documentation of participation in those activities.
3. Receive evaluation of his/her counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum (CACREP III.F.5). Assessed via documentation in student's file.
4. Implement self-care strategies appropriate to the counselor role (CACREP II.G.1.d). Assessed via student learning outcomes and discussion of self-care activities in supervision sessions.
5. 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 (CACREP II.G.5.a, b, c), the ability to apply and adhere to ethical and legal standards in marriage, couple, and family counseling, and an ability to select models or techniques appropriate to couples' or families' presenting problems (CACREP MCFC.B.1,2). Assessed via student learning outcomes, informal and formal case presentations, and submitted written case conceptualization and treatment plan.

6. Use preventative, developmental, and wellness approaches in working with individuals, couples, families, and other systems such as premarital counseling, parenting skills training, and relationship enhancement, an ability to use systems theories to conceptualize issues in marriage, couple and family counseling, an ability to implement treatment, planning, and intervention strategies, and the ability to use procedures for assessing and managing suicide risk (CACREP MCFC.D.1, 2, 3, 4). Assessed via student learning outcomes, informal and formal case presentations, class discussion and feedback, articulation of development of a personal theoretical approach informed by evidence-based practices, formal site evaluation reviews, and submitted written case conceptualization and treatment plan.
7. Adhere to confidentiality responsibilities, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice and have an ability to recognize his or her own limitations as a marriage, couple, and family counselor and to seek supervision or refer clients when appropriate (CACREP MCFC.D.5, 6). Assessed via documentation in student learning outcomes, sharing in supervision of informal and formal case presentations, class discussion and feedback, formal site evaluation reviews, articulation of development of a personal theoretical approach informed by evidence-based practices, submitted written case conceptualization and treatment plan, and membership in and adherence to guidelines/standards of professional organizations (i.e., ACA).
8. Demonstrate an ability to provide effective services to clients in a multicultural society, maintain information regarding community resources to make appropriate referrals, and advocate for policies, programs, and services that are equitable and responsive to the unique needs of couples and families (CACREP MCFC.F.1, 2, 3). Assessed via sharing in supervision of informal and formal case presentations, class discussion and feedback, formal site evaluation reviews, and submitted written case conceptualization and treatment plan.
9. Demonstrate an ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse couples and families (CACREP MCFC.F.4). Apply skills in interviewing, assessment, and case management for working with individuals, couples, and families from a systems perspective, use systems assessment models and procedures to evaluate family functioning, and demonstrate an ability to determine which members of a family system should be involved in treatment (CACREP MCFC.H.1, 2, 3). Assessed via sharing in supervision of informal and formal case presentations, class discussion and feedback, formal site evaluation reviews, articulation of development of a personal theoretical approach informed by the literature and evidence-based practices, and submitted written case conceptualization and treatment plan.
10. Apply relevant research findings to inform the practice of marriage, couple, and family counseling, develop measurable outcomes for marriage, couple, and family counseling programs, interventions, and treatments, and analyze and use data to increase the effectiveness of marriage, couple, and family counseling programs, interventions, and treatments (CACREP MCFC.J.1, 2, 3). Assessed via documentation

in student learning outcomes, sharing in supervision of informal and formal case presentations, class discussion and feedback, formal site evaluation reviews, articulation of development of a personal theoretical approach informed by the literature and evidence-based practices, and submitted written case conceptualization and treatment plan.

11. Demonstrate a developmentally appropriate level of integration of multicultural awareness, sensitivity and 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, sharing in supervision of informal and formal case presentations, class discussion and feedback, formal site evaluation reviews, articulation of development of a personal theoretical approach informed by the current multicultural literature and evidence-based practices, and submitted written case conceptualization and treatment plan.

COURSE CONTENT:

This course is designed for students to meet the CACREP 2009 Standards requirements for Marriage, Couples, and Family Counseling. Throughout this practicum experience, the student will receive individual or triadic supervision and group supervision on a weekly basis. Students will have the opportunity to learn and develop counseling skills for working with couples and families, initial diagnostic competencies for couples and families, client record keeping, and the formation of treatment plans for couples and families through a combination of lecture, demonstration, experiential activities, and guided practices.

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 in the context of couples and family counseling and systems-based models of therapeutic 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, case studies and presentations. The class will meet for one hour 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 academic supervisor, in conjunction with feedback from the on-site clinical supervisor who provides live co-therapy and on-site supervision for the student.

READINGS: Trainees are required to read the original work of master therapists alongside summaries of models from textbooks. Depending on model of choice other readings are required and are listed at the end of this syllabus. Trainees are required to complete a literature search related to the issues the family is facing; initiative for the literature search will come from the trainee early on in treatment. In addition, literature on research and evidence based interventions will be reviewed by trainees depending on their model of choice. Trainees will take initiative to find at least one article published within the last five years on empirically supported treatment interventions of their chosen systemic model. You may visit with instructor ahead of time for assistance with the search.

REQUIRED TEXTBOOKS:

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

Edwards, J. (2011). *Working with Families: Guidelines and Techniques*. New Jersey: Wiley.

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

O’Leary, K., Heyman, R., & Jongsma, A. (2015). *The Couples Psychotherapy Treatment Planner, with DSM-5 Updates*, 2nd Edition: Edition 2. Wiley & Sons.

Dattilio, A.E. & Jongsma, A.E. (2015). *The Family Therapy Treatment Planner, with DSM-5 Updates*, 2nd Edition: Edition 2. Wiley & Sons.

Jongsma, A., Peterson, L., McKinnis, W., & Bruce, T. (2014.) *The Child Psychotherapy Treatment Planner: Includes DSM-5 Updates, Edition 5*. Wiley & Sons.

Recommended Readings:

Golden, L.B. (2004). *Case Studies in Marriage and Family Therapy*. Columbus, Ohio: Pearson.

Baird, B. (2008). *Internship, Practicum and Field Placement Handbook: A Guide for the Helping Professions*. Pearson Prentice-Hall.

Becvar & Becvar (2006). *Family Therapy: A Systemic Integration*, 6th Edition. Allyn & Bacon.

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

Baldo, T., Softas-Nall, B., & Petrogiannis, K. (2004). Suicide Assessment: A solution focused approach. *Awareness Journal*, Fall, 3-6.

Softas-Nall, B., Baldo, T., and Jackson, S. (1997). Facilitating the transition from individual sessions to systemic family sessions: Issues of supervision and training. *The Family Journal: Counseling and Therapy for Couples and Families*, 5, 257-262.

---and/or---

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

Wilcoxon, Remley, Gladding & Huber (2007). *Ethical, Legal and Professional Issues in the Practice of Marriage and Family Therapy*, 4th Edition. Merrill Publishers.

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 2005 *Code of Ethics*.
(Available through the ACA webpage.)

---and/or---

American School Counselor Association 2004 *Ethical Standards for School Counselors*.
(Available through the ASCA webpage.)

---and ---

American Association of Marriage and Family Therapy 2001 *Code of Ethics*.
(Available through the AAMFT webpage.)

Course Requirements:

Proof of Insurance required prior to enrollment and attendance the first day of class.

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. Students are expected to be dependable, always show up on time, be open to different models, follow all ethical professional guidelines and be open to reviewing feedback and willing to make changes.
2. Complete a written case conceptualization and treatment plan according to the outline provided by the instructor (also found in the Student Learning Outcomes Procedures Manual, along with the corresponding grading rubric). Ensure that the identity of the client is not discernible in the written report!
3. 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.
4. Provide informal case presentations to class during group supervision.
5. Provide feedback to fellow class members in group supervision.
6. Arrange and participate in site evaluation reviews between student, faculty supervisor/instructor and on site supervisor each semester.
7. Follow all ACA ethical guidelines.
8. Articulate a personal theoretical orientation and begin to demonstrate its application in sessions.
9. 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.
10. Accept and use supervisory feedback in a professional manner, to improve counseling effectiveness.
11. Demonstrate awareness, knowledge and skills in counseling clients who are culturally different, including racial, ethnic, gender, sexual orientation or socioeconomic differences.
12. Use the *Guidelines for Case Conceptualization* form as a guide in preparing for supervision meetings. Once you begin sessions with clients and begin weekly supervision with your supervisor, come prepared to review. It is suggested that the following five questions be used to prepare for supervision:
 - a. What did I do well (i.e. good listening) by using what specific techniques (i.e. reflection of feeling)?
 - b. What would I like to have done differently (i.e. not talk as much)

- c. What technique(s) should I learn or improve on (i.e. better use of silence).
- d. What do I want to do in the next session?
- e. What do I need/want from my supervisor and this session?

Supervision: Some of the challenges you will face as you engage in supervision are achieving and maintaining an advanced degree of counseling knowledge and skills necessary to meet the needs of families and to successfully meet the requirements of this course, developing an adequate knowledge and comfort with your preferred counseling style and theoretical orientation. Potential conflict between you and your supervisor may arise as you work together to improve your skills.

When these challenges arise, the appropriate course of action is for you to bring these issues to the direct attention of the supervisor. This allows her the opportunity to work out a plan to deal with them. If you have a problem with the supervision of your work and talk with others but not your supervisor you are participating in gossip—not problem solving. However, if you bring your concerns to the supervisor you will be practicing good counseling skills and it will give you the opportunity to discuss your concerns and hopefully reach a resolution.

Additionally, it is not uncommon for practicum students to encounter their own emotional difficulties as they participate in clinical experiential and group supervision experiences, and as they begin to address the concerns of others. If your counseling needs exceed what is traditionally appropriate in the supervision experience, you will be encouraged to seek counseling services.

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.

APCE 601 COUPLES & FAMILY PRACTICUM
SITE MID-TERM & FINAL EVALUATION FORM-revised 5/12
University of Northern Colorado

Name of Supervisee: _____ Date: _____

Name of Supervisor: _____ Site: _____

Address: _____

Please describe your style of 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)

_____ Other (please describe)

What number of overall hours did the supervisee spend with:

_____ Direct client activities (counseling)

_____ Direct client contact with couples or families

_____ Indirect client activities (i.e. case conferences, staff meetings,
administrative duties, etc.)

Logistic aspects:

Supervisee is on time for sessions and supervision _____

Case notes ready on time _____

Case notes well written _____

Treatment planning notes completed and modified with supervision _____

Systemic models used: _____

-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 family members	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 family members' emotions, feelings, and expressed thoughts	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is aware and accepting of family's cultural, religious, sexual orientation, ethnic, economic, gender and family life-cycle issues	N 1 2 3 4 5

Counselor Responses

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

Client Conceptualization

N 1 2 3 4 5	Counselor understands/conceptualizes family's problem in its full perspective (i.e. systems)	N 1 2 3 4 5
N 1 2 3 4 5	Counselor reports family's behavior patterns accurately and supports reports with specific behavioral observations	N 1 2 3 4 5
N 1 2 3 4 5	Interventions reflect a clear understanding of the family's problem	N 1 2 3 4 5
N 1 2 3 4 5	Interventions are consistent with the systemic model being used to conceptualize the family	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is able to establish a shift to systems thinking with the family	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 systemic 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 family members 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	Counselor 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	Counselor 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	Counselor is open to address issues pertaining to personal/professional growth conceptually and/or behaviorally	N 1 2 3 4 5
N 1 2 3 4 5	Counselor seeks, is well prepared, and actively participates in the supervisory process	N 1 2 3 4 5
N 1 2 3 4 5	Counselor is open to entertaining new ideas and behaviors	N 1 2 3 4 5
N 1 2 3 4 5	Counselor 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
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Use of Evidence Based Interventions and Literature

N 1 2 3 4 5	Supervisee made serious effort to integrate case with Evidence Based Interventions	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee 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	Supervisee actively participates in group supervision and provides other supervisees with feedback	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee engages in conversations conducive to co-therapy	N 1 2 3 4 5
N 1 2 3 4 5	Supervisee actively pursues answers to ethical dilemmas as they arise in cases	N 1 2 3 4 5

Comments:

Trainee signature: _____

- **The faculty has approved this form for evaluation in Family practica for both MA and doctoral students. It is a CACREP and APA requirement that a copy of this evaluation is to be included in the student's file upon course completion.**
- This form 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.

Professional Counseling Programs

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)

Professional Counseling Programs

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:

Developed Guidelines for Written Case Presentation

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

Diagnosis (DSM-5)

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)

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.
- 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.

Protecting Personal Health Information in Research: Understanding the HIPAA Privacy Rule

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.

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 sophisticated	A detailed overview of the client's system (e.g., school, community, family, peers, etc.) and a developmental perspective that demonstrates a general understanding of	A basic overview of the client's system (e.g., school, community, family, peers, etc.) and a developmental perspective that demonstrates a basic understanding of	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
	understanding of diversity issues and how they impact presenting concerns.	diversity issues and how they impact presenting concerns.	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 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:

