

VANDERBILT UNIVERSITY - PEABODY COLLEGE OF EDUCATION
 Department of Human and Organizational Development, Human Development Counseling Program
HDC 7950: Clinical Mental Health Counseling Internship I

COURSE DESCRIPTION/OVERVIEW:

Formerly called Practicum, CMHC Internship I is designed to furnish counselor trainees with the knowledge, skills, and experiences needed for successful entry into an eventual clinical mental health counseling advanced-year internship placement (Internship II and III), typically occurring in the third year of study. It builds on the helping skills learned and practiced in pre-practicum and is designed as a bridging experience for the advanced internship. The overarching goal of the Internship 1 class and individual supervision is to facilitate counselor trainees' professional growth. Toward this goal, emphasis will be placed on advancing counseling skills, self-awareness, and general competencies needed for ethical practice. **Each student will receive supervision by the VU or site supervisor with an average of one hour per week of dyadic or triadic supervision over the course of the semester. In addition, class instruction will take place for one and a half (1½) hours a week over the course of the semester.** Learning will take place via completion of key assignments, sessions with actual clients, case presentations and role plays, discussion of assigned readings, self-reflection, and feedback and supervision. A number of presentations by guest speakers and/or faculty members with relevant expertise will also be incorporated to address students' learning needs. Students' performance will be evaluated throughout the practicum/internship I, including a formal evaluation at the completion of practicum/internship I.

PREREQUISITES:

Satisfactory completion of Pre-Practicum in Human Development Counseling (HDC 6330), satisfactory progress within HDC in general, and completion and submission of Practicum/Internship I contract are required for entry into Practicum/Internship I.

REQUIRED TEXT, READINGS, AND OTHER:

Text:

- Scott, J., Boylan, J.C. & Jungers, C. M. (2015). *Practicum & internship: Textbook and resource guide for counseling and psychotherapy (Fifth Edition)*. New York: Routledge.
 [Indicated as **SBJ** in syllabus—see **Class Schedule**]

Readings:

- American Counseling Association. (2014). *ACA Code of Ethics*. Alexandria, VA: Author.
 (Available at <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>)
- Other required readings or materials may be added by the professors during the course of the semester (see **Class Schedule**).

Materials/Other:

- Digital Voice/Audio Recorder that records in .wma format (must be able to play back in the free download program *Windows Media Player*). Device used for pre-practicum should suffice in most cases. If needed, digital recorders can be checked out from the Wyatt Center for use on site.
(Note: Due to security issues, cell phones, tablets, or other electronic devices should NOT be used for client recordings.)

RECOMMENDED READINGS:

1. Corey, M. & Corey, G. (2003). *Becoming a helper*. Pacific Grove, CA: Brooks/Cole.
2. Erford, B.T. (2020). *45 techniques every counselor should know*. Hoboken, NJ: Pearson.

3. Lewis, J., Lewis, M., Daniels, J. & D'Andrea, M. (2003). *Community counseling: Empowerment strategies for a diverse society*. Pacific Grove, CA: Brooks/Cole.
4. Patterson, L. & Welfel, E. (2000). *The counseling process*. Stamford, CT: Thompson Learning.
5. Prochaska, J. & Norcross, J. (2003). *Systems of Psychotherapy: A transtheoretical analysis*. Pacific Grove, CA: Brooks/Cole.
6. Young, M. E. (2017). *Learning the art of helping: Building blocks and techniques* (6th ed.). Boston, MA: Pearson. **(NOTE: This is the text from Pre-Practicum)**

KNOWLEDGE AND SKILL OUTCOMES

(NOTE: CACREP 2016 standards are coded below and are assessed via key assignments [K] (including Live Interview, Clinical Assessment, and Progress Note), client audio recordings [R] (including Live Interview, as well as Recordings 2 and 3 [including recording summary form] and inclusive of faculty supervision), team case presentation [P], case conceptualization paper [C], final recording self-evaluation [E], site supervisor's evaluation [S], and faculty supervisor's evaluation [F].)

At the conclusion of the course, the student will be able to:

A. Skill Development

1. Use the etiology, principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. Refine diagnostic skills, articulate relevant treatment goals, and increase awareness of dynamic issues related to termination. (5.C.2.b [K, R, P, C, E, S, F])
2. Create "working hypothesis" based on client presentation and develop a conceptual/theoretical frame for understanding client's world including a discussion of developmental stage/style/tasks and other client characteristics and relevance to diagnosis case conceptualization and treatment planning including relevant research findings. (5.C.1.c [K, P, C, E])
3. Apply multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders. (5.C.2.j [K, R, P, C, E, S, F])
4. Promote optimal human development, wellness, and mental health through prevention, education, and advocacy activities. (5.C.3.b & 5.C.3.e [K, P, C, S])
5. Apply effective strategies to promote client understanding of and access to a variety of behavioral health and community resources. (5.C.2.a & 5.C.3.d [K, R, P, C, E, S])
6. Demonstrate skill in conducting an intake interview, a psychological assessment for treatment planning and caseload management including screens for addiction, aggression, harm to self or other as well as co-occurring mental disorders, and in preparing a progress note. (5.C.3.a [K, R, P, C, F])
7. Apply current record-keeping standards related to clinical mental health counseling including documentation formats of case conceptualization and treatment planning. (5.C. 2.m [K])
8. Understand a variety of roles and theories related to clinical mental health and behavioral health counseling, including the methods, models and practices of clinical supervision and consultation. (5.C.1.b; 2.F.1.m [K, P, C, E, S])
9. Recognize the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders. (5.C.2.e [K, P])
10. Understand the impact of crisis, disasters and other trauma causing events on people. (2.F.1.c [K, P, C, E])

B. Professional Ethics

11. Demonstrate use of ACA Ethical Guidelines and adherence to ethical and legal standards related to counseling. (2.F.1.i [K, R, P, C, S])
12. Apply ethical decision-making model to case presentations. (2.F.1.i [P, C, F])
13. Understands ethical and legal considerations specifically related to the practice of mental health counseling. (2.F.1.i [K, P, S])

14. Demonstrate understanding of different supervision models, role of supervision and practices that support counselor development. (2.1.F.m [F])

C. Personal Growth

15. Recognize personal strengths as well as areas in need of improvement based on own self-monitoring and supervisors' feedback. Learn to recognize limits and seek supervision or refer when appropriate. (2.F.1.k [K, R, C, E, S, F])
16. Increase awareness of how personal cognitive and affective reactions in session relate to own personality style and life experiences (2.F.1.k. [R, C, E, S, F]).
17. Identify how professional training and experiences affect personal growth and relationships [S, F].
18. Demonstrate understanding of and need for personal self-care within the counseling profession relevant to personal growth, personal self-care, and potential burnout. (2.F.1.k.,l. [R, E, F])

CURRICULUM STANDARDS ADDRESSED

2016 CACREP Clinical Mental Health Counseling Standards

Standard		How Measured in HDC 7950
5.C.1.b	theories and models related to clinical mental health counseling	K, R, P, C, E
5.C.1.c	principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	K, P, C, E
5.C.2.a	roles and settings of clinical mental health counselors	R, P, C, E
5.C.2.b	etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	K, R, P, C, E
5.C.2.e	potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders	K, R, P, C, E
5.C.2.j	cultural factors relevant to clinical mental health counseling	K, R, P, C, E, S
5.C.2.m	record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling	K, R, C
5.C.3.a	intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management	K, R, P, C
5.C.3.b	techniques and interventions for prevention and treatment of a broad range of mental health issues	K, R, P, C, E, S, F
5.C.3.d	strategies for interfacing with integrated behavioral health care professionals	K, P, C, E
5.C.3.e	strategies to advocate for persons with mental health issues	K, R, P, C, E, S

2016 CACREP Core Standards

Standard		How Measured in HDC 7950
2.F.1.c	counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams	K, R, P, C, E, S
2.F.1.i	ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling	K, R, P, C, S, F
2.F.1.k	strategies for personal and professional self-evaluation and implications for practice	R, P, E, F
2.F.1.m	the role of counseling supervision in the profession	S, F

In addition to the above and more broadly, students will

1. Acquire foundational knowledge about the counseling profession, the credentialing process, ethical and legal issues, and the various regulatory and organizational bodies associated with the profession of counseling.
2. Acquire a basic understanding of clinical mental health counseling, including institutional and social barriers that impede client progress, the role of prevention, multicultural and pluralistic trends, and client advocacy.
3. Develop expertise in interviewing clients, gathering relevant data and conducting a comprehensive assessment of their strengths, challenges, and areas for counseling intervention.
4. Integrate assessment information with knowledge of theory and practice in the development of a sound conceptualization of client issues with clear and feasible goals, plan of action, and specific intervention strategies.
5. Develop skills needed to monitor client progress, modify treatment plans and intervention strategies, and evaluate effectiveness.
6. Develop communication and team building skills that will strengthen relationships with supervisors and co-workers.
7. Continue to develop self-awareness and the ability to benefit from constructive feedback, in a supportive learning environment, from peers, instructors, and supervisors.

METHOD OF INSTRUCTION:

Much of the content of practicum/internship I is related to cases in which students are involved on site during the semester. We encourage you to bring these cases into class, asking questions and presenting dilemmas where appropriate, with the understanding that all material discussed in class will remain confidential unless extreme circumstances warrant otherwise. As always, we encourage you as well to take risks, challenge your thinking, and have fun in the process. We take responsibility for creating a safe and supportive atmosphere in class in which growth and development can occur.

We hope that you will enjoy this course. We will do our best to meet your needs and make the course engaging and relevant to your professional development as a counselor. We welcome input and invite you to talk to us about any question, concern, or impression you would like to share.

GRADES AND EVALUATION:

The grade for the course will be pass/fail. The counseling faculty recognizes that counseling effectiveness cannot be assessed in the same manner as academic performance as in typical university classes. Students completing this course should demonstrate marked progress toward the course objectives noted above and complete all assignments as indicated and required in a satisfactory manner. Your final grade in Practicum/internship I will reflect not only your academic performance but also your counseling skill development as evaluated by the instructor(s).

ATTENDANCE POLICY:

Unless permission is given by the instructors, class attendance is expected and required.

INSTRUCTIONAL ACCOMMODATIONS:

Vanderbilt University is committed to providing reasonable accommodations for all persons with disabilities that may affect your ability to complete course assignments or otherwise satisfy course requirements. If you may require accommodations, please contact the Office of Equal Opportunity, Affirmative Action, and Disability Services at Baker Building, Suite 108 [\(615\) 322-4705](tel:6153224705) (V/TDD) to discuss and determine any accommodations. If you have a disability for which you may request accommodation in Vanderbilt University classes and have not contacted them, please do so as soon as possible. You are also encouraged to see your instructor(s) privately in regard to this matter, ideally no

later than the second week of the semester, so that we can ensure that your needs are met appropriately and in a timely manner.

INCLUSIVITY

As we all grow and develop as people and professionals, we constantly strive to improve ourselves in numerous areas of our lives. We value the diversity of our learning community and consider peoples' varied identities and differences as strengths and resources upon which to build community and facilitate human development. HDC students and faculty welcome your informal and formal suggestions for improvement of our classroom, program and university climate and culture, as well as course materials and content.

Fingerprinting:

All people whose Vanderbilt activities cause them to have direct contact with children under the age of 18 and/or vulnerable adults must be fingerprinted and pass a TBI/FBI criminal background check before they have contact with members of these protected groups. This procedure is required by Tennessee law, by local school systems, and by Vanderbilt University. If you have not already been fingerprinted and passed a background check and will be in the presence of any person in a protected group, you must do so at the start of the semester. If you have done so in the recent past, you do not have to repeat the procedure. For the latest news on fingerprinting and background checks and to find out how to register if you need to, visit the Vanderbilt Background Clearance Office website (<http://peabody.vanderbilt.edu/admin-offices/bco/index.php>)

COURSE REQUIREMENTS:

1. Attend all weekly group supervision/class meetings and weekly supervision sessions that average 1 hour per week of individual or triadic supervision by a program faculty member or a site supervisor who will be in consultation with the program faculty member.
2. Complete all reading assignments.
3. Participate in class discussions and skill practice exercises.
4. **Obtain and maintain professional liability insurance prior to beginning counseling with any clients. Insurance can be obtained through the American Counseling Association for student members.**
5. Submit in a timely manner all forms required (see **Schedule of Forms Due and Syllabus Appendices**).
6. Submit three therapy recordings to your VU faculty supervisor (**Weeks 6, 9, & 13**). The first recording is the *Live Interview* (see syllabus, including **Syllabus Appendix A**). Recordings 2 and 3 are 'real client' sessions, either with actual site clients or role plays with site personnel. Sessions should be of content and length typical of the site. Recordings 2 and 3 must be accompanied by a tape summary form (see **Syllabus Appendix B or Schedule of Forms Due**). Unless otherwise instructed, recordings should be made on digital recorders and submitted via USB flash drives or VU Box to the appropriate course instructor. Alternate procedures (i.e., uploading to Drop Send) may also be used, as directed.
7. For the third and final recording, in addition to the digital recording on the USB flash drive and the tape summary form, complete **Appendix D of this syllabus**. Note carefully all forms that are required within that appendix and questions that are to be addressed. (**Week 13**)
8. Submit a case conceptualization paper (approx. 5 pages) that includes the client presentation, presenting concerns, underlying issues, treatment goals, and planned interventions. Your paper should include reference to counseling theory as well as integration of appropriate research and professional literature specific to the presented issues. The form of the case conceptualization can be in the

preferred format of your placement site; if none exists, or, if preferred, you may choose to use the guidelines listed in **Appendix C** of this syllabus or any format as discussed in your text (Boylan, pp. 61-64). (**Week 14**)

9. Present your case to the class as a team and consider feedback from instructors and peers. (Case team presentations will occur during weeks 12-14. Schedule TBA. Guidelines for presentation are included in **Appendix C** of this syllabus.) (**Weeks 12-14**)
10. Complete 200 clock hours of a supervised practicum/internship I experience by the end of the semester at an approved setting. Forty percent (80 hours) of the 200 hours must be dedicated to direct service with clients; these hours may include individual counseling and group work. **NOTE: If the practicum/internship I site does not allow recording of actual individual clients, arrangements must be made with the site supervisor to establish appropriate role play arrangements so that required recordings can be completed. These requirements are specified in the practicum/internship I contract and should have been previously discussed with the site supervisor.**

Summary of ASSIGNMENTS DUE (see syllabus for details):

- Week 6: **Recording 1** (*Live Interview with Clinical Assessment Form*)
- Week 9: **Recording 2*** (with Audio Recording Summary Form and *Progress Note*)
- Weeks 12, 13, & 14: Oral Case Conceptualization/Team Presentation (schedule and teams TBA)
- Week 13: **Recording 3*** (with Audio Recording Summary Form PLUS
Stuck/Secure/Final Thoughts Assignment: **Syllabus Appendix D**)
- Week 14: Case Conceptualization Paper

*NOTE: Flexibility may be needed in coordinating/scheduling site-related recording due dates, depending on the specifics of the practicum/internship I site. Alterations to the above recording due dates should be cleared with your VU site supervisor.

Summary of FORMS DUE (see Schedule of Forms Due [below])

ETHICAL GUIDELINES RE. RECORDING OF CLIENTS:

1. Recordings (either audio or video) should never be made without the prior permission of the client and a representative of the practicum/internship I organization (school, EAP, Human Service Agency, etc). In situations where the client is under age 18, permission should also be solicited from his/her parent or legal guardian. (See **Summary of Forms Due** for location of form[s])
NOTE: VIDEO recordings may be used if the student has access to the appropriate equipment, if allowed by the site, and if arrangements can be made to focus the camera on the counselor as opposed to the client. Otherwise, recordings 2 and 3 are expected to be in AUDIO format.
2. All of the above individuals should have a clear statement in advance of the possible uses of counseling recordings. A recording should not be used for any other purpose.
3. The client should be aware of his/her freedom to stop the recording at any time or to request, at the end of the session, that the recording be erased and not submitted to the practicum/internship I instructor.
4. Client recordings made at a practicum/internship I site should be played back only during the practicum/internship I seminar and/or in the context of direct supervision (either on-site at the request of the site supervisor, or off-site at the request of the VU supervisor, or both). It is

unethical to play these recordings for other peers, colleagues, or friends without the expressed consent of the client.

5. Client recordings made off-site (e.g., for purposes of fulfilling individual recording requirements) should be played back only during the practicum/internship I seminar and/or in the context of direct supervision.
6. The identity of the client should never be disclosed. The use of the client's first name is permissible; when there is a chance of the client being identified, however, a fictitious name should be used.
7. It is unwise for practicum/internship I students to play/review their recordings at home or in other locations where a chance of being overheard may occur.
8. All counseling recordings should be erased after they have been used for the stated purposes. Do not lend or give these to the client under any circumstance. You cannot control what occurs if these recordings leave your possession. You may play part of a client's recording with the client present if it advances the counseling process.

CLASS SCHEDULE:

Session/Week #	Topic	Readings	Notes/Facilitator
1 <i>Site Contract *due*--if not in</i>	Intro. & course overview		Program faculty
2. (Live interview pairings assigned—prior to splitting into sections)	Beginning issues/site and skills check-in / case conceptualization (as/if time)	SBJ: Review Chp. 4 (pages 60-63); other material TBA	(Meet first as large group) THEN, CLASS WILL MEET IN SECTION (see rooms on syllabus)
3.	Ethical and Legal Issues in Counseling	SBJ : Chps. 8 & 9	Program faculty and/or guest speaker
4.	Intakes; Clinical interview & assessment; Case notes (assessing for trauma, substance use, mental status, etc., as time allows)	Scott, Boylan, & Jungers (SBJ: class text) , Chp. 3 (pp. 34 to end) & Chp. 4 (all)	Program faculty and/or guest speaker
5.	Challenging issues in counseling: suicide, crisis intervention, assessing for trauma, multiculturalism	SBJ: Chp. 10 (all) Theory Sorter (class handout)	Program faculty and/or guest speaker
6. Recording #1 due (Live Interview—see instructions in Syllabus Appendix A & E [first page]) <u>with Clinical Assessment Form (Syllabus Appendix E)</u>	Integrating theory and counseling skills; evidence-based practice	SBJ: Chp 5 (pp. 71 to end) Other readings: posted/TBA	<u>Presentation:</u> Program faculty and/or guest speaker
7.	Review and discussion of Live Interview Recordings, related issues, points for further discussion		CLASS WILL MEET IN SECTION (vs. large group) (see rooms on syllabus)
8.	Brief recap: Live Interview Sessions (as/if needed; ~10-15 mins) Gestalt Therapy (<i>likely</i>)	SBJ: Review Chp. 5 (review pp. 80-87, as desired/needed)	<i>Applied approaches across next 3 classes may include CBT, Schema, MI, EFT, Gestalt, Cultural-Relational, Play Therapy, etc.</i> <u>Presentation:</u> Program faculty and/or guest speaker
9. Recording #2 due (with summary form [Syllabus Appendix B] and Progress Note (Syllabus Appendix E))	<i>Applied Theoretical Approaches to Counseling</i> Emotion-Focused Therapy OR CBT (<i>likely</i>)	SBJ: Review Chp. 5 (review pp. 80-87, as desired/needed)	<u>Presentation:</u> Program faculty and/or guest speaker
10.	<i>Applied Theoretical Approaches to Counseling</i> Schema Therapy (<i>likely</i>)	SBJ: Review Chp. 5 (review pp. 80-87, as desired/needed)	<u>Presentation:</u> Program faculty and/or guest speaker
11.	Remaining Issues Termination Overview of Site/Site Highlights		<u>Presentation:</u> Program faculty and/or guest speaker

12: 4/4/19	Oral Case Conceptualizations 1 (3 cases in TEAMS of 2-3 each)	<i>(see Appendix C for presentation guidelines)</i>	Teams will be assigned prior to this date
13: 4/11/19 Recording #3 due <i>(with summary form [Syllabus Appendix B] & Syllabus Appendix D)</i>	Oral Case Conceptualizations 2 (3 cases in TEAMS of 2-3 each)		
14: 4/18/19 Case Paper Due <i>Final evals/forms due—see Schedule of Forms Due</i>	Oral Case Conceptualizations 3 (2-3 cases in TEAMS of 2-3 each)		

Schedule of Forms Due, Practicum/internship I

(All forms listed below can be found on Brightspace at the following location: Brightspace/*Clinical Mental Health Counseling/Content/Table of Contents*)

Form*	Due Date	To VU Super.	Upload to your VU Box Folder	Upload to HDC 7950 Brightspace	To Self	Location
Beginning						
<i>Practicum/internship I Agreement/Contract</i>	By start of Practicum/internship I		X		x-copy	UNDER <u>2nd Year Fall</u>
<i>Liability Insurance</i>	By start of Practicum/internship I		X			(ACA Student Membership)
On Occasion						
<i>Permission to Audio Record</i>	Before 1 st recording for any client				X	UNDER <u>2nd Year Spring</u>
<i>Parental permission to Audio Record</i>	Before 1 st recording for any client under age 18				X	UNDER <u>2nd Year Spring</u>
<i>Audio Recording Summary Form</i>	To accompany recordings 2 & 3 submitted to VU superv.	(X- as needed)		X	x-copy	UNDER <u>2nd Year Spring</u> (also Syllabus, Appendix B)
<i>Key Assignments</i>	See dates in syllabus	(X- as needed)		X	x-copy	UNDER <u>Key Assignments</u>
Weekly (and End)						
<i>CMHC Practicum/internship I Weekly Time Log</i>	Weekly	(x) show if needed			x-copy	UNDER <u>2nd Year Spring</u>
<i>CMHC Practicum/internship I Semester Time Log (cumulative log)</i>	Weekly and End Upload final by 1 st Friday in May	(x) show for signature	X-student to get signatures at end of prac and upload		x-copy	UNDER <u>2nd Year Spring</u>
End						
<i>Site Supervisor's Practicum/internship I Evaluation form (of student)**</i>	At conclusion of practicum/internship I			X (supervisor will upload via REDCap)	x-copy	UNDER <u>2nd Year Spring</u>
<i>Practicum/internship I Site Evaluation Form (your evaluation of site)</i>	At conclusion of practicum/internship I, no later than 1 st Friday in May	(X- as needed)	X		x-copy	UNDER <u>2nd Year Spring</u>

*NOTE: Site supervisors may also need/desire copies of above forms—consult with site supervisor as to his/her preference.

**This form may also be used by the VU supervisor to rate the student at end and/or the student to rate self—to be determined by the VU supervisor, in conjunction with the student.

Appendix A: Live Interview Instructions

“The Live Interview” Procedure (note: recordings are to be VIDEO not audio):

- 1) Dyads will be assigned at the beginning of the course.
- 2) Dyads should find a one-hour time slot in the HDC recording lab (or another approved location) during which they can conduct their role-play (20-30 minutes for each person) prior to the due date. **See notes below regarding Sony lab reservations and other recording locations.**
- 3) Dyads will be given 2 envelopes, each containing a separate client description. Each partner should select one envelope. Please don't share that envelope with the dyad partner or with other class members.
- 4) Dyad partners should read their client description (content of the envelope) prior to their 'live interview' session.
- 5) During the live interview, attend to the issues/points listed on the “Live Interview Instructions.”
- 6) Submit your **video** recording on or before the week it is due (see Syllabus for due date). Video recordings may be submitted via DropSend or via flash drive handed in in person.

Video recording in Sony recording lab, fourth floor of Sony (room 4018):

To schedule a time in the Sony recording lab between the hours of 8:30 and 4:30pm, consult the Google calendar at <https://tinyurl.com/yc8yugua> to see what days times are open and then email the HDC graduate assistant, Stephanie Singer at stephanie.m.singer@vanderbilt.edu, to request a day and time. Instructions for scheduling a time that is AFTER hours will be provided. ***All appointments in the Sony lab for any day or time must be made through Stephanie.***

This year, you will be able open the lab yourself, using the instructions below. Follow the very clear instructions that are in the lab for information about using the recording system.

To unlock the doors of the Sony lab:

The recording lab is currently on the fourth floor of the Sony building, room 4018. To access that lab, you will need access both to the **outer door of the Sony building** and **inner door to the elevators** (accessed with your student ID, as you do for class) and **access to the fourth floor of Sony if after hours** (more info re. after-hours recording will be provided).

Once on the fourth floor of Sony, the key to the lab itself is no longer in a lock box but is rather in an envelope taped to the door of 4018 itself. Use that key to open the lab. When finished, make sure to lock the lab when leaving and replace the key in that envelope.

Once inside the lab, follow the recording procedures as you have in the past – these are virtually unchanged from previous years. As before, detailed instructions as to how to use the recording equipment and save your file are near the PC in the recording lab.

Video recording in alternate locations:

If you cannot or do not wish to use the Sony lab, you can conduct your session in any secure, confidential location, using a laptop, ipad, or other approved device for video recording. If you choose this option, make sure that both client and counselor appear on screen, that the sound and video are of high quality, and the video recording can be transferred from the recording device and given to your faculty supervisor on the appropriate due date. **NOTE: Videos can also be made in Sony after hours – instructions will be forthcoming.**

Appendix B: Audio Recording Summary Form*(identical to form available on Brightspace)***AUDIO RECORDING SUMMARY FORM FOR HDC PRACTICUM/INTERNSHIP I /
INTERNSHIP**

Student Counselor: _____ Client: (initials only) _____

Session # ____ (of ____ [#] total sessions) Date of Session: _____

1. Age, gender, race-ethnicity, general physical status/description of client (i.e., any differences that might need to be named):
2. How might you describe client using developmental theory?
3. Presenting problem from client's perspective:
4. Presenting problem from institution's/agency's perspective:
5. Presenting problem from your perspective:
6. Client core issues:
7. Theoretical approach and research findings used:
8. Intended goals of client, intended goals of counselor, and co-constructed goals:
9. Any ethical considerations or concerns:
10. Your evaluation and critique of your performance on this recording (e.g., did you achieve your goals, why or why not, strong aspects, areas needing improvement, etc.)

Appendix C: Class Case Presentation Guidelines

OUTLINE FOR CLASS CASE CONCEPTUALIZATION TEAM PRESENTATIONS:

1. Site
2. Client description
3. Description of presenting problem(s)
4. Description of the problem from your and/or your institution's perspective
5. Goals for the client
6. Interventions used/planned
7. Evaluation of the effectiveness of your intervention
8. Site-specific components of your case conceptualization (e.g., does your site require a certain way of working or viewing problems to which you are expected to conform or accommodate and, if so, how does that play into your work with your client?)

NOTE: Presentations will be conducted in teams (to be assigned during the semester, prior to presentation dates). The team (2-3 students each) will decide upon which case to present and what pertinent information to include, per the suggested outline above.

Each presentation should be approximately 20 minutes TOTAL, with time divided as follows:

First 8-10 mins: Case itself, per above guidelines

Remaining 10 mins: Similarities/Differences per other sites on presentation team and time for Class Group Discussion/Questions

Presentation Dates:

- | | |
|-----------------|--|
| Week 12: | ~3 cases (via teams of 2-3 students) [team assignments TBD] |
| Week 13: | ~3 cases (via teams of 2-3 students) [team assignments TBD] |
| Week 14: | ~2 cases (via teams of 2-3 students) [team assignments TBD] |

Appendix D: Stuck/Secure/and Final Thoughts

Assignment re. Final Recorded Session (due Week 13)

For the third and final recorded session, submit, as usual, your **digital recording on USB flash drive** via DropSend and the **recording summary form (Syllabus Appendix B)** to your faculty supervisor. IN ADDITION, please do the following:

- 1) Listen to your entire recorded session without doing anything in particular other than listening! (this is something we hope you always do)

- 2) Listen to the session again and this time note the following:

A. A STUCK PLACE:

Identify a place on the recording where you felt like you were struggling, needed help, didn't know what to say, felt 'stuck', could use supervision suggestions, etc.

For this place, answer the following questions:

1. Where on the recording does this occur (note the time using the Windows Media Player time marking [e.g., at about 4.45 minutes into the recording])?
2. How does this part begin—note a few words verbatim to let us know that we have the correct spot (e.g., “when I said, ‘So, it sounds like that was kind of hard for you....’, OR, “when the client said, ‘Yeah, and then he told me that there were no other options.’,” etc).
3. Where does this ‘stuck place’ end? Note where on the recording (either with a time-marking or a verbatim line or two or both) you feel like you were past this stuck place.
4. In general, during this stuck place, what was going on? What issues were you and the client(s) discussing?
5. Why is it that you felt stuck? What were you unsure about, what was the source of your ‘stuck’-ness, what got in your way, etc.?

B. A SECURE PLACE:

Similarly, note a place on the recording where you felt like what you said or did was particularly effective. Again, answer the above questions as they pertain to this spot:

6. Where on the recording does this occur (note the time using the Windows Media Player time marking [e.g., at about 4.45 minutes into the recording])?
7. How does this part begin—note a few words verbatim to let us know that we have the correct spot (e.g., “when I said, ‘So, it sounds like that was kind of hard for you....’, “ OR, “when the client said, ‘Yeah, and then he told me that there were no other options.’,” etc).
8. Where does this ‘secure place’ end? Note where on the recording (either with a time-marking or a verbatim line or two or both) you feel like you were past this secure place.
9. In general, during this secure place, what was going on? What issues were you and the client(s) discussing?
10. Why is it that you felt secure/good about what you did or said? How do you feel like what you did or said advanced the client(s) or session and/or was effective in your chosen way of working with him/her/them?

- 3) In addition to the questions above and regarding this session in particular, complete **Appendix F**, in this syllabus, called “**Faculty Rating of a Counseling Session Conducted by a Student Counselor**” (i.e., you’ll be rating your own session here, using the guidelines on the form) [don’t belabor this form too much—just jot down some general ideas and thoughts as you feel they pertain to this session]

More broadly, address the following questions:

- 4) As you think back over your practicum/internship I experience this term, what skills do you feel like you have improved upon, sharpened, developed? What do you recognize as your current strengths?
- 5) What do you consider to be areas or skills in which you still feel like you need improvement?
- 6) At this point in your training, how would you describe your general theoretical orientation to working with clients? If someone were to ask you what your theoretical approach is or, in general, how you frame your work with clients, what would you say? (feel free to draw upon a variety of sources—things we've discussed in class, things you've learned on site, theories you have studied in other classes, etc.)
- 7) Finally, as you look back over practicum/internship I and forward to your advanced internship (Internship II and III), how would you summarize what you feel like you've learned in your practicum/internship I experience in general, and what are your 'goals' regarding your upcoming advanced internship experience and/or the things you are hopeful about learning, experiencing, etc.?
- 8) Pat yourself on the back for a job well-done!! (we'll take your word that you have done this—no 'proof' needed 😊)

Appendix E: CACREP Guidelines/Related Assignment Forms

Live Interview Instructions Clinical Mental Health Counseling, Version 1.2

Note: The live interview rubric may be used with a role play structured as outlined below and/or in a live supervision setting (using video or live observation) where the supervisor is monitoring student work with clients over the course of a semester.

Roles

- **Counselor:** 1 person
- **Client:** 1 person

Client Vignette should include:

- Co-occurring alcohol/substance abuse and mental health issues
- History of past or recent trauma (abuse, natural disaster, etc.)
- At least one overt diversity issue that is made known to counselor early in session or before beginning role play: culture, language, education, SES, ability, sexual orientation, etc.

Interview Format

- Counselor role plays introductory meeting with client, including process of obtaining consent.
- Length of session should be predetermined (e.g., 20 minutes).

Counselor Tasks include:

- *Establish a counseling relationship* with client, attending to diversity issues
- *Introductory Discussion to Obtain Consent*
 - Discuss agency policies and procedures
 - Discuss confidentiality and its limits
- *Assess and Intervene*
 - Obtain description of problem
 - Assess for trauma, substance use, mental status
 - Ask questions to assist with case conceptualization
 - Identify at least one potential clinical goal
- *Manage Crisis Issues*
 - Address crisis issues and create safety plan when needed
 - Offer at least one referral to community resource
 - Psychoeducation regarding major mental health disorders, prognosis, recovery process, etc.
- *Manage Time*
 - End on time without reminder from supervisor/instructor

Clinical Assessment

(Clinical Mental Health Counseling, v1.2 Rev. 12/15)

Client ID #: (do not use name)	Ethnicities:	Primary Language: <input type="checkbox"/> Eng <input type="checkbox"/> Span <input type="checkbox"/> Other: _____
List all Participants/Significant Others: Put a <input checked="" type="checkbox"/> for Identified Patient (IP); <input checked="" type="checkbox"/> for Sig. others who WILL attend; <input checked="" type="checkbox"/> for Sig. others who will NOT attend		
Adult: Age: Profession/Employer [] AM _____ [] AF _____ [] AF/M #2: _____	Child: Age: School/Grade [] CM _____ [] CF _____ [] CF/M _____	
Presenting Problems		
<input type="checkbox"/> Depression/hopelessness <input type="checkbox"/> Anxiety/worry <input type="checkbox"/> Anger issues <input type="checkbox"/> Loss/grief <input type="checkbox"/> Suicidal thoughts/attempts <input type="checkbox"/> Sexual abuse/rape <input type="checkbox"/> Alcohol/drug use <input type="checkbox"/> Eating problems/disorders <input type="checkbox"/> Job problems/unemployed	<input type="checkbox"/> Couple concerns <input type="checkbox"/> Parent/child conflict <input type="checkbox"/> Partner violence/abuse <input type="checkbox"/> Divorce adjustment <input type="checkbox"/> Remarriage adjustment <input type="checkbox"/> Sexuality/intimacy concerns <input type="checkbox"/> Major life changes <input type="checkbox"/> Legal issues/probation <input type="checkbox"/> Other: _____	<u>Complete for children:</u> <input type="checkbox"/> School failure/decline performance <input type="checkbox"/> Truancy/runaway <input type="checkbox"/> Fighting w/peers <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Wetting/soiling clothing <input type="checkbox"/> Child abuse/neglect <input type="checkbox"/> Isolation/withdrawal <input type="checkbox"/> Other: _____
Mental Status for IP		
Interpersonal issues	<input type="radio"/> NA	oConflict oEnmeshment oIsolation/avoidance oEmotional disengagement oPoor social skills oCouple problems oProb w/friends oProb at work oOverly shy oEgocentricity oDiff establish/maintain relationship oOther: _____
Mood	<input type="radio"/> NA	oDepressed/Sad oHopeless oFearful oAnxious oAngry oIrritable oManic oOther: _____
Affect	<input type="radio"/> NA	oConstricted oBlunt oFlat oLabile oDramatic oOther: _____
Sleep	<input type="radio"/> NA	oHypersomnia oInsomnia oDisrupted oNightmares oOther: _____
Eating	<input type="radio"/> NA	oIncrease oDecrease oAnorectic restriction oBinging oPurging oBody image oOther: _____
Anxiety Symptoms	<input type="radio"/> NA	oChronic worry oPanic attacks oDissociation oPhobias oObsessions oCompulsions oOther: _____
Trauma Symptoms	<input type="radio"/> NA	oAcute oChronic oHypervigilance oDreams/Nightmares oDissociation oEmotional numbness oOther: _____
Psychotic symptoms	<input type="radio"/> NA	oHallucinations oDelusions oParanoia oLoose associations oOther: _____
Motor activity/Speech	<input type="radio"/> NA	oLow energy oRestless/Hyperactive oAgitated <input type="checkbox"/> Inattentive oImpulsive <input type="checkbox"/> Pressured speech <input type="checkbox"/> Slow speech
Thought	<input type="radio"/> NA	oPoor concentration/attention oDenial oSelf-blame oOther-blame oRuminative oTangential oIllogical oConcrete oPoor insight oImpaired decision making oDisoriented oSlow processing oOther: _____
Socio-Legal	<input type="radio"/> NA	oDisregards rules oDefiant oStealing oLying oTantrums oArrest/incarceration oInitiates fights oOther: _____
Other Symptoms	<input type="radio"/> NA	
Diagnosis for IP		
Contextual Factors considered in making Dx: oAge oGender oFamily dynamics oCulture oLanguage oReligion oEconomic oImmigration oSexual Orientation oTrauma oDual dx/comorbid oAddiction oCognitive ability oOther: _____		
Describe impact of identified factors on diagnostic and assessment process: _____		
BELOW ADJUSTED FOR DSM 5 (DSM IV notes in parentheses)		
DIAGNOSIS (formerly Axis I Primary): _____ Specifiers: _____ (Secondary): _____ PERSONALITY DISORDER (formerly Axis II): _____ MEDICAL CONDITIONS, Y or N/ Which? (formerly Axis III): _____ CURRENT STRESSORS (formerly Axis IV): <input type="checkbox"/> Problems with primary support group/social environment <input type="checkbox"/> Occupational Problems <input type="checkbox"/> Problems related to school/education <input type="checkbox"/> Economic problems <input type="checkbox"/> Housing problems <input type="checkbox"/> Problems with accessing health services <input type="checkbox"/> Problems related to interactions with the legal system <input type="checkbox"/> Other psychosocial problems: _____ [NOTE: Is no longer a GAF score in DSM 5 (formerly Axis V).] Have medical causes been ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process Has patient been referred for psychiatric/medical eval? <input type="checkbox"/> Yes <input type="checkbox"/> No Has patient agreed with referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA List psychometric instruments or consults used for assessment: <input type="checkbox"/> None or _____		List DSM Symptoms for Dx (formerly Axis I) (include frequency and duration for each). Client meets _____ of _____ criteria for Primary Dx (formerly called "Axis I") 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ Medications (psychiatric & medical) Dose /Start Date 1. _____ / _____ mg; _____ 2. _____ / _____ mg; _____ 3. _____ / _____ mg; _____ Client response to diagnosis: <input type="checkbox"/> Agree; <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Disagree; <input type="checkbox"/> Not informed for following reason: _____

Medical Necessity: <i>Check all that apply</i> <input type="checkbox"/> Significant impairment <input type="checkbox"/> Probability of significant impairment <input type="checkbox"/> Probable developmental arrest Areas of impairment: <input type="checkbox"/> Daily activities <input type="checkbox"/> Social relationships <input type="checkbox"/> Health <input type="checkbox"/> Work/School <input type="checkbox"/> Living arrangement <input type="checkbox"/> Other: _____	
Risk Assessment	
Suicidality: <input type="checkbox"/> No indication <input type="checkbox"/> Denies <input type="checkbox"/> Active ideation <input type="checkbox"/> Passive ideation <input type="checkbox"/> Intent without plan <input type="checkbox"/> Intent with means <input type="checkbox"/> Ideation in past yr <input type="checkbox"/> Attempt in past yr <input type="checkbox"/> Family/peer hx of completed suicide	Homicidality: <input type="checkbox"/> No indication <input type="checkbox"/> Denies <input type="checkbox"/> Active ideation <input type="checkbox"/> Passive ideation <input type="checkbox"/> Intent w/o means <input type="checkbox"/> Intent with means <input type="checkbox"/> Ideation in past yr <input type="checkbox"/> Violence past yr <input type="checkbox"/> Hx assault/temper <input type="checkbox"/> Cruelty to animals
Hx Substance: Alc abuse: <input type="checkbox"/> No indication <input type="checkbox"/> Denies <input type="checkbox"/> Past <input type="checkbox"/> Current: Freq/Amt: _____ Drug: <input type="checkbox"/> No indication <input type="checkbox"/> Denies <input type="checkbox"/> Past <input type="checkbox"/> Current Drugs: _____ Freq/Amt: _____ <input type="checkbox"/> Family/sig.other abuses	Sexual & Physical Abuse and Other Risk Factors: <input type="checkbox"/> Current child w abuse hx: <input type="checkbox"/> Sexual; <input type="checkbox"/> Physical; <input type="checkbox"/> Emotional; <input type="checkbox"/> Neglect <input type="checkbox"/> Adult w childhood abuse: <input type="checkbox"/> Sexual; <input type="checkbox"/> Physical; <input type="checkbox"/> Emotional; <input type="checkbox"/> Neglect <input type="checkbox"/> Adult w abuse/assault in adulthood: <input type="checkbox"/> Sexual; <input type="checkbox"/> Physical; <input type="checkbox"/> Current <input type="checkbox"/> History of perpetrating abuse: <input type="checkbox"/> Sexual; <input type="checkbox"/> Physical <input type="checkbox"/> Elder/dependent adult abuse/neglect <input type="checkbox"/> Anorexia/bulimia/other eating disorder <input type="checkbox"/> Cutting or other self harm: <input type="checkbox"/> Current; <input type="checkbox"/> Past; Method: _____ <input type="checkbox"/> Criminal/legal hx: _____ <input type="checkbox"/> Other trauma: _____ <input type="checkbox"/> None reported
Indicators of Safety: <input type="checkbox"/> At least one outside person who provides strong support <input type="checkbox"/> Able to cite specific reasons to live, not harm self/other <input type="checkbox"/> Hopeful <input type="checkbox"/> Has future goals <input type="checkbox"/> Willing to dispose of dangerous items <input type="checkbox"/> Willingness to reduce contact with people who make situation worse <input type="checkbox"/> Willing to implement safety plan, safety interventions <input type="checkbox"/> Developing set of alternatives to self/other harm <input type="checkbox"/> Sustained period of safety: _____ <input type="checkbox"/> Other: _____	
Safety Plan includes: <input type="checkbox"/> Verbal no harm contract <input type="checkbox"/> Written no harm contract <input type="checkbox"/> Emergency contact card <input type="checkbox"/> Emergency counselor/agency number <input type="checkbox"/> Medication management <input type="checkbox"/> Specific plan for contacting friends/support persons during crisis <input type="checkbox"/> Specific plan of where to go during crisis <input type="checkbox"/> Specific self-calming tasks to reduce risk before reach crisis level (e.g., journaling, exercising, etc.) <input type="checkbox"/> Specific daily/weekly activities to reduce stressors <input type="checkbox"/> Other: _____	
Notes: Legal/Ethical Action Taken: <input type="checkbox"/> NA _____	
Case Management	
Patient Referrals and Professional Contacts <ul style="list-style-type: none"> ▪ Has contact been made with social worker: <input type="checkbox"/> Yes <input type="checkbox"/> No: explain: _____ <input type="checkbox"/> NA ▪ Has client been referred for medical assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No evidence for need ▪ Has client been referred for psychiatric assessment: <input type="checkbox"/> Yes; cl agree; <input type="checkbox"/> Yes, cl disagree <input type="checkbox"/> NA ▪ Has contact been made with treating physicians or other professionals: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA ▪ Has client been referred for social services: <input type="checkbox"/> Job/training <input type="checkbox"/> Welfare/Food/Housing <input type="checkbox"/> Victim services <input type="checkbox"/> Legal aid <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____ <input type="checkbox"/> NA ▪ Anticipated forensic/legal processes related to treatment: <input type="checkbox"/> No; <input type="checkbox"/> Yes _____ ▪ Has client been referred for group or other support services: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None ▪ Client social support network includes: <input type="checkbox"/> Supportive family; <input type="checkbox"/> Supportive partner; <input type="checkbox"/> Friends; <input type="checkbox"/> Religious/spiritual organization; <input type="checkbox"/> Supportive work/social group; <input type="checkbox"/> Other _____ ▪ Anticipated effects treatment will have on others in support system?: (Parents, children, siblings, sig. other, etc.): _____ ▪ Is there anything else client will need to be successful? _____ Client Sense of Hope: Little 1-----5-----10 High Hope	Date 1st Visit: _____ Last visit: _____ Session Freq: <input type="checkbox"/> Once week <input type="checkbox"/> Every other week <input type="checkbox"/> Other: _____ Expected Length of Treatment: _____ Modalities: <input type="checkbox"/> Individual Adult <input type="checkbox"/> Individual Child <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Group: _____ Is client involved in mental health or other medical treatment elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ If child/adolescent: Is family involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Expected Outcome and Prognosis: <input type="checkbox"/> Return to normal functioning <input type="checkbox"/> Expect improvement, anticipate less than normal functioning <input type="checkbox"/> Maintain current status/prevent deterioration	

Evaluation of Assessment/Client Perspective

How was assessment method adapted to client needs, including age, culture, ability level, and other diversity issues? _____

Describe actual or potential areas of client-counselor agreement/disagreement related to the above assessment: _____

Counselor Signature License/intern status Date

Supervisor Signature License Date

Abbreviations: **AF:** Adult Female; **AM:** Adult Male; **CF#:** Child Female with age, e.g. CF12; **CM#** Child Male with age; **Hx:** History; **Cl:** Client; **NA:** Not Applicable; **Dx:** Diagnosis

Progress Note for Client # _____
(Clinical Mental Health Counseling, v1.2, Rev. 12/15)

Date:_____ **Time:**__:__ am/pm **Session Length:** ☐50 min. or ☐__ **Present:** ☐AF ☐AM ☐CF ☐CM ☐_____

Billing Code: ☐ 90801 (Assess); ☐ 90806 (Insight-50 min); ☐ 90847; (Family-50 min); ☐ Other_____

Symptom(s)	Duration and Frequency Since Last Visit	Setback	Initial	Goal
1.		-5-----	1-----	-5-----10
2.		-5-----	1-----	-5-----10
3.		-5-----	1-----	-5-----10

Explanatory Notes: (Subjective report of client)

Explanatory Notes: (Objective report of counselor-may include MSE)

Assessment/Interventions: (working hypothesis, clinical impressions, & current interventions this session)

Client Response/Feedback: (Plans for client to work on short/long term goals)

Plan: ☐ Continue with tx plan: plan for next:

- ❑ Modify plan:

Next session: Date: _____ Time ____:____am/pm

Crisis Issues: ☐ Denies suicide/homicide/abuse/crisis ☐ Crisis assessed/addressed:

Counselor's Signature

License/intern status

Date _____

Case Consultation/Supervision Notes:

Collateral Contacts: Date: _____ Time: _____ Name: _____

Notes:

☐ Written release on file: ☐ sent/☐ received ☐ In court docs ☐ Other:

Counselor's Signature

License/intern status

Date

Supervisor's Signature

License

Date _____

NOTE: Copies of the following are available, as needed, on Brightspace under *Clinical Mental Health Counseling/Content/Table of Contents/Key Assignments*

Blank forms/templates/instructions for

- Live Interview Instructions (instructions only; no formal template or form)
- Clinical Assessment Form (blank form/template)
- Progress Note Form (blank form/template)

Summative Rubric Scoring form (long form) for

- Live Interview
- Clinical Assessment
- Progress Note

IN ADDITION, samples of the short rubrics and example completed forms are included on the final pages of this course syllabus for your reference, as needed.

APPENDIX F
Faculty Rating of a Counseling Session Conducted by a Student Counselor

Counselor:_____ Client/Session:_____ Date:_____

Check one: ☐ Audio ☐ Video Supervisor/Rater:_____

Please rate the level of functioning that best describes the trainee's performance during the period of evaluation using the following:

- N/A Not Applicable
1. Displays poor initiative and little comprehension of skills needed at this point in training. Will not successfully complete placement at this level of performance.
 2. Marginal performance for this point in training. May not successfully complete placement without improvement.
 3. Adequate level of functioning for this point in training with supervision. One or two specific areas of weakness.
 4. Meets expectations for this point in training. Functions very well with supervision.
 5. Area of particular excellence at this point in training.

Specific Skill/Approach: Suggested Criteria	Rating	How It Was Demonstrated?, Remarks
1. Opening: Was opening unstructured, friendly, and pleasant? Any role definition needed? Any introduction necessary?		
2. Rapport: Did student counselor establish good rapport with client? Was the stage set for a productive session?		
3. Session Responsibility: If not assumed by the client, did student counselor assume appropriate level of responsibility for session conduct? Did student counselor or client take initiative?		
4. Interaction: Were the client and student counselor communicating in a meaningful manner?		
5. Acceptance/Permissiveness: Was the student counselor accepting, permissive, and respectful of client's emotions, feelings, and expressed thoughts?		
6. Reflections of Feelings: Did student counselor reflect and react to feelings or did the session remain on an intellectual level?		

7. Student Counselor Responses: Were student counselor responses appropriate in view of what the client was expressing or were responses concerned with trivia and minutia? Were questions used sparingly and appropriately, or were questions over-used?		
8. Value Management: How did the student counselor cope with values, either his/hers or the client's? Were attempts made to impose counselor values during the session?		
9. Counseling Relationship: Were student counselor-client relationships conducive to productive counseling? Was the foundation for a therapeutic alliance established?		
10. Closing: Was the closing initiated by student counselor or client? Was it abrupt or brusque? Were any follow-up or further counseling sessions scheduled?		
11. Sensitivity to differences: How well did the student detect/address cultural, individual, or role differences, including those due to age, gender, sexual orientation, national origin, culture, race or disability?		
12. General Techniques: How well did the student counselor conduct the mechanics of the session?		
<p>A. Duration of session: Was the session too long or too short? Should it have been terminated sooner or later?</p> <p>B. Vocabulary level: Was student counselor vocabulary appropriate for the client?</p> <p>C. Mannerisms: Did the student counselor display any mannerisms that might have conversely affected the session or portions thereof?</p> <p>D. Verbosity: Did the student counselor dominate the session, interrupt, override, or become too wordy?</p> <p>E. Silences: Were silences broken to meet student counselor needs or were they used intentionally or dealt with in an effective manner?</p>		
<p>Comments: Additional comments that might assist the student counselor in areas not covered by the preceding suggestions.</p>		

SAMPLE COMPLETED KEY ASSIGNMENT FORMS

(for your own knowledge and reference, as needed)

Note: The versions of the forms on the following pages are older and slightly different from the versions that you will complete for this course and those currently posted on Brightspace. The samples are included here simply as illustration of how information may be captured. Please use forms currently posted on Brightspace, and as detailed elsewhere in this syllabus, for completion of related assignments.

Clinical Assessment V 1.0

Client ID #: (do not use name) <u>12345: CM14</u>	Ethnicities: <u>Irish Italian</u>	Primary Language: <input checked="" type="checkbox"/> Eng <input type="checkbox"/> Span <input type="checkbox"/> Other: _____
List all Participants/Significant Others: Check <u>IP</u> for Identified Patient; * for Sig. others who WILL attend; <u>X</u> for Sig. others who will NOT attend or NA		
Adult: Age: Profession/Employer *-AM 44: Bank executive/UB *-AF 40: Pediatric nurse; General Hospital NA- AF/M #2: _____	Child: Age: School/Grade IP-CM14: 9 th grade, Alexander High School NA- CF: _____ *- CF/M12: 7 th grade, Baxter Middle School	
Presenting Problems		
<input type="checkbox"/> Depression/hopelessness <input type="checkbox"/> Anxiety/worry <input checked="" type="checkbox"/> Anger issues <input type="checkbox"/> Loss/grief <input type="checkbox"/> Suicidal thoughts/attempts <input type="checkbox"/> Sexual abuse/rape <input type="checkbox"/> Alcohol/drug use <input type="checkbox"/> Eating problems/disorders <input type="checkbox"/> Job problems/unemployed	<input type="checkbox"/> Couple concerns <input checked="" type="checkbox"/> Parent/child conflict <input type="checkbox"/> Partner violence/abuse <input type="checkbox"/> Divorce adjustment <input type="checkbox"/> Remarriage adjustment <input type="checkbox"/> Sexuality/intimacy concerns <input type="checkbox"/> Major life changes <input type="checkbox"/> Legal issues/probation <input type="checkbox"/> Other: _____	Complete for children: <input checked="" type="checkbox"/> School failure/decline performance <input type="checkbox"/> Truancy/runaway <input checked="" type="checkbox"/> Fighting w/peers <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Wetting/soiling clothing <input type="checkbox"/> Child abuse/neglect <input type="checkbox"/> Isolation/withdrawal <input type="checkbox"/> Other: _____
Mental Status for IP		
Interpersonal issues	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Conflict <input checked="" type="checkbox"/> Enmeshment <input type="checkbox"/> Isolation/avoidance <input type="checkbox"/> Emotional disengagement <input type="checkbox"/> Poor social skills <input type="checkbox"/> Couple problems <input type="checkbox"/> Prob w/friends <input type="checkbox"/> Prob at work <input type="checkbox"/> Overly shy <input type="checkbox"/> Egocentricity <input type="checkbox"/> Diff establish/maintain relationship <input type="checkbox"/> Other: _____
Mood	<input type="checkbox"/> NA	<input type="checkbox"/> Depressed/Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Fearful <input type="checkbox"/> Anxious <input checked="" type="checkbox"/> Angry <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Manic <input type="checkbox"/> Other: _____
Affect	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Blunt <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Dramatic <input type="checkbox"/> Other: _____
Sleep	<input type="checkbox"/> NA	<input type="checkbox"/> Hypersomnia <input type="checkbox"/> Insomnia <input checked="" type="checkbox"/> Disrupted <input type="checkbox"/> Nightmares <input type="checkbox"/> Other: _____
Eating	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Anorectic restriction <input type="checkbox"/> Binging <input type="checkbox"/> Purging <input type="checkbox"/> Body image <input type="checkbox"/> Other: _____
Anxiety Symptoms	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Chronic worry <input type="checkbox"/> Panic attacks <input type="checkbox"/> Dissociation <input type="checkbox"/> Phobias <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Other: _____
Trauma Symptoms	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Dreams/Nightmares <input type="checkbox"/> Dissociation <input type="checkbox"/> Emotional numbness <input type="checkbox"/> Other: _____
Psychotic symptoms	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoia <input type="checkbox"/> Loose associations <input type="checkbox"/> Other: _____
Motor activity/Speech	<input type="checkbox"/> NA	<input type="checkbox"/> Low energy <input checked="" type="checkbox"/> Restless/Hyperactive <input type="checkbox"/> Agitated <input type="checkbox"/> Inattentive <input type="checkbox"/> Impulsive <input type="checkbox"/> Pressured speech <input type="checkbox"/> Slow speech <input type="checkbox"/> Other: _____
Thought	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Poor concentration/attention <input type="checkbox"/> Denial <input type="checkbox"/> Self-blame <input checked="" type="checkbox"/> Other-blame <input type="checkbox"/> Ruminative <input type="checkbox"/> Tangential <input type="checkbox"/> Illogical <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Poor insight <input checked="" type="checkbox"/> Impaired decision making <input type="checkbox"/> Disoriented <input type="checkbox"/> Slow processing <input type="checkbox"/> Other: _____
Socio-Legal	<input type="checkbox"/> NA	<input type="checkbox"/> Disregards rules <input checked="" type="checkbox"/> Defiant <input type="checkbox"/> Stealing <input type="checkbox"/> Lying <input type="checkbox"/> Tantrums <input type="checkbox"/> Arrest/incarceration <input type="checkbox"/> Initiates fights <input type="checkbox"/> Other: _____
Other Symptoms	<input type="checkbox"/> NA	
Diagnosis for IP		
Contextual Factors considered in making Dx: <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Family dynamics <input checked="" type="checkbox"/> Culture <input type="checkbox"/> Language <input checked="" type="checkbox"/> Religion <input type="checkbox"/> Economic <input checked="" type="checkbox"/> Immigration <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Trauma <input type="checkbox"/> Dual dx/comorbid <input type="checkbox"/> Addiction <input type="checkbox"/> Cognitive ability <input type="checkbox"/> Other: _____ Describe impact of identified factors: <u>Father has specific expectations of sons based on his family background and gender roles</u>		
Axis I Primary: <u>309.3 Adjustment Disorder with Disturbance of Conduct, Acute</u> Secondary: <u>V61.20 Parent child relational problem</u> Axis II: <u>V71.09 None</u> Axis III: <u>None reported</u> Axis IV: <input type="checkbox"/> Economic Problems <input type="checkbox"/> Housing Problems <input type="checkbox"/> Problems with accessing health services <input type="checkbox"/> Problems related to interactions with the legal system <input checked="" type="checkbox"/> Problems related to social environment/school <input type="checkbox"/> Occupational Problems <input type="checkbox"/> Other Psychosocial Problems Axis V: <u>GAF 65 GARF 60</u> Have medical causes been ruled out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process Has patient been referred for psychiatric/medical eval? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has patient agreed with referral? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA List psychometric instruments or consults used for assessment: <input type="checkbox"/> None or Youth Outcome Questionnaire		
List DSM Symptoms for Axis I Dx (include frequency and duration for each). Client meets 5 of 5 criteria for Axis I Primary Dx. 1. <u>Stressor: Move to new neighborhood; start high school</u> 2. <u>Significant drop in grades.</u> 3. <u>One physical fight at school resulting in suspension</u> 4. <u>Increased defiance at home, esp. with AM.</u> 5. _____ 6. _____ Medications (psychiatric & medical) Dose /Start Date 1. <u>NA/ _____mg; _____</u> 2. <u>_____/ _____mg; _____</u> 3. <u>_____/ _____mg; _____</u> Client response to diagnosis: <input checked="" type="checkbox"/> Agree; <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Disagree; <input type="checkbox"/> Not informed for following reason: _____		
Medical Necessity: Check all that apply <input checked="" type="checkbox"/> Significant impairment <input type="checkbox"/> Probability of significant impairment <input checked="" type="checkbox"/> Probable developmental arrest Areas of impairment: <input checked="" type="checkbox"/> Daily activities <input checked="" type="checkbox"/> Social relationships <input type="checkbox"/> Health <input checked="" type="checkbox"/> Work/School <input type="checkbox"/> Living arrangement <input type="checkbox"/> Other: _____		

Risk Assessment			
Suicidality: <input checked="" type="checkbox"/> No indication <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Active Ideation <input type="checkbox"/> Passive Ideation <input type="checkbox"/> Intent without plan <input type="checkbox"/> Intent with means <input type="checkbox"/> Ideation in past yr <input type="checkbox"/> Attempt in past yr <input type="checkbox"/> Family/peer hx of completed suicide	Homicidality: <input checked="" type="checkbox"/> No indication <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Active Ideation <input type="checkbox"/> Passive Ideation <input type="checkbox"/> Intent w/o means <input type="checkbox"/> Intent with means <input type="checkbox"/> Ideation in past yr <input checked="" type="checkbox"/> Violence past yr <input type="checkbox"/> Hx assault/temper <input type="checkbox"/> Cruelty to animals	Hx Substance: Alc abuse: <input type="checkbox"/> No indication <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Past <input type="checkbox"/> Current: Freq/Amt: _____ Drug: <input type="checkbox"/> No indication <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Past <input type="checkbox"/> Current Drugs: _____ Freq/Amt: _____ <input type="checkbox"/> Family/sig. other abuse	Sexual & Physical Abuse and Other Risk Factors: <input type="checkbox"/> Current child w abuse hx: <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Adult w childhood abuse: <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Adult w abuse/assault in adulthood: <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Current <input type="checkbox"/> History of perpetrating abuse: <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Elder/Dependent Adult Abuse/Neglect <input type="checkbox"/> Anorexia/Bulimia/Other eating disorder <input type="checkbox"/> Cutting or other self harm: <input type="checkbox"/> Current <input type="checkbox"/> Past: Method: _____ <input type="checkbox"/> Criminal/legal hx: _____ <input checked="" type="checkbox"/> None reported
Indicators of Safety: <input type="checkbox"/> At least one outside person who provides strong support <input checked="" type="checkbox"/> Able to cite specific reasons to live, not harm self/other <input type="checkbox"/> Hopeful <input checked="" type="checkbox"/> Has future goals <input type="checkbox"/> Willing to dispose of dangerous items <input checked="" type="checkbox"/> Willingness to reduce contact with people who make situation worse <input checked="" type="checkbox"/> Willing to implement safety plan, safety interventions <input type="checkbox"/> Developing set of alternatives to self/other harm <input checked="" type="checkbox"/> Sustained period of safety: _____ <input type="checkbox"/> Other: _____			
Safety Plan includes: <input checked="" type="checkbox"/> Verbal no harm contract <input type="checkbox"/> Written no harm contract <input type="checkbox"/> Emergency contact card <input type="checkbox"/> Emergency counselor/agency number <input type="checkbox"/> Medication management <input type="checkbox"/> Specific plan for contacting friends/support persons during crisis <input type="checkbox"/> Specific plan of where to go during crisis <input checked="" type="checkbox"/> Specific self-calming tasks to reduce risk before reach crisis level (e.g., journaling, exercising, etc.) <input checked="" type="checkbox"/> Specific daily/weekly activities to reduce stressors <input type="checkbox"/> Other: _____			
Notes: Legal/Ethical Action Taken: <input checked="" type="checkbox"/> NA _____			
Case Management			
Patient Referrals and Professional Contacts Has contact been made with Social Worker: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: explain: _____ <input type="checkbox"/> N/A Has client been referred for medical assessment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No evidence for need Has client been referred for psychiatric assessment: <input checked="" type="checkbox"/> Yes; cl agree; <input type="checkbox"/> Yes, cl disagree <input type="checkbox"/> Not rec. Has contact been made with treating physicians or other professionals: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has client been referred for social services: <input type="checkbox"/> Job/training <input type="checkbox"/> Welfare/Food/Housing <input type="checkbox"/> Victim services <input type="checkbox"/> Legal aid <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Other: <u>Teen group at school</u> <input type="checkbox"/> N/A Anticipated forensic/legal processes related to treatment: <input checked="" type="checkbox"/> No; <input type="checkbox"/> Yes _____ Has client been referred for group or other support services: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None recommended Client social support network includes: <input checked="" type="checkbox"/> Supportive family; <input type="checkbox"/> Supportive partner; <input checked="" type="checkbox"/> Friends; <input checked="" type="checkbox"/> Religious/spiritual organization; <input type="checkbox"/> Supportive work/social group; <input type="checkbox"/> Other _____ Anticipated effects treatment will have on others in support system?: (Parents, children, siblings, sig. other, etc.): <u>Parents involved in treatment; adjusting parenting; CM12 will also attend session.</u> Is there anything else client will need to be successful? <u>Parents may need to address couple issues</u>		Date 1st Visit: <u>1/18/08</u> Last visit: <u>1/25/08</u> Session Freq: <input checked="" type="checkbox"/> Once week <input type="checkbox"/> Every other week <input type="checkbox"/> Other: _____ Expected Length of Treatment: <u>4 months</u> Modalities: <input type="checkbox"/> Individual Adult <input checked="" type="checkbox"/> Individual Child <input checked="" type="checkbox"/> Couple <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Group: <u>Teen</u> Is client involved in mental health or other medical treatment elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ If Child/Adolescent: Is Family Involved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Client Sense of Hope: Little 1-----5-----10 High Hope		Expected Outcome and Prognosis: <input checked="" type="checkbox"/> Return to normal functioning <input type="checkbox"/> Expect improvement, anticipate less than normal functioning <input type="checkbox"/> Maintain current status/prevent deterioration	
Evaluation of Assessment/Client Perspective How was assessment method adapted to client needs? <u>Use language CM14 and CM12 can understand; respectful of cultural, religious, gender expectations</u> Age, culture, ability level, and other diversity issues adjusted for by: <u>Using teen language; allowing family to discuss traditions and their meaning.</u> Systemic/family dynamics considered in following ways: <u>Considered CM14 behavior in broader system, including parents' conflicting parenting style and confused parental hierarchy, cross-generational coalition</u> Describe actual or potential areas of client-counselor agreement/disagreement related to the above assessment <u>CM does not view situation as "big" problem; AM sees as bigger problem than AF.</u>			
Counselor Signature _____	License/intern status _____	Date _____	
Supervisor Signature _____	License _____	Date _____	

Abbreviations: AF: Adult Female; AM: Adult Male; CF#: Child Female with age, e.g. CF12; CM# Child Male with age; Hx: History; CI: Client.

Progress Notes (V 1.0) for Client #12345Date: 1/25/08 Time: 5:00 ☐ am/ ☒ pm Session Length: ☒ 50 min. or ☐ ____ minPresent: ☒ AM ☒ AF ☒ CM ☐ CF ☒ CM12Billing Code: ☐ 90801 (Assess); ☐ 90806 (Insight-50 min.); ☒ 90847; (Family-50 min.); ☐ Other _____

Symptom(s)	Duration and Frequency Since Last Visit	Progress
#1: Conflict with AM	2 arguments with AM/past week	<u>3</u>
#2: Fights w Peers	No incidents past week	<u>5 Some Change</u>
#3: Grades drop	Report increase in completing HW/5 days	<u>5 Some Change</u>

Explanatory Notes on Symptoms

Defiance toward father less severe than prior weeks; both parents and CM14 report increase in completing HW; report no new incidents of fights at school. Report had "fun" movie night on Saturday. Parents report less conflict between them regarding parenting; increased parental coalition on parenting issues.

Interventions/Homework

Enactments to increase parental hierarchy and strengthen parental subsystem boundaries; identify strategies for parents to discuss their difference when children not present and create united front; identified agreed upon limits and consequences that both AM and AF willing to enforce together. Unbalancing interrupt cross-generational coalition between AF and CM14. HW: continue with one fun weekend activity.

Client Response/Feedback

Couple receptive to redirection during enactment and unbalancing; CM14 hesitant and cool at first but willing to participate and appears to be making better decisions during week regarding school work.

Plan: ☒ Continue with tx plan: plan for next session: Parents only to discuss parenting issues☐ Modify plan: _____Next session: Date: 2/5/08 Time: 5:00 ☐ am/ ☒ pmCrisis Issues: ☒ Denies suicide/homicide/abuse/crisis ☐ Crisis assessed/addressed: describe below

Deny any violence since fight at school prior to commencing treatment; no evidence of other risk factors (substance abuse, gang activity, etc.)

Counselor's Signature, _____, License/intern status _____ Date _____

Case Consultation/Supervision Notes:

Supervisor recommended session with only parents to address setting limits and consequences and to assess for other couple issues.

Collateral Contacts: Date: 1/26/08 Time: 2:00 ☐ am/ ☒ pm Name: Martha James, School Counselor

Notes:

Spoke with counselor who is developing remedial and mentoring plan to ensure passage to next grade; enrolling CM14 in teen support group at school; discuss social adjustment to new school.

☒ Written release on file: ☒ sent/ ☐ received ☐ In court docs ☐ Other: _____

SAMPLE EVALUATION RUBRICS

(short versions)

(for your own knowledge and reference, as needed)

Note: The long versions of these rubrics are posted on Brightspace under *Clinical Mental Health Counseling/Content/Table of Contents/Key Assignments*.

Live Interview Rubric: Short Form

Clinical Mental Health Counseling, Version 1.2

Date: _____

Student/Intern: _____

Evaluator: _____

Level of Clinical Training:

☐ Pre-clinical training; coursework only ☐ 0-12 months ☐ 12-24 months ☐ 2+ years

Rating Scale

4=Mastery: Strong mastery of skills and thorough understanding of concepts

3=Proficient: Understanding of concepts/skills evident

2=Emergent: Minor conceptual and skill errors; in process of developing

1=Deficits: Significant remediation needed; deficits in knowledge/skills

NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

Note: Scores of 3 and above indicate performing well for developmental level

	Score
Counseling Relationship	0 1 0 2 0 3 0 4 0 NA
Attention to Client Needs and Diversity	0 1 0 2 0 3 0 4 0 NA
Explain Practice Policies	0 1 0 2 0 3 0 4 0 NA
Consent to Treatment	0 1 0 2 0 3 0 4 0 NA
Consent to Treat Minors	0 1 0 2 0 3 0 4 0 NA
Client Assessment	0 1 0 2 0 3 0 4 0 NA
Content vs. Process	0 1 0 2 0 3 0 4 0 NA
Interventions; Promoting Change	0 1 0 2 0 3 0 4 0 NA
Manage Session Interactions (high intensity)	0 1 0 2 0 3 0 4 0 NA
Manage Boundaries	0 1 0 2 0 3 0 4 0 NA
Time Management	0 1 0 2 0 3 0 4 0 NA
Empower to Interact with Larger Systems	0 1 0 2 0 3 0 4 0 NA
Manage Crisis	0 1 0 2 0 3 0 4 0 NA
Safety Plan	0 1 0 2 0 3 0 4 0 NA
Psycho-education and Recovery Services	0 1 0 2 0 3 0 4 0 NA
Additional Competency (Optional)	0 1 0 2 0 3 0 4 0 NA
Additional Competency (Optional)	0 1 0 2 0 3 0 4 0 NA

Notes: _____

Avg. Score: _____

(3 and above indicates performing well for developmental level)

Total Points Earned _____

Total Possible (Subtract or add as needed for NA or Additional Comp.) _____

Clinical Assessment Rubric: Short Form Clinical Mental Health Counseling

Date: _____

Student/Intern: _____

Evaluator: _____

Level of Clinical Training:

☐ Pre-clinical training; coursework only ☐ 0-12 months ☐ 12-24 months ☐ 2+ years

Rating Scale

4=Mastery: Strong mastery of skills and thorough understanding of concepts

3=Proficient: Understanding of concepts/skills evident

2=Emergent: Minor conceptual and skill errors; in process of developing

1=Deficits: Significant remediation needed; deficits in knowledge/skills

NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

Note: Scores of 3 and above indicate performing well for developmental level

	Score
Clear Identification of Client	0 1 0 2 0 3 0 4 0 NA
Presenting Problem	0 1 0 2 0 3 0 4 0 NA
Mental Status Exam	0 1 0 2 0 3 0 4 0 NA
Diagnosis	0 1 0 2 0 3 0 4 0 NA
Medical Issues and Medication Referrals	0 1 0 2 0 3 0 4 0 NA
Risk Assessment	0 1 0 2 0 3 0 4 0 NA
Legal/Ethical Action	0 1 0 2 0 3 0 4 0 NA
Case Management; Referrals	0 1 0 2 0 3 0 4 0 NA
Prognosis, Modalities & Frequency	0 1 0 2 0 3 0 4 0 NA
Evaluation/Client Perspective	0 1 0 2 0 3 0 4 0 NA
Additional Competency (Optional)	0 1 0 2 0 3 0 4 0 NA
Additional Competency (Optional)	0 1 0 2 0 3 0 4 0 NA

Notes: _____

Avg. Score: _____

(3 and above indicates performing well for developmental level)

Total Points Earned _____

Total Possible (Subtract or add as needed for NA or Additional Comp.) _____

Progress Note Rubric: Short Form

Clinical Mental Health Counseling, Version 1.2

Date: _____

Student/Intern: _____

Evaluator: _____

Level of Clinical Training:

☐ Pre-clinical training; coursework only ☐ 0-12 months ☐ 12-24 months ☐ 2+ years

Rating Scale

4=Mastery: Strong mastery of skills and thorough understanding of concepts

3=Proficient: Understanding of concepts/skills evident

2=Emergent: Minor conceptual and skill errors; in process of developing

1=Deficits: Significant remediation needed; deficits in knowledge/skills

NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

Note: Scores of 3 and above indicate performing well for developmental level

	Score					
Basic Record Keeping	0	1	2	3	4	NA
Symptoms and Progress toward Goals	0	1	2	3	4	NA
Interventions	0	1	2	3	4	NA
Client Response; Modify for Diversity	0	1	2	3	4	NA
Plan	0	1	2	3	4	NA
Crisis Issues	0	1	2	3	4	NA
Case Consultation/Supervision	0	1	2	3	4	NA
Collateral Contact	0	1	2	3	4	NA
Legal Issues	0	1	2	3	4	NA
Additional Competency (Optional)	0	1	2	3	4	NA
Additional Competency (Optional)	0	1	2	3	4	NA

Notes:

Avg. Score: _____

(3 and above indicates performing well for developmental level)

Total Points Earned _____

Total Possible (Subtract or add as needed for NA or Additional Comp.) _____