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 I 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:
  [Indicated as SBJ in syllabus—see Class Schedule]
Readings:
- 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:

**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])
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

<table>
<thead>
<tr>
<th>Standard</th>
<th>How Measured in HDC 7950</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.C.1.b</td>
<td>theories and models related to clinical mental health counseling</td>
</tr>
<tr>
<td>5.C.1.c</td>
<td>principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning</td>
</tr>
<tr>
<td>5.C.2.a</td>
<td>roles and settings of clinical mental health counselors</td>
</tr>
<tr>
<td>5.C.2.b</td>
<td>etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders</td>
</tr>
<tr>
<td>5.C.2.e</td>
<td>potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders</td>
</tr>
<tr>
<td>5.C.2.j</td>
<td>cultural factors relevant to clinical mental health counseling</td>
</tr>
<tr>
<td>5.C.2.m</td>
<td>record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling</td>
</tr>
<tr>
<td>5.C.3.a</td>
<td>intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management</td>
</tr>
<tr>
<td>5.C.3.e</td>
<td>strategies to advocate for persons with mental health issues</td>
</tr>
</tbody>
</table>

2016 CACREP Core Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>How Measured in HDC 7950</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.F.1.c</td>
<td>counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams</td>
</tr>
<tr>
<td>2.F.1.i</td>
<td>ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling</td>
</tr>
<tr>
<td>2.F.1.k</td>
<td>strategies for personal and professional self-evaluation and implications for practice</td>
</tr>
<tr>
<td>2.F.1.m</td>
<td>the role of counseling supervision in the profession</td>
</tr>
</tbody>
</table>

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 (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.
<table>
<thead>
<tr>
<th>Session/Week #</th>
<th>Topic</th>
<th>Readings</th>
<th>Notes/Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Site Contract <em>due</em>—if not in Intro. &amp; course overview</td>
<td>Program faculty</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Beginning issues/site and skills check-in / case conceptualization (as/if time)</td>
<td><strong>SBJ:</strong> Review Chp. 4 (pages 60-63); other material TBA</td>
<td><em>(Meet first as large group)</em> *<em>THEN, CLASS WILL MEET IN SECTION (see rooms on syllabus)</em></td>
</tr>
<tr>
<td>3.</td>
<td>Ethical and Legal Issues in Counseling</td>
<td><strong>SBJ:</strong> Chps. 8 &amp; 9</td>
<td>Program faculty and/or guest speaker</td>
</tr>
<tr>
<td>4.</td>
<td>Intakes; Clinical interview &amp; assessment; Case notes (assessing for trauma, substance use, mental status, etc., as time allows)</td>
<td><strong>Scott, Boylan, &amp; Jungers (SBJ: class text), Chp. 3 (pp. 34 to end) &amp; Chp. 4 (all)</strong></td>
<td>Program faculty and/or guest speaker</td>
</tr>
<tr>
<td>5.</td>
<td>Challenging issues in counseling: suicide, crisis intervention, assessing for trauma, multiculturalism</td>
<td><strong>SBJ:</strong> Chp. 10 (all)</td>
<td>Program faculty and/or guest speaker</td>
</tr>
<tr>
<td>6.</td>
<td>Integrating theory and counseling skills; evidence-based practice</td>
<td>Other readings: posted/TBA</td>
<td>Presentation: Program faculty and/or guest speaker</td>
</tr>
<tr>
<td>7.</td>
<td>Review and discussion of Live Interview Recordings, related issues, points for further discussion</td>
<td><strong>CLASS WILL MEET IN SECTION (vs. large group)</strong> (see rooms on syllabus)</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Brief recap: Live Interview Sessions <em>(as/if needed; ~10-15 mins)</em></td>
<td><strong>SBJ:</strong> Review Chp. 5 (review pp. 80-87, as desired/needed)</td>
<td>Applied approaches across next 3 classes may include CBT, Schema, MI, EFT, Gestalt, Cultural-Relational, Play Therapy, etc. Presentation: Program faculty and/or guest speaker</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Applied Theoretical Approaches to Counseling</strong></td>
<td><strong>SBJ:</strong> Review Chp. 5 (review pp. 80-87, as desired/needed)</td>
<td>Presentation: Program faculty and/or guest speaker</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Applied Theoretical Approaches to Counseling</strong></td>
<td><strong>SBJ:</strong> Review Chp. 5 (review pp. 80-87, as desired/needed)</td>
<td>Presentation: Program faculty and/or guest speaker</td>
</tr>
<tr>
<td>11.</td>
<td>Remaining Issues Termination</td>
<td>Overview of Site/Site Highlights</td>
<td>Presentation: Program faculty and/or guest speaker</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td>Details</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>12: 4/4/19</td>
<td>Oral Case Conceptualizations 1</td>
<td>(3 cases in TEAMS of 2-3 each)</td>
<td>(see Appendix C for presentation guidelines)</td>
</tr>
<tr>
<td></td>
<td>Teams will be assigned prior to this date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13: 4/11/19</td>
<td>Recording #3 due</td>
<td>Oral Case Conceptualizations 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(with summary form [Syllabus Appendix B] &amp; Syllabus Appendix D)</td>
<td>(3 cases in TEAMS of 2-3 each)</td>
<td></td>
</tr>
<tr>
<td>14: 4/18/19</td>
<td>Case Paper Due</td>
<td>Oral Case Conceptualizations 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Final evals/forms due—see Schedule of Forms Due</td>
<td>(2-3 cases in TEAMS of 2-3 each)</td>
<td></td>
</tr>
</tbody>
</table>
**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)

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

*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

**Clinal Mental Health Counseling, v1.2 Rev. 12/15**

<table>
<thead>
<tr>
<th>Client ID #: (do not use name)</th>
<th>Ethnicities:</th>
<th>Primary Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Eng</td>
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</tbody>
</table>

List all Participants/Significant Others: Put a [☆] for Identified Patient (IP); [✓] for Sig. others who WILL attend; [X] 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

- Depression/hopelessness
- Anxiety/worry
- Anger issues
- Loss/grief
- Suicidal thoughts/tempts
- Sexual abuse/rape
- Alcohol/drug use
- Eating problems/disorders
- Job problems/unemployed

**MEDICAL CONDITIONS, Y or N/Which? (formerly Axis III)**

- [ ] AF  ____:_____________________________________________
- [ ] AM  ____:_____________________________________________

**PERSONALITY DISORDER (formerly Axis II):**

**CURRENT STRESSORS (formerly Axis IV):**

- Problems with primary support group/social environment
- Occupational Problems
- Problems related to school/education
- Economic problems
- Housing problems
- Problems with accessing health services
- Problems related to interactions with the legal system
- Other psychosocial problems:

*NOTE: Is no longer a GAF score in DSM 5 (formerly Axis V).*

Have medical causes been ruled out?  [ ] Yes [ ] No  [ ] In process

Has patient been referred for psychiatric/medical evalu?  [ ] Yes  [ ] No

Has patient agreed with referral?  [ ] Yes  [ ] No  [ ] NA

List psychometric instruments or consults used for assessment:  [ ] None or

---

### Diagnosis for IP

**Contextual Factors**

- Age  Gender  Family dynamics  Culture  Language  Religion  Economic
- Immigration  Sexual Orientation  Trauma  Dual dx/comorbid  Addiction  Cognitive ability

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):**

- Problems with primary support group/social environment
- Occupational Problems
- Problems related to school/education
- Economic problems
- Housing problems
- Problems with accessing health services
- Problems related to interactions with the legal system
- Other psychosocial problems:

**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:  [ ] Agree;  [ ] Somewhat agree  [ ] Disagree;

[ ] Not informed for following reason:____________________________
### Medical Necessity

**Check all that apply**
- Significant impairment
- Probability of significant impairment
- Probable developmental arrest

**Areas of impairment:**
- Daily activities
- Social relationships
- Health
- Work/School
- Living arrangement
- Other: 

### Risk Assessment

<table>
<thead>
<tr>
<th>Safety Plan</th>
<th>Indicators of Safety:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidality:</td>
<td>At least one outside person who provides strong support</td>
</tr>
<tr>
<td>Homicide:</td>
<td>Hopeful</td>
</tr>
<tr>
<td>Medical Necessity:</td>
<td>Has future goals</td>
</tr>
<tr>
<td></td>
<td>Willing to dispose of dangerous items</td>
</tr>
<tr>
<td></td>
<td>Willingness to reduce contact with people who make situation worse</td>
</tr>
<tr>
<td></td>
<td>Willing to implement safety plan, safety interventions</td>
</tr>
<tr>
<td></td>
<td>Developing set of alternatives to self/other harm</td>
</tr>
<tr>
<td></td>
<td>Sustained period of safety:</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

**Risk Assessment**

<table>
<thead>
<tr>
<th>Hx Substance:</th>
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<tbody>
<tr>
<td>Drug:</td>
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</table>

<table>
<thead>
<tr>
<th>Sexual &amp; Physical Abuse and Other Risk Factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current child w abuse hx:</td>
</tr>
<tr>
<td>Adult w childhood abuse:</td>
</tr>
<tr>
<td>Adult w abuse/assault in adulthood:</td>
</tr>
<tr>
<td>History of perpetrating abuse:</td>
</tr>
<tr>
<td>Elder/dependent adult abuse/neglect</td>
</tr>
<tr>
<td>Anorexia/bulimia/other eating disorder</td>
</tr>
<tr>
<td>Cutting or other self harm:</td>
</tr>
<tr>
<td>Criminal/legal hx:</td>
</tr>
<tr>
<td>Other trauma:</td>
</tr>
<tr>
<td>None reported</td>
</tr>
</tbody>
</table>

**Indicators of Safety:**

- No indication
- Denies
- Active ideation
- Passive ideation
- Intact w/o means
- Ideation in past yr
- Violence past yr
- Hx assault/temper
- Cruelty to animals
- Daily activities
- Social relationships
- Other: |

**Case Management**

**Patient Referrals and Professional Contacts**

- Has contact been made with social worker: Yes No: explain: ________________ NA
- Has client been referred for medical assessment: Yes No: No evidence for need
- Has client been referred for psychiatric assessment: Yes cl agree: Yes, cl disagree: NA
- Has contact been made with treating physicians or other professionals: Yes No: NA
- Has client been referred for social services: Job/training Welfare/Food/Housing Victim services Legal aid Medical Other: ________________ NA
- Anticipated forensic/legal processes related to treatment: No: Yes
- Has client been referred for group or other support services: Yes No: None
- Client social support network includes: Supportive family: Supportive partner: Friends: Religious/spiritual organization: Supportive work/social group: Other
- Anticipated effects treatment will have on others in support system?: (Parents, children, siblings, sig. other, etc.): 

**Date 1st Visit:** __________ Last visit: __________

**Session Freq:**
- Once week
- Every other week
- Other: ________________

**Expected Length of Treatment:** ________________

**Modalities:**
- Individual Adult
- Individual Child
- Couple
- Family
- Group: ________________

**Is client involved in mental health or other medical treatment elsewhere?**

- No
- Yes: ________________

**If child/adolescent is family involved?**

- Yes
- No
**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____

<table>
<thead>
<tr>
<th>Symptom(s)</th>
<th>Duration and Frequency Since Last Visit</th>
<th>Setback</th>
<th>Initial</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>5------------1-------------------------5----------10</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>5------------1-------------------------5----------10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>5------------1-------------------------5----------10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________

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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:

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.

