

CLC 6636—PRACTICUM IN COUNSELING
ASHLAND THEOLOGICAL SEMINARY
Fall Semester 2020
Day and Time: TBA

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I. COURSE DESCRIPTION:

The Practicum is an opportunity for students to acquire additional counseling skills, experience, and other expertise as counselor trainees. For the first time, students will have the opportunity to employ learned techniques, theoretical knowledge, and other abilities to help actual clients. Clinical skills emphasized in this course include, but are not limited to, establishing a therapeutic relationship, assessment, diagnosis (using the DSM-5), case conceptualization, counseling techniques, utilization of supervision and case consultation, and case presentation skills. Students will be presented with further opportunities to improve self-awareness within the counseling process, including the identification of strengths, limitations, and challenges for further development.

II. STUDENT LEARNING OBJECTIVES:

This course format consistently meets the same quality, assessment, learning outcomes and requirements of the traditional semester course format.

In this class, you will,

1. demonstrate proficiency in using helping skills in preparation for work with actual clients (PSO2, PSO3, PSO4, PSO5);
2. develop your identity as a professional counselor, especially in the refinement of the Core Counseling Characteristics (PAO1, PAO2, PAO3, PAO4);
3. apply skill in establishing therapeutic relationships, assessment (including diagnosis), treatment planning (including case conceptualization), treatment implementation, and evaluation of the counseling process and outcomes (PSO2, PSO3, PSO4, PSO5);
4. exhibit sensitive, ethical, and legal care for clients from diverse backgrounds (e.g., socioeconomic, gender, racial, ethnic, religious; KO2, KO3, KO7, KO9, PSO1, PSO4); and
5. demonstrate skill in using individual and group supervision effectively, establishing and maintaining collegial relationships, giving and receiving feedback with peers and supervisors, and improving critical self-reflection and evaluation (PSO1, PSO3).

III. KNOWLEDGE BASE:

A. CACREP—The material in this course is designed to meet the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) curriculum standards for masters training. The specific standard (Section 3: Professional Practice) states that “Professional practice, which includes practicum and internship, provides for the application of theory and the development of

counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.”

CACREP CMHC STANDARDS MET IN THIS COURSE INCLUDE:

- A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
- B. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
- C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
- D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.
- E. In addition to the development of individual counseling skills, during *either* the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.
- F. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.
- G. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
- H. Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
- I. Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

B. Ohio Educational Requirement for Admission to the Examination for Professional Counselor Licensure—This course meets the Ohio Administrative Code (OAC) requirement for Practicum—4757-13-01(A)(4)(c)(i-ii).

IV. TEACHING STRATEGIES FOR STUDENT LEARNING:

This course will utilize a variety of learning approaches including, but not limited to lectures, small group discussions, reflections, and assignments designed to help foster students' critical thinking skills. Students will meet in their small groups led by a qualified professional. Within the small group, students will focus upon counseling skills development with special attention given to case conceptualization, as well as upon professional growth. This will be accomplished primarily through assigned case presentations, interactions within the group, and discussion of the Practicum experience.

V. REQUIRED TEXTS

1. Sweitzer, H.F. & King, M.A. (2019). *The Successful Internship*, 5th Edition. Cengage. ISBN: 9781305966826
2. American Counseling Association. (2014). *ACA code of ethics*.
<https://www.counseling.org/knowledge-center/ethics>
3. *Clinical Mental Health Counseling (CMHC) Practicum Handbook*. Available for download from the ATS webpage (as well as all forms necessary for the Practicum experience).
4. *Overview for the Counselor Trainee*. And “*CT Frequently Asked Questions*” (see below).
5. Association for Counselor Education and Supervision (ACES). (2011). *Best Practices in Clinical Supervision*, <http://www.acesonline.net/resources/best-practices-clinical-supervision>
6. Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, 2009). *Competencies for addressing spiritual and religious issues in counseling*.
<http://www.aservic.org/resources/spiritualcompetencies/>

VI. COURSE SCHEDULE (Subject to change):

Week	Topic	Reading and Other Assignments
1	Introduction, overview of key documents; Explore the “Possible Key Topics for Practicum”	Syllabus, “ <i>CMHC Practicum Handbook</i> ,” “ <i>ACA Code of Ethics</i> ,” “ <i>(Overview for the) Counselor Trainee</i> ,” “ <i>CT Frequently Asked Questions</i> ”; Complete the “Possible Key Topics for Practicum”; Submit Proof of insurance
2	The person of the counselor: self-care, addressing anxiety, & spiritual formation	
3	Counseling techniques; building, monitoring, maintaining the therapeutic alliance	ASERVIC Competencies
4	Suicide	Case studies begin
5	Treatment planning overview	Case study
6	Optional “Key Topics for Practicum” #1; Integrating spirituality into counseling	Case study
7	Mid-term course evaluation – “What should we keep/start/stop doing?” to improve the Practicum experience?	Case study
8	Supervision “best practices”; Stoltenberg's IDM Model	ACES Best Practices in Clinical Supervision (Case study, if needed)
9	Optional “Key Topic” #2	Case study
10	Documentation	Case study
11	Optional “Key Topic” #3	Case study
12	Optional “Key Topic” #4	Case study
13	Optional “Key Topic” #5	Case study

14		Case study; All Paperwork Due
15		Wrap Up; Instructor's CCEC

VII. GRADING ELEMENTS

1. Professionalism and Positive Course Engagement— (25 points) This class provides you with further opportunities for professional growth. Professionalism in class and at your Practicum site is expected and involves much more than you simply showing up. Therefore, expectations for this class include:

- promptness (arriving to class on time and meeting class requirements when due),
- preparation (e.g., actively reading and processing assigned materials for each class session),
- presence (e.g., as evidenced by your in-class verbal and non-verbal behavior),
- positive participation (during class and at your site), and
- professionalism (in your manner and conduct; in your submitted work, etc.).

Attendance at all face-to-face class sessions is expected. Regardless of the reason for absence, if you miss more than the equivalent of two class sessions, you may be required to do additional work, receive a lower grade or withdraw from the class (at the professor's discretion). It is your responsibility to acquire missed materials and/or handouts from other students. You are encouraged to monitor your professionalism and course engagement and to seek feedback from others (e.g., the professor, site supervisor, other students) as deemed prudent.

You will need to assume primary responsibility for success in the Practicum. To do so, 1.) carefully and closely read, review, and heed the course syllabus and the *Clinical Mental Health Counseling (CMHC) Practicum Handbook* and 2.) never be shy about asking questions or approaching the Professor for help. Doing so will not communicate that you are somehow "lacking" or are a "poor student." Instead, asking questions and seeking help will communicate that you are serious about succeeding and are willing to do what it takes. This is a message you definitely want to communicate.

Participation in field activities and student liability insurance—You are required to a.) secure a suitable site and supervisor (LPCC-S/PCC-S) for your Practicum before the beginning of the current semester (unless a "preferred site" is provided for you by the program), b.) regularly accrue Practicum hours during the semester, c.) cooperate with assigned site tasks and procedures, and d.) be receptive to direction by field supervisors.

Prior to counseling any clients, you must have purchased student liability insurance, which must be maintained current throughout the Practicum. Proof of insurance (i.e., photocopy of policy) must be submitted to the small group leader the first day of Practicum class. Students generally purchase such insurance through student membership in a professional organization (e.g., ACA) or through a private insurer. You are referred to the CMHC Practicum Handbook for specifics on beginning the Practicum. See your small group Instructor, Ms. Hord, or Dr. Glass for further clarification.

2. Case Study Presentation: (75 points) Each student will be responsible for presenting one counseling case study to the small group. The case study for the Practicum may be on an actual (preferred) or mock client. The student will provide a copy of the case study to the small group

professor and all class members one week prior to the student's in-group presentation using published case study guidelines (included below). Case presentations are NEVER to be emailed to group members or the professors. Remember to preserve client confidentiality in the case study.

Other group members are expected to review and constructively critique the case study prior to the in-class presentation and offer feedback to the Counselor Trainee during the presentation. If deemed necessary by the small group leader, the student will submit a final version of the case study to the small group leader at the next class session, incorporating the feedback and revisions. Passing this course grading element will depend upon the student's conceptualization of the case, organization and analysis of the client information, in-class presentation of the case, and willingness to receive and incorporate constructive feedback into the final version.

3. Paperwork: (50 points) Learning and applying counseling skills is a complex endeavor which improves with experience and training. Students are encouraged to remember that at this stage of their personal and clinical development, they are continuing the journey and are not expected to be experts in counseling. To aid in students' development, evaluations will be collected from the field supervisor(s), the small group professor, fellow class members (see section on case presentation), and students will be asked to evaluate themselves. (See the "Practicum Paperwork Checklist" below.)

Late Assignments: Failure to complete and submit assignments on time may, at the discretion of the professor, result in not passing the course. The professor and the small group instructor must be notified in advance of any absences or any difficulties in meeting due dates for assignments.

VIII. CALCULATION OF GRADE AND CONNECTION TO LEARNING OUTCOMES: Points are assigned below and in assignment description.

Assignment	Student Learning Outcomes	CACREP CMHC Standards	Grade
Professionalism & Positive Engagement	1,2,3,4,5		25/16%
Case Study Presentation	1,3,4	A.8, B.1, B.2, D.5	75/50%
Paperwork	1,2,3,4,5	A.8, B.1, B.2, D.1, D.2, D.4, D.5, D.6, D.7, D.8, D.9	50/34%

IX. ATS GRADING SCALE

Grade	Quality	Percent	Description
A	4.0	97-100	Superior achievement of course objectives, diligence and originality, high degree of freedom from error, outstanding evidence of ability to utilize course knowledge, initiative expressed in preparing and completing assignments, positive contributions verbalized in class.
A-	3.7	92-96	
B+	3.3	89-91	
B	3.0	86-88	Good work submitted, commendable achievement of course objectives, some aspects of the course met with excellence, substantial evidence of ability to utilize course material,

			positive contributions verbalized in class, consistency and thoroughness of work completed.
B-	2.7	83-85	
C+	2.3	80-82	
C	2.0	77-79	Acceptable work completed, satisfactory achievement of course objectives, demonstrating at least some ability to utilize course knowledge, satisfactory class contribution.
C-	1.7	74-76	
D+	1.3	71-73	
D	1.0	68-70	Passing but minimal work, marginal achievement of course objectives, poor performance in comprehension of work submitted, inadequate class contributions.
D-	0.7	65-67	
F	0.0	Below 65	Unacceptable work resulting in failure to receive class credit, inadequacy of work submitted or of performance and attendance in class.

X. RECOMMENDATIONS FOR LIFELONG LEARNING

Students are encouraged to continue learning about addictions and addiction counseling issues through intentional efforts, throughout their careers, to read and research up-to-date literature on the topic. Upon graduation, students are especially encouraged to attend seminars, workshops, and conferences in this area of interest for continuing education and specialization. Students are encouraged to remain informed and updated about cultural and societal shifts and trends regarding addiction and its treatment.

XI. ACADEMIC INTEGRITY POLICY

Ashland Theological Seminary seeks to model servant leadership derived from biblical standards of honesty and integrity. We desire to encourage, develop, and sustain men and women of character who will exemplify these biblical qualities in their ministry to the church and the world. As members of the seminary community, students are expected to hold themselves to the highest standards of academic, personal, and social integrity. All students, therefore, are expected to abide by the academic integrity standards outlined in the Student Handbook.

XII. ASHLAND MULTILITERACY CENTER

The Ashland Multiliteracy Center can help you brainstorm, draft, and revise your writing assignments in your graduate Seminary classes. Masters and doctoral qualified Consultants can advise you online or in person. To schedule an appointment, visit Ashland Multiliteracy Center and select “Online and Graduate” from the schedule menu.

XIII. ACCESSIBILITY RESOURCES AND ACCOMMODATIONS

It is Ashland University’s goal that learning experiences be as accessible as possible. If you anticipate or experience physical or academic barriers based on a disability, please contact the Student Accessibility Center at 419-289-5904, or send an email to dservices@ashland.edu. The Student Accessibility Center office and the course instructor will work together in order to establish accommodations and to meet your learning needs.

PRACTICUM PAPERWORK CHECKLIST

Listed below is the paperwork required. Any student who is unable to accrue the required 100 hours by the end of the current semester will continue on with Practicum and must notify the group instructor and Practicum Coordinator by week 14 of insufficient hours for completion. That student will submit all the paperwork listed below EXCEPT for the Verification of Completion of Practicum Hours form.

Assignment	Points	Due Date
Practicum Affiliation Agreement	2pts.	November 1 st for Spring Practicum April 1 st for Summer Practicum July 1 st for Fall Practicum
Proof of Professional Liability Insurance and CT status	3pts.	1 st class (before seeing clients)
"Possible Key Topics for Practicum"	5pts	2 nd class
Supervisor Evaluation of Student CT	5pts	15 th week
Supervisor Observation form	5pts	15 th week
Student evaluation of supervisor	5pts	15 th week
Student evaluation of site	5pts	15 th week
Student Self Evaluation (CCEC form)	5pts	15 th week
Instructor Evaluation (CCEC form)	5pts	15 th week
Practicum Log sheet of Hours	5pts	15 th week
Verification of Completion of Practicum Hours form	5pts	15 th week

Overview for the Counselor Trainee

(from <http://cswmft.ohio.gov/Counselors/CounselorTrainee.aspx>)
Compiled by Mike Reuschling, Ph.D., LPCC-S, February 9, 2017

This is a brief overview of the law concerning counselor trainee approval. It is your responsibility to read the Laws and Rules for a full understanding of the requirements for CT approval. We strongly suggest you also read the counselor trainee's "frequently asked questions" before getting started.

A counselor trainee is an individual seeking licensure as a professional counselor. In order to qualify for training status, they must be enrolled in a practicum or internship in a counselor education program. They must be of good moral character and complete the BCI/FBI background check. Counselor Trainees need to apply for the credential and provide proof of enrollment in a master's or doctoral-level counseling practicum or internship course for (the) current/future academic term(s) in order to receive training status. CT status needs to be updated with each quarter or semester, with the CT extension form, and updated proof of enrollment.

Students are not required by the board to have counselor trainee status to complete their practicum or internship requirements. However, the agency where you are working may need you to have CT status in order to bill for your services. If your CT status were to expire you might not be allowed to see clients. If your agency still lets you see clients, you may NOT identify yourself as a CT until the registration is active again. The CMHC program requires all students to obtain CT status.

When you are given CT status, the dates will reflect the beginning and end of the semester PLUS 8 EXTRA WEEKS. This 60-day grace period extends your CT status, which would otherwise expire on the last day of your quarter or semester. This extra time is to help you avoid waiting for your CT status to be updated. Therefore, it is important that you submit your CT extension form at the end of your semester to avoid delays.

Counselor trainee can only be supervised by an LPCC-S. These supervisors cannot list more than six training supervisees on their license.

Excerpt from 4757-17-01(E)(1)

Students enrolled in a practicum or internship prior to receiving their counseling degree are eligible for "counselor trainee" status as defined in paragraph (T) of rule 4757-3-01 of the Administrative Code, if they are doing so in Ohio. Students are not required by the board to have counselor trainee status to complete their practicum or internship requirements, including the provision of supervised counseling services, but may be required to obtain registration as a counselor trainee by the supervising agency as a condition of acceptance for practicum or internship. A student may also voluntarily choose to apply for registration as a counselor trainee.

Excerpt from 4757-17-01(E)(g)(h)

Have the same scope of practice as a professional counselor in rule 4757-15-01 of the Administrative Code, but require much closer supervision during the training process;

(h) Counselor trainee status is not a substitute for licensure and is only valid at the school approved field placement site(s) where the student is completing his or her field placement, and through the dates listed on the board's online license verification system.

Excerpt from 4757-17-01(E)(2)

Counselor trainee status is not a substitute for licensure and is only valid at the school approved field placement site(s) where the student is completing his or her field placement, and through the dates listed on the board's online license verification system

“CT Frequently Asked Questions” – available at

<http://cswmft.ohio.gov/Counselors/CounselorTrainee/CounselorTraineeFAQ.aspx#8251-1-what-are-the-steps-to-counselor-trainee>

SUGGESTED READINGS (*NOT* required but intended to be of current and future help)

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders: DSM-5. American Psychiatric Publishing.

American Psychological Association (2015). APA Dictionary of Psychology (2nd edition). American Psychological Association.

Corey, G. (2016). Theory and practice of counseling and psychotherapy (10th edition). Thomson Brooks/Cole.

Egan, G. (2013). The Skilled Helper (10th edition). Cengage.

Faiver, C., Eisengart, S., and Colonna, R. (2003). The Counselor Intern's Handbook (3rd edition). Brooks Cole.

Gersten, A. (2012). Integrative Assessment: A Guide for Counselors. Pearson.

Jones, S. and Butman, R. (2011). Modern Psychotherapies: A Comprehensive Christian Appraisal (2nd edition). IVP Academic.

Jongsma, A., Peterson, L., and Bruce, T. (2014). The Complete Adult Psychotherapy Treatment Planner (5th edition). Wiley.

McMinn, M. (2011). Psychology, theology, and spirituality in Christian counseling (2nd edition). Tyndale House Publishers.

McMinn, M. and Campbell, C. (2007). Integrative Psychotherapy: Toward a Comprehensive Christian Approach. IVP Academic.

McRay, B., Yarhouse, M., and Butman, R. (2016). Modern Psychopathologies: A Comprehensive Christian Appraisal (2nd edition). IVP Academic.

Mitchell, R. W. (2009). Documentation in counseling records: An overview of ethical, legal, and clinical issues (3rd edition). American Counseling Association.

Morrison, J. (2014). DSM-5 Made Easy: The Clinician's Guide to Diagnosis. The Guilford Press.

Reber, A., Reber, E., and Allen, R. (2009). The Penguin Dictionary of Psychology (4th edition). Penguin Books.

Zuckerman, E. (2010). Clinician's Thesaurus: The Guide to Conducting Interviews and Writing Psychological Reports (7th edition). Guilford Press.

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POSSIBLE KEY TOPICS FOR PRACTICUM

(Practicum will concentrate upon the person of the CT, the CT in supervision, and client care)

Check and/or list **up to 5** topics that you are interested in exploring in this semester's Practicum group.

- Assessment (intakes; using the 5-fold model of assessment)
- Differential diagnosis (using the 5-fold model of differential diagnosis)
- Helpful case conceptualizations (including spiritual themes)
- Integration of McMinn's "Psychology, theology, and spirituality" in clinical counseling
- CBT
- Spiritual-religious "inoculation" (preparing for and navigating unsupportive clinical contexts while being "*wise as serpents, gentle as doves*," Matt. 10:16)
- Applied ethics (basic)
- Applied multicultural counseling (ASERVIC, AMCD competencies)
- Structured/directed case studies (possibly videotaped)

- Other: _____

- Other: _____

- Other: _____

Name (optional) _____

CLC 6636—PRACTICUM IN COUNSELING GUIDELINES FOR CASE STUDY PRESENTATION FORMAT

PURPOSE: Case studies will be used to aid your professional development in **three key areas**; 1.) client care, 2.) the person of the counselor as counselor (professional growth, including self-awareness), and 3.) the supervisory relationship (e.g., the presence or absence of ACES “best practices”).

PREPARING FOR THE PRESENTATIONS:

- You may use an actual (preferred) or mock client for your case study.
- You have until the 3rd week of the semester to sign up for the date of your case study presentation.
- One class session prior to your scheduled presentation date, you will provide each group member with a written copy of your case presentation (using the guidelines below).
- The written copy should use 11- or 12-point font and 1 ½ or double line spacing. Outline format is preferred (but not required) and the write-up should not exceed three pages. Include your name and date of your presentation at the top of each page.
- All group members will review the write-ups prior to the scheduled presentation date.

CASE STUDY PRESENTATION IN CLASS: The following are guidelines for your case study presentation in class. Plan on about one hour for the entire presentation.

- Begin with prayer, asking for the Spirit’s guidance and help.
- Remind group members of your three questions they are to help you with.
- Present a broad overview of the case (the “big picture,” “pulling focus”). Do not simply read the presentation to the group.
- **No** information is to be included in your case study which would help anyone to identify the client.
- Once the overview is completed, you and the group will dialog about your case study. Keep the focus on your three questions. Your class instructor will help facilitate this time of critical thinking about case and questions (see the “critical thinking examples” below).
- Following processing, all members are to return the written case study to you for your review of any written comments they have made. You are responsible for destroying copies after reviewing them.
- Feedback given in the group does **not** constitute clinical supervision! You are responsible for abiding by your supervisor’s directives regarding your care or any client.

CRITICAL THINKING EXAMPLES: Critical thinking allows all group members to expand their understanding of the client, counselor, and supervisory relationship. The following are examples of critical thinking about the presentation:

- What kind of therapeutic alliance does the student have with this client? What obstacles are present which may impede a strong working alliance with this client?
- Does this diagnosis best fit this client? Does dialog go beyond simply diagnosis to discussion of the value/harm of diagnostic labels, cultural understandings of disorders, etc.?
- What themes emerge from this case? Do these expand case conceptualization?
- Are group members’ worldviews helping or hindering understanding of the client’s story? Are members open to reflecting on personal blind spots and assumptions regarding the client’s story?
- Is anything being missed in the presentation or processing?

CASE PRESENTATION OUTLINE: Include all information from the seven sections (and sub-sections) below, in order, in your write-up. Demonstrate sound clinical knowledge, skill, and critical thinking.

1. Your Name and the Date of your Presentation:

2. Question 1: Client care: What would you like the group's help with regarding the care of the client below? Why did you select this question about your client's care? (Why is your question an important one?) What steps, if any, have you taken to answer this question on your own?

SECTION I: CLIENT CARE (Allow 35-40 minutes for processing)

3. Brief Client Overview

- A. **Demographic description** - e.g., age, race/ethnicity, gender, occupation, education, marital/family status; **Be sure to keep the client's identity confidential;**
- B. **Presenting problem(s)** - the client's actual words about why she has come for counseling at this particular time; include the referral source;
- C. **Brief history of the presenting problem(s)** - approximate date of onset, triggering events, symptoms and their intensity, interference, frequency, changes noted;
- D. **Assessment findings** – use the attached **5-fold model of assessment** as a template for **briefly** summarizing each important client domain, including both risks and resources;
- E. **Past and present diagnosis** - "*reasoned, reasonable, and defensible*" in the proper DSM-5 format, based upon the attached **5-fold model of diagnosis**;
- F. **Case conceptualization** – the "case conceptualization," "theory of the client," and/or other conceptual/theoretical "lens" which helps you understand the client and her issues (**Note:** Possible "lenses" include the medical model, a preferred counseling theory such as CBT, and/or a preferred spiritual-religious framework.)

4. Treatment Plan

- A. **Identified "evidence-based treatments"** ("EBTs," if any) for treating the client's diagnosis (be prepared to present the source of these if asked in the group)
- B. **Treatment goals** – list one or two short-term treatment goals; explain if/how these link to the presenting problem(s)
- C. **Treatment techniques (or interventions)** – list one or two techniques for each goal in "B" above
- D. **Progress to date** –progress made toward these goal(s); method for assessing progress

5. The Therapeutic Alliance: Address all three areas below; use at least some of the prompts provided

- A. **Quality of the working relationship** – "emotional" atmosphere within the counseling relationship (e.g., level of warmth, your honest feelings toward this client, your client's feelings about you), method for determining quality
- B. **Client agreement with treatment goals** – client's true knowledge and understanding of treatment goals (and your method of assessing this); client agreement with goals (and your method of assessing this); "resistance" in session (and interpretation of this *vis a vis* goals)
- C. **Client agreement with treatment techniques** –use of EBTs (why/why not?); clients true understanding of how chosen techniques will help achieve goals (method of assessing this?);

client agreement with chosen interventions; success of interventions so far; “resistance” in session (and interpretation *vis a vis* techniques)

**SECTION II. THE PERSON OF THE COUNSELOR AS COUNSELOR:
PROFESSIONAL GROWTH, INCLUDING SELF-AWARENESS
(Allow 10-15 minutes for processing)**

6. **Question 2: Professional growth** - Choose one of the following two options for group processing.
- Option 1: Selected “Christian Counselor Effectiveness Characteristic”** – You are an advanced standing counseling student who understands the importance of the person of the counselor and the need for continued growth. Therefore;
- a. Select one of the “Christian Counselor Effectiveness Characteristics” you would like the group’s help with for your professional development; list your selection in your write-up;
 - b. Explain in your write-up why you selected this characteristic (why it is important at this stage of your professional development) and how the group might help you with this;
 - c. In your selection and during processing, be willing to take some risks, in service to your growth; do not select a characteristic you are unable or unwilling to process in class; self-care matters;
 - d. The small group leader is to ensure that the focus remains upon the student’s professional development and that processing remains productive.

- Option 2: The integration of spirituality and/or religiosity (S/R) within professional counseling** –Client, counselor, and supervisor S/R plays (or ought to play) a vital role in professional counseling according to the counseling profession. However, the skillful interweaving of S/R and professional counseling requires time, effort, and other resources. To assist in your professional development in this important area;
- a. Select one area from the ASERVIC competencies for further development; list your selection in your write-up;
 - b. Explain in your write-up why you selected this area (why it is important for you at this stage of your professional development) and how the group might help you with this;
 - c. In your selection and during processing, be willing to take some risks, in service to your growth; do not select an area you are unable or unwilling to process in class. Self-care matters.

**III. THE SUPERVISORY RELATIONSHIP
(Allow 10-15 minutes for processing)**

7. **Question 3: The supervisory relationship** – In service to your growth as a supervisee and a possible future as a supervisor;
- a. Select one of the twelve more “general” ACES “Best practices in clinical supervision” which you see as especially relevant to you at this time (e.g., “2. Goal-setting,” “5. The supervisory relationship.”); list your selection in your write-up;
 - b. Explain in your write-up why you selected the best practice you did (why it is important for you at this stage of your professional development) and what you would like from the group;

- c. Feel free to use sub-points under your selected best practice to aid in processing within the group;
- d. In your selection and during processing, be willing to take some risks, in service to your growth; do **not** select a practice you are unable or unwilling to process in class. Self-care matters.

Case Presentation Rubric

	0	3	5
Submission prior to presentation	Submitted day of presentation	Submitted less than one week, but greater than one day prior to presentation	Submitted at least one week prior to presentation
Written Presentation	Does not follow guidelines, hard to comprehend	Some grammatical errors in written format	Well documented written presentation
Client Care	Provided no insight into needs for collaboration	Provided unclear insight into needs of collaboration	Provided clear needs for collaboration
Client Overview	0-2 elements addressed	3-4 elements addressed	5-6 elements addressed
Treatment Plan	0-1 elements addressed	1-2 elements addressed	3-4 elements addressed
Therapeutic alliance	0 elements addressed	1-2 elements addressed	2-3 elements addressed
Person of the counselor as counselor	Did not choose or address either option	Chose an option, but did not address for group processing	Chose and addressed adequately option for group processing
Self-awareness	Unaware of professional behaviors and implications for case	Somewhat aware of professional behaviors and implications for case	Demonstrated awareness of professional behaviors and implications for case
Supervisory Relationship	Did not address growth as supervisee or potential as future supervisor	Inadequately explored growth as supervisee or potential as future supervisor	Adequately explored growth as supervisee or potential as future supervisor
Critical Thinking Skills	Demonstrated no critical thinking in the presentation	Demonstrated some critical thinking skills	Demonstrated clear use of critical thinking skills
Case Conceptualization	Demonstrated no case conceptualization	Demonstrated some basic concepts in developing case conceptualization	Demonstrated clear case conceptualization
Response to Feedback	Not receptive to feedback	Somewhat receptive to feedback	Receptive to feedback
Overall presentation	Read from documents; little engagement with group	Relied heavily on document, some interaction with group	Used document as guide; engaged group readily
Professionalism	Displayed little professional behaviors	Displayed average professional behaviors	Displayed superior professional behaviors