I. COURSE DESCRIPTION:
An internship is a post-practicum, on-the-job experience in professional counseling that enables the student to refine and enhance basic counseling skills and to integrate professional knowledge and skills. The internship involves work with bona fide clients and is under the tutelage of an on-site supervisor who is an independently-licensed mental health professional, acceptable to the Ohio Counselor and Social Worker Board. In CLC7796 the student will engage in her initial Internship experience and in CLC7797 and CLC7798 she will continue the experience of an “on-the-job” internship in professional counseling under the oversight of an on-site supervisor.

II. STUDENT LEARNING OUTCOMES: As a result of this course, students will:
1. develop a professional counselor identity as evidenced by the refinement of “core counseling characteristics” (PAO1, PAO2, PAO3, PAO4);
2. exhibit sensitive, ethical, and legal care for clients from diverse backgrounds (e.g., socioeconomic, gender, racial, ethnic, religious; KO2, KO3, KO7, KO9, PSO1, PSO4);
3. demonstrate proficiency in using helping skills with actual clients (PSO2, PSO3, PSO4, PSO5);
4. employ skill in establishing therapeutic relationships, assessment (including diagnosis), treatment planning (including case conceptualization), treatment implementation, evaluating the counseling process and outcomes, and conducting case presentations (PSO2, PSO3, PSO4, PSO5); 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, J-M) states that “After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.”

CACREP CMHC STANDARDS MET IN THIS COURSE INCLUDE:
• A.8 – Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.
• B.1 – Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
• B.2 – Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in mental health counseling.
• D.1 – Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
• D.2 – Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
• D.4 – Applies effective strategies to promote client understanding of and access to a variety of community resources.
• D.5 – Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
• D.6 – Demonstrates the ability to use procedures for assessing and managing suicide risk.
• D.7 – Applies current record-keeping standards related to clinical mental health counseling.
• D.8 – Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
• D.9 – Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.
• F.1 – Maintains information regarding community resources to make appropriate referrals.
• L.1 – Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.
• L.2 – Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.

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

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 internship experience.

V. REQUIRED TEXTS

2. Clinical Mental Health Counseling (CMHC) Internship Handbook. Available for download from the ATS webpage (as well as all forms necessary for the Internship experience).

REQUIRED TEXTS (continued)
3. (Overview for the) Counselor Trainee. And “CT Frequently Asked Questions” (see below).

4. Section 4757-17-01 of the Ohio Administrative Code (available online at the CSWMFT Board website (Please read and understand this part of the law.) at, http://cswmft.ohio.gov/Portals/0/pdf/CSWMFT%20Board%20Laws%20and%20Rules%204757.pdf


**VI. COURSE SCHEDULE** (Subject to change):

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Reading and Other Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction, overview of assigned readings</td>
<td>Syllabus, “CMHC Internship Handbook,” “ACA Code of Ethics,” “(Overview for the) Counselor Trainee” and “CT Frequently Asked Questions” (below); Complete and submit a completed copy of “Possible Key Topics (“Refreshers”) for Internship” (included below); <strong>Submit Proof of insurance</strong></td>
</tr>
<tr>
<td>2</td>
<td>The person of the counselor (self-care; addressing anxiety; spiritual formation)</td>
<td>Set weekly agenda using compiled information from “Possible Key Topics (“Refreshers”) for Internship”</td>
</tr>
<tr>
<td>3</td>
<td>Integration challenges and opportunities in clinical counseling</td>
<td>Case studies begin, ASERVIC Competencies</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Case studies</td>
</tr>
<tr>
<td>5</td>
<td>Navigating potential values clashes in clinical counseling</td>
<td>Required readings #6, 7, 8</td>
</tr>
<tr>
<td>6</td>
<td>Optional “Key Topic” #1</td>
<td>Case studies</td>
</tr>
</tbody>
</table>
## Mid-term course evaluation

“What should we keep, start, stop doing?” to improve the Internship experience?

<table>
<thead>
<tr>
<th>7</th>
<th>Mid-term course evaluation – “What should we keep, start, stop doing?” to improve the Internship experience?</th>
<th>Case studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Supervision best practices</td>
<td>ACES “Best Practices in Clinical Supervision”</td>
</tr>
<tr>
<td>9</td>
<td>Optional “Key Topic” #2</td>
<td>Case studies</td>
</tr>
<tr>
<td>10</td>
<td>Documentation</td>
<td>Case studies</td>
</tr>
<tr>
<td>11</td>
<td>Optional “Key Topic” #3</td>
<td>Case studies</td>
</tr>
<tr>
<td>12</td>
<td>Optional “Key Topic” #4</td>
<td>Case studies</td>
</tr>
<tr>
<td>13</td>
<td>Optional “Key Topic” #5</td>
<td>Case studies</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>All Paperwork Due</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Wrap Up; Instructor’s CCCE</td>
</tr>
</tbody>
</table>

### VII. GRADING ELEMENTS

1. **Professionalism and Positive Course Engagement:** This class provides the student with further opportunities for professional growth. Professionalism and in class and at the Internship site is expected and these involve much more than the student simply showing up. Therefore, expectations for this class include being;
   - prompt (arriving to class on time and meeting class requirements when due),
   - prepared (e.g., actively reading and processing assigned materials for each class session),
   - present (e.g., as evidenced by your in-class verbal and non-verbal behavior),
   - participating positively (during class and at the student’s site), and
   - professional (in your manner and conduct; in your submitted work, etc.).

According to the *Student Handbook*, attendance at all class sessions is expected, unless the professor has been notified in advance and has approved the absence. Students should be on time and should stay through the duration of all classes. Any student missing more than six class hours (2 weeks) will be required to do additional work, receive a lower grade, audit or withdraw from the class, or be penalized otherwise at the discretion of the professor. It is the student’s responsibility to acquire missed lecture materials and/or handouts from other students. Students are encouraged to monitor their professionalism and positive participation and to seek feedback from others (e.g., the professor, site supervisor, and other students) as deemed prudent.
Regarding participation in small groups, learning increases as student listening and verbal involvement increases. Students are encouraged to take risks and reveal their thoughts about and responses to both the case presentations as well as the counseling work they are conducting with clients. Confidentiality must always be maintained with client information. Therefore, no identifying information is to be shared with the class when discussing your work with clients. Students are encouraged to intentionally look for similarities between their relationships with peers in group and relationships with clients, as discussion of similarities and differences can be very profitable. It is expected that students will openly and honestly consider both client dynamics (i.e., an outward focus) and personal dynamics (i.e., an inward focus) in their work. Student presenters should consider ahead of time what they want as a focus for feedback and ask colleagues directly.

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

**Participation in field activities and student liability insurance**—Students are required to have secured a suitable site and supervisor (LPCC-S/PCC-S) for their Internship before the beginning of the current semester, to regularly accrue Internship hours during the semester, to cooperate with assigned site tasks and procedures, and to be receptive to direction by field supervisors.

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

**2. Case Study Presentation:** Each student will be responsible for presenting one counseling case study to the small group. 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:** 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 “Internship 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:** Internship will be a Pass/Fail course with no letter grade assigned.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Student Learning Outcomes</th>
<th>CACREP CMHC Standards</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism &amp; Positive Engagement</td>
<td>1,2,3,4,5</td>
<td>A.8, B.1, B.2, D.5, L.1, L.2</td>
<td>P/F</td>
</tr>
<tr>
<td>Case study</td>
<td>1,3,4</td>
<td></td>
<td>P/F</td>
</tr>
<tr>
<td>Paperwork</td>
<td>1,2,3,4,5</td>
<td>A.8, B.1, B.2, D.1, D.2, D.4, D.5, D.6, D.7, D.8, D.9, F.1, L.1</td>
<td>P/F</td>
</tr>
</tbody>
</table>

**IX. ATS GRADING SCALE**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percent</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>97-100</td>
<td>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.</td>
</tr>
<tr>
<td>A-</td>
<td>92-96</td>
<td></td>
</tr>
<tr>
<td>B+</td>
<td>89-91</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>86-88</td>
<td>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.</td>
</tr>
<tr>
<td>B-</td>
<td>83-85</td>
<td></td>
</tr>
<tr>
<td>C+</td>
<td>80-82</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>77-79</td>
<td>Acceptable work completed, satisfactory achievement of course objectives, demonstrating at least some ability to utilize course knowledge, satisfactory class contribution.</td>
</tr>
<tr>
<td>C-</td>
<td>74-76</td>
<td></td>
</tr>
<tr>
<td>D+</td>
<td>71-73</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>68-70</td>
<td>Passing but minimal work, marginal achievement of course objectives, poor performance in comprehension of work submitted, inadequate class contributions.</td>
</tr>
<tr>
<td>D-</td>
<td>65-67</td>
<td></td>
</tr>
</tbody>
</table>
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 expects each student to uphold the Seminary’s core value of academic excellence by contributing to an environment that is both challenging and supportive. In such an environment a student will neither seek nor offer improper assistance. All students have an obligation to be forthright in their academic endeavors and to respect ethical standards. The work that one submits for academic evaluation must be one’s own, unless an instructor expressly permits certain types of collaboration. Academic integrity requires that each student will use one’s own capabilities to achieve one’s fullest potential and will neither offer nor accept aid that is not in keeping with regularly accepted standards of academic integrity. Failure to conform to this conduct shall constitute academic dishonesty. The full Academic Integrity Policy statement may be found in the Student Handbook.

XII. SEMINARY WRITING CONSULTATION SERVICE
The Seminary Writing Consultation Service can help you brainstorm, draft, and revise your writing assignments in your graduate Seminary classes. Masters-qualified Consultants can advise you online or in person. E-mail your request for assistance to swc_group@ashland.edu. Include the following information: Your name, the course # and professor’s name, a brief description of the assignment, and your timeline. For more information, visit: http://seminary.ashland.edu/services/student-services/seminary-writing-consultation-services

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.
LISTING PAPERWORK CHECKLIST

Listed below is the paperwork required to pass the class. If paperwork is not completed and submitted, the student will not pass Internship and must provide Dr. Reuschling a written plan for completion and submission date. Any student who is unable to accrue the required 600 hours by the end of the current semester will continue on with Internship and must notify the group instructor and Dr. Reuschling by week 14 of insufficient hours for completion. That student will submit all the paperwork listed below EXCEPT for the Verification of Completion of Internship Hours form.

- Internship Affiliation Agreement  
  Due before seeing clients

- Proof of Professional Liability Insurance  
  Due 1st class (before seeing clients)

- “Possible Key Topics for Internship”  
  Due 1st class (before seeing clients)

- Supervisor’s Evaluation of Student CT  
  Due the 14th week

- Student’s evaluation of site  
  Due the 14th week

- Student’s evaluation of supervisor  
  Due the 14th week

- Internship Logsheet of Hours  
  Due the 14th week

- Student Self Evaluation (CCEC form)  
  Due the 14th week

- Small Group Instructor Evaluation (CCEC form)  
  Due the 15th week

- Verification of Completion of Internship Hours form  
  Due at the end of the final Internship Semester in which hours are completed
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. The 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.

When you are given CT status, the dates will reflect the beginning and end of the quarter or 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 quarter or semester to avoid delays.

Counselor trainee can only be supervised by a LPC-S (practicum only) or LPCC-S (practicum or internship). These supervisors cannot list more than six training supervisees on their license. NOTE: An LPC-S cannot supervise the diagnosis and treatment of mental & emotional disorders, and can only supervise a CT for a non-dx/Tx practicum only.

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.*
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
RECOMMENDED READINGS:


POSSIBLE KEY TOPICS ("REFRESHERS") FOR INTERNSHIP
(Internship will concentrate upon the person of the C.T., the C.T. in supervision, and client care)

Check and/or list up to five topics that you are interested in exploring in this semester’s Internship group.

- Person of the counselor (self-care; addressing anxiety; spiritual formation)
- Assessment (intakes; using the 5-fold model of assessment)
- Using the MMPI and NEO in clinical practice
- Differential diagnosis (using the 5-fold model of differential diagnosis)
- Evidence based treatments (EBT’s; emphasis on CBT)
- Working with select populations (children, teens, elderly, marriages, addictions, etc.)
- Treatment planning
- Continuity and coordination of care (working collaboratively with other professions)
- The rapidly evolving healthcare environment
- Helpful case conceptualizations (including spiritual themes)
- McMinn and Campbell’s “Integrative Psychotherapy” (exemplary Christian approach to counseling)
- Suicide/crisis
- Spiritual-religious “inoculation” (preparing for and navigating unsupportive clinical contexts, “wise as serpents, gentle as doves,” Matt. 10:16)
- Building, monitoring, and maintaining the therapeutic alliance (use of counseling techniques)
- Applying insights from McMinn’s “Psychology, theology, and spirituality”
- Applied ethics (advanced, including “risk management”)
- Applied multicultural counseling (ASERVIC, AMCD competencies)
- Documentation
- Supervisory “best practices” (ACES; Stoltenberg’s "Integrated Developmental Model (IDM)"
- Structured/directed case studies (possibly videotaped)

Other:_________________________________________________________

Other:_________________________________________________________

Other:_________________________________________________________

Name (optional)______________________________________________
CLC 7796-7798 INTERNSHIP
GUIDELINES FOR CASE STUDY PRESENTATION FORMAT (SPRING, 2018)

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:
- The first week of the semester, you will 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.
- If a student signs up to present during the second class session, he will bring copies of the written case presentation to the second session. Members will then review the case study, during group time, prior to the student’s presentation.

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;

- 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;
- 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;
- Feel free to use sub-points under your selected best practice to aid in processing within the group;
- 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.