<table>
<thead>
<tr>
<th>Specific Skill/Approach: Suggested Criteria</th>
<th>Rating</th>
<th>How It Was Demonstrated?, Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Opening: Was opening unstructured, friendly, and pleasant? Any role definition needed? Any introduction necessary?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Rapport: Did student counselor establish good rapport with client? Was the stage set for a productive session?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Interaction: Were the client and student counselor communicating in a meaningful manner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Acceptance/Permissiveness: Was the student counselor accepting, permissive, and respectful of client’s emotions, feelings, and expressed thoughts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Reflections of Feelings: Did student counselor reflect and react to feelings or did the session remain on an intellectual level?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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?

| A. Duration of session: Was the session too long or too short? Should it have been terminated sooner or later? |
| B. Vocabulary level: Was student counselor vocabulary appropriate for the client? |
| C. Mannerisms: Did the student counselor display any mannerisms that might have conversely affected the session or portions thereof? |
| D. Verbosity: Did the student counselor dominate the session, interrupt, override, or become too wordy? |
| E. Silences: Were silences broken to meet student counselor needs or were they used intentionally or dealt with in an effective manner? |

Comments: Additional comments that might assist the student counselor in areas not covered by the preceding suggestions.
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

<table>
<thead>
<tr>
<th>Client ID #: (do not use name)</th>
<th>Ethnicities:</th>
<th>Primary Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345. CM14</td>
<td>Irish Italian</td>
<td>Eng Span Other:</td>
</tr>
</tbody>
</table>

List all Participants/Significant Others: Check IP for identified Patient * for Sig. others who WILL attend X for Sig. others who will NOT attend or NA

Adult: Age: Profession/Employer
- 44 Bank executive
- AF 40 Pediatric nurse: General Hospital
- AFM #2

Child: Age: School/Grade
- IP-CM14 9th grade, Alexander High School
- NA CF: __ 5.7th grade, Baxter Middle School

Presenting Problems
- Depression/hopelessness
- Anxiety/worry
- Anger/issue
- Loss/grief
- Suicidal thoughts/attempts
- Sexual abuse/rape
- Alcohol/drug use
- Eating problems/disorders
- Job problems/unemployed
- Other: __

Complete for children:
- School failure/decline performance
- Truancy/runaway
- Fighting/winters
- Hyperactivity
- Wetting/soiling clothing
- Child abuse/neglect
- Isolation/withdrawal

Mental Status for IP

Interpersonal issues
- NA
- Conflict
- Ermeshment
- Isolation/avoidance
- Emotional disengagement
- Poor social skills
- Couple problems
- Prob with friends
- Prob at work
- Overly shy
- Egoctrinity
- Diff establish/maintain relationship
- Other: __

Mood
- NA
- Depressed/Sad
- Hopeless
- Fearful
- Anxious
- Angry
- Irritable
- Manic
- Other: __

Affect
- NA
- Constricted
- Blunt
- Flat
- Labile
- Dramatic
- Other:

Sleep
- NA
- Hypersomnia
- Insomnia
- Disrupted
- Nightmares
- Other: __

Eating
- NA
- Increase
- Decrease
- Anorectic restriction
- Binging
- Purging
- Body image
- Other: __

Anxiety Symptoms
- NA
- Chronic worry
- Panic attacks
- Dissociation
- Phobias
- Obsessions
- Compulsions
- Other: __

Trauma Symptoms
- NA
- Acute
- Chronic
- Hypervigilance
- Dreams/Nightmares
- Dissociation
- Emotional numbness
- Other: __

Psychotic symptoms
- NA
- Hallucinations
- Delusions
- Paranoia
- Loose associations
- Other: __

Motor activity/Speech
- NA
- Low energy
- Restless
- Hyperactive
- Agitated
- Inattentive
- Impulsive
- Pressured speech
- Speech
- Other: __

Thought
- NA
- Poor concentration/attention
- Denial
- Self-blame
- Other-blame
- Ruminative
- Tangential
- Illogical
- Concrete
- Poor insight
- Impaired decision making
- Disoriented
- Slow processing
- Other: __

Socio-Legal
- NA
- Disregards rules
- Defiant
- Stealing
- Lying
- Tantrums
- Arrest/incarceration
- Initiates fights
- Other: __

Other Symptoms
- NA

Contextual Factors considered in making Dx:
- Age
- Gender
- Family dynamics
- Culture
- Language
- Religion
- Economic
- Immigration
- Sexual Orientation
- Trauma
- Dual dx/comb orbid
- Addiction
- Cognitive ability
- Other: __

Describe impact of identified factors Father has specific expectations of sons based on his family background and gender roles

Axis I
- Primary: 309.3 Adjustment Disorder with Disturbance of Conduct, Acute
- Secondary: V81.20 Parent child relational problem
- Axis IV: 71.09 None
- Axis III: None reported

Axis V:
- Economic Problems
- Housing Problems
- Problems with accessing health services
- Problems related to interactions with the legal system
- Problems related to social environment/school
- Occupational Problems
- Other Psychosocial Problems
- GAP 55 GAF 50

Have medical causes been ruled out? Yes No In process

Has patient been referred for psychiatric/medical eval? Yes No

Has patient agreed with referral? Yes No NA

List psychometric instruments or consults used for assessment: None or Youth Outcome Questionnaire

Medical Necessity: Check all that apply
- Significant impairment
- Probability of significant impairment
- Probable developmental arrest

Areas of impairment:
- Daily activities
- Social relationships
- Health
- Work/School
- Living arrangement
- Other: __

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. Stressor: Move to new neighborhood; start high school
2. Significant drop in grades
3. One physical fight at school resulting in suspension
4. Increased defiance at home, esp. with AM
5. __
6. __

Medications (psychiatric & medical) Dose /Start Date
1. NA mg
2. __ mg
3. __ mg

Client response to diagnosis: Agree
Somewhat agree
Disagree
Not informed for following reason: __

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## Risk Assessment

<table>
<thead>
<tr>
<th>Suicidality:</th>
<th>Homicidality:</th>
<th>Hx Substance:</th>
<th>Sexual &amp; Physical Abuse and Other Risk Factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication</td>
<td>No indication</td>
<td>Alcohol abuse</td>
<td>Current child w/ abuse hx:</td>
</tr>
<tr>
<td>Denies</td>
<td>Denies</td>
<td>No indication</td>
<td>Sexual</td>
</tr>
<tr>
<td>No active ideation</td>
<td>Active ideation</td>
<td>Denies</td>
<td>Physical</td>
</tr>
<tr>
<td>Passive ideation</td>
<td>No active ideation</td>
<td>Past Current</td>
<td>Emotional</td>
</tr>
<tr>
<td>Intent without plan</td>
<td>Intent with means</td>
<td>Freq/Amt:</td>
<td>Neglect</td>
</tr>
<tr>
<td>Intent with means</td>
<td>Intent w/o means</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence past yr</td>
<td>Violence in past yr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assault/temper</td>
<td>Assault/temper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cruelty to animals</td>
<td>Cruelty to animals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Indicators of Safety:
- At least one outside person who provides strong support
- Able to cite specific reasons to live, not harm self/other
- Has future goals
- Willing to dispose of dangerous items
- Willingness to reduce contact with people who make situation worse
- Willing to implement safety plan, safety interventions
- Developing set of alternatives to self/other harm
- Sustained period of safety:
  - Other

### Safety Plan includes:
- Verbal no harm contract
- Written no harm contract
- Emergency contact card
- Emergency counselor/agency number
- Medication management
- Specific plan for contacting friends/support persons during crisis
- Specific plan of where to go during crisis
- Specific self-calming tasks to reduce risk before reach crisis level (e.g., journaling, exercising, etc.)
- Specific daily/weekly activities to reduce stressors
- Other

### Notes:
- Legal/Ethical Action Taken: NA

## Case Management

### Patient Referrals and Professional Contacts
- Has contact been made with Social Worker: Yes
- Has client been referred for medical assessment: Yes
- Has client been referred for psychiatric assessment: Yes; cl agree; Yes, cl disagree
- Has client been referred for treatment with physicians or other professionals: Yes
- Has client been referred for social services: Job/training; Welfare/Food/Housing
- Legal aid; Medical aid; Other
- Anticipated forensic/legal processes related to treatment: No
- Anticipated effects treatment will have on others in support system?:
  - Parents, children, siblings, sig. other, etc.: Parents involved in treatment; adjusting parenting; CM12 will also attend session
  - Is there anything else client will need to be successful? Parents may need to address couple issues

### Client Sense of Hope:
- Little 1    5    10 High Hope

### Expected Outcome and Prognosis:
- Return to normal functioning
- Expect improvement, anticipate less than normal functioning
- Maintain current status/prevent deterioration

### Evaluation of Assessment/Client Perspective

Use language CM14 and CM12 can understand: respectful of cultural, religious, gender expectations.

Age, culture, ability level, and other diversity issues adjusted for by:

Describe actual or potential areas of client-counselor agreement/disagreement related to the above assessment CM does not view situation as "big" problem; AMI sees as bigger problem than AF.

### Date 1st Visit: 1/18/08 Last visit: 1/25/08
- Session Freq: Once week
- Every other week
- Other:

### Expected Length of Treatment: 4 months

### Modalities:
- Individual Adult
- Individual Child
- Couple
- Family
- Group: Teen

### Is client involved in mental health or other medical treatment elsewhere:
- No
- Yes

### If Child/Adolescent: Is Family Involved?
- Yes
- No

---

**Abbreviations:**
- **AF**: Adult Female
- **AM**: Adult Male
- **CF**: Child Female
- **CM**: Child Male
- **Hx**: History
- **Cl**: Client

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Progress Notes (V 1.0) for Client #12345

Date: 1/25/08  Time: 5:00  □ am/□ pm  Session Length: □ 50 min. or □ ___min
Present: □ AM  □ AF  □ CM  □ CF  □ CM12

Billing Code: □ 90801 (Assess); □ 90806 (Insight-50 min.); □ 90847; (Family-50 min.); □ Other ________

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

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/□ pm

Crisis 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: ________

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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*

<table>
<thead>
<tr>
<th>Score</th>
<th>Counseling Relationship</th>
<th>Attention to Client Needs and Diversity</th>
<th>Explain Practice Policies</th>
<th>Consent to Treatment</th>
<th>Consent to Treat Minors</th>
<th>Client Assessment</th>
<th>Content vs. Process</th>
<th>Interventions; Promoting Change</th>
<th>Manage Session Interactions (high intensity)</th>
<th>Manage Boundaries</th>
<th>Time Management</th>
<th>Empower to Interact with Larger Systems</th>
<th>Manage Crisis</th>
<th>Safety Plan</th>
<th>Psycho-education and Recovery Services</th>
<th>Additional Competency (Optional)</th>
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**Notes:**

______________________________________________________________________________

**Avg. Score:** _____________

*(3 and above indicates performing well for developmental level)*

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<th>Total Possible (Subtract or add as needed for NA or Additional Comp.)</th>
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Clinical Assessment Rubric: Short Form
Clinical Mental Health Counseling

Date: _____________

Student/Intern: ________________________________

Evaluator: ________________________________

Level of Clinical Training:
- □ Pre-clinical training; coursework only
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- □ 12-24 months
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<thead>
<tr>
<th>Score</th>
<th>Clear Identification of Client</th>
<th>Presenting Problem</th>
<th>Mental Status Exam</th>
<th>Diagnosis</th>
<th>Medical Issues and Medication Referrals</th>
<th>Risk Assessment</th>
<th>Legal/Ethical Action</th>
<th>Case Management; Referrals</th>
<th>Prognosis, Modalities &amp; Frequency</th>
<th>Evaluation/Client Perspective</th>
<th>Additional Competency (Optional)</th>
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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

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Evaluator: ________________________________

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<tr>
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<tr>
<td>Symptoms and Progress toward Goals</td>
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<tr>
<td>Interventions</td>
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<td>Client Response; Modify for Diversity</td>
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<td>Plan</td>
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<td>Crisis Issues</td>
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<td>Case Consultation/Supervision</td>
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