AUBURN UNIVERSITY

SYLLABUS

1. **Course Number: COUN 7910 100**

**Course Title:** Practicum in School Counseling

**Credit Hours:** 3 semester hours

**Prerequisites:** COUN 7320, 7350, Departmental approval, Students must notify practicum coordinator one

semester in advance of registering for COUN 7910.

**Corequisites:** None

**2. Date Syllabus Prepared: August, 2016, February 2017**

**3. Recommended Texts:**

American School Counselor Association. (2012). *The ASCA National*

*Model: A Framework for school counseling programs* (3rd ed.),

Alexandria, VA: Author.

James, R. K. (2007). *Crisis intervention strategies*. CA: Brooks/Cole Pub

Co.

Knapp, S. E., & Jongsma, A. E. (2002). *School counseling & school social*

*work treatment planner*. NJ: John Wiley & Sons, Inc.

Knapp, S. E., & Jongsma, A. E. (2002). *School counseling & school social*

*work homework planner* (W/CD). NJ: John Wiley & Sons, Inc.

Kolski, T. D., Avriette, M., & Jongsma, A. E. (2001). *Crisis counseling and*

*traumatic events treatment planner*. NJ: John Wiley & Sons, Inc.

Blum, D. J, & Davis, T. E. (2010). *School counselor's book of lists* (2nd

ed.). CA: Jossy-Bass.

Studer, J. R., & Diambra, J. F. (2015). *A guide to practicum and internship*

*for school counselors-in-training*. New York: Routledge.

**4. Course Description:** Supervised individual and large and small group counseling experiences in which students serve as school counselors-in-training at pre‑arranged school sites.

**5. Course Objectives:** Through the extensive practice of individual and small group counseling, large group classroom guidance, the completion of written and simulated tasks included in the training program, and integration of theory, process, and professional issues, students will be able to demonstrate abilities in the following competency domains:

1. Demonstrate the ability to understand, apply and adhere to ethical and legal standards in school counseling (CACREP III SC. A.2; B.1)
2. Demonstrate self-awareness, sensitivity to others, and the skills needed to relate to diverse individuals, groups, and classrooms (CACREP III SC. D.1)
3. Know the theories and processes of effective counseling and wellness programs for individual students and groups of students (CACREP III SC. C.1).
4. Select appropriate assessment strategies and assess and interpret students’ strengths and needs, recognizing uniqueness in cultures, languages, values, backgrounds, and abilities (CACREP III SC. H.1; H. 2)

and help students cope with environmental and developmental problems (CACREP III SC. C.3).

1. Design and implement prevention and intervention plans related to the effects of (a) atypical growth and development, (b) health and wellness, (c) language, (d) ability level, (e) multicultural issues, and (f) factors of resiliency on student learning and development (CACREP III SC. D.3; L1)
2. Demonstrate the ability to use procedures for assessing and managing suicide risk (CACREP III SC. D.4)
3. Understand multicultural counseling issues, as well as the impact of ability levels, stereotyping, family, socioeconomic status, gender, and sexual identity, and their effects on student achievement (CACREP III SC. E.4).
4. Understand the potential impact of crises, emergencies, and disasters on students, educators, and schools, and knows the skills needed for crisis intervention (CACREP III SC. C.6)
5. Engage parents, guardians, and families to promote the academic, career, and personal/social development of students (CACREP III SC. F.4)
6. Understand the various peer programming interventions (e.g., peer meditation, peer mentoring, peer tutoring) and how to coordinate them (CACREP III SC. M.6).
7. Locate resources in the community that can be used in the school to improve student achievement and success (CACREP III SC. N.2).
8. Consult with teachers, staff, and community-based organizations to promote student academic, career, and personal/social development (CACREP III SC. N.3)
9. Understand the outcome research data and best practices and apply relevant research findings to inform the practice of school counseling. (CACREP III SC. I. 4; J. 1).
10. Demonstrate the ability to recognize his or her limitations as a school counselor and to seek supervision or refer clients when appropriate (CACREP III SC. D.5)

**7. Course Content and Schedule:**

**Course Content:**

Each week’s class will include a discussion of the counseling related topics pertinent to the stages of the counseling practice, such as relationship building, case conceptualization, counseling planning, and formative and summative evaluations of cases. Supervisees will also discuss specific topics arising from practicum experiences during the week. Students are strongly recommended to reflect on their practice and incorporate identified strengths and weaknesses into their plans for on-going personal and professional growth. In addition, one student per week will present a case for group discussion and receive feedback.

**I. Week 1 Course Introduction**

A. Learn course requirements

B. Meet individual supervisors and plan for supervision

**II. Week 2 Dimensions of Working in School Counseling**

A. Beginning stages of group and individual counseling

B. Goal Development: Developing goals for students

C. Develop goals and objectives for practicum experiences

**III. Week 3 Additional functions of a school counselor**

1. RTI/504
2. Special Education/IEP

**IV. Week 4 Case Consultation**

1. Case consultation and conceptualization skills
2. Review of individual and group counseling skills
3. Addressing professional development issues
4. Developing counseling plans

**V. Weeks 5-13 Case Consultation and Case Presentations**

A. Case consultation

B. Case Presentations and group feedback

**V. Weeks 14-15 Case Consultation, and Self-Evaluation of Progress**

A. Case consultation

B. Evaluate individual progress toward goals and objectives

C. Evaluating counseling plans

**\* Due (Week 15): Field Experience Binder including**

1.Practicum log (should be signed by the site supervisor weekly)

* Copy provided to University Supervisor

2. Three (3) evaluations forms:

* Site Supervisor
* University Supervisor
* Student Self-evaluation.

3**. Case Presentation**

* Treatment Plan
* Intake/Assessment materials
* Case Conceptualization
* Progress Note
* Session Summary

**Course Requirements:**

A. ***Class and practicum attendance*:** The expectation is held that students will attend all classes (group supervision). In addition to this group supervision, students are required to attend 1 hour of University individual supervision per week. As with class attendance, this is mandatory. In case of absence due to illness or other crisis condition, practicum students will notify all supervisors. It is the student’s responsibility to make up absences in individual supervision ***immediately.*** A student who has not been supervised during their weekly meeting and is unable to make it up within that week will be unable to see clients on site until they have made up their individual supervision time.

B. ***On‑going counseling:***Students should complete a minimum of **100 total practicum hours** which include a minimum of **40 direct service hours** to pass this class. Students are required to spend a minimum of **10 hours on site per week and no more than 12 hours**. The direct service portion of the practicum requirements can be met by providing individual counseling and group counseling including core curriculum. Of the three to four counseling sessions per week, two are required to be individual counseling and should be taped. ***Group counseling sessions can only make up a total of 1 of the minimum hours of direct service required per week.*** The in-direct service portion of the practicum requirements includes a minimum of six to eight hours on-site weekly. As a note: students are required to be at their site engaged in professional activities and counseling throughout the 15 week semester (for the 10-12 hours per week).

Individual sessions are required to be taped (either audio or video) for the purpose of supervision. **Note: Students must submit at least ten hours of audio taped individual sessions to pass the class.** A *Consent to Tape* form must be obtained from each client before taping. If the client is unable to consent (e.g., minor) then you must obtain consent from the legally recognized guardian.

C. ***Client file(s*):** Students will maintain the following documents in a file for each client and group with identifying data not included (students are asked to code files)

* Consent forms (Adult and Child) with identifying data removed
* Progress notes of each session (group and individual)
* Session summary forms for individual session that have been taped
* Counseling plan for each individual session that has been taped

D. ***Individual Supervision*:** The assigned university supervisor will provide individual supervision weekly. Prior to this meeting, students should review tapes on their own and complete a typed session summary form for every client seen each week. Students must upload to the G-drive a minimum of two (2) tapes and all session and progress summaries 48 hours prior to supervision. Please note that individual supervisors may request additional materials to be added to the G-drive or brought to supervision for review (e.g., other evaluations forms, tape transcripts, etc). The individual supervisor will complete both a midterm and a final evaluation of the student.

E. ***Group Supervision*:** Occurs during class time. During this time, students will participate in discussions about counseling issues, skills development, case conceptualization, and specific issues identified by the course instructor. Readings will be assigned text, journals and other sources. Students are expected to link relevant material from the readings to the practicum experience in class discussions.

In addition to the on-going case discussions each student will be required to present a case conceptualization. This case presentation will include providing peers with a copy of the client case conceptualization form and counseling plan. Students will be asked to present the case discussing the issues discussed in their handout. This should include playing a 10 – 15 minute segment of a session tape. After the session, students will be asked to participate in peer supervision and provide feedback.

F. ***Site Supervision*:** This includes opportunities for on‑going consultation and collaboration with a site supervisor who has at least a Master’s degree in counseling and a minimum of 2 years experience. Not all students will be at sites that provide continuous on-going supervision though they will have an identified Site Supervisor. The Site Supervisor will complete both a midterm and a final evaluation of the student.

G. ***Field Experience Documentation*:** Students must submit the following items to university group supervisor to receive final grades. Some of this documentation will also be in your Field Experience Binder. These items will be placed in each student’s permanent file stored in 2084 Haley Center. The items include:

* Practicum Information Form
* All supervisors’ evaluation forms (Site, University)
* Self-Evaluation Form
* The practicum log
* Student evaluation of site.

**8. Grading and Evaluation Procedures:**

The main criterion for evaluation in practicum is based upon demonstration of the identified course objectives, meeting course requirements, and supervisory evaluation. Final evaluation will include all supervisory evaluations and feedback. Grades are S/U.

**9. Class Policy Statements:**

Students are expected to attend all supervisory sessions and class meetings and participate in all classroom exercises **(***Student EPolicy Handbook* at [www.auburn.edu/studentpolicies](https://cas.auburn.edu/owa/redir.aspx?C=ef2eb0b81d90495098a27dc4053361aa&URL=http%3a%2f%2fwww.auburn.edu%2fstudentpolicies)). Should students need to be absent for any reasons, they must contact the course instructor before missing that class meeting. Students who need special accommodations should make an appointment to discuss the “Accommodation Memo” during office hours as soon as possible. If you do not have an Accommodation Memo, [*Office of Accessibility*at https://fp.auburn.edu/disability/](http://www.auburn.edu/academic/disabilities/) at 1228 Haley Center, 844-2096 (V/TT).Telephone: (334)844-2096 (Voice T/O).

Dates for completing assigned class activities are noted in the course calendar. Unless otherwise notified, students should assume no deviation regarding these dates/assignments. Students anticipating difficulties in attending class on a date scheduled assignments are due should seek permission from the instructor to turn in an assignment prior to the due date. Students assume the responsibility for contacting the instructor to make suitable arrangements for making-up an assignment within 48 hours. The make-up assignment must be completed 2 weeks of the students’ return to class. Failure to comply with these stipulations may result in the student receiving a grade of (0) zero for the missed assignment.

Students must maintain confidentiality of all case discussion. The discussion of cases outside of the group setting with any other persons other than those in the agency of the placement, the client, or the instructor are grounds for being dismissed from the class with a grade of “U” unsatisfactory. This action would be considered highly unethical behavior (see ASCA Code of Ethics and **[ACA Code of Ethics](http://www.counseling.org/ethics)).** Additionally, to maintain client confidentiality, no specific identifying information regarding the client will be allowed in group supervision. Simply client code (e.g. a first name) of the person in discussion and/or some other code (e.g. initials) on all documentation will be appropriate. Classroom civility is expected. Please turn off cell-phones or pagers before entering class.

**Useful Websites:**

The Alabama School Counselor Association

<https://c1.livetext.com/doc/2606816>

American School Counselor Association

<http://www.schoolcounselor.org/>

American Counseling Association

<http://www.counseling.org/>

Alabama Counseling Association

<http://www.alabamacounseling.org/>

US Department of Education

<http://www.ed.gov/>

Alabama State Department of Education

<http://www.alsde.edu/html/home.asp>

Auburn City Schools

<http://www.auburnschools.org/>

Opelika City Schools

<http://www.opelikaschools.org/>

**Auburn University**

**Special Education, Rehabilitation and Counseling**

School Counseling Practicum Information Sheet

Fall 2017

*To be completed at the beginning of the internship by intern, site supervisor and university supervisor. All concerned should retain copies and the university supervisor shall place one copy in the student’s folder*

Description of Practicum Experience: Students should complete *a minimum of 100 total onsite practicum hours* in order to meet minimum requirements for the course. Students are required to spend a minimum of 10 hours on site per week. A *minimum of 40 direct services hours* are required andcan be met by providing individual counseling, small group counseling, and large group classroom guidance.

University Group Supervisor Contact Information

Address: 2084 Haley Center, Auburn University, AL 36849

Student Information

Name:

Address:

Home Phone #: Cell Phone #:

Email Address: Practicum Course Advisor:

Practicum Goals and Objectives (Please be specific):

Practicum Site Information

School Name:

Address:

Principal’s Name:

Site Supervisor’s Name:

Office Phone #:

Email Address:

Practicum Schedule (Please include a daily work hour schedule and a total number of work hours per week):

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Intern Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Supervisor Date

**Special Education, Rehabilitation & Counseling**

**Auburn University**

**2084 Haley Center**

**Auburn, AL 36849-5222**

**Memorandum**

TO: Site Supervisor of Practicum Students

FROM:

DATE:

SUBJECT: Mutual Responsibilities

The purpose of this memo is to outline the mutual responsibilities of site supervisors and practicum students who are providing services to clients as part of a required supervised field experience in counseling. The practicum course at Auburn University requires practicum students to complete a minimum of 100 hours at a practicum site during one semester, including providing a minimum of 40 hours of direct counseling services to students.

**The Department is expected to:**

1. Provide weekly individual and group supervision that includes 1 hour of individual supervision based on work samples (audio, video tapes, etc.) provided by the student counselor and 2 hours of group supervision during each week of enrollment.

2. Provide a copy of the practicum syllabus to the Site. If you have not received a copy, please ask your supervisee to request one for you.

3. Indicate to the practicum student that the Department expects the student to abide by the policies of the site.

4. Initiate, if needed, conferences with the Site Supervisor for the purpose of discussing the student’s performance.

5. Emphasize to students their professional and ethical responsibilities to clients and to the site.

6. Require students to purchase liability insurance.

**The Site is expected to:**

1. Provide clinical experiences for the practicum student in accordance with department requirements that include 3‑4 client contact hours per week. At least 2 hours each week must be spent in individual counseling.

2. Provide an orientation to the Department and the practicum student of the buildings, philosophies, and policies of the site. Included in the orientation should be the procedure for assigning clients to the student, emergency procedures of the site, and any site‑specific limits to confidentiality of which the student counselor should be aware.

3. Attempt, within site philosophy and administrative guidelines, to help the student

meet departmental requirements.

4. Provide office space for the practicum student to the extent feasible. Minimally, a private space will be provided to the student while he/she is seeing clients.

5. Assist in the evaluation of the practicum student’s clinical performance relative to the objectives of the experience. The site will notify the practicum course instructor of any problems which may influence the student’s successful completion of the placement.

1. Assure that the student will be properly supervised at all times by a master’s level counselor with a minimum 2 years experience.
2. Site Supervisor will provide the practicum student and program with their most recent vita/resume.

**The Practicum Student is expected to:**

1. comply with all practicum site policies and procedures;

2. abide by the ACA and ASCA Code of Ethics while working at their practicum site;

3. maintain excellent attendance at the site and use the appropriate procedures to inform site of their absence due to emergencies or illness;

1. Arrive on time to work their practicum hours;
2. Keep in confidence all medical and health information pertaining to particular students;
3. .be flexible in scheduling their availability and works with the site to make changes or adjustments if scheduling issues arise;
4. schedule additional hours on site to accrue direct hours if the student experiences a lot of no shows, trouble scheduling students, etc.;
5. accurately and honestly record direct and indirect hours on their practicum log

By signing this form, I agree to the requirements outlined in this contract. Failure to abide by this contract could result in removal from the practicum/internship site, the implementation of a remediation plan and/or dismissal from the School Counseling Program.

School Counseling Student Date

Site Supervisor Date

AU Practicum Course Instructor Date

**Practicum Log and Expectations Described:**

In addition to the practicum log that is attached, this document is intended to clarify any confusion surrounding the expectations and requirements for the practicum experience. In order for the student to successfully obtain and complete the 100 hour service requirement for practicum (40 Direct, 60 Indirect), it is expected that the student meet the following CACREP standards.

According to the 2016 CACREP Standards the following are requirements for all students enrolled in the practicum course experience:

1. Obtain at least 40 clock hours of direct service with actual clients that contribute to the development of counseling skills.

* The term DIRECT means that you are providing FACE TO FACE counseling services. This includes any therapeutic group for which you are ACTIVELY participating as the leader or co-leader. (Does not apply to any observations of others performing the counseling service. You have to be the one demonstrating these skills to be able to count the time as DIRECT. All other services that do not fall under this explanation are considered indirect and should be counted as such.
* The Direct and Indirect Service Component of your log is highlighted in BLUE. These are hours you will accumulate at your Practicum Site. In addition to the Direct and Indirect Service Component, the column designated for the signature of your site supervisor is also highlighted in BLUE.

2. Student must receive weekly interaction that averages one hour per week of individual and/ortriadic supervisionthroughout the practicumby a program faculty member, or a doctoral student supervisor. This is MANDATORY. The column designated for the documentation of these hours is highlighted in Purple. In case of absence due to illness or other crisis condition, practicum students will notify all supervisors. It is the student’s responsibility to make up absences in individual supervision immediately. A student who has not been supervised during their weekly meeting and is unable to make it up within that week will be unable to see clients on site until they have made up their individual supervision time.

* The supervision you may receive on site by your practicum site supervisor does satisfy the requirement for one hour of supervision with a university supervisor. Hours accrued in supervision with an on-site supervisor should be included in Administrative Indirect Hours, as this is not a direct service you are providing clients and is often an administrative requirement within agencies and schools to meet staffing needs.

3. Student must attend and receive an average of 1.5 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor. The column provided for the documentation of these hours is highlighted in Purple.

**SUMMARY**

All SITE specific hours are to be documented in the columns highlighted in BLUE.

All UNIVERSITY specific hours are to be documented in the columns highlighted in PURPLE.

**Auburn University**

**Department of Special Education, Rehabilitation and Counseling**

**CPS Practicum Log**

**Counselor: Site Supervisor:**

**Site: University Supervisor:**

**Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates**  **(By Week for 15 Weeks)** | **Site Practicum Hours Per Week**  **(Minimum: 100 total hours )** | | | | **University Supervision Received During the Week** | |  |  |
| **Direct Student Services:** | | **Indirect/Administrative hours**  Consultation  Collaboration  Referrals | Foundation  Management,  Accountability |  | | **Total Hours For Week** | **Site Supervi-sor’s**  **initials** |
| Individual  Counseling | Group  Counseling | Individual (minimum of 1 hrs. per week) | Group  (minimum of 2 hrs. per week) |
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| **Column Totals** |  | |  |  |  |  |  |  |

**Auburn University**

**Child/Adolescent Informed Consent**

Auburn University, Alabama 36930-5222

Special Education, Rehabilitation and Counseling 2084 Haley Center

Dear Parent or Guardian:

School Counseling students from Auburn University are enrolled in a course during the second year of their graduate work called Counseling Practicum. This course involves working in the school for approximately 10 to 12 hours each week. During those hours, as a student counselor, I will be providing individual and group counseling for students who have been identified by an official at the site, or through self or parent referral, as someone who might benefit from participating in counseling. You are receiving this form because I am requesting your consent to provide counseling services to your child in the school. If you have questions about the reason you are receiving this request, please contact the school that your child is affiliated with.

Counseling Student’s Name:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to work with your son/daughter, a student at school.

If your child experiences a crisis and requires immediate attention, due to my role as a Counselor-in-Training, I may be unavailable and suggest that you contact the school or the EAMHC Crisis Line at 1-800-815-0630.

I am ethically bound to keep confidential anything your child shares in our sessions, with the following exceptions: (1) if I believe your child is a potential danger to his or herself or to someone else; (2) if I suspect child abuse or neglect or the abuse or neglect of an adult who is mentally or physically unable to care for him or herself; (3) if I am ordered to do so by a court of law; (3) if you grant me written permission to disclose information to another person; and, (4) for supervision/consultation purposes. In order for me to provide the best care possible, I will regularly audio record our counseling sessions and consult with my supervisor and peer counselors. Your child’s identity will be protected in these circumstances.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My course instructor at Auburn University is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My site supervisor is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you are interested and willing to have your child participate, please sign the form where indicated.

Thank you.

Parent/Guardian Signature

Date

**Auburn University**

**Special Education, Rehabilitation and Counseling Department**

**Standard Child/Adolescent Intake Forms**

Client Code: Date of Intake Interview:

Counselor’s Name:

**Identifying Information:**

Age: Sex: Female Male Ethnicity:

Grade Level: Teacher’s Name:

Principal’s Name: School:

**Treatment/Counseling History:**

Prior Counseling Received:

Extent of Prior Treatment/Counseling:

**Family History:**

Father’s Age: Occupation: Living?

Biological Father <or> Stepfather

Mother’s Age: Occupation: Living?

Siblings:

Sister <or> Brother Age: Grade Level/Occupation:

Sister <or> Brother Age: Grade Level/Occupation:

Sister <or> Brother Age: Grade Level/Occupation:

Familial Medical/Psychological History:

Additional Relevant Family Information (e.g., marital status, current living arrangements):

Physical Illness/Accident History:

**Educational History:**

Assessment Results

IQ: (Verbal: Quantitative: )

Other psycho educational assessments (achievement, ability, vocational interests):

Grade Retention

If the child has ever been retained, indicate grade(s):

Special Education Status

Does the child presently qualify for or receive any special education services?

If so, provide additional information:

**Information Regarding Student Support:**

Results of discussion with parent(s) regarding this referral:

Results of discussion with school staff (e.g., principal, teachers) regarding this referral:

**Current Academic Functioning (based on school records, teacher input, and observation):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Low | Average | High |
| Reading |  |  |  |
| Math |  |  |  |
| Language Arts |  |  |  |
| Social Studies |  |  |  |
| General Learning |  |  |  |
| On-Task Behavior |  |  |  |
| Homework Completion |  |  |  |
| Self-Directedness |  |  |  |
| Follows Directions |  |  |  |
| Attention Span |  |  |  |
| Works Well With Others |  |  |  |
| Obeys Rules |  |  |  |
| Attitude Toward School |  |  |  |
| Enthusiasm for Learning |  |  |  |
| Participate in Class |  |  |  |
| Other |  |  |  |

Presenting Problem:

Current Behaviors (based on teacher input and observation of child):

Conduct Anxiety/Mood/Withdrawal

Disruptive, uncooperative, impertinent Anxious, fearful, tense

Fighting and hitting Withdrawn, reclusive, \_\_\_\_\_\_Temper tantrums Depressed

Defiant and disobedient Hypersensitive \_\_\_Destroys property Self-conscious

Negative, selfish, blames others Feels inferior, worthless

Restless, distractible, inattentive Lacks self-confidence

Blows up easily Easily flustered

Bullies and threatens Cries frequently

Hyperactive and attention seeking Other (indicate: )

Dishonest, irresponsible Other (indicate: )

Uses abusive language Argumentative

Other (indicate: ) Other (indicate: )

Short attention span Poor coordination

Loyalty to “bad” companions Preoccupied, daydreams

Steals with others Passive, lacks initiative,

easily led

Gang membership+ Sluggish, drowsy,

uninterested

Stays out late at night Inattentive, poor

concentration

Truancy Fails to finish things

Runaway Messy, sloppy

Other (indicate: ) Other (indicate: )

Other (indicate: ) Other (indicate: )

Factors Contributing to Presenting Problem:

Student’s Level of Functioning (e.g., personal strengths, social support):

**Progress Notes and Session Summaries**

Progress notes provide a means for monitoring a client’s progress throughout treatment/counseling. Progress notes are also used to examine a client’s progress toward treatment/counseling goals, the development of new issues and goals, and the modification of the initial treatment/counseling plan. In supervision, these notes provide a means for the supervisor to track the progress of the client and the supervisee. **Progress notes must be completed for all client/student hours that are documented on the practicum log.**

Progress notes should be brief, concise, and should be written as soon as possible following the counseling session. The notes should include only relevant information, thus in writing your progress notes "avoid labeling, judging, and the using terminology that may be stigmatizing to the client" (Hansen, Rossberg, & Cramer, 1994, p. 306). Remember that clients have the right to review their case records.

Session objectives and therapeutic interventions should relate to the overall treatment/counseling plan for the client. Progress notes should include specific client information and may be supported by behavioral observations, assessment measures, client statements, and other observations by the counselor. Progress notes also allow you to monitor changes that may result in a modification of the treatment/counseling plan for a client.

The following progress note format focuses on session objectives, therapeutic interventions, session evaluation, and plans for next session. It is essential to the supervisory process that you include all relevant information. Please include in the evaluation section any specific questions or concerns you might have for your supervisor. Finally, these progress notes are not meant to substitute for progress note required at your site.

**Session Summary**

Session summary forms are to be completed for all **digitally taped sessions** (work samples). The session summary form is used to provide the supervisor with an opportunity to evaluate the session but also explore the issues and concerns the student may have about the session, the counseling process, or the supervisory process.

Session summaries also provide the student with an opportunity to reflect upon and examine the counseling process. It is recommended that students consider all aspects of the counseling process when completing the form. Students should always complete all sections of the form and develop questions or issues to address in supervision.

**Sample Progress Note Format‑ Individual**

**Client: MK Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counselor‑in‑training: S. Jones Session Number: 2**

**Session Objective(s): In brief format, describe the specific session objective(s). These objectives should relate to the goals and objectives outlined in your treatment/counseling plan.**

**EX:** The objective in this session was to have the client identify the specific living skills they would like to work on in counseling.

**Therapeutic Intervention(s): This section should discuss the specific therapeutic techniques, skills, or activities you used in the session to assist the client in working through the session objective(s).**

**EX:** Initially I worked with the client on brainstorming, generating ideas for living skills. This occurred after getting the client to focus on his goal of living independently. Then I helped the client prioritize skills and select three for our sessions.

**Evaluation: This section should provide an overview of the session in relation to the objective(s) established for this session. This may include consideration of client progress, evaluation of your role as counselor, critical issues that arose, client ‑ counselor dynamics, and issues that may have led to a revision of the original session objectives or treatment/counseling plan. Specific questions or concerns for the supervisor can be put in bold or underlined.**

**EX:** Initially there was some difficulty in focusing the client. He seemed very distracted and had difficulty maintaining eye contact. Brainstorming was useful when I focused the goal of independent living. The client was resistant to prioritizing living skills "I want to do all of them." I worked on refocusing and together we identified three goals to begin with in our sessions (an apartment, a job, a car). I need to develop some other techniques for refocusing the client.

**Plan(s) for Next Session: This should include consideration of overall objectives and what occurred in the previous session.**

**EX:** The focus will be on independent living skills related to living in an apartment (e.g., finding an apartment, paying bills, etc.).

**Progress Note ‑ Individual**

**Client Code: Counselor‑in‑Training:**

**Session Number: \_\_\_\_\_\_ Date: \_\_\_\_\_\_**

**Session Objective(s):**

**Therapeutic Intervention(s):**

**Evaluation:**

**Plan(s) for Next Session:**

**Session Summary**

**COUN 7910**

The Session Summary form contains a Progress note section **and** Session Process Questions.

Progress Note to be turned in to supervisors weekly:

Client Code/ Group Title: Date:

Counselor‑in‑Training: Session Number:

Session Objective(s):

Therapeutic Intervention(s):

Evaluation:

Plan(s) for Next Session:

**Session Process Questions**

To be completed for **each** taped client session and turned in to supervisors weekly.

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify any critical incidents that occurred in the session. Describe these incidents and how they may have related to the counseling relationship, counseling outcomes, or your development as a counselor?

2. Discuss your goals for the session and the specific methods, processes or interventions you used to accomplish these goals.

3. Discuss specific questions or concerns you want to address in supervision. This can include identifying a specific segment of the counseling session tape.

4. Discuss any goals you may have related to this counseling session and your supervision or development.

**Individual Counseling Plan**

Client Code: Date:

Counselor-in-training:

Counseling Focus:

Diagnostic Information:

Long-term Goals:

1. 2.

3. 4.

Short-term Objectives Therapeutic Intervention(s)

1. 1.

2. 2.

3. 3.

4. 4.

Changes to Counseling Plan (please note reason and type of modification)

1.

2.

3.

Counseling Plan Evaluation (note session and date)

1.

2.

3.

**Suggested Guidelines for Case Conceptualization**

* 1. In his/her own words, what is the student’s presenting problem?
  2. In what way(s) does the student perception differ from that of the referral agent
  3. What is your perception of the presenting problem?
  4. How is your view of the presenting problem different from the student’s
  5. What is the major underlying problem?
  6. What are the secondary problems?
  7. When did the problems begin (onset)?
  8. How has the student’s day-to-day life been impacted by the problem?
  9. Describe the impact of the family system, and others (peer culture, work, etc.) on the student’s concern.
  10. How was life different before onset of the problem?
  11. How would the student like for things to be different?
  12. What are the student’s strengths?
  13. What are the limitations/barriers that might hinder or prevent the changes the student would like to enact?

Based on the information above, a counseling plan, including goals (long range) and objectives (short range) should be formulated. The indices of change should be clearly identified. In addition, the counselor should be able to estimate the length of treatment/counseling.

Case Conceptualization

Client (Pseudonym): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Sessions/Date of Last Session: \_\_\_\_

Counselor In-Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

1. Personal Concerns related this session:

2. Professional Development Goals:

3. Rationale for section of audio tape presented:

4. Description of the Student:

5. Mental Status of the Student:

6. Presenting Issue or reason for referral:

7. Relevant Background Information

8. Multicultural Considerations:

9. How do these considerations impact your work with this student as a practicing school counselor?

10. Individual Strengths (including observations from sessions):

11. Current Status of your work with the student:

12.Treatment Goals:

13. Treatment Interventions/Therapeutic Approaches:

14. Questions or Concerns for which you would like to receive peer feedback (3 to 4 questions):

**Case Presentation Evaluation Rubric**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Case Presentation Component | Marginal (0 pts) | Developing (2 pts) | Competent (3 pts) | CACREP 2016 Standard |
| Intake/Psychosocial |  |  |  | Sect. 3 a., |
| Case Conceptualization |  |  |  | Sect. 2 –b., g.  Sect. 3 – c. |
| Counseling Plan |  |  |  | Sect. 2 –a., h.  Sect. 3 – c. |
| Case Presentation |  |  |  | Sect. 2-h.,i., j. |

**Comments:**

**Case Presentations** contain these materials and a brief presentation in class (with copies provided to all peer supervisors)

•Intake

•Case Conceptualization Form

• Counseling Plan

•Case Presentation

* Overall Client Goals
* Session Focus Goals and Process
* Session Summary/Progress Note
* Identified Intervention with resources: Should include brief discussion of: intervention, theoretical foundation, rationale, evaluation of outcomes or indicators, and resources

Evaluation:

Marginal: Has not demonstrated the competency area or has demonstrated the competency with significant deficits.

Developing: Has demonstrated some components of the competency area while still demonstrating a need to address or develop skills in other aspects of the competency area.

Competent: Has demonstrated all requirements attached to the competency area.

***Students who receive marginal scores in any of the areas will need to resubmit requirements in that area for review. This may include remediation and work with their University Supervisor to develop competency.***