

CLC 7796, CLC 7797, CLC 7798 INTERNSHIP IN COUNSELING
ASHLAND THEOLOGICAL SEMINARY
Summer Semester, 2020
Day and Time: TBA

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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 initial Internship experience and in CLC7797 and CLC7798 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:

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.”*

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).

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.

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

1. American Counseling Association. (2014). *ACA code of ethics*.
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).

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>
5. Association for Counselor Education and Supervision (ACES). (2011). *Best Practices in Clinical Supervision*, <http://www.acesonline.net/resources/best-practices-clinical-supervision>
6. Smith, L. and Okech, J. Atieno. (2016). *Ethical Issues Raised by CACREP Accreditation of Programs Within Institutions That Disaffirm or Disallow Diverse Sexual Orientations*. *Journal of Counseling & Development*, 94(3), 252-264.
7. Sells, J. and Hagedorn, W. (2016). *CACREP Accreditation, Ethics, and the Affirmation of Both Religious and Sexual Identities: A Response to Smith and Okech*. *Journal of Counseling & Development*. 94(3), 265-279.
8. Smith, L. and Okech, J. Atieno. (2016). *Negotiating CACREP Accreditation Practices, Religious Diversity, and Sexual Orientation Diversity: A Rejoinder to Sells and Hagedorn*. *Journal of Counseling & Development*, 94(3), 280-284.
9. Council for Accreditation of Counseling & Related Educational Programs (2016). CACREP Response Letter to JCD Articles. at <http://www.cacrep.org/news/cacrep-response-letter-to-jcd-articles/>
10. 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 assigned readings	Syllabus, “ <i>CMHC Internship Handbook</i> ,” “ <i>ACA Code of Ethics</i> ,” “ <i>(Overview for the) Counselor Trainee</i> ” and “ <i>CT Frequently Asked Questions</i> ” (below); Complete and submit a completed copy of “ <i>Possible Key Topics (“Refreshers”) for Internship</i> ”
2	The person of the counselor (self-care; addressing anxiety; spiritual formation)	Set weekly agenda using compiled information from “ <i>Possible Key Topics (“Refreshers”) for Internship</i> ”
3	Integration challenges and opportunities in clinical counseling	Case studies begin, ASERVIC Competencies
4		Case studies; Professional presentation

5	Navigating potential values clashes in clinical counseling	Required readings #6, 7, 8 Case studies; Professional presentation
6	Optional "Key Topic" #1	Case studies; Professional presentation
7	Mid-term course evaluation – "What should we keep, start, stop doing?" to improve the Internship experience?	Case studies; Professional presentation
8	Supervision best practices	ACES " <i>Best Practices in Clinical Supervision</i> " Case studies; Professional presentation
9	Optional "Key Topic" #2	Case studies; Professional presentation
10	Documentation	Case studies; Professional presentation
11	Optional "Key Topic" #3	Case studies; Professional presentation
12	Optional "Key Topic" #4	Case studies; Professional presentation
13	Optional "Key Topic" #5	Case studies; Professional presentation
14	Optional "Key Topic" #6	Case studies; Professional presentation
15		Wrap Up All Paperwork Due; Instructor's CCEC

VII. GRADING ELEMENTS

1. **Professionalism:** 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:
 - a. prompt (arriving to class on time and meeting class requirements when due),
 - b. prepared (e.g., actively reading and processing assigned materials for each class session),
 - c. present (e.g., as evidenced by your in-class verbal and non-verbal behavior),
 - d. participating positively (during class and at the student's site), and
 - e. 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 three 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, 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,

- a. carefully and closely read, review, and heed the course syllabus and the *Clinical Mental Health Counseling (CMHC) Internship Handbook*
 - b. 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 message students definitely want to communicate.
2. **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.
- a. **Prior to counseling *any* clients, *students must have purchased student liability insurance, which must be maintained current throughout Internship.*** Proof of insurance (i.e., photocopy of policy) must be submitted prior to 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 Instructor or Dr. Glass for further clarification.
3. **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 instructor 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. 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 instructor, the student will submit a final version of the case study to the instructor 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.

4. **Professional Presentation:** Each student will be responsible for presenting one professional presentation to the small group. Group members are expected to participate and constructively critique the presentation offering feedback to the Counselor Trainee during the presentation. Passing this course grading element will depend upon the student's conceptualization of the topic, organization and analysis of the information, in-class presentation, and willingness to receive and incorporate constructive feedback.
5. **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.

Assignment	Student Learning Outcomes	CACREP CMHC Standards	Grade
Professionalism	1,2,3,4,5		P/F
Case study	1,3,4	A.8, B.1, B.2, D.5, L.1, L.2	P/F
Professional presentation	1,3,4	A.8, B.1, B.2, D.5, L.1, L.2	P/F
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, F.1, L.1	P/F

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. 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 and doctoral qualified Consultants can advise you online or in person.

To schedule an appointment, visit [Writing Center Online](#) and select “Graduate and Online” 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](tel: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.

INTERNSHIP 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 the Internship Coordinator 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 Internship 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 Internship Hours form.

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

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.

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>

RECOMMENDED READINGS:

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.

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) _____

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)
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.

CLC 7796-7798 INTERNSHIP GUIDELINES FOR PROFESSIONAL PRESENTATION

PURPOSE: Professional presentations will be used to aid your professional development in three key areas:

- a. preparation of presenting yourself as a professional beyond the counseling office
- b. communication of topics from an informed position with ability to integrate effectively the Christian worldview
- c. preparing to be a lifelong learner (e.g., staying abreast of current research, techniques and interventions, and publications).

PREPARING FOR THE PRESENTATIONS:

- The first week of the semester, you will sign up for the date of your professional presentation.
- The second week of the semester, you will provide the topic of your professional presentation.

PROFESSIONAL PRESENTATION IN CLASS

The following are guidelines for your professional presentation in class. Plan on about 30 minutes for the presentation.

- Present self as if presenting to a group of professionals, a community organization, or at a conference.
- Begin with prayer, asking for the Spirit's guidance and help.
- Instructors will look for the following things:
 - **ORGANIZATION**
 - *INTRODUCTION* – Your introduction should tell your audience exactly what you have to offer, provide a road map of what you are going to cover, and state your purpose clearly.
 - *BODY* – The body contains the material supportive of your purpose. It should avoid superficial or obscure treatment of the information you are trying to convey. It should develop logically, emphasize the main points, and keep auxiliary or background information in proper perspective.
 - *SUMMARY* – Studies have shown that an audience pays closest attention at two points in a presentation: during the introduction and summation. A good summary is a brief reiteration of the purpose of your presentation and a vivid restatement of your main points. It should include only the critical points you want the audience to remember.
 - **VISUAL AIDS**
 - *AS A TOOL* – Visual aids are very effective communication tools and are essential in virtually every presentation. Experience and research have shown that 87.9% of what we learn is learned visually.
 - *CONTENT OF VISUAL AIDS* – Effective visual aids should: be relevant to the subject of your presentation; clarify, reinforce, or highlight an idea; supplement, reinforce, and aid spoken material, not take its place, detract from it, or overwhelm it; and be sturdy and portable. The content should be kept simple, avoid complex graphs or tables. It should be easy-to-read from anywhere in the room.

▪ **PRESENTATION TECHNIQUES**

- *DELIVERY STYLE* – Reading is an unacceptable method for presenting your material. Limit your notes or items on overhead slides to key phrases that automatically bring to mind several sentences or an entire paragraph of your presentation. Use vivid examples, stories, and humor. Audiences expect to be entertained as well as informed. Consider involvement techniques, e.g., questions, exercises, openness to comments, games, etc.
- *PODIUM USE* – A podium is provided for your use. Standing behind it is more formal, moving away establishes a friendlier, closer relationship with the audience.
- *LENGTH OF DELIVERY* – Allow 10-15 minutes for questions and/or discussion at the conclusion of your presentation.
- *EYE CONTACT* – Good eye contact is essential to holding an audience’s attention. Include all segments of the audience by looking directly at individuals without lingering too long on any one person.
- *VOICE* – a good speaking voice is natural and reflects the speaker’s personality and sincerity; has vitality; portrays various shades of meaning; is easily heard; and varies in speed, volume, intensity and pitch.

▪ **HANDOUTS**

- Will help the audience understand and remember the fine points of your presentation. Bring enough handouts for the class. Submit your handouts to the instructor one week prior to make approve.

COMMUNICATION OF TOPIC WITH CHRISTIAN WORLDVIEW INTEGRATION

The ability to integrate spirituality and/or religiosity into professional counseling is a vital part of profession. However, the skillful interweaving of S/R and professional counseling requires time, effort, and other resources. To assist in professional development in this important area;

- Select **one** area from the ASERVIC competencies for further development; state selection when signing up for topic and at the beginning of presentation;
- Explain in presentation why this area was selected, why it is important at this stage of professional development and how this will impact practice as a professional counselor;

LIFELONG LEARNER

As a final part of presentation, explain how this presentation will contribute to journey as a lifelong learner.

REVIEW

Following processing, all members will complete a review and return for feedback.

PROFESSIONAL PRESENTATION REVIEW

Presenter:

Topic:

	Poor	Fair	Good	Very Good	Excellent
The presenter delivered the material in a clear and structured manner.					
The presenter was knowledgeable about the topic and any related issues.					
The presenter integrated the Christian worldview with the topic.					
The presenter maintained my interest during the entire presentation.					
The presenter answered questions effectively.					
The presenter was enthusiastic about the topic.					
The presenter was well organized and prepared.					
The presentation was concise and informative.					
The presentation contained practical examples and useful techniques that applied to counseling profession.					
The visual aids were effective.					
Overall, I would rate this presentation:					

Additional Comments: