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Fall 2023

CE 680 Syllabus: Counseling Practicum

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Cou	Winona State University unselor Education Department CE 680-01 Practicum Course ID # 001918 Semester Hours: 3		
Course Location	Mondays, 5-8:00 pm on the following Fall 2023 dates: 8/21, 9/4, 9/18, 10/2, 10/16, 10/30, 11/13, 11/27 RCTC's Science and Technology Bldg., room 118, and Teams, as needed		
Instructor			
Instructor Contact Phone: 507-457-5341; eMail: karen.cathey-austin@winona.edu; Zoom: https://minnstate.zoom.us/j/93562259007 (Star I.D. login & passcode needed)			
Program Website	https://www.winona.edu/counseloreducation/		
Instructor Office Location			
Instructor Office Hours	(Virtual), Thu., 2-7pm, Fri., 1-6pm, and other times by appointment		

I. COURSE DESCRIPTION

This course provides an opportunity for the counselor-in-training to begin to develop and refine their individual and group counselingskills within the functional milieu of a clinical mental health or school setting. All practicum activities are closely supervised by university and field-based supervisors. Prior to entry into the course, all students must provide to the instructor verification of having current professional liability insurance.

The WSU Counselor Education Program as well as CACREP requires students to complete a supervised counseling practicum of a minimum of 100 hours. Forty (40) of those clock hours must be direct service work with appropriate clients. The remaining 60 hours provide opportunities to gain experience in the activities that a regularly employed staff member in a counseling setting would be expected toperform.

II. COURSE PREREQUISITES

All courses in program of study, except the following, which may be taken concurrently: 611, 620, 621, 622, 625, 653, 695 and/or 699.

<u>Note:</u> Students must have earned a letter grade of B or better in CE 660, aswell as received approval by the CE department, to be admitted to CE 680.

For School Counseling students, 635 and 645 are prerequisites to 680.

- CE 601 Foundations of Counseling
- CE 615 Group Counseling
- CE 633 Ethical Practice and Social Change
- CE 635 Orientation to School Counseling (3 semester hours)
- CE 645 School Counseling Practice (3 semester hours)
- CE 658 Microskills
- CE 660 Theories of Counseling

For CMHC students, both 650 or 651, and 652 are prerequisites to 680.

- CE 601 Foundations of Counseling
- CE 615 Group Counseling
- CE 633 Ethical Practice and Social Change
- CE 640 Orientation to Clinical Mental Health Counseling
- CE 650 Diagnosis and Psychopathology of Adults (3 semester hours), OR
- CE 651 Diagnosis and Psychopathology of Children and Adolescents (3 semester hours)

- CE 652 Treatment Planning (3 semester hours)
- CE 658 Microskills
- CE 660 Theories of Counseling

III. COURSE OBJECTIVES

This course provides practical experience in school and clinical mental health counseling for graduate students. Personal development and growth, consultation, ethical practice, and assessment are also important components.

Upon completion of this practicum the student will be able:

- 1. To demonstrate knowledge of developmental stage of clients.
- 2. To demonstrate treatment planning and case conceptualization that matches the needs of the client.
- 3. To provide genuine feedback to themselves and their peers for increased professional awareness and development, as well as to demonstrate professional risk taking for the sake of that development.
- 4. To apply counseling skills effectively in direct service to clients, and in other venues as appropriate.
- 5. To demonstrate those counseling techniques congruent with the working theory, quality/stage of the counseling relationship, and the needs ofclients/families.
- 6. To demonstrate ethical and professional standards consistent with the ACA/ASCA ethical guidelines and the profession of counseling in the clinical mental health and school settings.
- 7. To fulfill the requirements of the course at a level of quality consistent with advanced graduate training and the counseling profession in their reflection, understanding, and application.
- 8. To demonstrate dispositions congruent with that of an ethically practicing professional.

Confidentiality Guidelines

Interns must follow ACA/ASCA ethical and HIPPA/FERPA legal guidelines for client/student confidentiality in management of all confidential information including all recording of counseling practice and clinical case discussions. Client/student/family names and all specific identifiers should be altered to preserve their rights to confidentiality. Personal information shared by interns or in anylearning activities should also not be discussed outside of class. Discussion of cases should occur only in context of training/supervision. Any breach in the ACA/ASCA Code of Ethics and HIPPA /FERPA legal guideline on the student's part may result in: 1) removal from the practicum/internship course, 2) a failing grade in the practicum/internship course, and 3) documentation of such behavior in the student's permanent record. In addition, each ethical board or governing agency may take an additional corrective action against such violation.

IV. COURSE REQUIRED TEXTS, RESEARCH BASE & TECHNOLOGY

American Counseling Association. (2014). *ACA Code of Ethics*. https://www.counseling.org/knowledge-center/ethics or https://www.counseling.org/knowledge-center/ethics or https://www.counseling.org/knowledge-center/ethics or https://www.counseling.org/resources/aca-code-of-ethics.pdf

CED Practicum and Internship On-Site Supervisor Handbook found here: Practicum and Internship - Winona State University

CMHC Track

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Publishing.

School Counseling Track

American School Counselor Association (2019). *The ASCA national model: A framework for school counseling programs* (4th ed.). Author.

Recommended:

American Psychological Association (APA) (2020). *Publication manual of the American psychological association* (7th ed.). Author. ISBN: 978-1-4338-3216-1

NOTE: All scholarly written work will adhere to the 7th edition of the APA publication manual formatting guidelines. If you don't already own this text, you will need it throughout your program of study for every scholarly assignment. It is strongly recommended that you purchase this text.

TEVERA - A Tevera account is required.

Tevera will allow you to:

- Search for approved field sites that complement your professional interests and personal strengths
- Apply for and confirm your field placements online Track your hours toward graduation and licensure
- Run time tracking reports for your field instructors to sign
- Automate the process for submitting site evaluations, required documents, and other program assessments (e.g., CCS)

IMPORTANT: Once registration is done, take a look at the training videos and articles about the Student Journey to better understand how Tevera helps you complete your most important tasks, visit Student Onboarding page.

V. COURSE CONTENT AREAS

This course meets the Council for the identified Accreditation of Counseling and Related Educational Programs (CACREP, 2016) core content standards. Standards for the Clinical Mental Health Counseling, and/or School Counseling content areas are outlined below as well (if applicable). The evaluation methods linked to specific standards for CE 680 are included.

2016 CACREP STANDARDS	LOCATION OF EVALUATION			
CORE	Attendance,	Case	Instructor &	Learning
	Class	Conceptualization,	Site	Goals
	Discussion,	Presentations, &	supervisor	& Reflective
	& Peer	Work Sample	Evaluations	Summary
	Feedback	Review		Paper
1. PROFESSIONAL COUNSELING				
ORIENTATION AND ETHICAL PRACTICE				
1k. Strategies for personal and				
professional self-evaluation and	Χ	X		Х
implications for practice.				
1l. Self-care strategies appropriate to the				.,
counselor role.				Х
1m. The role of counseling supervision in	V	V	v	
the profession.	X	X	X	
5. COUNSELING AND HELPING				
RELATIONSHIPS				

	I	1	1	ı
5l. Suicide prevention models and	x	X		
strategies.				
5m. Crisis intervention, trauma-informed,				
and community-based strategies, such as	X	X		
Psychological First Aid.				
5n. Processes for aiding students in				
developing a personal model of	X	X		
counseling.				
7. ASSESSMENT AND TESTING				
7c. Procedures for assessing risk of				
aggression or danger to others, self-	X	X		
inflicted harm, or suicide.				
7d. Procedures for identifying trauma and	x	X		
abuse and for reporting abuse.	^	^		
7i. Use of assessments relevant to				
academic/educational, career, personal,	X	X		
and social development.				
7j. Use of environmental assessments and	Х	Х		
systematic behavioral observations.	^	^		
7k. Use of symptom checklists, and	V	V		
personality and psychological testing.	X	X		
7I. Use of assessment results to diagnose				
developmental, behavioral, and mental	X	X		
1				
disorders.				
disorders.	LOCATION OF	EVALUATION		
disorders. 2016 CACREP STANDARDS			Instructor &	Learning
	Attendance,	Case	Instructor &	Learning
2016 CACREP STANDARDS	Attendance, Class	Case Conceptualization,	Site	Goals
2016 CACREP STANDARDS	Attendance, Class Discussion,	Case Conceptualization, Presentations, &	Site supervisor	Goals & Reflective
2016 CACREP STANDARDS	Attendance, Class Discussion, & Peer	Case Conceptualization, Presentations, & Work Sample	Site	Goals & Reflective Summary
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING	Attendance, Class Discussion,	Case Conceptualization, Presentations, &	Site supervisor	Goals & Reflective
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS	Attendance, Class Discussion, & Peer	Case Conceptualization, Presentations, & Work Sample	Site supervisor	Goals & Reflective Summary
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical	Attendance, Class Discussion, & Peer	Case Conceptualization, Presentations, & Work Sample	Site supervisor	Goals & Reflective Summary
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling.	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders.	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS 2a. Roles and settings of clinical mental	Attendance, Class Discussion, & Peer Feedback X X	Case Conceptualization, Presentations, & Work Sample Review X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS 2a. Roles and settings of clinical mental health counselors.	Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS 2a. Roles and settings of clinical mental health counselors. 2c. Mental health service delivery	Attendance, Class Discussion, & Peer Feedback X X	Case Conceptualization, Presentations, & Work Sample Review X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS 2a. Roles and settings of clinical mental health counselors.	Attendance, Class Discussion, & Peer Feedback X X	Case Conceptualization, Presentations, & Work Sample Review X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS 2a. Roles and settings of clinical mental health counselors. 2c. Mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial	Attendance, Class Discussion, & Peer Feedback X X	Case Conceptualization, Presentations, & Work Sample Review X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS 2a. Roles and settings of clinical mental health counselors. 2c. Mental health service delivery modalities within the continuum of care,	Attendance, Class Discussion, & Peer Feedback X X	Case Conceptualization, Presentations, & Work Sample Review X X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS 2a. Roles and settings of clinical mental health counselors. 2c. Mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial	Attendance, Class Discussion, & Peer Feedback X X	Case Conceptualization, Presentations, & Work Sample Review X X	Site supervisor	Goals & Reflective Summary Paper
2016 CACREP STANDARDS CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS 1b. Theories and models related to clinical mental health counseling. 1c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. 1d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders. 2. CONTEXTUAL DIMENSIONS 2a. Roles and settings of clinical mental health counselors. 2c. Mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental	Attendance, Class Discussion, & Peer Feedback X X	Case Conceptualization, Presentations, & Work Sample Review X X	Site supervisor	Goals & Reflective Summary Paper

	T	T	1	1
current diagnostic classification systems,				
including the Diagnostic and Statistical				
Manual of Mental Disorders (DSM) and				
the International Classification of Diseases				
(ICD).				
2j. Cultural factors relevant to clinical				
mental health counseling.	X	X		
2k. Professional organizations, preparation				
standards, and credentials relevant to the				
practice of clinical mental health	X	X		
counseling.				
2l. Legal and ethical considerations				
specific to clinical mental health	x	X		x
counseling.		^		^
2m. Record keeping, third party				
reimbursement, and other practice and				
management issues in clinical mental	Х	X		
health counseling.				
3. PRACTICE				
3a. Intake interview, mental status				
evaluation, biopsychosocial history,				
mental health history, and psychological	x	X		
assessment for treatment planning and	^	^		
caseload management.				
3b. Techniques and interventions for				
prevention and treatment of a broad	X	X		
range of mental health issues.				
3c. Strategies for interfacing with the legal	X	X		
system regarding court-referred clients.				
3d. Strategies for interfacing with		.,		
integrated behavioral health care	X	X		
professionals.				
l la Chuatanian ta aducanta fini in anno i				
3e. Strategies to advocate for persons	X	X		
with mental health issues.	х	X		
with mental health issues.				
with mental health issues. 2016 CACREP STANDARDS	LOCATION OF	EVALUATION		
with mental health issues.	LOCATION OF Attendance,	EVALUATION Case	Instructor &	Learning
with mental health issues. 2016 CACREP STANDARDS	LOCATION OF Attendance, Class	EVALUATION Case Conceptualization,	Site	Goals
with mental health issues. 2016 CACREP STANDARDS	LOCATION OF Attendance, Class Discussion,	EVALUATION Case Conceptualization, Presentations, &	Site supervisor	Goals & Reflective
with mental health issues. 2016 CACREP STANDARDS	LOCATION OF Attendance, Class Discussion, & Peer	Case Conceptualization, Presentations, & Work Sample	Site	Goals & Reflective Summary
with mental health issues. 2016 CACREP STANDARDS SCHOOL COUNSELING	LOCATION OF Attendance, Class Discussion,	EVALUATION Case Conceptualization, Presentations, &	Site supervisor	Goals & Reflective
with mental health issues. 2016 CACREP STANDARDS SCHOOL COUNSELING 2. CONTEXTUAL DIMENSIONS	LOCATION OF Attendance, Class Discussion, & Peer	Case Conceptualization, Presentations, & Work Sample	Site supervisor	Goals & Reflective Summary
with mental health issues. 2016 CACREP STANDARDS SCHOOL COUNSELING 2. CONTEXTUAL DIMENSIONS 2e. School counselor roles and	LOCATION OF Attendance, Class Discussion, & Peer	Case Conceptualization, Presentations, & Work Sample	Site supervisor	Goals & Reflective Summary
with mental health issues. 2016 CACREP STANDARDS SCHOOL COUNSELING 2. CONTEXTUAL DIMENSIONS 2e. School counselor roles and responsibilities in relation to the school	LOCATION OF Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review	Site supervisor	Goals & Reflective Summary
with mental health issues. 2016 CACREP STANDARDS SCHOOL COUNSELING 2. CONTEXTUAL DIMENSIONS 2e. School counselor roles and responsibilities in relation to the school emergency management plans, and crises,	LOCATION OF Attendance, Class Discussion, & Peer	Case Conceptualization, Presentations, & Work Sample	Site supervisor	Goals & Reflective Summary
2016 CACREP STANDARDS SCHOOL COUNSELING 2. CONTEXTUAL DIMENSIONS 2e. School counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma.	LOCATION OF Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review	Site supervisor	Goals & Reflective Summary
with mental health issues. 2016 CACREP STANDARDS SCHOOL COUNSELING 2. CONTEXTUAL DIMENSIONS 2e. School counselor roles and responsibilities in relation to the school emergency management plans, and crises,	LOCATION OF Attendance, Class Discussion, & Peer Feedback	Case Conceptualization, Presentations, & Work Sample Review	Site supervisor	Goals & Reflective Summary

2k. Community resources and referral			
sources.	X	X	
2l. Professional organizations, preparation			
standards, and credentials relevant to the	X	X	
practice of school counseling.			
2n. Legal and ethical considerations	V	V	V
specific to school counseling.	X	X	X
3. PRACTICE			
3b. Design and evaluation of school	X	X	
counseling programs.	^	^	
3c. Core curriculum design, lesson plan			
development, classroom management	X	X	
strategies, and differentiated instructional	^	^	
strategies.			
3d. Interventions to promote academic	x	X	
development.	^	^	
3e. Use of developmentally appropriate			
career counseling interventions and	X	X	
assessments.			
3f. Techniques of personal/social	X	X	
counseling in school settings.			
3h. skills to critically examine the			
connections between social, familial,	X	x	
emotional, and behavior problems and			
academic achievement.			
3i. Approaches to increase promotion and	X	X	
graduation rates.			
3j. Interventions to promote college and career readiness.	X	X	
3k. Strategies to promote equity in	X	X	
student achievement and college access. 31. Techniques to foster collaboration and			
teamwork within schools.	X	X	
3m. Strategies for implementing and			
coordinating peer intervention programs.	Х	X	
3n. Use of accountability data to inform			
decision making.	X	X	
555.5			1

VI. METHODS OF INSTRUCTION

The instructor will employ a variety of instructional methods to facilitate student learning including:

- A. Lecture/discussion & modeling
- B. Use of technology and media including videotapes, films, and PowerPoint presentations
- C. Case presentations
- D. Case studies and responses to structured exercises
- E. Reflective self-evaluations

VII. COURSE EVALUATION METHODS

Assignments/Expectations	CACREP Standards (CMHC/School)	Points
Proof of liability insurance		
coverage		
Fieldwork site confirmed		
Required # of hours earned		
Site eVisit scheduled &		
completed (3x)		
Tevera assignments (track, weekly logs, CCS-R (4x))		
	A8, 10, C5, D6, 9, H1, 4/ <i>A2-4, D1, 4-5, J1, K1-3, M2, 6-7, O1</i>	20
Learning Goals	A8, D9/ <i>D5, O1-2, 4, P2</i>	10
Case Conceptualization &	A6, B1, C7-8, D1-2, 4-6, 8-9, E3, F1, 3, H1-4, I3, J1-3, K1-3, L1-3/	200
Presentations (1x individual	A2,5, B1-2, D1-5, F1-4, H1-2, 4-5, J1-2, K2-3, L1-3, M4, N1-2	(100/each)
coun; 1x group coun)		
(Written & Oral)		
Work Samples (for each case	B1, D6, 9, E3, F1, 3, H2-4/ <i>B1-2, D1-2, 4-5, F1, H5, J1, L1-3, M4</i>	200
presentation; 1x individual coun;		(100/each)
1x group coun)		
Work Sample Verbatim	B1, D6, 9, E3, F1, 3, H2-4/ <i>B1-2, D1-2, 4-5, F1, H5, J1, L1-3, M4</i>	30
Transcriptions (for each case		(15/each)
presentation; 1x individual coun;		
1x group coun)	_	
, ,	A8, D9/ <i>D5, O1-2, 4, P2</i>	10
Instructor and Site Supervisor	The Counseling Competencies Scale-Revised (CCS-R) is	800
CCS-R Evaluations (both mid-	calculated for Minimum Target Scores. For section 1,	(200/each)
term and final evaluations) *	Counseling Skills & Therapeutic Conditions, the minimum is	
	48/60 pts. in all 12 skills areas. For Section 2, Counseling	- 400 Site Supervisor 2
		Evaluations
	dispositions, for a combined target minimum score of 92/115.	- 400 Univ. Supervisor
		2 Evaluations
	TOTAL	1270 points

Assignments and Attendance

Attend class and participate in class discussions. Because each class meeting is the equivalent of three-hour meetings, and because there are experiential dimensions to this course, absences greatly affect potential student gains. The student is therefore expected to attend all class meetings. Once you have exceeded one absence, your success in this course and learning the foundational material is jeopardized. Contact me ASAP if this will be a problem. Your final grade will be impacted by absences beyond one (1). Additionally, if you miss class, it is your responsibility to obtain missed material and notes from one of your classmates. Lectures, discussions, handouts and other materials that are part of a class meeting are provided by the instructor solely during the class, unless otherwise noted or an emergency occurs. In case of illness or emergency, please notify the instructor prior to class.

Complete all reading assignments. Readings should be completed prior to their due date since they will form the basis of classroom discussions. Complete weekly assignments and bring them to class. Important learning experiences are self-guided and involve outside-of-class exercises and activities (flipped classroom). By bringing the materials to class, the student is prepared to share information and insight.

PARTICIPATION – Being actively involved in class activities involves some level of personal disclosure. It is important that **confidentiality regarding classroom activities be maintained**. Due to the interactive nature of this course, it is crucial that students conduct themselves professionally during activities that involve challenging peers and constructively critiquing one another. Additionally, out of respect for other students, please make sure to silence or turn off cell phones and computers before entering class and refrain from sending text messages during class. Participation in class activities is strongly encouraged.

A. Description of Assignments

To further develop your professional identity, in EVERY assignment, where applicable, you are required to use the term "counselor" and "counseling" in all submitted work and not synonyms of those terms (e.g., therapy, therapist).

Show Proof of Professional Liability Insurance in Tevera assignment by 8/25/23. If your insurance is due to expire during the semester, be sure to update it right away.

Participate in and Record a Minimum of 100 Hours of Practicum.

- 40 hours MINIMUM of Direct Contact (individual, couple, family and/or group counseling)
- 60 hours MINIMUM of Indirect Contact (supervision, consultations, staffing, case note preparation, treatment planning, etc.) A weekly log is due each class. A copy of the student's final record of hours (along with all other required forms and paperwork) is due to Tevera by 12/1/23.

Direct Contact hours include: direct participation in client-related volunteer activities including site programs, client activities such as play therapy, arts/crafts, social opportunities for clients, intakes, interviews, (in person or via phone), individual or group counseling (shadowing does NOT count), and testing. Co-counseling is considered direct service.

Indirect Contact hours include: case consultation with supervisors or peers, case notes, case management, paperwork, preparation for sessions, class attendance, supervision, research on topics related to counseling the population with whom interns work, outreach, presentation or attendance at workshops/conferences.

Site eVisits and Engage in Individual Clinical Supervision

The student will gradually assume the duties consistent with expectations of their practicum site as well as demonstrate the professionalism consistent with the profession and the ACA Code of Ethics. The student is required to arrange initial, midpoint, and final meetings requiring the presence of you, the student, your on-site supervisor(s), and the university instructor/faculty supervisor. This meeting can be via Zoom, by phone, or in-person.

See course schedule below for **due dates** of initial Tevera foms (Agreement form, Student Info form, Pre-application tasks), midterm Tevera forms (Student's & Site Supervisor CCS-R), and final Tevera forms (Practicum Weekly Final Report, Final site supervisor CCS-R, Site & Site Supervisor Eval, Student Verification Form, if applicable, Add Graduation Date in Profile).

Attendance and Participation (20 points)

Attendance and participation in classroom activities are essential for students to fully benefit from this course. Students are expected to attend and contribute to the class by presenting their ideas, reactions, questions and concerns in relation to class discussions (verbally or in writing in "Chat") and providing peer feedback for each peer. Other

participation variables, which influence grade include:

- Students' ability to utilize and integrate feedback from instructor, peers, and tape reviews.
- Students' ability for self-reflection, self-critique in providing alternative interventions & suggestions to help peers improve and see blind spots.

Learning Goals (10 points)

The practicum student will be required to develop and submit 1-2 professional and personal developmentally-centered learning goals, pertinent to your work as a counselor in training, in consultation with their instructor and site supervisor. The goals must be measurable and complete (see SMART(ER) Goals Handout). Rewriting them may be required to meet this standard. Upload your goals as a Word document to the corresponding D2L assignment folder on the assigned due date. (See course schedule).

Written & Oral Case Conceptualization Presentations (100 points/each)

Students will present <u>two</u> case conceptualizations of two of their sessions with individual clients—may be the same client—completed this semester. They are to be the same client(s) used in their work sample and verbatim transcript assignments below. The case format provided <u>must be used</u>. Students' peers and instructor may provide feedback or ask questions on your case conceptualization presentation. Student's <u>Word-formatted</u> typed case conceptualization presentations will be <u>uploaded to D2L</u> as a **Word document** on the day they are to present it in class (See rubric in Appendix B below).

Use the term "counselor" and "counseling" in all submitted work and not synonyms of those terms (e.g., therapy, therapist).

Work Sample & Full Recorded Session Showcasing Counseling Skills (100 points/each)

The recorded counseling session—one individual and one group session they lead—upon which students base their case conceptualization presentations will be submitted and shared, in part, with the class. Students will present to class an <u>audible and clear</u> **8-10 minute** audio/video work sample/recording.

Students are to be receptive to constructive feedback from their peers and instructor on their strengths and growth areas related to their presented work and are encouraged to use their work sample to elicit helpful feedback where most needed. (See rubric in Appendix B below and Murdock case conceptualization format listed in D2L Content area of course.)

The audio/video work sample recording must be:

- From a recording <u>made during the current semester</u> that is <u>at least 30-minutes</u> in length;
- Audible and visually clear; and
- Recorded and uploaded, in its entirety, in student's private CE 680 Teams channel.

Work Sample Verbatim Transcription (15 points/each)

To accompany each 8-10 minute audio/video work sample students will submit a **Word-formatted** typed verbatim transcription of their presented sample using the verbatim transcript format included later in this syllabus. (*See rubric in Appendix B and required format in Appendix A below.*)

NOTE: I will also be listening and evaluating your counseling demonstrated in the full submitted recordings.

The work sample verbatim transcription must be:

- Submitted as a Word document in D2L on the day you present your case conceptualization and work sample;
- A typed full verbatim of their 8-10 minute work sample using the **Work Sample Verbatim Transcription Format** in this syllabus; and
- Submitted in D2L the day you present.

YOU ARE REQUIRED TO PRESENT ON YOUR SCHEDULED DAY to prevent earning a 0. You are permitted to switch presentation dates with a peer, but the originally-scheduled presenter remains responsible for that spot on the

presentation schedule unless alternate arrangements are made ahead of time with and agreed upon by your fieldwork instructor.

Reflective Summary Paper (10 points)

The practicum student will submit a final summary paper of their initially-chosen goals and experience.

Formatting guidelines:

- Word document
- •1-in margins
- APA 7-approved fonts
- Single-spaced with double-space between parts (See example of format below in Appendix A.)
- Use items listed below as headings (abiding by APA 7 heading requirements for heading level 2); can abbreviate
- Attend to good writing skills; and
- •Bulleted items permitted when appropriate [use ending period; be consistent with use of phrases or sentences, not both, when using bulleted items under a heading area].

INCLUDE THESE ITEMS:

- Discuss the outcome of the goals you set in practicum this semester. Goals should show outcomes using data and discussion (e.g., Goal 1: Provide individual counseling to at least 1 adolescent between the ages of 12-18. Data: Co-led 3 sessions of individual counseling with a 16-year-old client.
- Discuss your strengths and areas for growth regarding your goals are other aspects of your counseling work.
- Detail the tasks you completed at your practicum site this semester.
- Detail your site supervision experiences this semester.
- Detail what you learned about yourself, including your evaluation of your self-care this semester.
- Discuss your level (high, low, mid-level) of multicultural counseling competence (MCC) with each population, especially marginalized populations, you worked with at your fieldwork site. Remember you may have low MCC with marginalized group and mid-level or low MCC with another group.
- Discuss your ability to use a multicultural orientation (MCO) with each population, especially marginalized populations, you worked with at your fieldwork site.
- •Identify 1-2 key critical incidents you experienced—directly or indirectly—at your site this semester.
- •Include any additional thoughts related to your practicum experience this semester.

[See suggested format in Appendix A below.]

Upload to the corresponding D2L assignment folder on the assigned due date (see course schedule).

Faculty and Site Supervisor Evaluations (800 pts/ 200 each)

The faculty supervisor and the site supervisor will each submit an evaluation of each students' skills and dispositions using the *Counselor Competencies Scale-Revised (CCS-R)* in Tevera. They will be reviewed with the student. <u>Signed</u> site supervisor evaluations are <u>due at midterm (midterm CCS-R) and by the last week of class (final CCS-R)</u>. NO EXCEPTIONS. No grade can be submitted until these are completed and signed by all signatories in Tevera.

B. Grading for Course

Letter grade only: A final course grade will be determined by the student's overall performance throughout the practicum experience. If, for any reason, a student does not meet the criteria set forth in this syllabus/practicum course, they may receive a "C" grade or lower, suggesting the student is not ready for graduation and independent practice. In this case and depending on the recommendation of the course instructor, the student may need to repeat practicum, elect to change to our professional development degree, or withdraw from the CE program. The current retention policy is outlined in the student handbook.

Students will be evaluated regarding the quality and professionalism expected of counseling professionals. Prompt attendance, sincere and thorough preparation, peer collaboration, cooperation with site supervisors and faculty supervisors, as well reflective practice are aspects of professional leadership and expected of students throughout the course.

GRADING SCALE: Outcomes for the successful completion of counseling practicum are comprised of two parts: <u>Students must receive a grade of B or better</u> to pass the class according to the grading scale below, which is based on students' earned grades on assignments/expectations 1-5 outlined above.

CCS-R scores on both the site supervisor and faculty supervisor evaluations must meet the minimum target thresholds (total target score of 186 or better) for acceptable skill and dispositional levels to pass this course successfully. Remediation, including repeating practicum, or other recommendations.

GRADES WILL BE DETERMINED IN THE FOLLOWING MANNER:

20 points

Accendance & Farticipation	20 points
SMART Learning Goals	10 points
Written & Oral Murdock-Formatted Case Presentations (2)	200 points (100 points each)
Case Work Sample (2)	200 points (100 points each)
Case Work Sample Verbatim Transcription (2)	30 points (15 points each)
Faculty & Site Supervisor CCS-R Evals (4x-Midterm & Final)	800 points (200 points each)

Reflective Paper 10 points

TOTAL POINTS AVAILABLE - 1270

Grading scale:

Attendance & Participation

A = 100-90 (1143-1270 pts.) B = 89-80 (1016-1142 pts.) C = 79-70 (889-1015 pts.)

D = 69-60 (762-890 pts.) F = below 60 (below 762 pts.)

VIII. UNIVERSITY EXPECTATIONS & COURSE POLICIES

A. University Expectations and Resources

Diversity Statement: This is meant to be a safe, welcoming, and inclusive classroom environment for students of all races, ethnicities, sexual orientations, gender identities/variances, ages, religions, economic classes, ability statuses, and immigration status. As such, you will be encouraged and challenged to use language and basic counseling techniques that are respectful, inclusive, representative, and culturally-appropriate.

Academic Integrity: Students are expected to practice professionalism and academic integrity in all assignments and class discussions. This includes but is not limited to treating other students and the professor respectfully, engaging in meaningful class discussions, thinking and writing critically and thoughtfully, creating original works, and citing all resources using APA format. Plagiarism will result in loss of credit for this course, and further consequences may result from the university system. The collegiate policy on plagiarism and cheating is outlined in the Student Handbook. It is your responsibility to be aware of this policy. You can also find it online at: http://www.winona.edu/sld/academicintegrity.asp.

Electronic Device Notice: As a matter of courtesy to your classmates and the instructor, please turn off your beepers, cell phones, and any other electronic devices that make any noise.

Laptop/PDA Policy: Excluding students with a documented disability, the use of laptops and PDAs in class is prohibited without prior permission of the instructor.

Class Visitor Policy: Due to the clinical nature of this course in this curriculum, visitors of any age are not allowed without prior permission of the instructor.

E-mail Policy: You are assigned a university e-mail account that will be used by professors. Students should make every effort to get to know their account and check it regularly.

Accommodations: Students with documented disabilities who may need accommodations, who have any medical emergency information the instructor should know of, or who need special arrangements in the event of an evacuation, should make an appointment with the instructor as soon as possible, no later than the 1st week of the term. According to Section 504 of the Rehabilitation Act of 1973, students with disabilities have the right to receive necessary reasonable accommodations and support services to allow equal access at Winona State University. If you have a disability that requires accommodations, you are eligible for support through access services, found at http://www.winona.edu/accessservices/gettingstarted.asp.

Commitment to Inclusive Excellence: WSU recognizes that our individual differences can deepen our understanding of one another and the world around us, rather than divide us. In this class, people of all ethnicities, genders and gender identities, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities are strongly encouraged to share their rich array of perspectives and experiences. If you feel your differences may in some way isolate you from WSU's community or if you have a need of any specific accommodations, please speak with the instructor early in the semester about your concerns and what we can do together to help you become an active and engaged member of our class and community. Campus resources for students: http://www.winona.edu/diversity/estatement.asp.

B. Graduate Student Resources

UCR = University Center Rochester; RCTC = Rochester Community & Technical College

General Information: Academic calendar, forms and other procedures for graduate students can be found at http://www.winona.edu/gradstudies/currentstudents.asp

WSU-Rochester Student & Campus Services, UCR Room SS128, 285-7100, (www.winona.edu/rochester/): RCTC Counseling Center, UCR Room SS133; 285-7260 (www.rctc.edu/counseling career_center/)
UCR Learning Center, UCR Room AT306; 285-7182

Counseling Services: Graduate school can be very stressful. Counselors are available in Winona and through partnership with RCTC on the UCR campus to help you with a wide range of difficulties.

WSU counselors in Winona are located in the Integrated Wellness Complex 222 and they can be reached at 507-457-5330. The RCTC Counseling Center is located in SS 133 and can be reached at 285-7260.

Other Support Services: WSU-Rochester Student & Campus Services Office and the WSU Inclusion and Diversity Office are dedicated to helping students of all races, ethnicities, economic backgrounds, nationalities, and sexual orientations. They offer tutoring and a wide range of other resources.

The WSU-R Student & Campus Services Office is located in Room SS128 on the UCR campus and can be reached at 285-7100. The WSU Inclusion & Diversity Office is located in Kryzsko Commons Room 122, and they can be reached at 457-5595. Information about the *KEAP Center*, dedicated to supporting diversity on campus, can be found here: http://www.winona.edu/diversity/22.asp.

UCR Learning Center – Rochester: For help with writing and the development of papers on the WSU-Rochester campus, contact personnel in AT306 or call 285-7182.

Writing Center - Winona: The Writing Center offers free, individualized instruction in all forms and disciplines during any stage of writing, reading, or research. Call 507.457.5505 for an appointment. Walk-ins also welcome.

Student Grievances: Students are encouraged to speak directly with instructors when concerns arise. When issues cannot be resolved between the student and the instructor, students have the right to due process. Such complaint procedures are available online at: http://www.winona.edu/sld/studentgrievance.asp

IX. COURSE SCHEDULE

CURRENT COURSE SCHEDULE*

DATE	TOPIC	ASSIGNMENTS
8/21	Introduction; Review syllabus;	
Class meets	Schedule presentations;	
0/20	Ques/Ans	
8/28	Instructor available for individual	supervision or consultation
	Learning Goals due in D2L dropbo	x folder
9/4		LABOR DAY – NO CLASS
9/11	Formal Case Conceptualization	All site Tevera forms due
Class meets	& Work Sample Presentations	Weekly Log Weeks 1-3 due
		Presenters' Transcription & Case Conceptualization due in D2L dropbox folder, TBD
		Full video/audio recording & Source of Work Sample due in CE 680/690 Personal <i>Teams</i> channel
		680/690 Personal <i>Teams</i> channel
9/18	Instructor available for individual	supervision or consultation
9/25	Formal Case Conceptualization	Weekly Log Weeks 4-5 due
Class meets	& Work Sample Presentations	Learning Goals due (1st draft) in D2L dropbox folder, TBD Presenters' Transcription & Case Conceptualization due in D2L
		dropbox folder, TBD Full video/audio recording & Source of Work Sample due in CE
		680/690 Personal <i>Teams</i> channel
10/2	Instructor available for individual	supervision or consultation
10/9	Formal Case Conceptualization	Weekly Log Weeks 6-7 due
Class meets	& Work Sample Presentations	Learning Goals due (1st draft) in D2L dropbox folder, TBD
		Presenters' Transcription & Case Conceptualization due in D2L
		dropbox folder, TBD Full video/audio recording & Source of Work Sample due in CE
		680/690 Personal <i>Teams</i> channel
10/16	MIDTERM eVisit scheduled by 10/	/20/23
-5/ -5		rvisor, and faculty supervisor <mark>due</mark> in Tevera

	Instructor available for individual supervision or consultation			
10/23 Class meets	Formal Case Conceptualization & Work Sample Presentations	Midterm site supervisor CCS-R evaluation due to Tevera Weekly Log Weeks 8-10 due Learning Goals due (1 st draft) in D2L dropbox folder, TBD Presenters' Transcription & Case Conceptualization due in D2L dropbox folder, TBD Full video/audio recording & Source of Work Sample due in CE 680/690 Personal <i>Teams</i> channel		
10/30	Instructor available for individual	supervision or consultation		
11/6 Class meets	Formal Case Conceptualization & Work Sample Presentations	Weekly Log Weeks 11-12 due Learning Goals due (1st draft) in D2L dropbox folder, TBD Presenters' Transcription & Case Conceptualization due in D2L dropbox folder, TBD Full video/audio recording & Source of Work Sample due in CE 680/690 Personal <i>Teams</i> channel		
11/13	Instructor available for individual	supervision or consultation		
11/20 Final class meeting	Formal Case Conceptualization & Work Sample Presentations	Weekly Log Weeks 13-14 due Learning Goals due (1 st draft) in D2L dropbox folder, TBD Presenters' Transcription & Case Conceptualization due in D2L dropbox folder, TBD Full video/audio recording & Source of Work Sample due in CE 680/690 Personal <i>Teams</i> channel		
11/27		tion due to Tevera fication Form is due to Tevera Tevera box ue		
		BE COMPLETED, <u>AT THE LATEST</u> , BY Mon <u>., 12/4/2023</u> & THE TEVERA LOGS/TRACKS COMPLETED & SIGNED		

^{*}This schedule is subject to change during the semester due to currently unforeseen issues. Changes will be announced and provided in writing.

TRANSCRIPT FORMAT TO BE FOLLOWED

Skills Abbreviations to Use

Reflection of feeling	RF	Summary	SUM
Reflection of content	RC	Counselor self-disclosure	SD
Reflection of meaning	RM	Goal-setting	GS
(RF + RC = RM)			
Eliciting meaning	EM	Caring confrontation	СС
Closed-ended ques	CQ	Immediacy	IMM
Open-ended question	OQ	Interpretation	INTP
Directive	DIR	Affirmation	AFF
(per the list I provided to use in place	ce		
of questions)			
Clarification	CL	Advice-giving	AG

- Include verbal hesitations, such as "uh," "ok," "um," etc. whenever they occur in the dialogue. They are usually encouragers (ENC).
- <u>Use 0.5" margins</u> all around for your transcript document
- NOTE: On transcripts/verbatims, CO = Counselor; CL = Client

(due date)
(point(s) in tape sampled; e.g., 21:13-30:03

SPEAKER	VERBATIM	CO's COUNSELING
(CO or CL)	(exact words & utterances)	SKILL USED
CL		
СО	"As we review your dysfunctional thought record homework sheet from last week, I see that you had several times this week when you noticed that you tend to gravitate towards the negative, but you caught yourself once, which is an improvement. And then you questioned your automatic thought when you noticed it just as you practiced with me. You didn't indicate how disputing the thought worked out for you, so give me an idea of that process for you.	
<mark>PS</mark>	I would say instead	
CL		
CO		

Add your <u>Preferred Statement (PS)</u> on a line below your statement that you're critiquing (see ex. above). PS are required on each transcript.

Your Session Analysis Must Include These Items:

# of Open-ended	# of Closed-ended	# of Clarification	# of Directives	# of Reflections
Questions	Questions	Questions		

NOTE: The goal is 0 questions, especially for closed-ended questions unless a clarification. And reflections should outnumber everything. Reflections and attending are the only skills that build the needed therapeutic relationship because empathy, when present, may be conveyed through those skills.

Write a statement on:

Your strengths in the session Your areas of improvement in the session

SMART(ER) Goals Rubric

100-90	89-80	79-70	Less than 69
Every required goal meets	The majority of the goals	Half of the required goals	Less than half or less meet
all 5 requirements of	meets the majority of	meet half of the 5	less than half or less of the
SMART; Included a well-	SMART requirements;	requirements of SMART;	5 requirements of SMART;
written (grammar, syntax,	Included a moderately	Included a minimally well-	Included a poorly-written
writing mechanics)	well-written (grammar,	written (grammar, syntax,	(grammar, syntax, writing
statement.	syntax, writing mechanics)	writing mechanics)	mechanics) statement.
	statement.	statement.	

ATTENDANCE & PARTICIPATION RUBRIC

	100-90	89-80	79-70	69-60	Less than 60
PARTICIPATION	Actively supports,	Makes a sincere	Limited	Virtually no	No interaction
	engages, & listens	effort to interact	interaction	interaction with	with
	to peers ongoingly.	with peers	with peers.	peers.	Peers.
		ongoingly.			
	Arrives fully		Preparation, &	Rarely prepared.	Never prepared.
	prepared at every	Arrives mostly,	therefore, level		
	session.	prepared	of	Rarely	Never
		ongoingly.	participation, are	participates.	participates.
	Plays an active role		both		
	in discussions	Participates	inconsistent.	Comments are	Demonstrates a
	ongoingly.	constructively in		generally vague	noticeable lack of
		discussions	When prepared,	or drawn from	interest in the
	Comments	ongoingly.	participates	outside of the	material
	advance the level		constructively in	assigned	ongoingly.
	& depth of the	Makes relevant	discussions &	material.	
	dialogue	comments based	makes relevant		Group dynamic &
	Consistently.	on the assigned	comments based	Demonstrates a	level of
		material	on the assigned	noticeable lack of	discussion
	Group dynamic &	ongoingly.	material.	interest on	are significantly
	level of discussion			occasion.	harmed by the
	are consistently	Group dynamic &	Group dynamic &		student's
	better because of	level of	level of	Group dynamic &	presence.
	the student's	discussion are	discussion are	level of	
	presence.	occasionally	not affected by	discussion are	
		better, never	the student's	harmed by the	
		worse, because	presence.	student's	
		of the student's		presence	
		presence.			
ATTENDANCE	Attends every	Student misses 1	Student misses 1	Student misses 2	Student misses
	class. Is always on	class with a	class without a	classes.	more than 2
	time and stays until		legitimate excuse		classes.

the end of class.	legitimate excuse	&/or without	
And is visible,	including proof.	including proof.	
clearly attending,			
throughout the			
entire class.			

Work Sample & Transcription/Verbatim Rubric

Points	Counseling Skills (see descriptors below)	Strengths & Growth Areas Statements	Transcript/ Verbatim	Skills Identification
100-90	Excellent skill level demonstrated in work sample.	Extremely well-written (grammar, syntax, writing mechanics; has 0-4 minor writing errors); Utilized complex thinking skills and deep analysis throughout whole work.	Used required format; Fully accurate and complete verbatim of session, including the inclusion of nonverbal encouragers (uh, um); Completed full analysis	Fully accurate and complete identification of counseling skills using
89-80	Good skill level demonstrated in work sample.	Well-written (grammar, syntax, writing mechanics; has 5-6 writing errors); Mostly utilized complex thinking skills and deep analysis mostly.	of session in the 5 areas required on transcript format; Included preferred statements that show significant improvement.	the correct abbreviations instructor required.
79-70	Average skill level demonstrated in work sample.	Moderately well-written (grammar, syntax, writing mechanics; has 7-9 writing errors); Moderately used complex thinking skills and deep analysis.	Used required format; Some but not entirely accurate and complete verbatim of session; Completed some but not all the analysis of session in the 5 areas required on transcript format; Included some preferred statements and/or preferred statements are somewhat of an improvement.	Somewhat but not entirely accurate and complete identification of counseling skills using some of the correct abbreviations instructor required.
69-60	Poor skill level demonstrated in work sample.	Minimally well-written (grammar, syntax, writing mechanics; has 10 writing errors or	Used required format; Half of the verbatim is accurate and complete; Closer to half of the	Half of the verbatim includes accurate and complete identification of counseling skills using

		fewer major errors); Minimally used complex thinking skills and deep analysis.	analysis of session in the 5 areas required on transcript format; Included half of the needed preferred statements and/or preferred statements are a slight improvement.	some of the correct abbreviations instructor required.
Below 60	Unacceptable skill level demonstrated in work sample.	Poorly-written (grammar, syntax, writing mechanics; has more than 10 writing errors or fewer major errors); Did not utilize complex thinking skills and deep analysis.	Used required format; Less than half of the session verbatim is accurate and complete; Completed less than half of the analysis of session in the 5 areas required on transcript format; Included less than half of preferred statements and/or preferred statements and/or preferred statements. ucted for not using the format;	Less than half of the identification of counseling skills using less than half of the correct abbreviations instructor required.
	TOTAL			

EXPLANATION OF COUNSELING SKILLS RUBRIC RATING

<u>Unacceptable Skill Level (1):</u> One indicates the use of inappropriate or lack of skillful interventions. Examples include: inability to listen, self-disclosure, praise, advice-giving, premature problem solving, judgmental/disrespectful interactions, close-ended/binary questions, excessive overuse of questions/interrogating, especially "why" questions" and using the cliché "How does that make you feel" question, seeking reassurance from the client, excessive use of the royal "we," etc. Relationship with client inappropriate (e.g., lack of boundaries, offensive, rejecting, judgmental, lack of empathy/understanding, social rather than therapeutic, inability to understand the client's world view, impose own world view, etc.). Demonstrates no multicultural counseling competence (MCC) and a multicultural orientation (MCO) where the client must hide almost all of who they really are and feels that the client is repulsed by their true self. Tone conveys no amount of care for and interest in the client and the client's concern(s) and leaned solely on saying "I care" and "I understand" without showing it.

Poor Skill Level (2): Two indicates an over reliance on one or two skills (e.g., overuse of encouragers, solicits information repeatedly without using the information provided by the client, overuse of questions, especially "why" questions" and using the cliché "How does that make you feel" question, unable to focus the session, etc.). The counselor provides a low level or minimal response to the client. The counselor does not use a variety of interventions and is not able to utilize client information. There is a lack of connection in the client/counselor relationship. The trainee needs improvement in listening and communicating understanding to the client. Trainee's level of MCC and/or MCO is exceedingly low and unresponsive to cultural needs of client thereby creating an environment where the client must hide much of themselves and feels pitied. Tone conveys exceedingly little amount of care for and interest in the client and the client's concern(s) and leans almost entirely on saying "I care" and "I understand" without showing it.

Average Skill Level (3): Three indicates an ability to demonstrate effective basic communication skills (e.g., listening sequence, clarification, paraphrasing, summarization, reflection of content, etc.). The counselor can utilize client information. The trainee asks no more than 1 open-ended or closed-ended question in the short work sample and never "why" questions" or the cliché "How does that make you feel" question. The trainee is beginning to connect with client and foster a therapeutic relationship and understanding. Trainee demonstrates very basic/average level of MCC or MCO in response to cultural needs of client thereby creating an environment where much of the client feels tolerated and some parts accepted. Tone conveys a basic/average amount of care for the client and the client's concern(s) and leans more on saying "I care" or "I understand" than on showing it.

<u>Good Skill Level (4):</u> Four indicates an ability to demonstrate advanced counseling skills (e.g., advanced empathy, confrontation, immediacy, reflection of feeling, reflection of meaning, interpretation, metaphor, reframe, etc.). The counselor uses and <u>adds to</u> client information/story by creating depth. Appropriate risk taking on the part of the counselor is evident. Client/Counselor relationship includes safety and risk taking, comfort and discomfort, etc. Counselor can help the client understand their own story better than before they began talking. The trainee asks no in the short work sample. Trainee demonstrates good level of both MCC and MCO in response to cultural needs of client thereby creating an environment where the client's whole self feels admired and supported. Tone conveys a good level of care by being considerate, welcoming, interested, and showing more than stating "I care" or "I understand."

Excellent Skill Level (5): Five indicates an ability to consistently demonstrate all the skills, both basic and advanced, depending upon the clientand the counselor/client interaction. Counselor is also able to demonstrate creativity, insight, identify patterns or themes in client behavior/thoughts, feelings, etc. Counselor interventions and relationship with the client are therapeutic (i.e., lead to change) and contextuallybased. The counselor contributes consistently and profoundly to the story/interaction. The trainee asks no question in the short work sample but very effectively uses directive statements in the place of questions to inquire. Trainee demonstrates excellent level of both MCC and MCO in response to cultural needs of client and advances their ability to use and apply both skillfully and effectively thereby creating an environment where the client's whole self feels more than admired and supported but, instead, nurtured and appreciated. Tone conveys an excellent level of care by being warm, sincerely welcoming, very interested, and solely showing that they care without using a cliché like "I understand" or "I care."

Written and Oral Case Presentation Rubric

CATEGORIES			POINTS		
	100-90	89-80	79-70	69-60	Below 60
Organization, Case Areas+ (see descriptors below)	Excellent	Good	Average	Poor	Unacceptable
Behavioral Science Language	Uses objective language throughout entire case.	Uses objective language throughout most of the case.	Uses objective language throughout some of the case.	Uses objective language throughout less than half of the case.	Never or almost never uses objective language in the case.
Theoretical Orientation	Case effectively conceptualized from single theoretical orientation throughout entire conceptualization.	Case effectively conceptualized from single theoretical orientation throughout most of the conceptualization.	Case effectively conceptualized from single theoretical orientation throughout some of the conceptualization.	Case effectively conceptualized from single theoretical orientation throughout less than half of the conceptualization.	Case never or almost never effectively conceptualized from single theoretical orientation conceptualization.
Subject Knowledge	Demonstrated full knowledge of the topic/subject area the entire time.	Demonstrated knowledge of the topic/subject area most of the time.	Demonstrated knowledge of the topic/subject area half the time.	Demonstrated knowledge of the topic/subject area less than half the time.	Demonstrated very little if any knowledge of the topic/subject area essentially the entire time.
Format & Instruction					
MCC	Every time required showed high MCC in verbal and written language.	Most of the time required showed high MCC in verbal and written language.	Some of the time (slightly more than half) required showed high MCC in verbal and written language.	Half of the time required showed high MCC in verbal and written language.	Never showed high MCC in verbal and written language.
Writing	Extremely well-written (grammar, syntax, writing mechanics; has 0-4 minor writing errors); Utilized complex thinking skills and deep analysis throughout whole work.	Well-written (grammar, syntax, writing mechanics; has 5-6 writing errors); Mostly utilized complex thinking skills and deep analysis mostly.	Moderately well-written (grammar, syntax, writing mechanics; has 7-9 writing errors); Moderately used complex thinking skills and deep analysis.	Minimally well-written (grammar, syntax, writing mechanics; has 10 writing errors or fewer major errors); Minimally used complex thinking skills and deep analysis.	Poorly-written (grammar, syntax, writing mechanics; has more than 10 writing errors or fewer major errors); Did not utilize complex thinking skills and deep analysis.

АРА	Uses APA 7 where required & has 0-2 errors when used.	Uses APA 7 where required & has 3-4 errors when used.	Uses APA 7 where required & has 5-6 errors when used.	Uses APA 7 where required & has 7-8 errors when used.	Uses APA 7 where required & has 9 or more errors when used.
EYE CONTACT	Maintains eye contact with audience; seldom returns to notes/ presentation and never reads presentation/ notes except when noting important areas to cover verbatim.	Has good eye contact most (more than half) of the time; reads from notes/presentation rarely.	Makes eye contact half of the time; reads from presentation/notes half of the time.	Occasionally makes eye contact but is rare; reads most of presentation/notes more than half the time.	Reads all or the vast majority of presentation /notes; has no eye contact.
ELOCUTION	Clear voice & correct, precise pronunciations during entire presentation, so that all audience members can hear/understand presentation entire time.	Clear voice, correct pronunciations, & grammar & syntax most of the time; Audience members can hear/ understand presentation most of the time.	Clear voice, correct pronunciations, & grammar & syntax half the time; Audience has difficulty hearing/ understanding half the presentation.	Voice is low, incorrectly pronounces words; Audience has difficulty hearing/understanding more than half the presentation.	Mumbles, incorrectly pronounces words, & speaks too quietly for vast majority of students to hear/ understand essentially the entire presentation.
TOTAL					

Excellent (100-90) -

Used the Murdock/instructor-provided case format fully.

Addressed every required part of Murdock/instructor-provided case format.

Provided high level of support &/or every case answer thoroughly supported.

Maintained anonymity of CL throughout entire case.

Used the most current DSM (DSM-5 or DSM-5-TR).

Every goal meets SMART Goals standard.

Every intervention addressed associated goal(s).

Completely clear where and how student's chosen scholarly article was used in case.

Good (89-80) -

Used the Murdock/instructor-provided case format mostly.

Addressed most of required parts of Murdock/instructor-provided case format.

Provided medium-high level of support &/or most of case answers supported.

Maintained anonymity of CL throughout most of the case.

Used DSM 1 step away from latest edition.

Most of goal(s) meets SMART Goals standard.

Most interventions address associated goal(s).

Mostly clear where and how student's chosen scholarly article was used in case.

Average (79-70) -

Used the Murdock/instructor-provided case format somewhat.

Addressed some of required parts of Murdock/instructor-provided case format.

Provided average level of support &/or some of the case answers supported.

Maintained anonymity of CL throughout some (more than half) of the case.

Used DSM 2 steps away from latest edition.

Some of goal(s) meets SMART Goals standard.

Some interventions address associated goal(s).

Somewhat clear where and how student's chosen scholarly article was used in case.

Poor (69-60) -

Used the Murdock/instructor-provided case format partially (less than half).

Addressed half of required parts of Murdock/instructor-provided case format.

Provided poor level of support &/or less than half of case answers supported.

Maintained anonymity of CL throughout half the case.

Used DSM 3 steps away from latest edition.

Half of goal(s) meets SMART Goals standard.

Half of the interventions address associated goal(s).

Partially clear where and how student's chosen scholarly article was used in case.

Unacceptable (Below 60) -

Never or almost never used the Murdock/instructor-provided case format.

Addressed less than half the required parts of Murdock/instructor-provided case format.

Provided unacceptable level of support &/or essentially never supported case answers.

Never or almost never maintained anonymity of CL in case.

Used DSM 4 steps away from latest edition.

Less than half of goal(s) meets SMART Goals standard.
Less than half of interventions address associated goal(s).
Never clear where and how student's chosen scholarly article was used in case.

WRITING ASSIGNMENT RUBRIC

	Score = 1	Score = 2	Score = 3	Score = 4
WRITING	Student's written assignment	Written assignment has 7	Written assignment has 5-6	Written assignment has 0-4
MECHANICS	has 8 or more spelling errors	misspellings &/or	misspellings &/or	misspellings or grammatical
	&/or grammatical errors.	grammatical errors.	grammatical errors.	errors.
	Selects words inappropriate for context; uses incorrect &/or informal grammar.	Can follow the written assignment but has some grammatical errors & use of slang or informal grammar are evident. Some sentences are incomplete, halting, &/or vocabulary is somewhat limited or inappropriate.	More than half but less than 75% of the sentences are complete & grammatically correct flow together easily. With a few exceptions, words are chosen for their precise meaning. Mostly scholarly language.	Only minor errors primarily. Overall easily understood and well executed. Vast majority of sentences are complete, grammatically correct, & flow together easily. Majority of words are chosen for their precise meaning. Scholarly
				language.
SUBJECT KNOWLEDGE	Student demonstrated very little if any knowledge of the topic/subject area.	Student demonstrated knowledge of less than half the topic/subject area.	Student demonstrated knowledge of more than half of the topic/subject area.	Student demonstrated full knowledge of the topic/subject area, more than required.
	Presents little or no evidence of valid research; Did not utilize resources effectively; did little or no fact gathering on the topic.	Explanations of concepts, ethics &/or theories are inaccurate or incomplete. There is a great deal of information that is not connected to the paper's	For the most part, explanations of concepts, ethics, &/or theories are accurate & complete. Some helpful applications of	Student provides an accurate & complete explanation of key concepts, ethics &/or theories, drawing upon relevant literature.
	Shows little evidence of the combination of ideas. Information included is	Somewhat indicates evidence of research with sources	theory, ethics, &/or concepts are included. Indicates evidence of valid	Applications of theory, ethics &/or concepts are included to illuminate issues.
	sufficiently inaccurate that the reader cannot depend on the paper as a source of	Combines existing ideas.	research with multiple sources.	Provides evidence of extensive & valid research
	accurate information.	Enough errors are made to distract a knowledgeable	Combines existing ideas to form new insights.	Combines & evaluates existing ideas to form significant new insights.

	Paper consistently is too elementary or too sophisticated for the audience. Did not utilize resources effectively; did little or no fact gathering on the topic. Demonstrates incomplete knowledge of the topic.	reader, but some information is accurate. Portions of paper are too elementary or too sophisticated for audience. Used the material provided in an acceptable manner but did not consult any additional resources. Demonstrates some knowledge.	No significant errors are made; a few inconsistencies or errors in information. Level of writing is generally appropriate. Did a very good job of researching; utilized materials provided to their full potential; solicited more than six types of research to enhance project.	Information is completely accurate; all names & facts were precise & explicit. Level of paper is appropriate for the audience but also stretches the audience appropriately. Went above & beyond to research information; solicited material in addition to what was provided; brought in personal ideas & information to enhance paper; & utilized more than eight types of resources to make paper
INSTRUCTIONS	Student followed very few if any of the requirements/ instructions for the assignment & does not appear to have sufficient grasp of what is required for the assignment.	Student followed less than half of the requirements/instructions for the assignment.	Student followed more than half the requirements/ instructions for the assignment	effective. Student followed all the requirements/instructions for the assignment.
MULTICULTURAL COMPETENCY (MC) and CULTURAL KNOWLEDGE and UNDERSTANDING	Student demonstrated very little if any knowledge, understanding, and/or accurate application of MC and cultural understanding and knowledge in the assignment.	Student demonstrated knowledge, understanding, and accurate application of MC and cultural understanding and knowledge in less than half the assignment.	Student demonstrated knowledge, understanding, and accurate application of MC and cultural understanding and knowledge in more than half of the assignment.	Student demonstrated full knowledge, understanding, and accurate application of MC and cultural understanding and knowledge Combines & evaluates existing MC ideas to form significant new insights.

		F 1		
		Enough errors in MC	For the most part,	
		information, understanding,	explanations of MC	Cultural information is
		& application are made to	concepts, ethics, &/or	completely accurate; all
		distract a knowledgeable	theories are accurate &	cultural terms & facts were
		reader, but some information	complete.	precise & explicit.
		is accurate.		
			Combines existing ideas to	
		Portions of assignment	form new insights.	
		addressing or that should be		
		addressing culture are too	No significant errors are	
		elementary or too	made about cultural	
		sophisticated for audience.	information; only a few	
			inconsistencies in cultural	
		Demonstrates minute level of	information or application.	
		MC knowledge.		
ORGANIZATION	Reader cannot understand	Reader has difficulty	Student presents	Student presents information
	paper because there is no	following paper because	information in logical	in logical, interesting sequence
	sequence of information.	student jumps around.	sequence which reader can	which reader can follow.
			follow.	
	Does not clearly make thesis	Includes thesis statement.		Introduces the purpose & plan
	statement.		Introduces the purpose &	of the paper clearly &
		Includes some transitions to	plan of the paper clearly.	creatively.
	Uses ineffective transitions	connect key points, but there		·
	that rarely connect points.	is difficulty in following paper.	Includes transitions to	Effectively includes smooth,
		, , , ,	connect key points, but	clever transitions—which are
	Paper is choppy & disjointed;	Several points are confusing.	better transitions from idea	succinct but not choppy—in
	no apparent logical order.		to idea are noted.	order to connect key points.
		Ends with a summary or		
	Ends without a summary or	conclusion; little evidence of	Ends with a summary of	A few minor points may be
	conclusion.	evaluating content.	main points showing some	confusing
			evaluation of the evidence.	
				Ends with an accurate
				conclusion showing thoughtful,
				strong evaluation of the
				evidence presented.
				evidence presented.

LENGTH	Extremely too long or too short; two+ pages over allotted length; too short resulting in failure to meet most/more than half of assignment's requirement.	One full page over allotted or appropriate length or too brief to meet all assignment's requirements by half.	Half of a page over allotted length or too brief to meet all assignment's requirements but only by a little, less than half.	Within the allotted or appropriate length for assignment to meet all assignment's requirements.
APA USAGE	8 or more errors in APA citations &/or style in the body of the paper &/or references.	7 errors in APA citations &/or style in the body of the paper &/or references.	5-6 errors in APA citations &/or style in the body of the paper &/or references.	0-4 errors in APA citations &/or style in the body of the paper &/or references.
TOTALS				