HDC 7980: Internship in Clinical Mental Health Counseling II
Fall and Spring Semesters

Description

The Clinical Mental Health Counseling (CMHC) internship is designed to give the student practical counseling experience in appropriate human development settings. The internship complies with the standards of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP 2016) and degree-related field experience requirements for TN LPC-MHSP state licensure.

Students have the opportunity to work on their individual and/or group counseling skills in a community, organizational or clinical school setting. This site should be selected to give students ample opportunity to experience all facets of a professional counselor's role under the supervision of both an on-site supervisor and a faculty supervisor. Students are expected to build on competencies acquired and practiced in Prepracticum, Internship I, Group Counseling, as well as other course experiences. Specific attention is given to the impact counseling practice has on the student as helper in addition to refinement of the student's counseling skills. Additionally, increased attention is given to how the areas listed in course objectives can be actively applied in students' personal and professional lives.

Prerequisites

HDC 6330: Prepracticum; HDC 7950: Internship I; HDC 6010: Theories of Counseling; HDC 6160: Group Counseling; HDC 6120: Social, Legal, and Ethical Issues in Counseling; HDC 6430: Diagnosis and Treatment Planning using the DSM; proof of six (6) sessions of personal growth counseling on file; proof of professional student liability insurance on file; valid clearance with the Peabody College Background Clearance Office; have met all standards of Professional Performance Review (PPR).

If registered for 3 credit hours, students are expected to complete 300 clock hours (120 hours of the 300 are direct client contact hours) during the fall semester. Assuming successful completion of the fall field experience, the student enrolls again for the spring semester. ***Note:*** If the student does not complete the required fall semester hours, he/she will need to request a grade of incomplete (I) and is responsible for submitting all related paperwork for the incomplete and removal of the incomplete. It is the student's responsibility to communicate any concerns to their Internship II faculty and site supervisor related to trouble obtaining the hours requirement. Requirements for hours during the spring semester are the same as during the fall semester. In special circumstances it is possible to register for less than the 3 credit hours in order to space out your internship field experience (in the case of summer internship).

KNOWLEDGE AND SKILL OUTCOMES

(NOTE: CACREP 2016 standards are coded below and are assessed via audio recordings [R], case presentation [P], key assignments [K], site supervisor's evaluation [S], and faculty supervisor's evaluation [F].)

At the conclusion of both semesters 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, P, S])
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, S])

3. Apply multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders. (5.C.2.j [K, P, S])
4. Promote optimal human development, wellness, and mental health through prevention, education, and advocacy activities. (5.C.3.b & 5.C.3.e [K, P, S])
5. Apply effective strategies to promote client understanding of and access to a variety of behavioral health and community resources. (5.C.2.a & 5.C.3.d [K, P, S])
6. Demonstrate skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and 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. (5.C.3.a [K, P, S])
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, P, S])
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, 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, S])
10. Understand the impact of crisis, disasters and other trauma causing events on people. (2.F.1.c [K, P, S, F])
11. Understand the operation of an emergency management system within clinical mental health agencies and in the community. (2.F.1.c [K, P, S, F])

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, P, S])
12. Apply ethical decision-making model to case presentations. (2.F.1.i [P, 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 their strengths as well as areas in need of improvement based on their own self-monitoring and their supervisor's feedback. Learn to recognize limits and seek supervision or refer when appropriate. (2.F.1.k [K, P, S])
16. Increase awareness of how their cognitive and affective reactions in session relate to their own personality style and life experiences [S, F]).
17. Identify how professional training and experiences affect personal growth and relationships [S, F].

CURRICULUM STANDARDS ADDRESSED

2016 CACREP Clinical Mental Health Counseling Standards

Standard		Measured
5.C.1.b	theories and models related to clinical mental health counseling	K, P, S
5.C.1.c	principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	K, P, S
5.C.2.a	roles and settings of clinical mental health counselors	K, P, S

5.C.2.b	etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	K, P, S
5.C.2.e	potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders	K, P, S
5.C.2.j	cultural factors relevant to clinical mental health counseling	K, P, S
5.C.2.m	record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling	K, P, S
5.C.3.a	intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management	K, P, S
5.C.3.b	techniques and interventions for prevention and treatment of a broad range of mental health issues	K, P, S
5.C.3.d	strategies for interfacing with integrated behavioral health care professionals	K, P, S
5.C.3.e	strategies to advocate for persons with mental health issues	K, P, S

2016 CACREP Core Standards

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

Requirements

A. Time

All internship students are required to allocate approximately 20 – 22 hours a week during the semester at their field site. Total hours each week for internship are typically distributed as follows:

20 – 22 hours: At field site each week; more may be required
1 1/2 hours: Internship seminar each week
1 hour: Supervision with site supervisor each week
Individual or dyad supervision as determined with faculty supervisor

Students need to clarify beginning and ending dates for each semester, document them in the internship contract between Vanderbilt HDC and the site, and upload to VU Box. Any potential changes in the internship contract (including dates) need to be discussed with the student's faculty supervisor and site supervisor. If the site agrees to/recommends a change, the student must upload a new completed internship contract to VU Box. Clarify early with your site the expectations for client management over any breaks. Faculty supervisors may not be available to provide supervision during semester break and any hours worked over break must be approved by the faculty supervisor.

B. Audio recordings

Submit a minimum of two audible audio files with their associated *Recording Review/Summary Form* to **HDC 7980: Internship Brightspace** in order for your faculty supervisor to review. The due dates are indicated in the Course Schedule below. It is important to secure audio files by the due dates in order to keep you on track for completing requirements by the end of the semester. It is helpful to let your site supervisor know of this requirement in order to help you secure a timely opportunity. Audio files will be listened to by faculty supervisors and perhaps during faculty supervision during the semester. More audio files may be requested or required if faculty or site supervisor deem it desirable. One recording can be a group or family session as long as the recording of individuals in the group is audible. It is expected that each student will check the quality of their recording equipment and upload recordings **that are audible** during playback.

If there are circumstances in which obtaining an audio recording of a session with a client won't be possible, it is the student's responsibility to arrange an alternative option with his/her site supervisor*.* Examples of arrangements made in the past include the site supervisor enacting the role of a client in a session or the site supervisor assisting in finding another person to enact the role of a client.

Note: Digital recordings should be no more than 50 minutes in length. A completed ***Audio Recording Summary*** form must also be uploaded to **HDC 7980: Internship Brightspace** with each audio file. (See *Clinical Mental Health Counseling Brightspace* for all forms.)

Audio File 1 (with summary form): **Due (DATE)**
Audio File 2 (with summary form): **Due (DATE)**

C. Presentation and Summary

Students are expected to participate actively in the internship seminar class, which is an experiential group form of supervision. Each intern makes two formal case presentations and is asked to explore how working with the client affects their development. This client, group, or family should be one the student is presently working with and may find to be an especially difficult case because of client dynamics and/or presenting issues. The case should be presented in an organized, concise, and clear manner and a 3+ page typed summary (bring enough copies for each member of the class) should accompany the presentation. See presentation format later in this syllabus. Presentation schedule will be determined in class.

The case presentation and summary are designed to:

a) help students think more constructively about their work with different and sometimes difficult clients.
b) build on current knowledge through interactions with peer supervisors.
c) gain experience presenting cases.

D. Key Assignments

This course uses key assignments to demonstrate the student has met both CACREP standards and learning objectives for the course. Each key assignment is assessed by the respective faculty supervisor. **Note**: while these are not graded assignments for the course, they are part of the overall assessment process for the program and must be met for graduation. Assignments and rubrics are included in this syllabus. Type all Key Assignments. Word documents can be found in ***CMHC Brightspace.*** Students upload completed Key Assignments to their respective section's ***HDC 7980: Internship in CMHC in Brightspace.***.

E. Attendance

Being on time, regular attendance, and active participation in all internship seminars is required (see details below). Additionally, it is expected that students will communicate professionally, take

personal responsibility for presenting professionally, and actively seek supervision or guidance whenever the need arises.

F. Weekly and Cumulative Time Logs

*Faculty supervisors can request you to turn in a **Weekly Time Log** at any point during the semester.* All weekly time logs must be signed by your site supervisor prior to submission to your faculty supervisor. If you are at risk for not completing your required hours, this is an excellent tool to introduce a discussion with your site supervisor. Additionally, you will find a ***Cumulative Time Log*** form in the **CMHC Brightspace** that allows you to post your weekly totals; you will need to submit a signed final cumulative time log for the semester to your faculty supervisor to sign **so that you can upload a final copy with all signatures to your VU Box folder entitled "(First name Last name) CMHC."** All students are to keep original paper copies for their own records.

G. Evaluation

Near the end of the semester, site supervisors will receive instructions for electronically entering their evaluation of student work. Site supervisors should be meeting with students to review the evaluation and provide the student with a printed paper copy. Internship students must have all completed paperwork submitted by the deadlines in order for a passing "P" grade to be officially submitted (see chart below). If a student does not have paperwork and requirements completed by the deadline, they must request an incomplete "I." If a student's conduct during internship warrants, he/she/they may earn a fail "F;" may be granted the option to repeat the course or experience; or be asked to complete a plan as determined by the Professional Performance Review (PPR). A passing "P" grade is weighted as follows:

Supervisor's Internship Evaluation form (of student)	20%
Internship seminar attendance and preparedness	20%
On-time and complete submission of forms and recordings	20%
Case presentations and summary copies	20%
Faculty supervisor evaluation of student's progress	20%
Total	100%

As per the Peabody Graduate School Catalog, a grade of B is regarded as creditable performance at the professional level and is required for a grade of Pass (P). Therefore, "passing" is defined as an 84% or higher.

Formative and summative evaluations are used throughout the semester and based on several factors including, but not limited to, professionalism, ability to accept and utilize feedback, and overall development as a professional counselor. Feedback is designed to enhance the student's understanding of clinical and consulting skills as well as ethical decision-making.

Additional Policies

Classroom 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 Student Access Services at (615) 322–4705 (V/TDD) to discuss and determine any accommodations. Faculty are happy to work with you to honor any accommodations for which you have been officially approved. However, for us to do so, you will need to share with us the official notification of the accommodations you have received through Student Access Services.

Mandatory Reporter Obligations

All University faculty and administrators are mandatory reporters. What this means is that all Faculty, including HDC Faculty, must report allegations of sexual misconduct and intimate partner violence of Vanderbilt students to the Title IX Coordinator.

We are very willing to discuss with you such incidents should you so desire, but we can only do so in the context of us both understanding our reporting obligations. If you want to talk to someone in confidence, officials in the Student Health Center, the University Counseling Center, and officials in the Office of the Chaplain and Religious Life (when acting as clergy) can all maintain confidentiality. In addition, officials in the Project Safe Center (Crisis Hotline 615-322-7233) have limited confidentiality, in that they have to report the incidents they are told of, but can do so without providing identifying information about the survivor(s)/victim(s).

It is our intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that students bring to this class be viewed as a resource, strength, and benefit. It is our intent to present materials and activities that are respectful of diversity including gender, sexual orientation, sexual identity, disability, age, socioeconomic status, ethnicity, race, religion, culture, perspective, and other areas of human difference. Your suggestions about how to improve the value of diversity in this course are encouraged and appreciated.

Note
At times this semester, we will be discussing topics that may be disturbing and even traumatizing to some students. If you ever feel the need to step outside during one of these discussions, either for a short time or for the rest of the class session, you may always do so without academic penalty. You will, however, be responsible for any material you miss. If you ever wish to discuss your personal reactions to this material, either with the class or with me, I would welcome such a conversation as an appropriate part of your professional development. Learning to manage personal reactions to potentially disturbing material that our clients discuss is an important part of preparing to be a counselor.

Mental Health & Wellness
If you are experiencing undue personal and/or academic stress during the semester that may be interfering with your ability to perform academically, Vanderbilt's Student Care Network offers a range of services to assist and support you. Faculty are available to speak with you about stresses related to your work in my course, and we can assist you in connecting with the Student Care Network. The Office of Student Care Coordination (OSCC) is the central and first point of contact to help students navigate and connect to appropriate resources on and off-campus, develop a plan of action, and provide ongoing support. You can schedule an appointment with the OSCC at https://www.vanderbilt.edu/carecoordination/ or call 615-343-WELL.

The Student Care Network also offers drop-in services on campus on a regular basis. You can find a calendar of services at https://www.vanderbilt.edu/studentcarenetwork/satellite-services/.

If you or someone you know needs to speak with a professional counselor immediately, the University Counseling Center offers Crisis Care Counseling during the summer and academic year. Students may come directly to the UCC and be seen by the clinician on call, or may call the UCC at (615) 322-2571 to speak with a clinician. You can find additional information at https://www.vanderbilt.edu//ucc/.

Vanderbilt Honor Code
Vanderbilt's Honor Code (https://www.vanderbilt.edu/student_handbook/the-honor-system/) and Peabody's Honor Code for Professional Students (https://peabody.vanderbilt.edu/docs/pdf/grad_resources/Peabody_Honor_Council_Constitution.pdf) govern all work in this course. It is encouraged that you discuss the material covered with peers and

assist each other with critiques and reviews of your assignments. However, any written work that you submit is expected to be your own.

*** This syllabus is subject to revisions at the professor's discretion. Revisions will only be made on a critical need basis and will be communicated to each student. ***

FALL SEMESTER COURSE OUTLINE / ASSIGNMENT SUMMARY
SPRING SEMESTER COURSE OUTLINE / ASSIGNMENT SUMMARY

Week	Topic	Reading/Assignment Due for Class
1	Introduction and overview; Review assignments and expectations; Confirm schedule	Documents in VU Box: Proof of professional liability insurance; proof of 6 counseling sessions; internship contract; update contact info and gather student schedules for being on site
2	Case conceptualization and treatment planning review	
3	Models of supervision; best practices in supervision; field experience stages	**Live Interview Key Assignment Due** (upload to your section Brightspace)
4	Debrief Live Interviews	
5	Case presentations _____ _____	
6	Community crisis events and disasters; emergency management systems; psychological first aid; Case presentation _____	**Audio File #1 and Summary Form Due** (upload to your section Brightspace); Read materials emailed
7	Case presentation _____ _____ _____	
	No Class Association for Counselor Education and Supervision Conference (ACES)	
8	**All sections together –** Medical and behavioral health assessment (PM)	Review mental status exam and assessment
9	Case Presentation _____ _____	**Clinical Assessment Key Assignment Due** (upload to your section Brightspace)
10	Review progress note and variety of note-taking practices at students' sites	**Audio File #2 and Summary Form Due** (upload to your section Brightspace)
11	Case Presentation _____ _____	**Progress Note Key Assignment Due** (upload to your section Brightspace)
12	**TBA; All sections together** – Behavioral health careers; consulting with behavioral health; private practice (AM)	
13	Case Presentation _____ _____	
	No Class Thanksgiving Break	
14	Last day of class	**Site Supervisor Evaluation of Intern due**

- **Signed semester time logs to VU Box by 3rd Friday in December;**
- **Request Incomplete if # clock hours per semester hour registered are not completed [1 credit hour = 100 hours (of which 40 are direct)].**
- **Student evaluation of site due to VU Box by 1st Friday in May (only one needed at end of internship year)**

Week	Topic	Reading/Assignment Due for Class
1	Overview and updates; Update site and contact/schedule info sheet; Review assignments and expectations; Schedule semester's supervision with faculty supervisor	**Make sure all required documents are uploaded to your *VU Box* folder entitled *(Last Name_First Name_CMHC)***
2	Review and Discuss Case Conceptualization and Treatment Planning	
3	Case Presentation with Audio	
4	Case Presentation with Audio	
5	Case Presentation with Audio	**Audio File #1 Due (With Summary Form) to internship section Brightspace**
6	All sections together – Sony 2071; W: 4:30-6:00 pm Grant Module: Crisis Interventions (Ira lead)	
7	Ethics/Legal Case Practice for Comps (W: Heather and Gina's section in Sony 2071; Gina to go to Ira's Thursday section)	**Key Assignment: Case Conceptualization Due to internship section Brightspace**
8	Case Presentation with Audio	
	No Class – Spring Break	
	No Class – Comprehensive Exams Week	
9	Case Presentation with Audio	**Audio File #2 Due (With Summary Form) to internship section Brightspace**
10	All sections together – Sony 2071; W: 4:30-6:00 pm Grant Module: Wellness, Strengths-Based, Integrative Interventions (Heather lead)	**Key Assignment: Treatment Plan Due to internship section Brightspace**
11	The Termination Process with Clients; Case Presentation with Audio	
12	All sections together – Sony 2071; W: 4:30-6:00 pm Grant Module: Evidenced-Based Practice (Gina lead)	
13	Last Class – Integration	**Site Supervisor Evaluation of Intern due (site supervisor submits electronically through RedCap); Student's Evaluation of Site due to VU Box; Signed semester time logs due to VU Box**
➢	**Student evaluation of site due to VU Box by 1st Friday in May (only one needed at end of internship year)**	

Where Do I Submit the Forms that are Due?

Form*	Due Date	To Faculty Super.	Upload to your VU Box Folder	Upload to HDC 7980 Internship Brightspace	To Self	Original Location of Form
Beginning						
Internship agreement/Contract	Review and Re-Submit if needed (original due date 1st Friday in May)		X		X – a copy	CMHC Brightspace
Liability Insurance	Review and Re-Submit if needed		X		X – a copy	ACA student membership
Proof of ≥ 6 personal counseling sessions completed	Prior to internship start		X			Letter template in HDC Handbook
On Occasion						
Permission to Audio Record	Before first recording for any client				X	CMHC Brightspace
Parental Permission to Audio Record	Before first recording for any client under age 18				X	CMHC Brightspace
Key Assignments	See dates in syllabus			X		CMHC Brightspace
Audio Recording Summary Form	See dates in syllabus			X	X – a copy	CMHC Brightspace
Weekly						
Weekly Time Log	Weekly or TBD	X – At any time faculty requests			X – a copy	CMHC Brightspace
End						
Semester Time Log	2nd Friday in December		X – student to get all signatures and upload		X – a copy	CMHC Brightspace
Site Supervisor's Internship Evaluation form (of student)**	See dates in syllabus; sup completes online				X – a copy	CMHC Brightspace
Internship Site Evaluation Form (your evaluation of site)	1st Friday in May		X		X – a copy	CMHC Brightspace

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

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

KEY ASSIGNMENTS USED OVER FALL AND SPRING SEMESTERS

Live Interview Instructions

Clinical Mental Health Counseling, Version 1.2

Directions: Use the live interview form (also in CMHC Brightspace) to complete this assignment. You will need to pair with one of your classmates and record your session. As the counselor, treat the interview as an intake and make sure to include all areas listed below. Your intake should be long enough to assess areas listed without feeling rushed. The recording should be uploaded to your section's Brightspace by the due date listed in the syllabus.

Roles

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

Client Vignette needs to include:

- Co-occurring alcohol/substance abuse and mental health issues
- History of past or recent trauma (abuse, natural disaster, etc.)
- Suicidal ideation or homicidal ideation

Interview Format

- Counselor role-plays introductory meeting with client, including process of obtaining consent.
- Length of session should be communicated at the start of the session.

Counselor Tasks include:

- *Establish a counseling relationship* with client, attending to cultural issues if they arise
- *Introductory Discussion to Obtain Informed 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, SI/HI
  - Ask questions to assist with case conceptualization
  - Identify and name at least one potential clinical goal
- *Manage Crisis Issues*
  - Address crisis issues and create safety plan
  - Offer at least one referral to community resource
  - Psychoeducation regarding major mental health disorders, prognosis, recovery process, etc.
- *Manage Time*
  - End on time

Live Interview Rubric

Clinical Mental Health Counseling, Version 1.2

Date: _____

Student: _____

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 significantly beyond developmental level

3 = Proficient: Understanding of concepts/skills evident

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

1 = Non-existent: Significant remediation needed; deficits in knowledge/skills

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

	4	3	2	1	Comp	Score
Counseling Relationship	Sophisticated ability to develop counseling relationship with diverse range of clients; able to meaningfully engage all participants in treatment process. Conveys clear sense of respect for all perspectives, including those not present.	Able to develop working counseling relationship with diverse range of clients; able to engage all participants in majority of treatment process. Conveys respect for all perspectives.	Minor problems developing counseling relationships and connecting with each client. Struggles with communicating with clients different from self, including culture, age, SES, education, etc.	Significant problems with forming counseling relationship with one or more members of family. Unable to identify and/or navigate significant diversity issues. Weakness of relationship makes progress unlikely.	D1	❑ NA
Attention to Client Needs and Diversity	Sophisticated matching of treatment to client needs; sophisticated ability to adapt treatment to all areas of diversity and need, including education, age, culture, religion, SES, sexual orientation, ability, larger system.	Able to match treatment to client needs; adapts treatment to one or more areas of diversity and need, including education, age, culture, religion, SES, sexual orientation, ability, larger system.	Minor problems attending to client needs and/or diversity issues.	Significant problems attending to client needs and/or diversity issues; counseling progress not likely due to problems in these areas.	D2 D5 F3	❑ NA
Explain Practice Policies	Exceptional explanation of practice setting rules, fees, rights, confidentiality and its limits; uses opportunity to establish working relationship and plant seeds of change; excellent use of self; confidence evident; clearly understands practice policies.	Explains basic practice setting rules, fees, rights, confidentiality and its limits; uses opportunity to build basic rapport; understands major practice policies.	Minor problems explaining practice setting rules, fees, rights, confidentiality; nervousness may deter from forming relationship; understands most practice policies.	Significant problems explaining practice setting rules, fees, rights, and confidentiality; significant problems connecting with client; misunderstands numerous practice policies.	A8 A10 B1 B2	❑ NA
Consent to Treatment	Exceptional job explaining counseling process in words and language client can understand in order to obtain consent to treat; uses opportunity to enhance counseling relationship and increase client motivation.	Explains basic counseling process in words client can understand in order to obtain consent to treat.	Minor problem explaining counseling process in order to obtain consent to treat. Vague word choice or misses minor information.	Significant problems with obtaining consent. May not use words client understands and/or misses significant information that is necessary for client to be fully informed.	A2 A3 B1 F3	❑ NA

Consent to Treat Minors (if applicable)	Exceptional ability in explaining legal requirements for treatment of minors; including rights to confidentiality and privilege. Uses opportunity to clearly define secrets/no-secrets policy for family.	Explains basic legal requirements for treatment of minors; including rights to confidentiality and privilege. Addresses secrets/no-secrets policy.	Minor problems addressing legal requirements to treat minors and/or establish secrets policy.	Significant problems addressing legal requirements to treat minors and/or establish secrets policy. Gross misunderstanding of laws and/or ethical aspects of confidentiality between parents and children.	A2 A3 B1 F3	❑ NA
Client Assessment	Sophisticated assessment of client and system, including biopsychosocial history, mental health history, substance use, trauma, family history; subtle adaptation to development level; obtains problem description from each involved party.	Clear assessment of client and system, including biopsycho-social history, mental health history, family history; adapts to development level; obtains problem description from each involved party in room.	Minor problems with assessment of client and system, missing 1-2 areas: biopsychosocial history, mental health history, family history; does not adapt to development level; obtains problem description only from certain parties.	Significant problems with assessment of client and system, missing one or more areas: biopsychosocial history, mental health history, family history; ignores developmental level; obtains only one view of problem.	A6 C7 G4 H1 H2	❑ NA
Content vs. Process	Sophisticated ability to distinguish content from process; able to track process while simultaneously attending to content and developing interventions that attend to process.	Able to distinguish content from process; able to track process while attending to content; does not begin to intervene on content when it is a process issue.	Sidetracked one or more times with content but at some point able to return focus to process.	Mistakes content for significant process issue. Unable to track process and session loses therapeutic impact due to focus on content.	A5 D1	❑ NA
Intervention; Promoting Change	Exceptional skills in promoting change using counseling process and techniques; attends to diversity needs. Able to smoothly transition from topic to topic following treatment plan and theory; confident.	Conducts session using appropriate counseling and techniques. Able to follow basic plan for session.	Minor problems conducting session, interviewing and/or following plan.	Significant problems conducting session, interviewing and/or following plan.	A5 D1 D2	❑ NA
Managing High Intensity (if applicable)	Exceptional skill in managing intense, chaotic situations to maintain physical and emotional safety for all involved. Uses theory to respond to incident to further clinical progress.	Able to contain intense, chaotic situations to maintain physical and emotional safety for all involved.	Struggles to contain intense, chaotic situations to maintain physical and emotional safety for all involved. Unable to make incident therapeutic.	Significant problems containing intense, chaotic situations to maintain physical and emotional safety for all involved. Incident is counter-productive.	D1 D2	❑ NA

Manage Boundaries	Exceptional skill in managing boundaries; avoids triangulation; uses boundaries to further counseling goals and strengthen relationship.	Able to manage most boundaries; avoids triangulation.	Minor problems with boundaries and triangulation; uses "being nice" to build relationship at expense of good boundaries.	Significant problems with boundaries and triangulation; takes sides; unable to enforce policy or ethic codes.	D9	❑ NA
Time Management	Exceptional use of time management from beginning to end of session; no sense of rush; smooth ending.	Good use of time management from beginning to end of session; ends on time.	Minor problems with timing management; no more than 5 minutes over; may have minor feeling of rush.	Significant problems with time management; session more than 5 minutes over; feels rushed.	B2 D1	❑ NA
Empower to Interact with Larger Systems	Empowers clients to effectively interact with family and/or larger systems, including larger system of care. Provides clients with written, detailed instructions for referrals.	Empowers clients to interact with family and/or larger systems, including larger system of care. Provides clients with instructions for referrals.	Missed opportunities to empower clients to better interact with family and larger systems. Instructions for referrals not sufficiently detailed to enable follow through.	Words, actions, or inaction inhibited clients' ability to better interact with family and larger systems. Instructions for referrals inaccurate or insufficient.	B2 C1 D4 E1 E2 E4	❑ NA
Manage Crisis	Sophisticated identification and handling of immediate and potential crisis, risk, and emergency issues; makes required reports. Seeks consultation for crisis matters as needed.	Clear identification and handling of immediate crisis, risk, and emergency issues; makes required reports. Seeks consultation for crisis matters as needed.	Identifies high risk and emergency situations; minor problems in managing and seeking supervision.	Misses and/or does not properly manage high risk or emergency situation; does not access proper supervision.	B1 C6 D6 H3	❑ NA
Safety Plan	Sophisticated approach to handling safety issues; able to develop unique, meaningful safety plan that simultaneously generates hopes, motivation, and positive therapeutic movement. Imparts confidence and hope using self of counselor.	Able to appropriately manage safety issues and develop effective safety plan.	Minor problems managing safety issues and developing realistic safety plan.	Unable to adequately manage safety issues and/or does not create adequate safety plan when necessary.	B1 D6 H3	❑ NA
Psychoeducation and Recovery Services	Sophisticated delivery of psychoeducational information for client diagnosed with mental health and/or substance abuse disorder. Sophisticated knowledge of recovery process and services.	Able to provide basic psychoeducational information for client diagnosed with mental health and/or substance abuse disorder; knowledge of recovery services.	Minor problems with delivering psychoeducation and recovery information and/or insufficient information imparted.	Significant problems with delivering psychoeducation and recovery information; does not provide any information or provides incorrect information.	A6 C1 C4 D3 D8 K3	❑ NA

Clinical Assessment (Counseling Version 1.2 Rev. 12/15)

Client ID #: (do not use name)	Race/Ethnicities:	Primary Language: ❑ Eng ❑ Span ❑ Other:_____

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/isolation
❑ Anxiety/worry
❑ Anger issues
❑ Loss/grief
❑ Suicidal thoughts/attempts
❑ Sexual abuse/rape
❑ Alcohol/drug use
❑ Eating problems/disorders
❑ Job problems/unemployed

❑ Couple concerns
❑ Parent/child conflict
❑ Partner violence/abuse
❑ Divorce adjustment
❑ Interpersonal/Relational
❑ Sexuality/intimacy concerns
❑ Major life changes
❑ Legal issues/probation
❑ Other: _____

Complete for children:
❑ School failure/decline performance
❑ Truancy/runaway
❑ Fighting w/peers
❑ Hyperactivity
❑ Wetting/soiling clothing
❑ Child abuse/neglect
❑ Isolation/withdrawal
❑ Other: _____

Mental Status for IP

Interpersonal /Behavioral	o NA	oCooperative oSubmissive oAvoidant oDisengaged oResistant oDefensive oEvasiveoIndifferent oShy oEgocentric oIrritable oOther:_____
Mood/Emotional	o NA	oDepressed/Sad oHopeless oFearful oAnxious oAngry oIrritable oManic o Happy oShame oDefensive oGuarded oEuphoric oGuilty oHopeful oNumb oSullen oConfused oOther:_____
Affect	o NA	oConstricted oBlunt oFlat oLabile oDramatic oComposed oTearful oRelaxed oHostile oCheerful oStaring oFatigued oTense oInterested oPanicky oCalm oAngry/Hostile oApprehensive oDisoriented oOther:_____
Sleep	o NA	oAdequate oFatigued oHypersomnia oInsomnia oDisrupted oNightmares oDifficulty falling asleep oOther:_____
Eating	o NA	oNormal oIncrease oDecrease oNo appetite oRestricting oBinging/Overeating oPurging oBody image oOther:____
Anxiety Symptoms	o NA	oChronic worry oPanic attacks oDissociation oPhobias oObsessions oCompulsions oOther:_____
Trauma Symptoms	o NA	oAcute oChronic oHypervigilant oDreams/Nightmares oDissociation oEmotional numbness oOther:_____
Psychotic symptoms	o NA	oHallucinations oDelusions oParanoia oLoose associations oOther:_____
Motor activity/Speech	o NA	oLethargic o oRestless oAgitated ❑ Relaxed/ o Normal ❑ Pressured speech ❑Slow speech oOther:-_____

Thought	o NA	oClear oPoor concentration oDenial oSelf-blame oOther-blame oRuminative oTangential oIllogical oScattered oConcrete oPoor insight oImpaired decision making oPreoccupied oDisoriented oSlow processing oBlocked oOther:_____
Socio-Legal	o NA	oCompliant oDisregards rules oDefiant oArgumentative oStealing oLying oTantrums oArrest/incarceration oInitiates fights oOther:_____
Other Symptoms	o NA	oCraving oImpaired oPhysical pain oSelf-harm thoughts or behaviors oSuicidal thoughts/plans oAggressive, violent, or homicidal thoughts or behaviors oOther:_____

Diagnosis for IP

Contextual Factors considered in making Dx: o Age o Gender o Family dynamics o Culture o Language o Religion o Economic o Immigration o Sexual Orientation oTrauma oDual dx/comorbid o Addiction o Cognitive ability oOther:_____

Describe impact of identified factors on diagnostic and assessment process:_____

_____

Primary Dx:
_____

Specifiers:_____
Secondary Dx: _____
Environmental Stressors:_____
Life Stressors:
❑ 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:_____
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

_____

List DSM Symptoms for Primary Dx (include frequency and duration for each). Client meets_____ of _____criteria for Primary Dx.
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

Suicidality:
o No indication
❑ Denies
❑ Active ideation
❑ Passive ideation
❑ Intent without plan
❑ Intent with means
❑ Ideation in past yr
❑ Attempt in past yr
❑ Family/peer hx of completed suicide

Homicidality:
o No indication
❑ Denies
❑ Active ideation
❑ Passive ideation
❑ Intent w/o means
❑ Intent with means
❑ Ideation in past yr
❑ Violence past yr
o Hx assault/temper
o Cruelty to animals

Hx Substance:
Alc abuse: o No indication ❑ Denies ❑ Past ❑ Current: Freq/Amt: _____
Drug: o No indication ❑ Denies ❑ Past ❑ Current Drugs:_____
Freq/Amt:_____
❑ Family/sig.other abuses

Sexual & Physical Abuse and Other Risk Factors:
❑ Current child w abuse hx:
❑Sexual;❑Physical;❑Emotional;❑Neglect
❑ Adult w childhood abuse:
❑Sexual;❑Physical;❑Emotional;❑Neglect
❑ Adult w abuse/assault in adulthood: ❑Sexual; ❑Physical; ❑Current
❑ History of perpetrating abuse: ❑Sexual; ❑Physical
❑ Elder/dependent adult abuse/neglect
❑ Anorexia/bulimia/other eating disorder
❑ Cutting or other self harm: ❑Current; ❑Past; Method:_____
❑ Criminal/legal hx:_____
❑ Other trauma:-
_____
❑ None reported

Indicators of Safety: ❑ At least one outside person who provides strong support ❑ Able to cite specific reasons to live, not harm self/other ❑ Hopeful ❑ 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 ❑ No: explain:_____ ❑ NA
- Has client been referred for medical assessment: ❑ Yes ❑ 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.):_____
- Is there anything else client will need to be successful?_____

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

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

Clinical Assessment Rubric

	4	3	2	1
Identification of Client and Significant Others	Thoughtful and thorough identification of identified patient (IP) and significant others, including detailed ethnicity, language, age, professional, & school info; proper use of confidential notation.	Completed basic IP identification including confidential client ID, persons treated; proper use of confidential notation.	Minor mistakes and/or vague identification of client(s); did not identify IP; missing or unclear information.	Mistakes, inconsistencies with notation, identification of client; failed to protect client confidentiality.
Presenting Problem	Thoughtful and clear identification of presenting problems; evidence of thorough and sophisticated assessment and insight into personal dynamics; sensitive to family, community, and cultural factors; skillful identification of potential substance abuse and/or trauma.	Clearly identified presenting problem; demonstrates awareness of personal dynamics and awareness of basic diversity, substance, and/or trauma issues.	Insufficient or inconsistent identification of presenting problem.	No clear presenting problem indicated; problem does not fit with rest of assessment and/or case conceptualization (if applicable).
Mental Status Exam	Sophisticated comprehensive assessment; detailed, accurate use of diagnostic terminology; develops succinct, consistent depiction of mental status that clearly supports diagnosis.	Accurate use of diagnostic terminology; assessed most areas; depiction of mental status supports diagnosis.	Insufficient or inconsistencies in assessment; misunderstanding of terms.	Significant problems with assessment; key information missing; does not support diagnosis.
Diagnosis	Sophisticated 5 axis diagnosis with behavioral identification of all indicators; codes correct; attention to culture, age, health, context, co-occurring issues; distinguishes effects of trauma; proper use of assessment instruments.	Completed 5 axis diagnosis with sufficient justification; most codes correct; attention to culture, age, health, context, trauma, co-occurring issues; use of assessment instruments as needed.	Missing or incomplete diagnosis or justification; problems with codes; insufficient attention to culture, age, health, context, co-occurring issues.	Unsupportable diagnosis, insufficient justification; failed to take into account culture age, health, context, co-occurring issues.
Medical Issues and Medication Referrals	Sophisticated, thorough consideration of medical issues and referrals; detailed medication info; referrals reflect sophisticated understanding of medications and possible medical issues.	Evidence that medications and medical issues were considered; most obvious referrals were made.	Evidence that proper referrals were made if necessary; incomplete medication info, client response info, etc.	Missed proper referrals for stated diagnosis.

Risk Assessment	Sophisticated risk assessment for harm to self, others; substance abuse; child, elder abuse; violence; evidence of comprehensive assessment and attention to detail; able to track multiple, related risks.	Completes risk assessment for all areas indicated: suicide, homicide, substance, and abuse. Able to assess and track multiple risk factors.	Missing or incomplete assessment in 1 area and/or other minor problems.	Missing or incomplete assessment in 2 or more areas; fails to identify significant risk factor.
Legal/Ethical Action	Professional handling of potential and immediate crises; evidence of thoughtful ethical decision making; demonstrates understanding of laws, ethics; develops safety plans for potential and immediate risks; skillfully makes needed reports; takes appropriate action.	Proper handling of immediate crises; appropriate ethical decision making; demonstrates understanding of laws, ethics; develops safety plans when required; makes needed reports; takes appropriate action.	Minor problems in taking required legal, ethical action, however, all laws and ethical codes are followed; all risks are essentially managed.	Significant problems handling legal or ethical action, including failing to take action when necessary or taking action when not legally allowed.
Case Management; Referrals	Sophisticated identification of referrals for IP and all parties; has made all appropriate contacts; thoughtful assessment of need for medical, psychiatric, and other referrals; professionally manages legal and forensic needs; thoughtful anticipation of effects on extra-therapeutic relationships.	Identifies key referrals for IP; has made or in process of making contacts; makes standard medical and psychiatric referrals; manages required legal and forensic needs; anticipation of effects on extra-therapeutic relationships.	Missing potentially helpful referral, contacts, support opportunities, legal issues, and effects on extra-therapeutic relationships.	Missing critical referral and/or contact; not accessing support network; unrealistic assessment of legal issues, effects on extra- therapeutic relationships.
Prognosis, Modalities & Frequency	Prognosis, modality choices, and frequency demonstrate sophisticated understanding of behavioral disorders; clearly follows from foregoing assessment.	Prognosis, modality choices, and frequency appropriate given foregoing assessment.	Prognosis unlikely given information in foregoing assessment. Modality choice and frequency not optimal given foregoing assessment.	Prognosis unrealistic given information in foregoing assessment. Modality choice and/or frequency not appropriate.
Evaluation Perspective	Sophisticated, insightful evaluation of assessment; responsiveness to age, culture, ability, and other diversity issues; thoughtful attention to systemic factors; sophisticated assessment of client-counselor agreement on goals/diagnosis.	Addresses all areas of evaluation of assessment; attends to most prominent issues related to age, culture, ability, or other diversity issues; identifies at least one potential area of client-counselor disagreement.	Missing and/or vague evaluation of assessment; missing information on minor or subtler issues.	Missing critical factors and/or significant trouble identifying key issues.
Additional Competency (Optional)				
Additional Competency (Optional)				

INTERNSHIP CASE PRESENTATION OUTLINE

Type 3+ pages including information below. Write in *narrative* style rather than bullet. If you have a lot of information about the client, focus on *most relevant* information to date.

Questions to be Answered

- What questions do you believe need to be addressed as part of treatment planning? List at least two.

Orienting and Demographic Information

- Age, ethnicity, gender identity, spiritual/religious identity, ability, sexual/relational orientation/identity, marital/family status, living situation, other identities

Presenting Concern

- Presenting problem as told by client and/or referring party
- Clinical observations (mood/affect, behavior, orientation)
- Your clinical impression of problem

Background Information

- Family
- Social Supports
- Academic
- Occupational
- Medical/Trauma/Loss History
- Prior Counseling or Mental Health History

Assessment/Hypothesis

- Strengths, Readiness to Change
- Conceptual/Theoretical Framework (attachment, cognitive, cultural, biological, feminist, developmental, neuroscience, psychodynamic, other)
- Attachment/Family System
- Constructive/Cognitive Development/Schema
- Cultural/Contextual
- (Cultural background of client/clients; Role of family and cultural messages received and/or internalized; Role of culture in contributing to reported symptoms; Role multiple identities play in reported symptoms; Effect cultural symptoms have on relationships with others; Barriers imposed by oppression, privilege as realized in societal and institutional norms)

Diagnosis

- Include some rationale or criteria for your diagnosis (if site doesn't diagnose, what would you diagnose?)

Treatment Goals

- Identify two or three measurable goals

AUDIO RECORDING SUMMARY FORM FOR HDC PRACTICUM / INTERNSHIP

PLEASE RETYPE PRIOR TO SUBMISSION.

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. Describe client using developmental theory:

3. Presenting problem from client's perspective:

4. Presenting problem from organization's perspective:

5. Presenting problem from your clinical 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.)

Progress Note for Client #_____ (Counseling Version 1.2 Rev. 12/15)

Date:_____ **Time**:___:___ am/pm **Session Length**: ❑50 min. or ❑__ **Present**: ❑AF ❑AM ❑CF ❑CM ❑_____
Billing Code: ❑ 90801 (Assess); ❑ 90806 (Insight-50 min;) ❑ 90847; (Family-50 min); ❑ Other____

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

Explanatory Notes: (Subjective report of client)

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

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

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

Plan: ❑ Continue with tx plan: plan for next:
❑ Modify plan:

Next session: Date:_____ Time ___:___am/pm

Crisis Issues: ❑ Denies suicide/homicide/abuse/crisis ❑ Crisis assessed/addressed: _____

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

Progress Note Rubric

Clinical Mental Health Counseling, Version 1.2

Date: _____

Student: _____

Evaluator: _____

Level of Clinical Training:

❑ Pre-clinical training; coursework only

❑ 0-12 months ❑ 12-24 months ❑ 2+ years

Rating Scale:

4 = <u>Mastery</u>: Strong mastery of skills and thorough understanding of concepts significantly beyond developmental level

3 = <u>Proficient</u>: Understanding of concepts/skills evident

2 = <u>Emergent</u>: Minor conceptual and skill errors; in process of developing

1 = <u>Non-existent:</u> Significant remediation needed; deficits in knowledge/skills

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

	4	3	2	1	Comp	Score
Basic Record Keeping	Confidential notation used; included ages and other distinguishing info; sophisticated and clear tracking of clients using notation; correct billing code	Confidential notation used throughout; clients distinguishable using notation; correct billing code	Minor errors or omissions with confidential notation and billing; minor confusion using notation	Failed to maintain confidentiality or use notation that clearly identifies clients who attended session; incorrect/missing billing code	D7	❑ NA
Symptoms and Progress Toward Goals	Specific DSM symptom cited; detailed frequency, duration, and progress; sophisticated linking of symptoms to personal dynamics, interventions, and other all aspects of note.	Included symptoms noting frequency and/or duration; progress included with appropriate reference to goals.	Minor problems; vague or inaccurate descriptors; missing key frequency, duration, or progress info; contradicts other aspects of note.	Significant problems; inaccurate or inconsistency in symptoms and described treatment. Missing meaningful frequency, duration, and progress.	L1 D7	❑ NA
Interventions	Sophisticated choice of interventions/HW consistent with symptoms, addiction status, and diversity needs; demonstrates clear understanding of counseling model.	Appropriate choice of intervention; responsive to basic client needs, including diversity and addiction.	Intervention not clearly related to presenting problem or symptoms.	Inappropriate choice of intervention for client problem, symptom, or unique needs.	D1 D5 D8	❑ NA
Client Response: Modify for Diversity	Uniquely sensitive to age, culture, education, etc.; thoughtful reflection on client verbal and nonverbal feedback.	Intervention appropriate for client age, culture, education, etc. Able to describe whether intervention was helpful.	Would be more effective if diversity issues and/or client response more carefully considered.	Inappropriate choice of intervention for client; does not meaningfully address diversity needs or client response.	F3	❑ NA
Plan	Thoughtful adjustment of plan based on client response to treatment; modification demonstrates sensitivity to client needs, diversity issues	Basic indication that client needs, diversity issues considered in planning.	No specific indication that client needs, diversity issues are guiding treatment.	Failure to identify significant need to adjust treatment to meet client needs, diversity issues.	D1 D2 D5	❑ NA
Crisis Issues	Clear evidence of ability to identify ethical issues, dilemmas, ethical decision making; sophisticated management of crisis, legal, ethical issues, addiction; sophisticated safety plan;	No evidence that a crisis issue was missed. If crisis identified, basic information covered meeting legal and ethical requirements.	Missed minor information related to identifying and/or reporting of crisis or addiction issue.	Failure to identify or properly manage legal, ethical, addiction, or crisis issue.	B1 D6 D8	❑ NA

	mandated reporting handled smoothly.					
Case Consultation/ Supervision	Proactive use of consultation, supervision, esp. for legal, ethical issues; specific integration of feedback into treatment; insightful attention to personal issues that affect treatment.	Seeks supervision for basic legal, ethical issues; integrate into treatment; attends to significant personal issues.	Reactive rather than proactive approach to supervision; misses opportunities to use supervision; little insight into personal issues.	Fails to seek supervision when needed or fails to implement feedback; unable to attend to how personal issues affect treatment.	A5 B1 D9	❑ NA
Collateral Contact	Thoughtful and sensitive collaborative work with other stakeholders; obtains needed consents; clearly respects multiple perspectives of all involved; collaborates when making diagnosis as necessary.	Follows through on required collateral contacts; obtains legally required consents; respect for multiple perspectives.	Misses opportunities to make collateral contacts; appears to have some biases.	Fails to make needed collateral contacts; fails to obtain needed consent; clear bias demonstrated.	A3 L2	❑ NA
Legal Issues	Case notes consistently timely; in exact accordance with legal, ethical requirements.	Case notes timely; meet basic legal and ethical requirements.	Case notes untimely and/or missing minor ethical requirements.	Fails to meet legal or ethical requirements; untimely.	A2 B1 D7	❑ NA
Additional Competency (Optional)						❑ NA

Case Conceptualization and Formulation Assignment:

Upload a case conceptualization/formulation paper (approx. 3-5 pages) that includes the following:

Conceptualization 2-3 pages
Questions to be answered
Orienting Information including client description, any outside testing or consultations and/or referral information
Presenting Concerns
Clinical Observations
Client Strengths
Support System
Educational Background
Medical/Trauma/Loss History

Case Formulation 1-2 pages
Include in this section a theoretical conceptualization of client. Use at least three of the theories below and integrate into the discussion. The Counseling Conceptualization Form should also be uploaded and can be used to guide your conceptualization.

Attachment and Family System
Trauma/Crisis
Learning and Behavior
Constructive/Cog Development/Self as Agent:
Schema/Cognitive Distortions
Existential
Life Span/Life Transition
Culture/Context: see potential areas for discussion below:
Cultural background of client or clients
Role of family and cultural messages received and/or internalized
Role of culture and context in contributing to reported concerns/symptoms
Role multiple identities play if any in reported concerns/symptoms
Effect cultural differences have on the relationship with significant others
Barriers imposed by oppression, privilege as realized in societal and institutional norms

Outcome Goals for client
Name at least two goals for this client

Potential treatment recommendations
Name at least one treatment recommendation for each goal
(You are not doing a treatment plan key assignment this semester so you do not need to fill out a separate treatment plan.)

Counseling Case Conceptualization Rubric
Clinical Mental Health Counseling, Version 1.2

Date: _____
Student: _____
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 significantly beyond developmental level
3=Proficient: Understanding of concepts/skills evident
2=Emergent: Minor conceptual and skill errors; in process of developing
1=Non-existent: Significant remediation needed; deficits in knowledge/skills
NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

	4	3	2	1	Comp	Score
Introduction	Sophisticated intro that identifies client, age, ethnicity, occupation, grade, etc. Descriptions clearly set context for understanding problem.	Identifies client, age, ethnicity, occupation, grade, etc.	Missing 1-2 identifiers.	Missing, incorrect or significant problem with identifiers and/or significant involved parties.	C7 D7	❑ NA
Presenting Concern	Description of problem provides sophisticated description of all stakeholders' views; word choice conveys empathy with each perspective; clear conceptualization including major and minor stakeholders.	Include clear description of problem for each person and key stakeholders.	Minor problems or lack of clarity with problem descriptions; missing stakeholders.	Significant problems with problem descriptions; missing key perspectives; incorrect characterization.	C7 C8	❑ NA
Background Information	Includes sophisticated summary of trauma, substance abuse, and recent and past events. Selection of information conveys insightful, thorough . conceptualization.	Includes summary of trauma, substance abuse, and recent and past events. Provides clear overview.	Insufficient, minimal or missing background information. Basic information there but no clear development of conceptualization	Significant information missing; unable to identify significant events.	A6 A9 C6 G4 H2 H4 K3 K5 L3	❑ NA

Client/ Relational Strengths	Sophisticated description of individual, relational, and spiritual strengths, resources, and resiliency. Highlight meaningful strengths, make creative, insightful choices; clear clinical relevance.	Clear description of individual, relational, and spiritual strengths, resources, and resiliency.	Underdeveloped description of strengths. Difficulty identifying useful strengths.	Significant problems identifying clinically relevant strengths (e.g. poor choice, insufficient number, etc.)	A5	❑ NA
Attachment & Family Systems	Sophisticated, clear and detailed analysis of family dynamics, expands understanding of attachment; useful for setting goals. Adapts for diversity	Identifies key family dynamics and patterns. Has basic conceptualization of attachment and attachment styles	Minor problems with family analysis; lacks clarity. Vague connection between attachment and later history	Inaccurate understanding of family systems concepts; Inaccurate conceptualization of how attachment influences behaviors		❑ NA
Trauma/ Crisis	Selective and sophisticated use of trauma/crisis to describe client problems/concerns.	Basic understanding of trauma/crisis and appropriate timing in use of crisis interventions	Minor problems in describing how trauma is implicated in client narrative. Misses assessment of crises	Inaccurate understanding of trauma/crisis. Inability to integrate appropriately in conceptualization.		❑ NA
Learning and Behavior	Sophisticated, detailed analysis of problem symptoms with information about frequency, duration, and triggers, useful for formulating interventions. Adapts for diversity.	Identifies behavioral symptom with at least two areas of baseline details.	Minor problems with behavioral analysis; lacks sufficient detail.	Inaccurate baseline; problems identifying measurable behavior.	A5 F3 G2	❑ NA
Constructive/Cognitive Dev/Self as Agent	Sophisticated description of cognitive/constructive development that adds to understanding of client, can be used to focus client goals. Adapts for diversity.	Basic conceptualization of cognitive and constructive development identifying salient aspects of client's ego/moral development.	Minor problems with description of cognitive/constructive development.	Descriptions inaccurate; inaccurate understanding of cognitive developmental concepts.	A5 F3 G2	❑ NA
Existential Analysis	Insightful analysis of existential issues that adds to understanding of presenting problem, can	Identifies existential issues that fit with other elements of conceptualization.	Minor problems with existential analysis; minimal information.	Descriptions inaccurate; inaccurate	A5 F3 G2	❑ NA

	be used to focus client goals. Adapts for diversity.			understanding of existential concepts.		
Cognitions; Schema Analysis/ Cognitive Maps/ Distortions	Sophisticated analysis of cognitions that perpetuate problem; description easily used to formulate interventions. Adapts for diversity.	Identifies problem cognitions.	Minor problems with cognitive analysis; lacks clarity.	Inaccurate application of cognitive concepts.	A5 F3 G2	❑ NA
Life Span/Life Transition	.Detailed and sophisticated understanding of Erikson tasks related to life tasks Sophisticated use of life transition and turning points that describe client narrative	Basic understanding of transitions as it relates to client's life and developmental tasks. Appropriate use of life transitions and milestones to illuminate client's narrative.	Missed opportunities to use life style, developmental tasks and life transitions to describe client narrative. Minor problems in using Erikson to conceptualize development.	Inaccurate and/or inappropriate use of life span/life tasks/Erikson stages in describing client concerns.	A5 C8 F3 G2	❑ NA
Culture/ Context Narrative and Diversity	Insightful, detailed description of dominant discourses (social, family, other) and effects on identities and problem; demonstrates unusually sophisticated understanding of diversity issues and how they impact problem.	Clear, basic description of dominant discourses (social, family, other) and effects on identities and problem; demonstrates general understanding of diversity issues and how they impact problem.	Vague, unclear description of dominant discourses (social, family, other) and effects on identities and problem; does not demonstrate clear understanding of diversity issues and how they impact problem.	Misses impact of key dominant discourses and/or diversity issues.	A5 D2 E1 E2 E5 G2	❑ NA
Client Perspective	Sophisticated and insightful identification of areas of agreement, disagreement; able to identify subtle, clinically relevant areas of potential difference; creative yet realistic plan for addressing differences.	Able to identify general areas of agreement, disagreement; realistic plan for addressing differences.	Minor problems identifying areas of agreement and disagreement; may be vague or miss issues; vague or problematic plan for addressing.	Significant problems identifying client perspective and areas of agreement, disagreement, and/or strategies to manage. Does not demonstrate understanding of key client perspectives.	F3	❑ NA
Overall Conceptualization: Quality of Assessment	Overall report systematically integrates available information to develop sophisticated,	Overall report integrates available information to develop a clinically relevant	Minor problems with integration and consistency across areas of assessment. Does not	Significant problems with integrating areas of assessment; numerous	D7 G1	❑ NA

	clinically relevant conceptualization; all assessment areas are consistent, developing a clear depiction of systemic functioning. Provides well-articulated focus for treatment.	conceptualization; majority of assessment areas are consistent, developing a clear depiction of systemic functioning. Provides general focus for treatment.	provide a single, clear focus for treatment.	inconsistencies; no clear focus of treatment.		
Additional Competency (Optional)						❑ NA
Additional Competency (Optional)						❑ NA

Treatment Plan (Counseling Version 1.2)

Counselor:_____ **Client ID #:**_____

Theory:_____

Primary Configuration: ❑Individual ❑Couple ❑Family ❑Group:_____

Additional: ❑Individual ❑Couple ❑Family ❑Group:_____

Diagnosis(ses): _____ **Medication(s):** ❑ NA ❑ _____

Contextual Factors considered in making plan: o Age o Gender o Family dynamics o Culture o Language o Religion o Economic o Immigration o Sexual Orientation oTrauma oDual dx/comorbid o Addiction o Cognitive ability oOther:_____

Describe how plan adapted to contextual factors:_____

_____

I. Initial Phase of Treatment (First 1-3 sessions)

I. A. ***Initial Therapeutic Tasks***

1. Develop working counseling relationship. Note: _____

   Relationship building intervention:_____

2. Assess individual, systemic, and broader cultural dynamics. Note:_____

   Assessment strategy:_____

   Assessment strategy:_____

3. Define and obtain client agreement on treatment goals. Note:_____

   Goal making process:_____

4. Identify referrals, crisis issues, and other client needs. Note:_____

   Crisis Assessment: _____

   Referrals:_____

I .B. ***Initial Client Goals*** *(1-2 Goals):* Manage crisis issues and/or reduce most distressing symptoms

Initial Phase Client Goal #1

❑Increase ❑Decrease_____(personal/relational dynamic) to reduce _____(symptom).

Measure: Able to sustain _____ (behavior) for period of __❑weeks ❑months with no more than __ mild episodes of _____(symptom).

Intervention #1:_____

Intervention #2:_____

II. Working Phase of Treatment (Sessions 2+)

II. A. ***Working Therapeutic Tasks***

1. Monitor progress towards goals. Note: _____

   Intervention/Assessment:_____

2. Monitor quality of the working alliance. Note:_____

   Intervention/Assessment:_____

II.B. ***Working Client Goals*** *(2-3 Goals).* Target individual and relational dynamics using theoretical language (e.g., decrease avoidance of intimacy, increase awareness of emotion, increase agency, etc.)

Working Phase Client Goal #1

❑Increase ❑Decrease_____(personal/relational dynamic) to reduce _____(symptom).

Measure: Able to sustain _____ (behavior) for period of __❑weeks ❑months with no more than __ mild episodes of _____(symptom).

Intervention #1:_____

Intervention #2:_____

Working Phase Client Goal #2

❑Increase ❑Decrease_____(personal/relational dynamic) to reduce _____(symptom).

Measure: Able to sustain _____ (behavior) for period of __❑weeks ❑months with no more than __ mild episodes of _____(symptom).

Intervention #1:_____

Intervention #2:_____

Working Phase Client Goal #3

❑Increase ❑Decrease_____(personal/relational dynamic) to reduce _____(symptom).

Measure: Able to sustain _____ (behavior) for period of __❑weeks ❑months with no more than __ mild episodes of _____(symptom).

Intervention #1:_____

Intervention #2:_____

III. Closing Phase of Treatment (Last 2+ weeks)

III.A. ***Closing Therapeutic Tasks***

1. Develop aftercare plan and maintain gains. Note:_____

Intervention:_____

III. B. ***Closing Client Goals*** (*1-2 Goals):* Determined by theory's definition of health and normalcy

Closing Phase Client Goal #1

❑Increase ❑Decrease_____(personal/relational dynamic) to reduce _____(symptom).

Measure: Able to sustain _____ (behavior) for period of __❑weeks ❑months with no more than __ mild episodes of _____(symptom).

Intervention #1:_____

Intervention #2:_____

Closing Phase Client Goal #2

❑Increase ❑Decrease_____(personal/relational dynamic) to reduce _____(symptom).

Measure: Able to sustain _____ (behavior) for period of __❑weeks ❑months with no more than __ mild episodes of _____(symptom).

Intervention #1:_____

Intervention #2:_____

Client Perspective

Has treatment plan been reviewed with client: ❑ Yes ❑ No; If no, explain:_____

Describe areas of client agreement and concern: _____

_____

_____,_____ _____ _____,_____ _____

Counselor's Signature, Intern Status Date Supervisor's Signature, License Date