

**COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES**  
**PROFESSIONAL COUNSELING PROGRAMS**  
**APCE 601: Practicum in Couples and Family Therapy**  
**Spring 2025**

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

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

**COURSE DATES:** ONLINE ACCESS JANUARY 13 – MAY 9.

**SYNCHRONOUS CLASS MEETING DATES:** ARRANGED. ONE WEEKEND DAY PER MONTH IMMEDIATELY FOLLOWING APCE 692 CLASS (CONCURRENT ENROLLMENT IN APCE 692 IS REQUIRED FOR THIS COURSE). PLEASE SEE CANVAS FOR EXACT DATES.

**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

**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. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks (CACREP Standard: 3.F). Assessed via pre-requisites for enrollment in this course (APCE 619)

6. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills (CACREP Standard: 3.G). Assessed via pre-requisites for enrollment in this course (APCE 619)

7. Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement (CACREP Standard: 3.H). Assessed via documented logs of supervision activity signed by the on-site clinical supervisor, and class attendance records.

8. Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. 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.I). Assessed via documented logs of supervision activity signed by the on-site clinical supervisor, and class attendance records.

9. 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.

10. 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.

11. 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). Assessed via site supervisor resume (presented with documentation required to release the student to enroll in the course).

12. 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.

13. 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).

14. 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.

15. 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.

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

17. 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.

18. Self-care strategies appropriate to the counselor role (CACREP Standard: 2.F.1.1). Assessed via documentation in student learning outcomes, informal and formal case presentations/student check-ins, and formal site visits/evaluation/reviews.

19. 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.

20. Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships (CACREP Standard: 2.F.5.d). 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.

21. 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 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.

22. 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.

23. 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.

24. Family assessments, including diagnostic interviews, genograms, family mapping, mental diagnostic status examinations, symptom inventories, and psychoeducational and personality assessments (CACREP MCFC Standard: 5.F.2.c). Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and written case conceptualization and treatment plan.

25. Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) (CACREP MCFC Standard:

5.F.2.d). Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and written case conceptualization and treatment plan.

26. Aging and intergenerational influences and related family concerns (CACREP MCFC Standard: 5.F.2.f). Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and use written case conceptualization and treatment plan.

27. Impact of crisis and trauma on marriages, couples, and families (CACREP MCFC Standard: 5.F.2.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.

28. Impact of addiction on marriages, couples, and families (CACREP MCFC Standard: 5.F.2.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 in the submitted written case conceptualization and treatment plan.

29. Impact of interpersonal violence on marriages, couples, and families (CACREP MCFC Standard: 5.F.2.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 in the submitted written case conceptualization and treatment plan.

30. Impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families (CACREP MCFC Standard: 5.F.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 in the submitted written case conceptualization and treatment plan.

31. Interactions of career, life, and gender roles on marriages, couples, and families (CACREP MCFC Standard: 5.F.2.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 in the submitted written case conceptualization and treatment plan.

32. Physical, mental health, and psychopharmacological factors affecting marriages, couples, and families (CACREP MCFC Standard: 5.F.2.l). 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 in the submitted written case conceptualization and treatment plan.

33. Cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration (CACREP MCFC Standard: 5.F.2.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.

34. Ethical and legal considerations and family law issues unique to the practice of marriage, couple, and family counseling (CACREP MCFC Standard: 5.F.2.o). Assessed via informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and written case conceptualization and treatment plan.

35. Record keeping, third party reimbursement, and other practice and management considerations in marriage, couple, and family counseling (CACREP MCFC Standard: 5.F.2.p). Assessed via informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and written case conceptualization and treatment plan.

36. Assessment, evaluation, and case management for working with individuals, couples, and families from a systems perspective (CACREP MCFC Standard: 5.F.3.a). Assessed via documentation in student learning outcomes, informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and written case conceptualization and treatment plan.

37. Fostering family wellness (CACREP MCFC Standard: 5.F.3.b). 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 in the submitted written case conceptualization and treatment plan.

38. Techniques and interventions of marriage, couple, and family counseling (CACREP MCFC Standard: 5.F.3.c). 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.

39. Conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling (CACREP MCFC Standard: 5.F.3.d). 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.

40. Strategies for interfacing with the legal system relevant to marriage, couple, and family counseling (CACREP MCFC Standard: 5.F.3.e). Assessed via informal and formal case presentations in group supervision, formal site evaluation (midterm and final) reviews, and written case conceptualization and treatment plan.

**COURSE CONTENT:** This course is designed for students to meet the CACREP 2016 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 or 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 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 the 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.

**Text:** American Psychiatric Association (2022). *Diagnostic & Statistical Manual of Mental Disorders, Text Revision (DSM-5-TR)*. American Psychiatric Association. 978-0890425763.

### **Other Recommended Texts:**

Baird, B. (2013). *Internship, Practicum and Field Placement Handbook: A Guide for the Helping Professions*. Pearson Prentice-Hall. ISBN 13: 9781269456128

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

### **Practice Treatment Planners (as appropriate for your population/clientele):**

The Wiley (Jongsma) Treatment Planner series is a good starter set, and there are a number others out there as well; some clinicians/agencies prefer to pay for electronic services such as Simple Practice (more expensive but certainly convenient). What you use may be determined in part by your site, but I encourage you to experiment with several options to find out which resources are most helpful as you are learning to write standardized treatment plans and notes that are HIPPA compliant and synchronized with the field and the requirements of third-party payors (i.e., CMS standards).

Examples of the Wiley series:

- Jongsma, A.E & Peterson, M.L. (2021). *The Complete Adult Psychotherapy Treatment Planner*. New York: Wiley. ISBN 13: 978-1119629931
- 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.

### **Supplemental Materials:**

***It is the responsibility of the student to obtain these materials, available on the Internet, which relate to his/her/their 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 Code of Ethics (most current version).**

(Available through the ACA webpage.)

---and/or---

**American Association of Marriage and Family Therapy Code of Ethics (most current version).**

(Available through the AAMFT webpage.)

---and/or---

**American School Counselor Association Ethical Standards for School Counselors (most current version).** (Available through the ASCA webpage.). This is for double-majors only.

### **Course Requirements:**

**Proof of current insurance and current membership in ACA is 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.

**APCE Professional Membership Policy:** As a graduate student in a professional training program in clinical mental health counseling, student membership in ACA (and/or AAMFT) is required. The faculty strongly encourage you to become a member of your regional and state professional association as well, e.g., ACES, CCA, etc.

**Professional Liability Insurance Policy:** All students are required to show proof of having professional liability insurance before being allowed to take an internship course. Of note, student liability coverage is included in ACA membership, so demonstration of current ACA membership satisfies this requirement.

### **Academic Integrity**

Students are expected to practice academic honesty in every aspect of this course. Students who engage in academic misconduct are subject to grading consequences with regard to this course and/or university disciplinary procedures through the Student Conduct and Accountability. More information about the academic misconduct process can be found in UNC's Student Code of Conduct (BEAR Code).

**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. UNC's policies and recommendations for academic misconduct will be followed.

**APCE Policy on Plagiarism:** Plagiarism is the act of appropriating the written, artistic, or musical composition of another, or portions thereof; or the ideas, language, or symbols of same and passing them off as the product of one's own mind. Plagiarism includes not only the exact duplication of another's work but also the lifting of a substantial or essential portion thereof. Students who have engaged in the act of plagiarism will be given an "F" in that course. The matter will be referred to the Review and Retention Committee. The decision of the Committee with regard to plagiarism includes the possibility that the student be dismissed from his or her respective program and from UNC.

### **No Use of Generative AI Permitted**

Intellectual honesty is vital to an academic community and fair evaluation of your work. All work submitted in this course must be your own, completed in accordance with the University's academic regulations. You may not engage in unauthorized collaboration or make use of AI composition software. AI Writing tools are not permitted for any stage of work in this class. If you use these tools, your actions would be considered academically dishonest and a violation of UNC's Academic Honesty Policy.

**Professional Conduct:** Students are expected to know and adhere to the appropriate code of ethics for their particular program and their respective professional association (e.g., ACA) code of ethics. Ethical violations (any behavior which is deemed unethical) may result in failure of the course and possibly dismissal from the program. 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.

**Portable Electronic Devices:** Please extend courtesy to your instructor and fellow students by turning off your portable electronic devices. Although not an audio issue, text-messaging is a distraction to other students and prevents you from full participation in class. You should keep your portable electronic devices away during class. Your personal electronic devices should not be on your desks. If you know that you may need to accept an emergency phone call during class, please let the instructor know. If you need to take a phone call during class, please step out of the classroom while you complete your call.

**Recording Devices:** Using recording devices or recording software/apps in the classroom of any type will not be permitted (e.g., audio, video). Any unauthorized audio recordings of class will not be allowed and would be considered unprofessional and unethical. Students wishing to utilize audio or video recording of classroom lectures must be provided prior approval from this instructor or an accommodation letter from Disability Resource Center Services. Violations may result in failure of the course and possibly dismissal from the program.

**Social Media:** There should be no information related to this course or your clients posted or shared on any social media platform or the internet in any way. Violations may result in failure of the course and possibly dismissal from the program.

### **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 students' inclusion or to accurate assessments of students' achievement (e.g. inaccessible web content, use of videos without captions), students should communicate about these aspects with their instructor(s). Additionally, if you have a temporary health condition or a permanent disability that requires accommodations, contact the Disability Resource Center (DRC) as soon as possible. DRC facilitates the interactive process that establishes reasonable accommodations. Office: (970) 351-2289, Students can learn more here: [www.unco.edu/disability-resource-center](http://www.unco.edu/disability-resource-center)

### **Title IX / Equal Opportunity**

The University of Northern Colorado is committed to providing a safe and inclusive learning environment for all students that is free from discrimination and harassment, including sexual harassment, sexual assault, domestic violence, dating violence, and stalking. Students who have experienced (or who know someone who has experienced) any of these concerns should know that they are not alone. UNC has staff members in the University's [Office of Institutional Equity and Compliance](#) (OIEC) who are trained to support students in navigating these concerns and are able to provide on- and off-campus resources and supports, referrals to health and counseling services, academic and housing modifications, and mutual no-contact orders between individuals.

Please be aware all UNC instructors and most staff members are required to report their awareness of sexual misconduct to the OIEC. This means that if students tell an instructor about a situation involving sexual harassment, sexual assault, dating violence, domestic violence, or stalking, the instructor must share that information with the Title IX Coordinator and Equity Officer, Dr. Matt Ricke. Dr. Ricke or a trained staff member in OIEC will contact the reporting students to let them know about resources and support services at UNC as well as their options to pursue an investigation through OIEC, law enforcement, or both. Students who have experienced these types of incidents are not required to speak with OIEC staff regarding the incident. Students' participation in OIEC processes are entirely voluntary.

If students do not want the Title IX Coordinator notified, instead of disclosing this information to the instructor, students can speak confidentially with the following people on campus and in the community. They can connect you with support services and help explore options now, or in the future. UNC has confidential victim advocates available 24/7 by phone – students can contact the [Assault Survivors Advocacy Program \(ASAP\)](#) at 970-351-1490 to seek confidential guidance and support.

### **Confidential Campus Resources**

#### **Assault Survivors Advocacy Program (ASAP) Office**

Located: 2nd floor of Cassidy Hall

Office Phone: 970-351-1490

Web: [unco.edu/asap](http://unco.edu/asap)

Hours: M-F, 9am-5pm

24 Hour Hot Line: 970-351-4040

Email: [advocacy@unco.edu](mailto:advocacy@unco.edu)

#### **UNC Counseling Center**

Office Located: 2nd floor of Cassidy Hall

Office Phone: 970-351-2496

Hours: M-F, 8am-12PM, 1pm-5pm

Web: [unco.edu/counseling-center](http://unco.edu/counseling-center)

#### **Psychological Services**

Office Located: McKee Hall Room 247

Office Phone: 970-351-1645

Web: <https://www.unco.edu/cebs/psychological-services-clinic/>

Hours: By Appointment

Email: [ppsy.clinic@unco.edu](mailto:ppsy.clinic@unco.edu)

\*Staff members at confidential campus resources are not required to automatically report incidents of sexual or relationship/dating violence or stalking to the University. There are limits to confidentiality, and before speaking with a staff member, those exceptions will be outlined. Students who are survivors, who are concerned about someone who is a survivor, or who would like to learn more about sexual misconduct or report an incident, can visit

[www.unco.edu/sexual-misconduct](http://www.unco.edu/sexual-misconduct). Students may also contact OIEC at 970-351-4899 or email [titleix@unco.edu](mailto:titleix@unco.edu).

### **Center for Career Readiness**

Come visit us at the Center for Career Readiness to talk about resume, cover letter, interviewing, career/major exploration, job/internship search, graduate school search, and everything else career. For more information on student resources, or to schedule an appointment, visit the website: [www.unco.edu/career/students](http://www.unco.edu/career/students) or for student events, visit: [www.unco.edu/career/events](http://www.unco.edu/career/events).

### **Equity and Inclusion**

The University of Northern Colorado (UNC) embraces the diversity of students, faculty, and staff. UNC honors the inherent dignity of each individual, and welcomes their unique perspectives, behaviors, and world views. People of all races, religions, national origins, sexual orientations, ethnicities, genders and gender identities, cognitive, physical, and behavioral abilities, socioeconomic backgrounds, regions, immigrant statuses, military or veteran statuses, sizes and/or shapes are strongly encouraged to share their rich array of perspectives and experiences. Course content and campus discussions will heighten your awareness of others' individual and intersecting identities. For information or resources, contact the Division of Diversity, Equity and Inclusion, at 970-351-1944. If students want to report an incident related to identity-based discrimination/harassment, please visit [www.unco.edu/institutional-equity-compliance](http://www.unco.edu/institutional-equity-compliance).

Additionally, there are several cultural and resource centers across the campus that are equipped and designed to serve as caring and thoughtful centers for students, staff and faculty. You can find their information below:

#### Asian Pacific American Student Services (Cultural Center)

924 20th St  
Greeley, CO 80639  
(970) 351-1909

[AsianPacificAmerican.StudentServices@unco.edu](mailto:AsianPacificAmerican.StudentServices@unco.edu)

#### Cesar Chavez Cultural Center & DREAMer Engagement Program (Cultural Center)

1410 20th St  
Greeley, CO 80639  
(970) 351-2424

[ChavezCenter@unco.edu](mailto:ChavezCenter@unco.edu)

#### Center for Womens and Gender Equity (Resource Center) & Stryker Institute for Leadership

Development  
1915 10th Ave  
Greeley, CO 80639  
970-351-1492

[cwge@unco.edu](mailto:cwge@unco.edu)

Center for Gender and Sexuality (Resource Center)  
2215 10th Ave., Campus Box 42  
Greeley, CO 80631  
970-353-0191  
[gsrc@unco.edu](mailto:gsrc@unco.edu)

Marcus Garvey Cultural Center (Cultural Center)  
928 20th St., Campus Box 41  
Greeley, CO 80639  
(970) 351-2351  
[MGCC@unco.edu](mailto:MGCC@unco.edu)

Native American Services (Cultural Center)  
924 20th St  
Greeley, CO 80639  
(970) 351-1909  
[AsianPacificAmerican.StudentServices@unco.edu](mailto:AsianPacificAmerican.StudentServices@unco.edu)

Veteran's Services (Resource Center)  
1815 8th Ave  
Greeley, CO 80631  
970-351-1403  
[timothy.nellett@unco.edu](mailto:timothy.nellett@unco.edu)

### **Food Insecurity**

Knowing that food insecurity is experienced at higher rates among college students, UNC offers assistance to students facing food insecurity through an on-campus food pantry. The Bear Pantry is located in University Center 2166A and is open for regular hours throughout the semester. Please visit [www.unco.edu/bear-pantry](http://www.unco.edu/bear-pantry) for more information.

