



COLLEGE OF EDUCATION
COUNSELOR EDUCATION
ALABAMA A & M UNIVERSITY

Instructor	
Course Number	COUN 600
Course Title	Internship I
Call Number/Section	
Class Times	
Class Location	
Textbook	Recommended Readings: Sweitzer, H.F. & King, M.A. (2012) <i>The successful Internship: Personal, Professional, and Civic Development.</i> (5th ed.).ISBN-13: 978-1305966826 <i>Publication manual of the American Psychological Association, (7th ed.).</i> Washington, DC: American Psychological Association. American Counseling Association (ACA). 92014). ACA Code of Ethics 2014 Code of Ethics.indd Recommended for licensure: Rosenthal, (most recent edition). <i>Encyclopedia of Counseling.</i> New York: Brunner-Rutledge.
Office and Office Hours	
E-mail address	
Telephone number	

COURSE DESCRIPTION

The purpose of the course is to help students implement counseling skills into counseling practice as well as rehabilitation skills such as vocational assessment, effective rehabilitation planning and caseload management, service delivery methods and community resource utilization, vocational and personal adjustment counseling, job development, modification and restructuring, and utilization of rehabilitation engineering and accommodation services. Major emphasis is placed on the student's involvement in successful practices at the educational level of interest. Students have met all academic and professional standards of practice before placement. Over the course of their Internship experiences students are required to complete 600

clock hours, of which at least 240 are direct client contact. For this semester, you will be required to earn a minimum of 200 clock hours, in which to pass the class you must obtain a minimum of 60 direct hours for the semester. Students will be expected to engage in weekly site supervision (individual/triadic) with their site supervisor and weekly group supervision is provided by the course faculty instructor.

For additional information on field requirements, please refer to the [Field Handbook](#).

Standard	Evaluation
2. F. 1.i Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.	Final Site supervisor Evaluation
2.f.5.b. a systems approach to conceptualizing clients	Case presentation
2.f.5.g. essential interviewing, counseling, and case conceptualization skills	Case Presentations Signature Case Study Final Site supervisor Evaluation
2.f.5.h. developmentally relevant counseling treatment or intervention plans	Signature Case Study Case Presentations Final Site supervisor Evaluation
2.F.5.l Suicide prevention models and strategies	Case presentation
3.C Applies current record-keeping standards	Case presentations Signature Case Study
3.M Demonstrates appropriate use of the current edition of the DSM, describing the symptoms and clinical presentation of clients with mental and emotional impairments	Case Presentation Final Site supervisor Evaluation
H.2 Demonstrate skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for diverse populations	Case Presentation Intake In class Practice Final Site supervisor Evaluation
Section 3: Professional Practice	
a. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.	Liability Insurance Proof

b. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.	Signature Assignment
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.	Midterm and Final Evaluations
d. students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.	Assigned Activities/Case Presentations
e. In addition to the development of individual counseling skills, during <i>either</i> the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.	Weekly Log Submissions
Internship	
j. 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.	Weekly Supervision Attendance & Field Work Documentation
k. Internship students complete at least 240 clock hours of direct service.	Weekly Supervision Attendance & Field Work Documentation
l. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.	Weekly Supervision Attendance & Field Work Documentation
m. Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout	Weekly Supervision Attendance & Field Work Documentation

the internship. 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.	
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COURSE REQUIREMENTS/GRADING:

Students must complete supervised internship experiences totaling a minimum of 300 clock hours (120 direct hours/ 180 indirect across 12-weeks) AND ALL COURSE Assignments.

1. Weekly Supervision Attendance & Field Work Documentation

Individual/ Triadic Site Supervision (CACREP Standard: 3.L).

Students are required to attend weekly individual or triadic Site Supervision on the location(s) for which hours are accumulated on a weekly basis that averages 1 hour weekly, per the Site Supervisor Agreement located in the Field manual.

Group Supervision (CACREP Standard: 3.M)

Students are required to attend a minimum of 12 Group Supervision Meetings with the instructor of record or designated faculty member, which are an average of 1.5 hours weekly. Attendance and participation in 1.5 hours of weekly university group supervision is a mandatory requirement for all field experience students. **Students must attend a minimum of 10 meetings via the use of a webcam and a microphone each week in order to receive full credit for attendance.** If a student misses more than 2 supervision meetings during the semester, he or she will be required to retake the course. Additionally, a student may not earn hours for any week in which he or she does not attend both university group, and site supervision. Being more than 15 minutes late will result in an absence. Students are expected to be stationary during supervision to facilitate full attention and participation. Attend all scheduled class meetings, including the group seminar meetings to equal 1 ½ hours per week. Please plan accordingly. **If at any time during individual or group supervision, a candidate does not display appropriate counseling disposition and timely attendance, a grade of 0 points can be assigned to the week or to the overall score for the course at the discretion of the instructor or site supervisor. Missing more than two classes may result in a failing grade for the course.** Students must complete supervised internship experiences totaling a minimum of 300 clock hours (120 direct hours/ 180 indirect across the semester /12-weeks).

Bi-weekly Logs (Direct and Indirect Client Contact) (CACREP Standard: 3.K)

Each class member will complete 120 hours of direct client contact and 180 hours of Indirect hours. **Students are expected to lead or co-lead a counseling or psychoeducational group.** Students must engage in their internship program for a minimum of 12 WEEKS and should be documented accurately in your weekly log. All hours must be tracked on [Time2Track](#) and submitted on Blackboard biweekly. Logs must display continuous progress. Progress notes using the SOAP/DAP/ or agency format must be submitted weekly to the for ALL direct hours with clients. Late penalty may be applied for logs not

submitted weekly. **No exceptions.** (Before submitting please review the Weekly Log tutorial video provided on Blackboard).

NOTE: Disrupted Internship Placement. Students who disrupt a placement or violate field or site policies may be removed from internship site and class and will be awarded a grade of “F” for the course.

2. Signature Assignment: Video/Audio Case Study (CACREP Standard: 3.B)

Students will coordinate with the site supervisor and instructor for a session in which the proper consents will be obtained for a video-taped counseling session. The session should be a **minimum of 40 minutes**. The Case Study should include a written case conceptualization, two consecutive SOAP format progress notes (name-blinded), a treatment plan created after at least two sessions, and corresponding clinical records (examples are provided in the index). If the site does not allow taping, the student will need to meet with Dr. Weaver to discuss alternatives to meeting this requirement. Files must be kept confidential and secured at all times by the student. Every client must have a completed Alabama A&M University Informed Consent before any counseling occurs.

The following clinical records must be submitted with each Audio/Video Taped Case Study Session in Blackboard (See Appendix for example).

- Intake Assessment
- Termination Report
- Informed consent
- 2 SOAP/DAP/ or Agency-related formatted Progress Notes
- Treatment Plan
- Counselor Self-Assessment Rubric

3. Assigned Activities /Case Presentations

Activities and assessments are embedded throughout the course and are designed to meet student individual professional growth goals as they progress through the course. These assignments must be submitted by the posted due date and are subject to late penalties. Some examples of activities include: Case Presentations (See Appendix for example).

4. Additional Paperwork/Evaluations (200 points)

Midterm Evaluation
Final Evaluation

5. Group Leadership Students will submit proof of leading or co-leading a counseling group (see Appendix). Students must complete a minimum of 10 direct contact hours of group counseling during their field experience.

Grading Matrix

Instrument	Points
Weekly Supervision Attendance/Field Work Documentation (logs/notes) 10 point each logs/ 10 point each notes	300
Video Tape and Case Study documentation	100

Weekly Case Presentations 10 @ 10 points	100
Additional Documents & Paperwork Mid- term Evaluation- 100 points Final Evaluation- 100	200
Total Points Possible	700

Points range	Grade	Percentage
630-700	A	90%-100%
560-629	B	80% - 89%
490-559	C	70% - 79%
420-489	D	60% - 69%
0- 419	F	0% - 59%

SERVICES FOR PERSONS WITH DISABILITIES

The University provides environmental and programmatic access for persons with documented disabilities as defined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. Any student who desires information or assistance in arranging needed services for a disabling condition should contact the Director of Special Students Services, Student Center, Room 203, (256) 372-4263.

COMMITMENT TO DIVERSITY

The College of Education, Humanities, and Behavioral Sciences is committed to providing students with appropriate and sufficient knowledge, abilities, and dispositions that will enable them to understand, accept, and embrace diversity and equity in the learning process.

ETHICS STATEMENT

All acts of dishonesty in any work constitute academic misconduct that could result in a failing grade for the class or expulsion from the Program/University. Academic dishonesty includes but is not limited to cheating, plagiarism, and fabrication of information. Students who commit acts of academic dishonesty will be immediately referred to the Department's Academic Standards Committee for adjudication, which could result in expulsion from the Program and from the University. Resource: the AAMU, Office of Academic Affairs, Academic Policies and Procedures Manual, most recent revision.

GRADING TURN-AROUND

Assignments within this online course are due on Saturdays by 11:59 pm CST. Most assignments will be returned within a week. If an assignment, however, is extremely comprehensive such as APA Paper or major project, then Instructors are given longer to return all submitted work.

Late Work: LATE WORK IS NOT ACCEPTED UNLESS ACCOMPANIED BY A UNIVERSITY EXCUSE, NO ACCEPTIONS. If there are unforeseen circumstances you must email the instructor as soon as possible otherwise you will receive the grade of “0” for that assignment.

COURSE CALENDAR
(Syllabus subject to reasonable revision)

<i>CACREP STANDARD</i>	<i>WEEK/DATES</i>	<i>CHAPTERS/TOPICS</i>	<i>ASSIGNMENTS</i>
3.A 3.L. 3.M.	January 9-15 Week 1	Introduction/Orientation Syllabus Review Review of Practicum & Internship Handbook Expectations for Internship	<ul style="list-style-type: none"> • Complete Orientation Material & Blackboard Tutorial • Evidence of Liability Insurance • Internship/Field Agreement Forms
2.F.1.i 3.L. 3.M.	January 16-22 Week 2	Group Supervision Role and function of counselor; Confidentiality and other ethical concerns; Professionalism, Legal and Ethical 1.Review Students’ case presentations utilizing a clinical note that reports the following: 1. Client’s presenting concerns 2. Client’s diagnosis based on DSM-5 criteria 3. Treatment methodology 4. Counselor’s theoretical orientation 5. Counselor’s observations 6. Counselor’s concerns 2. Student’s site concern	<ul style="list-style-type: none"> • Complete Self-Assessments • Field Learning Agreements Due • Supervisor Resume Upload Due
2.f.5.g. 3.L. 3.M.	January 23-29 Week 3	Group Supervision The Helping Relationship -Listening Skills: Affect and Content; Counselor Characteristics that Influence the Counseling Process – Improving Essential Interviewing skills Consultation	<ul style="list-style-type: none"> • Field Learning Agreements Due with supervisor signature • Group Break-out session/Theravue Technology Interviewing practice

3.D. 3.L. 3.M.	January 30-February 5 Week 4	Group Supervision Report Writing: Identifying Information Presenting Problems/ Referral Source Behavioral Observations Record Keeping Practices	<ul style="list-style-type: none"> • First Weekly log submission • In class Intake Assessment Review/practice • Case presentations
	February 6- 12 Week 5	Group Supervision Analysis/ Diagnosis/Treatment Planning/Assessment/ Working with diverse populations	<ul style="list-style-type: none"> • Case presentations • Weekly log submission
2.F.5.1 2. F. 1.i 3.L. 3.M.	February 13- 19 Week 6	Group Supervision Child abuse/Neglect, Suicidal/ Diagnosis Mandated Reporter Laws/Training	<ul style="list-style-type: none"> • Weekly log submission • Complete Mandated Reported Training Online Module
2.F.5.m 3.L 3.M.	February 20- 26 Week 7	Group Supervision Suicide Assessment Models Assessment Crisis Intervention; Strategies/Resources/Diagnosis Psychological First Aid	<ul style="list-style-type: none"> • Weekly logs submission • <i>Guest Speaker: Crisis Services</i>
3.L 3.M.	February 27-March 5 Week 8	Group Supervision Consultation/Referral/Community Strategies/Disaster Preparedness	<ul style="list-style-type: none"> • <i>Guest Speaker: Representative from American Red Cross Disaster</i>
2.F.5.1 2. F. 1.i 3.L. 3.M.	March 6-12 Week 9	Group Supervision Interplay of professional skills, interpersonal abilities, and personal qualities	<ul style="list-style-type: none"> • Weekly log submission • Case Presentations • Mid-term Site Evaluation Due
3.L. 3.M.	March 13-19 Week 10	SPRING BREAK	

2. F. 1.i 3.C. 3.L 3.M.	March 20-26 Week 11	Group Supervision Review and analysis of students logs Termination Issues/Case Closure	<ul style="list-style-type: none"> • Weekly log submissions • Case Presentations
3.L 3.M.	March 27- April 2 Week 12	Group Supervision Review and analysis of students logs	<ul style="list-style-type: none"> • Weekly log submission • Case Presentations
2. F. 1.i 3.B. 3.L 3.M.	April 3-9 Week 13	Group supervision Licensure Professional Counselor (LPC) Application/Requirements & Review Rosenthal, (most recent edition) <i>Encyclopedia of Counseling- Trivia</i>	<ul style="list-style-type: none"> • Weekly Log Submission • In-class Licensure website searches • Signature Assignment VIDEO TAPE & CASE STUDY DUE
3.C. 3.L. 3.M.	April 10-16 Week 14	Group Discussion of Signature Assignment	<ul style="list-style-type: none"> • Final Weekly log submission (This log must report; total direct hours, total indirect hours and total combined hours) • Final Site Supervisor Evaluation.
2.F.1.1 3.J. 3.K. 3.L 3.M.	April 16- 23 Week 15	Class wrap up Student Reflections Self-care activities	<ul style="list-style-type: none"> • Post Self-Assessments • Record Video log reflection (VLOGs)
	April 24- May 1	Finals Week	Finals Week

Appendix

SAMPLE Internship Plan Schedule/PLAN

Tentative Internship Activities

<u>Direct Services Activities:</u>	<u>Hours Per Week</u>
Intakes (Personal, Academic & Career)	3 – 5
Individual Counseling Follow-Ups (Personal, Academic & Career)	12 – 15
Outreach Programming	0 – 1
Group Counseling	0 – 2
Observing Senior Staff	0 – 1
Total Direct Service:	15 – 25
<u>Training – Supervision Activities:</u>	
Individual Supervision (on site)	1 – 2

Group Supervision	1
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Training Seminar Topics	1
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Supervision of Group Counseling	0 – 1
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Total Training & Supervision:	3 – 5
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Administrative Activities:

Clinical Notes & Paperwork	5 – 7
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Preparation for Supervision	1
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Outreach Preparation	0 – 2
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Staff Meeting	2
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Professional Development	0 – 2
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Total Administrative:	8 – 14
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Approximate Totals: 30 – 40

SAMPLE PROGRESS NOTE FORMAT

SOAP

S: Subjective: How does the client describe their problem? This is usually a quote or statement from the client describing their subjective description of the problem.

O: Objective: What did you observe about this client? These are written as factual notations.

A: Assessment: What is your impression about/of this client?

P: Plan: What is your plan with this client?

Example:

S: Sharon F. stated, “He goes out drinking all night and I get so furious. I’m done going around town trying to find him at bars.”

O: Cl. describes long history of ‘dealing’ with husbands drinking. Cl. somewhat labile in session – tearful, then angry, then withdrawn. Cl. expresses concern for effect husband’s drinking has had on children. Denies kids are at risk. No history of violence, child abuse. Cl. states alcoholic parents. Not sure what to do. States divorce is not an option.

A: Cl. clearly pained by situation. Cl. looks tired, haggard. Seems dejected. Difficulty reaching out for support. Seems to blame self as reason husband drinks.

P: Support. Provide psychoeducation regarding husband's use of alcohol. Supportively confront belief she is the cause of his drinking. Inform client of Al-Anon and ACA. Encourage attendance in Al-Anon for group support and to confront negative self ideations. Will continue to establish goals.

Case Presentation Criteria

Students will prepare 1 -2 slides or short summary covering the following information on the client:

- 1. Identifying Information:** Include relevant, de-identified client information: fictitious client's name, age, date of birth; race/ethnicity; date of report, school/agency, etc.).
- 2. Reason for Referral:** Describe present referral concerns in a concise and useful manner. Identify the type of referral source (do not use actual name of referral source).
- 3. Presenting Problem:** State the problem(s) that the client identified in her or his first session/intake. Include information regarding onset, duration, and intensity of symptoms.
- 4. Background Information:** Summarize relevant developmental, social, familial (do not use actual names, and give only first names), medical, psychiatric, educational, psychological, and treatment history. Do not identify any specific treatment centers, clinics, hospitals, etc.; use generic terms such as "General Hospital" or "XYZ Outpatient Clinic." Indicate all present and past medications and be aware of the reason for their use and any important side effects. Include a summary of the cultural context (relevant aspects of identity) of the client, as well as noted strengths they possess.
- 5. DSM Diagnosis or Diagnoses:** Provide a logical diagnosis or diagnoses with appropriate codes.
- 6. Case Conceptualization:** Discuss how you conceptualize the referral concern, that is, why is the client having this particular difficulty? This conceptualization should be based in a particular counseling theory. Be sure to clearly identify and describe the theoretical perspective(s) that undergird your conceptualization/formulation.
- 7. Treatment Plan:** Building on the conceptualization, identify and prioritize (include rationale) counseling goals, as well as outcome measures you are using. Finally, include any ancillary services that are occurring. Although your treatment plan should be specific, do not specifically identify any names, referral sources, agencies, etc.
- 8. Legal/Ethical Issues:** Discuss the relevant ethical/legal issues regarding the case.
- 9. Cultural and Social Justice/Advocacy Issues:** Discuss relevant cultural and social justice/advocacy issues regarding the case.
- 10. Reason for Case Presentation:** State your purpose for presenting this case. How can your colleagues be of help? Diagnosis? Assessment? Treatment planning? Aftercare? Be specific so that your audience knows its purpose.

11. Overall Writing and Formatting: Appropriately de-identify client information, organize and write case presentation in a clear manner with appropriate grammar, spelling and proofreading.

SAMPLE SIGNATURE ASSIGNMENT REPORT

(Outline)

Semester, Year Student's Name

Name of Client: (Initials or first name only)

Dates Seen: (note whether individual or group)

Demographic Information: Age, ethnicity, SES, educational level, occupation, family and living situation, other relevant information

Presenting Problem: As represented by the client and/or referring agency

Behavioral Observations:

Mental Status Exam: Appearance, hygiene and grooming, speech (i.e., rate, volume, cadence), relational style, cognitive functioning (i.e., average, above average, below average), memory, judgment, insight, thought process (e.g., loose associations), thought content (e.g., delusions, hallucinations), affect/mood (i.e., intensity, range of affect, symptoms of depression or anxiety), reported suicidal or homicidal ideation.

Other relevant observations including verbal/nonverbal response to counselor and counseling process (e.g., eye contact; open vs. suspicious or guarded)

DSM 5 Diagnosis: (Including number)

Analysis of the Problem: Underlying dynamics: biological/emotional/familial/economic/interpersonal/cultural constraints impacting the problem

Counseling Process:

Counseling Theory(ies) appropriate for conceptualizing this case:

Goals: Session by Session Description: relationship with client, progress toward goals, session content and process

Session Content and Goals:

Session One – Goals- Complete the Informed Consent, establish rapport and actively listen.

Process - During session one, ...

Session Two – Goals – Maintain rapport, listen, and begin to clarify the problem.

Process - During session two, ...

Session Three – Goals - Present the tentative analysis of the underlying problem. Complete problem solving and develop a plan of action.

Process - In this session, ...

Session Four – Goals – Evaluate implemented action plan, modify goals as appropriate, review progress, terminate, and refer when needed.

Process – In the final session, ...

Note – These will not be summarized session by session when clients are seen on a more long-term basis.

Recommendations and plan for future sessions: This includes what you actually plan to do with the client and should address actual theory-driven interventions appropriate for this client’s problems and context

SAMPLE
CASE PRESENTATION
PSY 597
Semester
Name of Counselor-in-Training

Name of Client:

S.T.

Dates Seen: April 23, April 30, May 6, May 13, 2001

Demographic Information: S.T is a 47- year-old African American female. She is a graduate student at Chicago State University. She is married and has three sons, ages 7, 15, and 19. S.T. is currently employed as a third -grade teacher in a local urban school district. S.T.’s husband recently asked her for a divorce and moved out of the family home. S.T.’s 15- year old son began demonstrating behavior and performance problems at school after his father moved out.

Presenting Problem: S.T. presented with symptoms of anger, depression, and anxiety related to her recent separation from her husband. She also expressed concern regarding her ability to concentrate on her school assignments. Her academic performance has deteriorated. She stated that she is behind in her work and is worried that her professors will not be understanding.

Behavioral Observations/Mental Status: S.T. is approximately 5’4’’ tall and weighs about 180 lbs and appears her stated age. Her hygiene and grooming were good and she was appropriately dressed in all sessions. Her speech was normal in rate, volume, and cadence. Her cognitive abilities appear average and her memory appears intact. Her judgment is fair and her insight is good. She did not exhibit any signs of loose associations, hallucinations or delusions. She reported symptoms of depression or anxiety, but denied past or present suicidal or homicidal ideation. S.T. was polite and friendly immediately upon meeting the counselor. Her eye contact was good. She appeared open and comfortable throughout the counseling process.

DSM 5 Diagnosis:

Analysis of the Problem: S.T. is currently experiencing almost debilitating levels of depression and anxiety related to her recent separation and impending divorce. She is moving through the stages of grieving and is presently feeling an intense sense of despair and powerlessness. S. T. is demonstrating some irrational thinking that is fed by her grief and depression. She often experiences spirals of negative and catastrophic thinking. She has lost sight of any control she still maintains in her life and expects that events in her life will only get worse. Given her current state of despair and agitation, she has limited energy to support her children in their own pain. She has distanced herself from her sons, which has worsened their behavioral and emotional response to the separation. At the point that S. T. entered counseling, she was convinced that she was a victim and could not do anything to improve the situation of herself or her children. In fact, she was partially invested in allowing herself and the family to disintegrate, in order to demonstrate how badly her husband has hurt the family.

Counseling Process:

Counseling Theories: The Cognitive Behavioral theoretical approach seems to be appropriate for assisting S.T. with her concerns. By identifying and challenging cognitive distortions, S.T. will be able to shift from her present position of powerless and defeat. In addition, she can begin to alter behaviors (e.g., staying in bed crying all weekend) that only increase her depression, academic problems, and the emotional strain on her children. In addition to addressing her individual issues, a family systems approach could be used to stabilize the family system and offer support for the children.

Session Content and Goals:

Session One – Goals- Complete the Informed Consent, establish rapport and actively listen.

Process - During session one, the counselor used active listening skills to build rapport and establish trust. The counselor displayed empathy, warmth, genuineness, and maintained eye contact and an inviting body posture. This allowed the client to feel safe in the counseling environment and tell her story. The client responded by expressing her pain and the anger she feels toward her husband, as well as her own feelings of powerlessness. The counselor validated the client's response are understandable given her situation.

Session Two – Goals – Maintain rapport, listen, and begin to clarify the problem.

Process - During session two, the counselor continued to build rapport and gain more information from the client. In the session, the client reported being in extreme distress. She stated that her son had been suspended from school for fighting. She reported extreme anger and said that her son had never had problems in the past. She blamed all of the family problems on her husband and expressed doubts that the situation would ever improve. S.T. also admitted that she sits in her room crying most of the time she is in her home. She indicated that her house is a mess and that she has completed no work for her graduate courses since her husband moved out. The counselor used reflection of feelings to validate the client's reaction to her situation, but also explored how the client's passivity is impacting her family and academics.

Session Three – Goals - Present the tentative analysis of the underlying problem. Complete problem solving and develop a plan of action.

Process - In this session the counselor presented the tentative analysis or confrontation. The counselor identified some of the distorted thinking of the client along with the behavioral and family consequences. In particular, the counselor challenged the total sense of powerless and passivity demonstrated by the client. After being gently confronted, the client agreed that her own thinking and behavior only made the situation worse. The counselor encouraged the client to identify two small changes in her thinking and/or behavior that she could attempt the upcoming week. The client decided to use thought stopping to deal with her negative and catastrophic thinking. She agreed to focus on taking “one day at a time” to decrease her anxiety about the future. She also decided that she would set a goal for each day to keep herself active rather than staying in bed. The counselor supported the goals of the client, but warned that so many goals could lead to defeat. The client then agreed to stay out of her bedroom and take “one day at a time.”

Session Four – Goals – Evaluate implemented action plan, modify goals as appropriate, review progress, terminate, and refer when needed.

Process - The goals of this session were to evaluate the homework assignment, terminate, and refer for ongoing support, if appropriate. The client excitedly reported that her week had improved although her husband still wanted a divorce. She admitted that she still struggles with hopelessness, fear, and anger. However, she has developed some tools to take charge of her runaway emotions. She reported that she felt much better when she went to a movie with her sons rather than staying in bed all weekend. She expressed serious concern that she would not maintain her improvements without weekly support. The counselor explored possible sources for continued counseling. The client state that she would visit the university counseling center. At the end of the session, the counselor reviewed the goals and progress of the client, commending her on attempting change in a difficult situation.

Recommendations and plan for future sessions: S.T. has made some important steps in addressing her distorted thinking and intense emotional pain. The client has agreed to continue counseling in a more long-term setting. The client will need to continue using cognitive behavioral strategies to address her anxiety and depression. In addition, some family therapy may help the family stabilize at a higher level of functioning.

TREATMENT PLAN (Outline)

GOALS: They are the building blocks of the treatment plan. They are designed to be specific, realistic, and tailored to the needs of the person in therapy. The language should also meet the person on their level. Goals are usually measurable—rating scales, target percentages, and behavioral tracking can be incorporated into the goal language to ensure that it is measurable.

OBJECTIVES: Goals are often broken down into objectives in order to support the person in therapy through the process of taking small, achievable steps toward the completion of the larger goal.

INTERVENTIONS: Goals usually also include the various techniques and interventions the mental health professional will implement in order to support achievement of the larger goal.

PROGRESS: Documenting progress toward goals is considered to be one of the most important aspects of a mental health treatment plan. Progress and outcomes of the work are typically documented under each

goal. When the treatment plan is reviewed, the progress sections summarize how things are going within and outside of sessions. This portion of the treatment plan will often intersect with clinical progress notes.

TREATMENT PLAN (SAMPLE)

GOAL 1:

Chris will implement a parenting plan that promotes improved behavior in his son, as rated at least a 6 out of 10, where 10 is excellent.

OBJECTIVES:

1. Chris will make a list of the household rules.
2. Chris will make a list of rewards and consequences and will define how to enforce them.
3. Chris will present his new parenting plan to his son during a family meeting.
4. Chris will enforce rewards and consequences consistently and will monitor his progress in and out of session.

INTERVENTIONS:

1. Therapist will provide psychoeducation on positive parenting and will support Chris in developing a concrete parenting plan.
2. Therapist will provide materials for Chris to document the new house rules, rewards, and consequences system.
3. Therapist will monitor progress and check in with Chris weekly to ensure that Chris is implementing his plan consistently.

PROGRESS:

Over the past 30 days, Chris was able to achieve objectives 1, 2, and 3. He reported that his son accepted the new system and even seemed excited. Therapist provided Chris with the book *Positive Parenting* and assigned various readings for homework, which Chris completed consistently. Therapist and Chris created a poster board that detailed the rules, consequences, and rewards system Chris designed for his son. Chris reported that he is ready to begin enforcing his new parenting system. Chris and therapist rated the progress on this goal at a 5, as Chris is already seeing improvement in his ability to parent and in his son's behavior.

WRITTEN ANALYSIS OF THE TAPED SESSION

(Self -Assessment Rubric)

(To be turned in with the Signature Assignment Video/Audio given to the instructor)

Student's Name: _____ Session Date: _____

On a separate sheet of paper that you attach to this form, briefly describe:

1. Basic demographic information about the client
2. The number of times you have seen him/her
3. Presenting problem, in context
4. Goal or intentions for the session

Now, listen to your tape, and use the rating scale to rate each item from 1 (unskilled) to 4 (extremely skilled). Use N/A if the skill was not demonstrated on the tape because it was not appropriate to do so, and "X" if the skill was not demonstrated on the tape, but should have been.

- _____ Opening of Session (student welcomes client, reviews confidentiality, etc.)
- _____ Rapport (student works to establish rapport)
- _____ Acceptance (student communicates acceptance of client stories, emotions, thoughts)
- _____ Assessment (student works to understand client presenting problem)
- _____ Focusing (student stays focused and attentive to client during session)
- _____ Attending behavior (student uses behaviors and communication skills to attend to and stay fully present with the client, rather than being overly self-focused)
- _____ Open Questioning (student uses questions only when appropriate, and when s/he does, they are open ended questions)
- _____ Absence of "why" questions
- _____ Absence of "grilling" or "bombardment" questions
- _____ Client Observations (when appropriate, student comments on here and now behaviors)
- _____ Encouraging/supportive responses (student uses minimal encouragers or other means to make client feel listened to and supported)
- _____ Paraphrasing
- _____ Summarizing
- _____ Silences
- _____ Prompts and Probes
- _____ Reflection of verbalized feelings
- _____ Reflection of implied feelings
- _____ Reflection of verbalized thoughts
- _____ Reflection of implied thoughts
- _____ Verbalizing Empathetic Understanding
- _____ Clarifying
- _____ Exploring Behaviors
- _____ Defining the Problem
- _____ Defining the Goal
- _____ Exploration of Alternatives
- _____ Confrontation
- _____ Self-Disclosure

Termination Report
(to be used for all client terminations)

Counselor _____

Date _____

Client _____

of Sessions _____

I. SUMMARY OF THE COUNSELING PROCESS

II. OUTCOMES OF COUNSELING

III. ASSESSMENT OF PROCESS AND OUTCOMES

IV. FUTURE RECOMMENDATIONS

(Student Counselor Signature) _____ **Date** _____

(Supervisor Signature) _____ **Date** _____

Group Leadership

Name:

Date of group:

Location:

Type of group:

Topic of session:

Student signature:

Supervisor signature:

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