**COUN 8910-004**

Advanced Practicum I in

Counseling Psychology

***Fall 2025***

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

**College of Education**

Instructor Information:

**Brian E McCabe, PhD**

**Assistant Professor**

**345 W Samford Ave.**

**Bem0040@auburn.edu**

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Office Hours:

**by appointment**

**This course is reserved for students enrolled in the Counseling Psychology doctoral program at Auburn University. All others require permission.**



**SYLLABUS**

**1. Course Number: COUN 8910 (3 semester hours)**

**Course Title: Advanced Practicum I in Counseling Psychology**

**University: Auburn University**

**Prerequisites: COUN 7910 (two semesters)**

**Instructor: Brian E. McCabe, PhD**

**Contact Info: 345 W Samford Ave); bem0040@auburn.edu; 334-844-7686**

**Class Meeting: Wednesday 4:00-6:50pm EDUC 2141 (or arranged online)**

**2. Date Syllabus Prepared:** August 2020, August 2021, August 2022, August 2023

**3. Required Readings:**

Dobson, K.S. (2012). *Theories of psychotherapy. Cognitive therapy.* Washington, DC: American Psychological Association.

Cully, J.A., & Teten, A.L. (2008). *A Therapist’s Guide to Brief Cognitive Behavioral Therapy.* Houston, TX: Department of Veterans Affairs South Central MIRECC. <https://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf>

**Required Articles/Chapters in Canvas:**

**Week 1:**

Lau, A. S., Chang, D. F., Okazaki, S., & Bernal, G. (2016). Psychotherapy outcome research with ethnic minorities: What is the agenda? In N. Zane, G. Bernal, & F. T. L. Leong (Eds.), *Evidence-based psychological practice with ethnic minorities: Culturally informed research and clinical strategies* (pp. 31–53). American Psychological Association. https://doi.org/10.1037/14940-003

**Week 3:**

DeRubeis, R. J., Keefe, J. R., & Beck, A. T. (2019). *Cognitive therapy.* In K. S. Dobson & D. J. A. Dozois (Eds.), *Handbook of cognitive-behavioral therapies* (p. 218–248). New York: Guilford Press.

Beck, J.S. (2011). *Introduction to cognitive therapy.* In J.S. Beck, *J. S. Cognitive behavior therapy: Basics and beyond* (p. 1-16). New York, NY: Guilford.

**Week 5:**

DiGiuseppe, R.A., & Doyle, K.A. (2019). *Rational emotive behavior therapy.* In K. S. Dobson & D. J. A. Dozois (Eds.), *Handbook of cognitive-behavioral therapies* (p. 191–217). New York: Guilford Press.

Crawford, T., & Ellis, A. (1989). A dictionary of rational-emotive feelings and behaviors. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 7,* 3-28.

Ellis, A. (2005). Why I (really) became a therapist. *Journal of Clinical Psychology*, 61(8), 945-948.

**Week 7:**

Craske, M.G., & Barlow, D.H. (2014). *Panic disorder and agoraphobia.* In D.H. Barlow. (Ed.). *Clinical handbook of psychological disorders: A step-by-step treatment manual*. New York: Guilford.

Heimberg, R.G., & Magee, L. (2014). *Social anxiety disorder.* In D.H Barlow (Ed.). *Clinical handbook of psychological disorders: A step-by-step treatment manual*. New York: Guilford.

**Week 9:**

Rizvi, S.L., & King, A.M. (2019). Dialectical behavior therapy: a comprehensive cognitive-behavioral treatment for borderline personality disorder, emotion dysregulation, and difficult-to-treat behaviors. In K. S. Dobson & D. J. A. Dozois (Eds.), *Handbook of cognitive-behavioral therapies* (p. 297–317). New York: Guilford Press.

Linehan, M. M., & Wilks, C. R. (2015). The course and evolution of dialectical behavior therapy. *American Journal of Psychotherapy, 69*, 97-110.

**Week 11:**

Fruizzetti, A.E., McLean, C., & Erikson, K.M. (2019). Mindfulness and acceptance interventions in cognitive-behavioral therapy. In K. S. Dobson & D. J. A. Dozois (Eds.), *Handbook of cognitive-behavioral therapies* (p. 271–296). New York: Guilford Press.

***Choose 1 of 2:***

1. Hayes, S. C., Strosahl, K. D., Bunting, K., Twohig, M., & Wilson, K. G. (2004). What is acceptance and commitment therapy? *In A practical guide to acceptance and commitment therapy* (pp. 3-29). Springer, Boston, MA.

***OR***

1. Witkiewitz, K., Bowen, S., Harrop, E. N., Douglas, H., Enkema, M., & Sedgwick, C. (2014). Mindfulness-based treatment to prevent addictive behavior relapse: Theoretical models and hypothesized mechanisms of change. *Substance use & misuse, 49,* 513-524.

**Additional Required Resources:**

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed)*. Washington, DC: Author.

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct.* Retrieved from <https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Student Handbook Auburn University Counseling Psychology PhD Program. 2020-2021 Academic year. [Canvas, program webpage]

State of Alabama, Board of Examiners in Psychology. (2014). *Code of Alabama: Chapter 26. Psychologists.* Author. Available <https://law.justia.com/codes/alabama/2014/title-34/chapter-26/>

Board of Professional Affairs, Committee on Professional Standards, American Psychological Association (1987). General guidelines for providers of psychological services. *American Psychologist, 42*, 1-12.

**4. Course Description:**

Advanced supervised experiences appropriate to student’s program emphasis.

**5. Course Objectives:**

The assumption in this course is that all students in the College of Education are working to be competent, committed, and reflective professionals. The objective of this course is to continue students’ development as a psychotherapist. Subsets of this overall objective include continued improvement in students’ ability to:

1. Maintain awareness of client factors and their influence on the therapy process;
2. Be aware of reactions to clients and how those reactions may affect the therapy provided;
3. Establish rapport and a good working relationship with clients;
4. Identify appropriate clinical diagnoses for clients;
5. Conceptualize clients and use that conceptualization to guide treatment in a way that fits clients’ goals and preferences;
6. Identify and respond to situations that involve risk of harm to clients or others;
7. Articulate a theoretical orientation used to guide treatment with clients;
8. Be flexible in the provision of therapy such that different skills and approaches are tailored to client needs and preferences;
9. Keep clients engaged in treatment such that premature termination is unlikely and client improvement is regularly achieved;
10. Use evidence-based practice methods to monitor the process and outcome of work with clients;
11. Integrate multicultural theory and awareness of cultural factors into clinical practice;
12. Manage ethical issues in a professional and appropriate manner;
13. Document clinical work in a way that meets the standards of the work setting, insurance companies (if applicable), and state laws;
14. Work cooperatively and effectively within the agency setting and develop appropriate professional relationships with other agency staff;
15. Effectively engage in the supervision progress to benefit clients and enhance professional development;
16. Request consultation from peers and provide helpful, tactful feedback to peers.

**6. Course Content** **and Schedule:** This schedule may change based upon the learning needs of the class. As a group, we will make decisions about which students and/or issues to focus on during informal case discussion/discussion of clinical issues time.

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| **WEEK** | **DATE** | **CLASS TOPIC/ACTIVITIES** | **READINGS DUE** | **ASSIGNMENTS DUE** |
| 1 | 8/20/25 | Course Intro. Three Waves of (cognitive) behavioral therapy. EBP with minorities. | Lau et al. (2016) | **Choose Presentation Team.****Choose Case Presentation Dates** |
| 2 | 8/27/25 | Starting CBT/AllianceClinical cases/concerns/tape review | Dobson Ch.1Cully & Teten (2008) 1-4CT Videos Intro & Session #1 | Reflection #1 |
| 3 | 9/03/25 | Cognitive Therapy (Beck)Clinical cases/concerns/tape review | DeRubeis, Keefe, Beck (2019)Beck (2011) | Student Presentation Team 1  |
| 4 | 9/10/25 | Emotion-Thought-BehaviorClinical cases/concerns/tape review | Dobson Ch.2Cully & Teten (2008) 5-7CT Video #2 | Reflection #2 |
| 5 | 9/17/25 | Rational Emotive Behavior Therapy (Ellis)Clinical cases/concerns/tape revie. | DiGiuseppe & Doyle (2019)Crawford & Ellis (1989)Ellis (2005) | Student Presentation Team 2  |
| 6 | 9/24/25 | Mechanisms of Change IClinical cases/concerns/tape review | Dobson Ch.3Cully & Teten (2008) 8-9CT Video #3 | Reflection #3 |
| 7 | 10/01/25 | Anxiety TreatmentClinical cases/concerns/tape review. | Craske & Barlow (2014)Heimberg & Magee (2014) | Student Presentation Team 3 |
| 8 | 10/08/25 | Mechanisms of Change IIClinical cases/concerns/tape review | Dobson Ch.4Cully & Teten (2008) 10-11CT Video #4 | Reflection #4**Tevera: Midterm hours report due** |
| 9 | 10/15/25 | DBTClinical cases/concerns/tape review | Rizvi & King (2019)Linehan & Wilks (2015) | Student Presentation Team 4 |
| 10 | 10/22/25 | Mechanisms of Change IIIClinical cases/concerns/tape review | Dobson Ch.5Cully & Teten (2008) 12-13CT Video #5 | Reflection #5 |
| 11 | 10/29/25 | Mindfulness & AcceptanceClinical cases/concerns/tape review  | Fruzzetti et al. (2019)Hayes et al., (2004) ***OR*** Witkiewitz (2014) | Student Presentation Team 5 |
| 12 | 11/05/25 | TerminationClinical cases/concerns/tape review | Dobson Ch.6-7Cully & Teten (2008) 14CT Video #6 | Reflection #6 |

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| **WEEK** | **DATE** | **CLASS TOPIC/ACTIVITIES** | **READINGS DUE** | **ASSIGNMENTS DUE** |
| 13 | 11/12/25 | **Student case presentations**Clinical cases/concerns/tape review | Student Case #1, #2, #3 |  |
| 14 | 11/19/25 | **Student case presentations**Clinical cases/concerns/tape review | Student Case #4, #5 |  |
| 15 | 11/26/25 | ***NO CLASS THANKSGIVING BREAK*** |
| 16 | 12/03/25 | **Student case presentations, if needed**Clinical cases/concerns/tape review |  | **Tevera Hours Documentation & Site Evaluation Due**  |
|  | 12/10/23 | **Finals Week No Class: Final Case**  |  | **Conceptualization Paper Due** |

**7. Course Requirements/Evaluation:**

**This course is graded on a satisfactory (S) vs unsatisfactory (U) scale.**

**Preparation**: Re-read the practicum guidelines if you have not done so within the past 30 days, as that document serves as an addendum to the course syllabus. Also, you should review the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2010). In addition to following the practicum guidelines and ethical code, you are required to carry out the responsibilities to which you are assigned at your practicum site, including reading other resources such as site manuals/handbooks/policies/procedures, treatment manuals, and literature on clinical issues.

**Clinical and Individual Supervision Hours**: This course is a practicum placement. The schedule (besides weekly class meetings) is to be agreed upon by the student and the identified training site but should not include less than 8 hours of on-site services per week and no more than 20 hours as agreed upon by the training site. The training site must also provide a minimum of 1 hour of on-site scheduled supervision per week with additional supervision available. Students receiving less than one hour of supervision weekly from their site should notify the instructor, who may require the student to obtain additional supervision. The training site will also provide all necessary in-service trainings required of employees and therapeutic service providers at their site.

**Group Supervision**: You are also expected to attend all class meetings as class will serve as your group supervision experience. *More than one unexcused absence will result in an Unsatisfactory grade for the semester* (see Attendance policy for additional details). The 3-hour weekly class will consist of informal theory/case/clinical discussions, formal case presentations, and periodic didactic presentations by the instructor. During informal discussion time, the highest priority will go to individuals who have a concern about a therapeutic issue. Students and the instructor will work together to determine how that time is best used in each class period. However, each student is expected to bring a consultation question/clinical issue for discussion several times. *You must show client tape during consultation at least twice during the semester* (in addition to any tape shown for presentation purposes). Included in evaluation of your therapy skills is my evaluation of your work in the class (which includes presenting cases for group supervision and presenting/discussing theory or techniques) and openness to supervision (reflected in how readily you present cases). It is expected that we will always have people ready to show tape. This informal discussion and consultation time will also serve as a forum for discussing various topics relevant to the clinical situations, such as risk of harm, ethics, multicultural issues, case conceptualization, boundary issues, transference, countertransference, self-care, etc. When discussing clients and their problems, you will be expected to know (or be willing to commit to finding out) what the literature (research and more general scholarly writings) says about the issue under discussion. If site supervision and in-class group supervision is not sufficient to meet your training needs, you may request periodic individual meetings with the instructor. In addition, the instructor may require periodic individual meetings if it becomes evident that you need additional supervision.

**Presentation Teams**: Each of you will serve as the **one of two student presenters** (i.e., a team of two) for the weeks’ readings (at least) twice during the semester. As the discussion leader, you will:

1. Develop a presentation to cover the important parts of the readings and CBT approach with your team partner.
2. The presentation will also include how we might apply the knowledge to our therapeutic work with people from racial/ethnic minority groups or other marginalized groups, including at least one example of a (1) translation, (2) adaptation, or (3) culturally sensitive therapy based on the general CBT approach from that week.
3. Your task is to be a discussion leader, so think about how you might engage the class with the reading, and make it applicable to your and others clinical work. You can create short quizzes or other activities to aid discussion of important points.
4. You must sign-up for teams in Canvas or another system right away. **We start the 3rd week of class.**

**Case Conceptualization Project**: The advancement of psychotherapy as a reproducible, teachable set of skills and knowledge requires a strong foundation in case conceptualization. As such, you will conceptualize a client that you have seen for a minimum of 3-4 sessions to demonstrate your work utilizing your chosen theory with a client. This will require the following components:

* 1. **Written Paper Component**: The paper will be turned into the instructor (**4-5 double-spaced pgs**.) with the follow sections:
		1. *Client Conceptualization*: Client Presentation: Summary of the client’s presenting concern(s), co-morbid conditions, relevant environmental factors and cultural variables, and other individual differences (e.g., sexual orientation, gender, disability conditions, etc.) that are relevant to understanding the client.
		2. *Assessment and Diagnosis*: A description of the assessment process for this client and DSM-5 disorder(s). Briefly discuss the differential diagnosis process (including rule-outs that were made) and provide justification for the diagnosis/es given. Integrate cultural considerations in assessment and diagnosis of the client.
		3. *Conceptualization and Treatment*: A theory-driven conceptualization of the client that incorporates cultural factors. This section must also include a description of how the theory/theories and conceptualization influenced treatment goals and interventions. The treatment goals should be explicitly stated in theory-consistent language. The theory/theories addressed in this section must align with the work demonstrated in the Recording.
		4. *Scholarly Literature*: A brief review of the scholarly literature bearing on the client’s presenting concerns and the treatment provided to the client. This section must specifically address evidence-based practice (and CBT or other empirically supported treatments, where applicable).
		5. Strengths and Weaknesses*: A self-assessment of the therapeutic strengths and weaknesses that were* demonstrated in the Recording and Transcript (identify the session number of the selected session). Although overall strengths and weaknesses with this client can be included, the emphasis should be on the selected tape. Identified weaknesses should be accompanied with an explanation of things to be done differently in hindsight. Identified strengths should be accompanied with an argument for how this specific Recording demonstrates one’s competence as a therapist. specify the appropriate diagnoses,
		6. *Outcome Summary*: An overall summary of the outcome monitoring (see details below) within therapy with the client. Changes over time will be documented through statistically reliable change on one or more outcome measures. This summary will have (a) brief description of the outcome measure(s) you selected, (b) data from at least three timepoints, (c) **interpretation of the meaning of any statistically reliable change (or lack thereof) on the outcome variables** and how this new data was used for additional treatment planning. Your presentation must include a graphic representation of change over time for each outcome.
	2. **Presentation Component**: The in-class presentation should concisely cover the same information as the written component in **35-50 minutes**.
		1. 20-30 minutes of [~uninterrupted video of a session, have cued to begin].
		2. 15-20 minutes of case description and discussion.
		3. **\*NOTE\* You must know and follow your practicum site’s policies for presenting material including case information and recorded sessions.**
		4. See Course Content and Schedule for dates of these presentations.

**Outcome Monitoring**: Students are required to select and utilize **at least one outcome measure** (beyond any tools routinely used by the site). You are required to monitor outcome with at least one client during the semester, which you will present during the case conceptualization presentation. I *strongly* recommend measuring outcomes from multiple clients, even though only one is required. This will allow flexibility, e.g., in case of client attrition and other unanticipated events. Subjective reports from you or your client are ***not*** sufficient for this assignment. Students are required to demonstrate their ability to obtain and appropriately interpret outcome data to inform their treatment with a client over time.

Students will report on three data points at designated intervals in the semester:

1. **Pre-Treatment**: Students report baseline data for the outcome measure (with appropriate rationale for why the measure was selected) and describe how the baseline score(s) will inform their work with the client.
2. **Pre- to Mid-Treatment**: Partway into treatment with the selected client, students conduct at least one additional assessment point for the outcome measure(s). Students will report client’s results and identify whether or not the client has made reliable improvement on the assessment(s). Students will articulate what the outcome data mean about their treatment with the client thus far and how the data will inform upcoming treatment with the client.
3. **Post-Treatment** (or late treatment if not terminated by assignment deadline): Students will report all of their outcome data (a minimum of three assessment points on one outcome measure) collected over the course of their treatment with the selected client. Students will identify whether the client made reliable improvement on the outcome measures. Students will reflect on what the outcome data mean about the effectiveness of their treatment with this client.

**+NOTE+ All outcome assessments given to clients must be reviewed AND approved by a site supervisor PRIOR to use. You should complete the *Outcome Measure Approval* (see Canvas) within the first 2 weeks of the semester.** Additionally, assessments should be clinically relevant to the case (this is in line with ethical clinical conduct) and fit within a CBT or EST framework. As such, you should engage in ongoing discussions with your supervisor regarding your outcome assessments and their clinical utility. Failure to do so will not be considered an acceptable excuse for the outcome assessment assignment.

**Documentation and Practicum Site Evaluation**: You are required to submit to your site supervisor, the training director, and to your instructor of practicum (8910):

* a complete list of *practicum hours* and clients seen using the program approved reporting form (e.g., Tevera).
* you are required to submit an *evaluation* using the program approved practicum evaluation form at the end of the term using the online system (or other means approved by instructor).

**It is your responsibility to provide your site supervisor the form enough in advance that it can be completed by the end of the term.** Waiting until the last week of class may be too late to meet this deadline. You must meet the requirements spelled out in the program policies for the minimally acceptable evaluations to pass practicum for students in their first year of practicum. These requirements are spelled out in the program policies on the COP website. **ALL records of hours and evaluations will be submitted on Canvas or Tevera on the due date outlined in the course schedule.**

**COUN 8910 (Advanced Practicum I) Evaluation:** To receive a grade of “Satisfactory” in the first semester of COUN 8910, the student must receive ratings from the on-site supervisor that have the following characteristics:

1. No item may be rated as 1, “Unacceptable” or 2, “Substantially Below Beginning Practicum Student Skill Level”.
2. No more than two items completed by the supervisor can be rated 3, “Below Beginning Practicum Student Skill Level”.
3. At least half of the items completed by the supervisor (excluding “Cannot Judge”) must be rated “Consistent with Some Prior Clinical Experience” or better.
4. The student cannot be rated as having violated ethical principles for psychologists.

In addition, a grade of “Satisfactory” requires that the on-site supervisor who completed the evaluation be a licensed psychologist in the jurisdiction in which the student engaged in the clinical work and that the on-site supervisor who completed the evaluation indicate that their evaluation is based at least in part on direct observation of the student’s work. If the on-site supervisor does not verify that they are a licensed psychologist and that their supervision of the student involved direct observation, the practicum instructor or other designated licensed psychologist (such as the Director of Practicum Training) must also complete a Practicum Evaluation based in part on direct observation. This Evaluation must also meet the requirements above.

***CBT Over Time Reflection*** *(6 x 5 points each = 30 points total):* As part of this class, we will be watching videos on Cognitive Therapy Over Time. You can see the Course Schedule for the class periods in which we will be watching each session. Videos or links to videos will be posted in Canvas. To stimulate reflection on the connections between this video and the class readings, students will write a brief (about 1/2 page single spaced each) reflection after each CBT Over Time Session. That is, one reflection for each video shown or referred to in class. The reflections are due on Canvas **before midnight on the Friday after each video is shown in class**. Each submission should include your reflections on the session shown in the class period and the readings, as well as the connections/points of contrast you see between the video session and the readings in class overall. You may include your personal reaction based on past experience and knowledge about counseling.

**Overall Course Evaluation**:

*This course uses satisfactory/unsatisfactory grading*. Your evaluation will depend on your performance as a therapist/counselor (including related issues such as ethics, behavior with on-site colleagues, etc.), particularly as evidenced in the tapes you play and in your descriptions of the actions you have been taking with your clients. Also considered will be your comments and behavior in class (e.g., frequency and quality of the tapes you bring to class, abilities in role play situations, comments in class, quality of your presentation, etc.). A key ingredient in your evaluation will be the evaluation form completed by your on-site supervisor near the end of the semester.

* A grade of **satisfactory** in the course requires all the following (no one thing can offset another requirement):
* No more than 1 unexcused absence (see below for details about attendance and COVID-19)
* The following grades on all course requirements, including minimum of:
	+ A grade of 85% article/chapter presentation teams
	+ A grade of 80% (collectively) on all reflections
	+ A grade of 85% or better on the case conceptualization presentation
	+ A grade of 85% or better on the outcome assignment
* Satisfactory performance in demonstration of clinical skill for your current level of training
* Satisfactory use of supervision
* Active and open involvement in class discussions
* Completion of minimum number of direct client hours (30)
* Completion of weekly individual supervision with site supervisor
* A satisfactory evaluation from your training site (see COP practicum guidelines)
* An accurate submission of clinical hours and on-site evaluation from the term
* No indication of behavior that violates APA ethical standards as it relates to the student’s practicum work or participation in the practicum class.

If you are not making adequate progress to my expectation, I will meet with you to discuss this matter. I encourage you to schedule meetings with me to discuss your progress over the course of the semester. If you do not receive a satisfactory evaluation from your training site, I may require you to take steps towards remediation as allowed in the program manual, training site policies, ethical guidelines, and professional judgment of program faculty. Note: it is the student’s responsibility to demonstrate clinical competence.

**8. Class Policy Statements:**

Late Assignment Policy: It is very important that students submit work on time, or they will find it very difficult to catch up. All work in the course (e.g., assignments, discussions, exams, quizzes, etc.) will be due by 11:59 pm CT (or other time as noted on the syllabus) on the date noted on the class calendar. Any assignment that is submitted after the due date will have one letter grade deducted from it per day late. Students should reach out to their instructor immediately to discuss any concerns. In situations where you are experiencing technical difficulties submitting your assignment near the deadline, please consult the Canvas help desk resources available in left navigation. Please work to avoid encountering technical difficulties near the assignment due dates by completing your work ahead of deadlines.

Attendance Policy: As this is a practicum course, attendance is required. Students are expected to attend all class meetings in person or online, e.g., via Zoom. **Please note the Auburn COVID-19 policies may be updated during the semester.** Active, cooperative, and collaborative learning are strongly emphasized in this class. Thus, open and active participation is expected from students. As stated in the Course Requirements, students with more than one unexcused absence will result in an Unsatisfactory grade in this class. After one unexcused tardy or early departure of 15 minutes or more, each subsequent tardiness or early departure will be considered an unexcused absence from class.

Students are granted excused absences for the following reasons: illness of the student or serious illness of a member of the student’s immediate family, death of a member of the student’s immediate family, trips for student organizations sponsored by an academic unit, trips for university classes, trips for participation in intercollegiate athletic events or other university-sponsored reasons, subpoena for a court appearance, and religious holidays. Note there are also exceptions regarding COVID-19 as described by Auburn University policies at <https://ahealthieru.auburn.edu/>. Students who wish to have excused absences from class for any other reason must contact the instructor in advance of the absence to request permission. The instructor will weigh the merits of the request and render a decision. When feasible, the student must notify the instructor prior to the occurrence of any excused absences, but in no case, shall notification occur more than one week after the absence. Appropriate documentation for all excused absences is required. Please see the *Student Policy eHandbook* at [www.auburn.edu/studentpolicies](https://cas.auburn.edu/owa/redir.aspx?C=ef2eb0b81d90495098a27dc4053361aa&URL=http%3a%2f%2fwww.auburn.edu%2fstudentpolicies) for more information on excused absences. For an excused absence to not count against the attendance grading requirement, students must make up the missed class period in a manner acceptable to the course instructor within one week of the absence or notification of absence (in cases when notice prior to the absence is not possible—but again, all excused absences must be communicated to the instructor no later than one week of the absence).

Respect: When providing feedback and consultation to other students, it is expected that you will be respectful of one another. You will be encouraged to challenge your colleagues and provide constructive feedback. This feedback from individuals who know you well is extremely valuable in improving your skills as a therapist. Your feedback should be provided in a way that communicates respect, facilitates your peers’ learning, and conveys your interest in learning from your peers. Should it be determined that your feedback is provided in a way that undermines the experiential learning in this course, you will be asked to remediate your behavior and you may be referred to the counseling psychology faculty for formal remediation.

Accommodations: Students who need accommodations are asked to electronically submit their approved accommodations through AU Access and to arrange a meeting with me during the first week of classes, or as soon as possible if accommodations are needed immediately. If you have not established accommodations through the Office of Accessibility, but need accommodations, make an appointment with the Office of Accessibility, 1228 Haley Center, 844-2096 (V/TT).

Honesty Code: All portions of the Auburn University student academic honesty code (Title XII) found in the Student Policy eHandbook (http://www.auburn.edu/student\_info/student\_policies/) will apply to this class. All academic honesty violations or alleged violations of the SGA Code of Laws will be reported to the Office of the Provost, which will then refer the case to the Academic Honesty Committee.

* We, the faculty, instructors, and students of COUN 8910 pledge to fulfill our mutual responsibilities to each other and the academic community at large with honor and integrity in order to build and maintain a climate of respect and trust that will enhance our research, teaching, and learning. We will support the Honor System of the School, and will not tolerate activities that undermine academic integrity.

Professionalism: As faculty, staff, and students interact in professional settings, they are expected to demonstrate professional behaviors as defined in the College’s conceptual framework. These professional commitments or dispositions are listed below:

* + - Engage in responsible and ethical professional practices
		- Contribute to collaborative learning communities
		- Demonstrate a commitment to diversity
		- Model and nurture intellectual vitality

As students enrolled in a training program accredited by the American Psychological Association, you are bound by the *Ethical Principles of Psychologists and Code of Conduct* adopted by that organization. The Student Policy eHandbook contains information on procedures to follow in the event you have an academic grievance. It also contains information about the student code of conduct. It is your responsibility to be familiar with and to follow the code of conduct in the eHandbook.

Confidentiality/Privacy: Material describing clients, particularly any information which might later help identify a client in an environment outside class, must be kept confidential, consistent with the APA ethics code. Specifics that you discuss in class about yourself and your behavior as a therapist are considered private within the scope of training, and confidential as pertains to your peers. That is to say, no member of the class is to repeat outside of class private information disclosed in class. To do so would violate the privacy rights of your peers who are disclosing in pursuit of becoming a better psychotherapist. As your group supervisor (class instructor) there are certain conditions that demand information I obtain about your clients’ behaviors and your own behavior with your clients be disclosed or otherwise discussed with others. These include the usual ones of court order, child or elder abuse, and serious threats of violence, including threatened suicide or homicide, by the client. I may also disclose to others behaviors you have engaged in or appear to be engaging in which in my opinion put your client's welfare at risk. Routine mistakes made by students in training do not demand that I disclose personal information. Should I have serious concerns about your ability to pass the class, I may discuss these concerns with colleagues to arrive at an appropriate decision for future training requirements. I also reserve the right to consult with a colleague to appropriately address clinical issues that arise (ranging from a clinical policy to a situation in which I have concerns about your or a client’s safety). Finally, during faculty meetings and/or on-site evaluations of your performance, illustrative problem areas may be discussed. As a rule, I will use common sense and sensitivity to your needs as important variables in deciding whether it is necessary to discuss with others what has transpired in class or individual meetings.

In line with confidentiality, you will need to retrieve and shred documents that you share with peers during in-class presentations. Similarly, you should appropriately store transcripts and tapes/recordings and destroy such materials as soon as possible (typically immediately after class/supervision, though you may need to review tape a few times or retain documents for training evaluation). Regarding transport of session recordings to and from your site, I require that you use a password-protected or encrypted flash drive or folder.

* Note that confidentiality and security of information apply for remote, i.e., Zoom, meetings if these are required by COVID-19. We will all use appropriate measures to ensure that class meetings are not overheard or viewed by persons not in this class. These concerns may also limit the ability to have remote learning for this class and must be balanced with other health concerns.

Office Hours and Clinical Emergencies: I am available by appointment. Campus email is the best way to reach me to schedule an appointment, but you can also see me after class or call my office phone. I encourage you to make an appointment with me if you have any questions or concerns about the course or your performance in it. Additionally**, I have made my cell available in case of a clinical emergency in which your on-site supervisor cannot reached or additional, urgent supervision is needed. That number is 305-804-4079**. It is important to note that your **on-site supervisor or designee** is the first point of contact in these situations. I also offer the caveat that I may ask another supervisor to serve in my absence if I am away and cannot be reached. Please follow your site requirements and the ethical guidelines, along with Alabama (or Georgia, if applicable) state law, when dealing with client emergencies.

**9. Justification for Graduate Credit:**

This course includes advanced content in graduate psychology education and is designed to partially meet standards for accreditation by the American Psychological Association (APA). This includes rigorous evaluation standards of students completing the student learning outcomes specified in this syllabus. As a practicum course designed to teach knowledge and skills related to psychotherapy through the direct provision of supervised psychotherapy services, only students enrolled in the counseling psychology doctoral programs are eligible to take this course.