### **Land Acknowledgment**

The University of Northern Colorado occupies the lands in the territories of the Ute, Cheyenne, Lakota and Arapaho peoples. The University acknowledges the 48 tribes that are historically tied to the state of Colorado. Thus, the land on which UNC is situated is tied to the history and culture of our native and indigenous peoples. UNC appreciates this connection and has great respect for this land. Additionally, the University community pays its respect to Elders past, present, and future, and to those who have stewarded this land throughout the generations. As part of the learning and reflection process please visit <https://native-land.ca/> or call the Office of Equity & Inclusion at 970-351-1944.

### **Name in Use/Pronoun in Use/Name Change**

Some students may have changed their names to better reflect their gender identity or for other reasons. The process to request that the University change the name that appears on Canvas and on the course roster is available here: <https://www.unco.edu/registrar/name-change.aspx>

### **Student Well-Being**

Students often experience stressors that make it difficult for them to meet the challenges of their courses—stressors like sleep problems, financial concerns, relationship concerns, employment difficulties, feelings of anxiety, hopelessness, or depression. If you are struggling with this class, please visit me during office hours or contact me via e-mail.

If you're not sure where to turn, the website for UNC's Student Outreach and Support (SOS) office lists a wide variety of resources for students. Case Managers in the SOS office can assist students during difficult circumstances which may include medical, mental health, personal or family crisis, and illness or injury. Mental health professionals are available for free, confidential consultations in the Counseling Center. To access staff in the Counseling Center, call 970-351-2496 or stop by the Center, located on the second floor of Cassidy Hall. If you are experiencing a crisis after-hours, call the Counseling Center and press #2 to connect with a crisis counselor.

### **University Libraries**

The University Libraries has the spaces, resources, and support you need to help you achieve your academic goals. Visit us at Michener Library, on west campus, or at Skinner Music Library, on central campus. Check out all the resources we offer, from scholarly journal databases and streaming media to laptops and anatomical models, at our website: <https://www.unco.edu/library/>. Need research help from an expert? Ask a librarian. We offer multiple ways to get in touch: <https://www.unco.edu/library/research-help/>.

### **Writing Center**

Strong writers seek feedback.

The UNC Writing Center is here to connect you with that feedback. Writing Center Consultants are interested readers who come from a variety of majors and backgrounds, and we are ready to talk about your writing projects. Consultants are trained to work with writing of all types, from all disciplines, and at all levels. Schedule your in-person, video, or email session today by visiting: <http://www.unco.edu/writing-center>

**Inclement Weather Policy:** Not applicable; this is a synchronous online experience through Canvas and Zoom. Any student who is unable to access Canvas should contact me as soon as possible to make alternate arrangements.



**APCE 601 COUPLES & FAMILY PRACTICUM**  
**SITE SUPERVISOR MID-TERM & FINAL EVALUATION FORM**  
**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

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 FORMS AND CASE CONCEPTUALIZATION

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

Please follow the outlines provided in the SLO Manual.

### 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)

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
<b>Introduction</b>	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.	
<b>Presenting Concern</b>	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.	

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
<b>Background Information</b>	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.	
<b>Client Strengths</b>	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).	
<b>Hypotheses</b>	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.	
<b>Counselor Observations; Larger System &amp; Developmental Perspective</b>	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.	



	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
	understanding of diversity issues and how they impact presenting concerns.	diversity issues and how they impact presenting concerns.	diversity issues.			
<b>Assessment Information (Formal Assessments)</b>	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.	
<b>Multi-axial Diagnosis (DSM-IV-TR)</b>	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.	
<b>Prognosis</b>	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.	

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
<b>Interventions</b>	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.	
<b>Overall Conceptualization: Quality of Assessment</b>	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:**

<b>Self-Supervision Form Rubric</b>	<b>Below Expectations</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
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:

