

UNIVERSITY OF NORTHERN COLORADO
SCHOOL OF APPLIED PSYCHOLOGY AND COUNSELOR EDUCATION
APCE 692: Internship in Clinical Mental Health Counseling
Summer 2022

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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 600 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

NOTE TO INSTRUCTOR: This course is designed to meet the Council for the Accreditation of Counseling and Related Education Programs (CACREP) 2016 Standards. To meet accreditation standards for counselor education programs, students who successfully complete the course must master the following knowledge and skill outcomes. Please include the following knowledge and skill outcomes and course content items in your syllabus

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

1. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship (CACREP Standard: 3.A). Assessed via documentation required to be released to enroll in the course; current proof of liability insurance to be kept by student in their internship file.
2. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients (CACREP Standard: 3.B). Assessed via site agreement to adherence with this standard and site supervisor confirmation of performance of this activity.
3. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship (CACREP Standard: 3.C). 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

4. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship (CACREP Standard: 3.D). Assessed via documentation in student learning outcomes, informal and formal case presentations, site visits, evaluation/documents and submitted written case conceptualization and treatment plan.

5. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group (CACREP Standard: 3.E). Assessed via logs documenting activities, feedback about site activities in class, and site visit review of performance.

6. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area (CACREP Standard: 3.J). Assessed via documentation of accrued logs of internship activity, signed by the on-site clinical supervisor.

7. Internship students complete at least 240 clock hours of direct service (CACREP Standard: 3.K). Assessed via documentation of accrued logs of internship activity, signed by the on-site clinical supervisor.

8. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member (CACREP Standard: 3.L). Assessed via documented logs of supervision activity signed by the on-site clinical supervisor, and attendance records of UNC group supervision.

9. Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member (CACREP Standard: 3.M). Assessed via and attendance records of UNC group supervision.

10. Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience (CACREP Standard: 3.N). Assessed via adherence with formal training program requirements or documentation of having this experience/skills/credentials.

11. Students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty (CACREP Standard: 3.O). Assessed via adherence with adherence to formal training program requirements/documentation of supervision.

12. Site supervisors have (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision (CACREP Standard: 3.P). Site supervisor's must be licensed in their profession in the state of Colorado (ie, LPC, LCSW, LMFT, LP). Assessed via site supervisor resume (presented with documentation required to release the student to enroll in the course) and site approval process.

13. Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors (CACREP Standard: 3.Q). Assessed via UNC course credit offered to supervisors each semester, and contact information of internship coordinator provided to site supervisors for individual consultation as needed.

14. Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning (CACREP Standard: 3.R). Assessed via "Attachment A" (contract between student, program and site).

15. When individual/triadic supervision is provided by the counselor education program faculty or a student under supervision, practicum and internship courses should not exceed a 1:6 faculty:student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter hour course of a faculty member's teaching load assignment (CACREP Standard: 3.S). Assessed via course enrollment.

16. When individual/triadic supervision is provided solely by a site supervisor, and the counselor education program faculty or student under supervision only provides group supervision, practicum and internship courses should not exceed a 1:12 faculty:student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment (CACREP Standard: 3.T). assessed via course enrollment.

17. Group supervision of practicum and internship students should not exceed a 1:12 faculty:student ratio (CACREP Standard: 3.U). Assess via course enrollment.

18. When counselor education program faculty provide supervision of students providing supervision, a 1:6 faculty:student ratio should not be exceeded. This is equivalent to the teaching of one 3-semester or equivalent quarter credit hours of a faculty member's teaching load assignment (CACREP Standard: 3.V). Assessed via course enrollment.

19. Self-care strategies appropriate to the counselor role (CACREP Standard: 2.F.1.I). Assessed via documentation in student learning outcomes, informal and formal case presentations/student check-ins, and formal site visits/evaluation/reviews.

20. The role of counseling supervision in the profession (CACREP Standard: 2.F.1.m). Assessed via documentation in student learning outcomes, informal and formal case presentations/student check-ins, use of the current literature and evidence-based practices (including multicultural and ethical guidelines and trauma-informed practices) 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).and formal site visits/evaluation/reviews.

21. Effects of crisis, disasters, and trauma on diverse individuals across the lifespan (CACREP Standard: 2.F.3.g). 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 and trauma-informed practices) 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).

22. Suicide prevention models and strategies (CACREP Standard: 2.F.5.l). Assessed via documentation in student learning outcomes, and use of the current literature and evidence-based practices (including suicide risk assessment and response) in the informal and formal case presentations in class, and the submitted written case conceptualization and treatment plan.

23. Counselor characteristics and behaviors that influence the counseling process (CACREP Standard: 2.F.5.f). Assessed via documentation in student learning outcomes, informal and formal case presentations in class, formal site evaluation (midterm and final) reviews.

24. Essential interviewing, counseling, and case conceptualization skills (CACREP Standard: 2.F.5.g). 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 and trauma-informed practices) in the submitted written case conceptualization and treatment plan.

25. Developmentally relevant counseling treatment or intervention plans (CACREP Standard: 2.F.5.h). 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 and trauma-informed practices) in the submitted written case conceptualization and treatment plan

26. Development of measurable outcomes for clients (CACREP Standard: 2.F.5.i). 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 and trauma-informed practices) in the submitted written case conceptualization and treatment plan.

27. Evidence-based counseling strategies and techniques for prevention and intervention (CACREP Standard: 2.F.5.j). 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 and trauma-informed practices) in the submitted written case conceptualization and treatment plan.

28. Strategies to promote client understanding of and access to a variety of community-based resources (CACREP Standard: 2.F.5.k). 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 and trauma-informed practices) in the submitted written case conceptualization and treatment plan.

29. Suicide prevention models and strategies (CACREP Standard: 2.F.5.l). Assessed via documentation in student learning outcomes, and use of the current literature and evidence-based practices (including suicide risk assessment and response) in the informal and formal case presentations in class, and the submitted written case conceptualization and treatment plan.

30. Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid (CACREP Standard: 2.F.5.m). 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 and trauma-informed practices) in the submitted written case conceptualization and treatment plan.

31. Cultural factors relevant to clinical mental health counseling (CACREP CMHC Standard: 5.C.2.j). 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 and trauma-informed practices) in the submitted written case conceptualization and treatment plan.

32. Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling (CACREP CMHC Standard: 5.C.2.m). Assessed via formal site evaluation (midterm and final) reviews, and use of the current literature and evidence-based practices in the submitted written case conceptualization and treatment plan.

33. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (CACREP CMHC Standard: 5.C.3.a). Assessed via formal site evaluation (midterm and final) reviews, and use of the current literature and evidence-based practices in the submitted written case conceptualization and treatment plan.

34. Techniques and interventions for prevention and treatment of a broad range of mental health issues (CACREP CMHC Standard: 5.C.3.b). Assessed via formal site evaluation (midterm and final) reviews, and use of the current literature and evidence-based practices in the submitted written case conceptualization and treatment plan.

35. Strategies for interfacing with the legal system regarding court-referred clients (CACREP CMHC Standard: 5.C.3.c). Assessed via 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 in the submitted written case conceptualization and treatment plan.

36. Strategies for interfacing with integrated behavioral health care professionals (CACREP CMHC Standard: 5.C.3.d). Assessed via 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 in the submitted written case conceptualization and treatment plan.

37. Strategies to advocate for persons with mental health issues (CACREP CMHC Standard: 5.C.3.e). Assessed via 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 in the submitted written case conceptualization and treatment plan.

COURSE CONTENT: The program requires completion of a supervised internship in the student's designated program area of 600 clock hours, 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 1½ 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 including professional development questions, clinical case presentations, and review of current literature in the field.

General Expectations:

This course meets once a month for 6 hours, and due to the nature of this course, you are expected to be at all scheduled class sessions. While some events are unavoidable, it is imperative that you attend all class sessions. Therefore, requests to leave early or miss a session are discouraged. Class participation includes being present for all group meetings, providing consistent and constructive feedback to peers, being prepared for supervision, integrating supervisory feedback, and clearly demonstrating commitment to personal and professional development. Additionally, you will be expected to read all assigned material and complete course assignments by the dates indicated without exception. If a student is unable to attend the scheduled group supervision listed on this syllabus, they will be required to attend an equivalent number of hours of group supervision on the nearest available campus. The student will be responsible for organizing their additional group supervision attendance with the instructor of record for the appropriate campus.

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

Jongsma, A.E & Peterson, M.L. (2014). *The Complete Adult Psychotherapy Treatment Planner*. New York: Wiley.

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

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

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.

Recommended Texts:

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/Assignments:

- Read the Internship Handbook and adhere to all policies and paperwork requirements outlined in this handbook.
- Maintain liability insurance for the duration of the internship and related activities. Students should provide a copy of their liability insurance to their university supervisor prior to their first day on-site and provide an updated copy of the renewal policy if the insurance expires during the internship period.
- 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.
- Complete a formal written case conceptualization and treatment plan according to the outline provided by the instructor.
- 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.

- Provide additional informal case presentations to class during group supervision, as appropriate.
- Share best practices and resources with the class: resources and interventions that you have used or would like to apply to your practice. There are two documents in this folder for you to contribute to:
 - Resources: Share resources that you have found helpful in your work. Consider community organizations, websites, partnership, professional development, and other resources that you or your site supervisors have found helpful. Provide a brief description.
 - Interventions (direct services) that you have used or could use (e.g., small group activities, individual, couples or family interventions). Please provide a description so others can incorporate the intervention in their own work. These may include worksheets, curriculums, lesson plans, mindfulness activities, or other approaches.
- Articulate a personal theoretical orientation and begin to demonstrate its application in sessions and in case presentations.
- Actively engage in and regularly report professional self-care activities.
- Demonstrate an openness to and willingness to incorporate supervisory feedback in a professional manner, to improve counseling effectiveness.
- Demonstrate awareness, knowledge, and skills in counseling clients who are culturally different, including but not limited to race, gender, sexual orientation, socioeconomic differences, etc.
- Provide feedback to fellow class members in group supervision
- Arrange and participate in site evaluation reviews between student, faculty supervisor/instructor and on site supervisor each semester.
- Articulate a personal theoretical orientation and begin to demonstrate its application in sessions and in case presentations
- 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.
- Accept and use supervisory feedback in a professional manner, to improve counseling effectiveness
- Demonstrate awareness, knowledge and skills in counseling clients who are culturally different, including racial, ethnic, gender, sexual orientation or socioeconomic differences.
- Follow all ACA ethical guidelines.

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, AAMFT, ACES, ASCA, NASP, as well as Local State and/or Regional memberships.

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.

Disability Resources: It is the policy and practice of the University of Northern Colorado to create inclusive learning environments. If there are aspects of the instruction or design of this course that present barriers to your inclusion or to an accurate assessment of your achievement (e.g. time-limited exams, inaccessible web content, use of videos without captions), please communicate this with your professor and contact Disability Support Services (DSS) to request accommodations. Office: (970) 351-2289, Michener Library L-80. Students can learn more about the accommodation process at <http://www.unco.edu/disability-support-services/>.

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
MIDTERM & FINAL EVALUATION FORM
TO BE COMPLETED BY THE AGENCY/SITE SUPERVISOR

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 notes, treatment plans, etc.) consistent with uniformly acceptable guidelines as well as adapting stylistically to agency-specific standards	N 1 2 3 4 5
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.

CASE CONCEPTUALIZATION & SELF-SUPERVISION FORMS

(To Be Completed by all Students During Practicum I, Practicum II, Couples & Family Practicum, and Clinical Internship)

Please note, you will be required to submit this as part of your permanent student file, documenting ongoing student learning outcomes during your clinical training experiences. You will be graded on this assignment according to the rubric provided in the syllabus so please follow the outline.

Tips for the Oral Presentation in Class: Seek to Get Your Question Answered. 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.

- 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.

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.

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. (APCE 692 Course Instructor) and the student intern at The University of Northern Colorado, 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. Six hours of face-to-face group supervision will be provided per month 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 or role-playing, mutual problem-solving, and small group discussions.

II. Evaluation

- A. Feedback will be provided informally and is related to competency based goals.
- B. Summative evaluation will occur in conjunction with the on-site supervisor during mid-term and final site evaluation.
- C. 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.
- D. 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 DSM-V, 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 (Handbook Attachment A), intern's documentation of current insurance coverage, and logs documenting hours of clinical work on internship (Handbook 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.

Supervisee and 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.)

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	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.	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.	
Diagnosis (DSM-V-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: