Note: Students are required to attend mandatory Advising Night each semester prior to enrollment in Practicum. Dates: a designated Friday evening in November for enrollment the following Spring semester, and a designated Friday evening in April for enrollment the following Fall semester. Please see Counselor Education Program web site postings each semester for exact dates and times.
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IMPORTANT CONTACTS
Whom to See for What

Academic Advisors
Academic advisors are the full-time faculty members within a counseling specialization who students may meet with for all academic advising, including guidance with Practicum. Advisors by Counseling Specialization are:

Career Specialization Advisors:
- Dr. Heather Brostrand (0.5 Career, 0.5 Voc Rehab): brostrand@csus.edu
- Dr. Al Levin (Spring Semester): alevin@csus.edu
- Dr. Elisabeth Liles (Career Specialization Coordinator): eliles@csus.edu

MCFC Specialization Advisor:
- Dr. Susan Wycoff: wycoffs@csus.edu

School Specialization Advisors:
- Dr. Rose Borunda: rborunda@csus.edu
- Dr. Elisabeth Liles (School Specialization Coordinator): eliles@csus.edu

The Center for Counseling and Diagnostic Services (CCDS)
Clinical Coordinator: Dr. Darryl Henderson (dhender@saclink.csus.edu)
Administrative Coordinator: Veronica Richardson (vrichard@saclink.csus.edu)
Eureka Hall Room 421
Phone: (916) 278-6252

The Center for Counseling and Diagnostic Services (CCDS) has been in operation since 1968. It is equipped with family counseling rooms, small counseling cubicles, and art and play therapy materials. Services are offered by supervised graduate students from the Counselor Education Program, Vocational Rehabilitation Program, and Special Education Program during the academic year (September through December and February through May). Practicum students offer the following services:

Career Counseling: Individuals who would like assistance in learning how to make career decisions and need information or guidance for educational or career choices can receive counseling and testing services and referrals.

Individual Counseling: For individuals who want assistance and skills in dealing with personal changes, emotional and social crises, and other personal issues, such as divorce/separation, depression, anger, stress and addictions.

Couple Counseling: Whether married, "coupled," or domestic partners, this is for couples seeking to strengthen and improve their relationships or to work on unsatisfactory relationship issues.

Counseling for Children: Counseling can be provided either with other family members or individually to help children understand and deal with problems of their own or problems relating to family or school.
PRACTICUM OVERVIEW
PRACTICUM

Students are required to complete supervised practicum experiences that total a minimum of 100 clock hours. The practicum provides for the development of counseling and assessment skills under direct clinical supervision (CACREP*, 2009). The student’s practicum must include all of the following:

1. 40 hours of direct service with clients, including experience in individual counseling and group counseling;
2. Weekly interaction with an average of one (1) hour per week of individual and/or triadic supervision which occurs regularly over a minimum of one academic term by a program faculty member or a supervisor working under the supervision of a program faculty member;
3. An average of one and one half (1½) hours per week of group supervision that is provided on a regular schedule over the course of the student’s practicum by a program faculty member or a supervisor under the supervision of a program faculty member; and
4. Evaluation of the student’s performance throughout the practicum, including a formal evaluation, Counselor Trainee Evaluation, at the midterm and end of the practicum experience.
   a. In order to earn credit in EDC 475: Practicum, students must earn a minimum passing score of 2 on all competencies on the final evaluation. Failure to earn a minimum passing score of 2 on all competencies will result in No Credit for this class.

Students who do not satisfactorily complete all of the requirements of practicum, including demonstration of professional conduct and mastery of basic counseling skills, will not be permitted to enroll in fieldwork. The practicum instructor reserves the right to assign a No Credit grade to students who, in the instructor’s and/or site supervisor’s judgment, are not ready to enroll in Field Study.

*The Council for the Accreditation of Counseling and Related Educational Programs.

Practicum Experiences

One course meets all of the CACREP requirements for practicum experiences: EDC 475: Practicum in Counseling. EDC 475 hours may only be accrued during the semester in which the student is enrolled in this course and under the direct supervision of program faculty. Students must earn at least 100 clock hours (at least 40 direct contact hours) of practicum experiences in EDC 475 and receive credit for the course before they will be permitted to enroll in EDC 480: Field Study in Counseling. At least 30 hours will be arranged outside of the regularly scheduled class time and will be coordinated by the student, the supervisor of record and the contact person at the assigned site or sites. (Note: Due to holidays and other reasons for canceled sessions, it is recommended that instructors hold their initial orientation with their class the week prior to the start of the semester.)

EDC 475: Practicum in Counseling

The practicum experience involves having students provide counseling services to clients from the community under direct supervision of program faculty. Practicum students will gain experience with a variety of clients: individuals (adult and/or child), couples, families and/or groups. School Counseling students will see all of their clients at designated school sites within Roseville City School District, Sacramento City Unified School District, San Juan Unified School District, St. Hope Public Schools District, or Twin Rivers Unified School District. Career Counseling students will see all of their clients at designated school sites within Natomas Unified School District, St. Hope Public Schools, or Twin Rivers Unified School District. MCFC Students will see all of their clients at the Center for Counseling and Diagnostic Services or Success Academy. Specialization Coordinators are responsible for...
coordinating the practicum sites for their EDC 475 sections. Each EDC 475 instructor will establish and maintain contact with assigned sites.

**Hours Defined**

**Direct Hours** involve direct interaction with clients and include the application of counseling, consultation, or human development skills. Practicum students may only count face-to-face counseling or clinical consultation performed in a confidential setting as direct contact.

**Supervision Hours** include all interactions with one’s supervisor that involve receiving a combination of the following: consultation, counseling, instruction and evaluation of clinical and administrative skills. (Please see Supervision section of this manual for important definitions related to supervising students.)

**Miscellaneous Hours** involve all other duties and experiences related to practicum that do not fall into the “direct contact” or “supervision” categories, including administration. *Administration* involves scheduling, attending school/agency meetings, writing case notes, research/preparation for sessions, room set-up/clean-up, etc.

**Total Hours** are the sum total of all direct contact, supervision and miscellaneous experiences.

**Hours Calculated**

<table>
<thead>
<tr>
<th>EDC 475: PRACTICUM</th>
<th>Hours</th>
<th>TOTAL PRACTICUM HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Direct Contact</td>
<td>Miscellaneous</td>
</tr>
<tr>
<td><strong>On-Site</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three Hours of Counseling Sessions per Week</td>
<td>40-42</td>
<td>--</td>
</tr>
<tr>
<td>(3 hours X 14 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation, Clean-Up, Case Notes and Administration (1 hour X 14 weeks)</td>
<td>--</td>
<td>14+</td>
</tr>
<tr>
<td><strong>Off-Site Administration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research, Writing Case Studies, Evaluation Summaries, etc. (1 hour per week X 14 weeks)</td>
<td>--</td>
<td>14+</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Triadic (1 hour X 14 weeks)</td>
<td>--</td>
<td>13 minimum</td>
</tr>
<tr>
<td>Group (1st week = 4 hrs of prep/orientation) + (1.5 hours X 13 weeks)</td>
<td>--</td>
<td>21 minimum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><em>40 minimum</em></th>
<th>Direct Hours</th>
<th>60+ Miscellaneous</th>
<th><em>100 minimum</em></th>
<th>TOTAL HOURS</th>
</tr>
</thead>
</table>

1. All hours for EDC 475 must be entered on a single Practicum Timesheet (see page 39) and be endorsed by the student and the instructor/supervisor of record.

2. Students must earn a minimum of 100 clock hours (minimum of 40 direct contact hours) of practicum experiences (at one or more sites) and pass EDC 475 before they are permitted to enroll in EDC 480: Field Study in Counseling.
3. Students must receive an average of one hour per week of individual or triadic supervision AND one and one half hours per week of group supervision, with a minimum total of 13 hours of individual/triadic supervision and a minimum total of 21 hours of group supervision.

**District Screening for All Specializations**

All career, some MCFC, and all school specialization students will be working with children or adolescents at designated training sites within the Natomas Unified School District, Roseville City School District, Sacramento City Unified School District, San Juan Unified School District, St. HOPE Public Schools District, and Twin Rivers Unified School District for their practicum class. Since these practicum students will provide counseling services to children and personnel within the District, they will be required to pass a **District screening**, which entails being fingerprinted and taking a tuberculosis (T.B.) test. Each District generally only accepts fingerprints obtained through the respective District. If you know you have dealt with the Commission on Teacher Credentialing in the past, please call 1-888-921-2682 to see if you need to be fingerprinted again. T.B. tests may be performed elsewhere, but the printed results must be submitted to the respective District. Students are required to have passed the screening **prior** to the start of the semester in which they are enrolled for the course. STUDENTS MAY NOT WORK WITH CLIENTS UNTIL THEY HAVE PASSED THE DISTRICT SCREENING. It is also recommended that school specialization students begin the **Certificate of Clearance** process during this semester in order to prepare for field study (see page 67 in this packet for more information). Students assigned to schools in San Juan Unified School District must receive their Certificate of Clearance prior to counseling clients in practicum.

**Liability Insurance**

Each individual practicum student is required to purchase professional liability insurance. The practicum student is providing services to the public and, therefore, runs the risk of having lawsuits brought against him or her. Students may obtain liability insurance through a variety of organizations at a low student rate. Recommended providers include Healthcare Providers Service Organization (HPSO; www.hpsocom; $21), CPH & Associates (www.cphins.com; $25), and American Counseling Association Insurance Trust (ACAIT; www.acait.com; $35). Students must present a copy of their Certificate of Insurance to their specialization coordinator **prior** to being enrolled in practicum.

**Student Prerequisites**

Students must petition with the Program, be officially approved by specialization faculty, and be administratively added to practicum courses. Prior to enrolling in EDC 475, students from all specializations are required to successfully complete the following prerequisite courses: **EDC 210: Multicultural Counseling; EDC 214: Dynamics of Human Development; EDC 216: Counseling Theory;** and **EDC 280: Practicum in Communication** (NO EXCEPTIONS). Additional prerequisites for EDC 475 are listed below based on specialization:

<table>
<thead>
<tr>
<th>Course</th>
<th>Career</th>
<th>MCFC</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>210</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>212</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>214</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>216</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>218</td>
<td>X</td>
<td>X</td>
<td>X*</td>
</tr>
<tr>
<td>219</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
For the Career Specialization, EDC 262 must be taken prior to or concurrently with EDC 475. For the Career and MCFC Specializations, EDC 252 must be taken prior to or concurrently with EDC 475. For the School Specialization, EDC 218 and EDC 272 must be taken prior to or concurrently with 475.

### Enrollment in Practicum

Students who have completed all of the prerequisites for Practicum may petition with the Counselor Education Program, to enroll in the course. A Petition for Practicum is attached at the end of this handbook. Students wishing to enroll in Practicum are expected to attend mandatory Advising Night the semester prior to enrollment for important details. The Counselor Education Program, enrolls students in sites based on goodness of fit and will start collecting petitions after Advising Night. Incomplete petitions will not be accepted. Students who do not submit completed petitions and satisfy all prerequisites prior to the deadline for submitting petitions will not be enrolled in practicum the following semester. All career and school specialization students must meet individually with their coordinator in order to submit their Petition for Practicum. (Note: Practicum is not available during the summer sessions.)

### Confidentiality

Every mental health professional has the obligation to abide by the ethical standards established by his or her profession. The American Counseling Association’s Code of Ethics states that professional counselors “respect their clients’ right to privacy and avoid illegal and unwarranted disclosures of confidential information” (www.counseling.org/resources/codeofethics). All students are expected to know the American Counseling Association’s Code of Ethics as well as relevant California Legal Codes. Students working in schools are also responsible for knowing the American School Counselors Association’s code of ethics (which are based on ACA’s code) and the California Education Codes. Students specializing in MCFC should also be familiar with the American Association of Marriage, Child, and Family Counseling’s Code of Ethics.

Even though there are strong legal and ethical principles involved in the protection of client information, there are limitations to confidentiality. First, professional counselors are ethically obligated to break confidentiality if the client presents a clear and present danger of harming either him/herself or harming others, or reports child abuse or elder abuse. Supervisors are responsible for making sure practicum students and clients are aware of limits to confidentiality. Practicum students should be instructed to notify their supervisor immediately if a client reveals the intent to harm self or others, or if there are reasons to suspect child or elder abuse. Supervisors are responsible for assisting practicum students in making necessary legal reports and/or reports to Child Welfare Services (CWS) or Adult Protective Services (APS). Students MAY NOT make reports without first consulting with their supervisor(s). Next, students must be educated about of the nature of subpoenas. Although these situations are very unlikely,
practicum students and their clients need to be aware of the limitations of confidentiality when a subpoena is issued. Finally, practicum students will be expected to discuss their counseling sessions with their supervisors and with fellow students in the practicum. Students need to be informed that when they hear about other students’ clients, the students are responsible for maintaining confidentiality.
SUPERVISION
SUPERVISION

Supervision is a tutorial and mentoring form of instruction in which a mental health professional, such as a professional counselor, monitors a counseling student’s activities in practicum and internship and facilitates the learning and skill development experiences associated with practicum and internship. The supervisor monitors and evaluates the clinical work of the student while monitoring the quality of services offered to clients (CACREP, 2009).

Types of Supervision

1. Individual Supervision – a tutorial and mentoring relationship between a supervisor and a student.
2. Triadic Supervision – a tutorial and mentoring relationship between a supervisor and two students.
3. Group Supervision – a tutorial and mentoring relationship between a supervisor and more than two students.

CACREP requires counseling programs to provide an average of 1 hour per week of individual OR triadic supervision AND 1½ hours per week of group supervision with every supervisee during their practicum experience (i.e., EDC 475).

Supervisor Qualifications

The practicum experience is considered to be one of the most critical elements in a counseling student’s course of study. All faculty, including clinical instruction faculty and supervisors, must be clearly committed to preparing professional counselors and promoting the development of the student’s professional counselor identity. According to CACREP (Standard III.A.1–3), each regular or adjunct program faculty member who provides individual or group practicum supervision must have:

1. a doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program;
2. relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling; and
3. relevant supervision training and experience.

Supervisory Roles

Supervisors oversee the work of supervisees through a set of supervisory activities, which include consultation, counseling, teaching and evaluation, with consultation operating as the primary role (Bradley, 1989). For the practicum experience, supervisors will be asked to take seriously their role as an evaluator and use their best judgment to determine a student’s readiness for Field Study, and in some cases, determine their appropriateness for the profession of counseling.
**Consultant (primary role)**

Consultation is characterized by a shared responsibility for learning, with maximal input from the counselor (supervisee) and minimal input from the supervisor. Consultation should be the predominant stance and activity of counselor supervisor. It is the most viable activity. Consultation in the context of counselor supervision should lead to objectives which are mutually agreed upon by supervisor and counselor. Objectives tend to fall into the four categories of:

- Personal problems which are interfering with the counselor’s work.
- Concerns about professional development.
- Acquisition of new skills or improvement of existing competencies, and
- Program development, maintenance, and evaluation.

**Counselor**

With few exceptions, the supervisor (a master counselor) is the most qualified person in the supervisee’s professional environment to provide counseling. Furthermore, the supervisory relationship is by definition the right context for facilitating personal development. The issue is not whether to include counseling in the set of supervisory activities but when and how the supervisor should utilize counseling? When cues become apparent during a consulting activity indicating that the supervisee is struggling with a personal issue, the supervisor can follow the counselor’s lead and naturally transition into the counselor role. Several supervisory sessions may be devoted to the concern, or, if extensive treatment is needed, the supervisor can make a referral to another counselor. Once the issue has been adequately addressed, the supervisor will naturally transition back into the role of consultant.

**Trainer/Instructor**

The differentiating criterion between the consultative stance and that of active trainer is supervisor input. When the supervisor is functioning as an active trainer/instructor, the supervisor carries most of the responsibility, with the flow of information and direction being principally from supervisor to counselor, and with counselor input at a minimum. When engaged in consultation, the supervisor can digress to engage temporarily in active training and then return to consultation, just as was done with the counseling activity. (Beginning supervisors sometimes have difficulty finding a balance between training and consultation, staying ‘stuck’ in the training/instructing/evaluating roles and neglecting the primary role as consultant and the supplementary role as counselor.)

Training and instruction should vary according to the developmental level of the counselor/supervisee:

- **Inexperienced supervisees** prefer that the supervisor give them specific information about how to do counseling. Beginning counselors prefer that the supervisor teach approaches that emphasize direct (structured) instruction such as didactic presentations, direct observations of the supervisor demonstrating effective counseling, and written materials describing counseling interventions. Examples of training techniques: teaching basic helping skills, modeling and reinforcement, role-playing and simulation, video and audio taping, direct observation, and case conceptualization. In addition to learning basic techniques, counselors value support, encouragement, and understanding as well as honest, constructive feedback from their supervisors.

- **Experienced supervisees** want less emphasis on the mechanics and tasks of supervision and more emphasis on a collaborative sharing of ideas and thoughts. They prefer discussions of theoretical issues, more responsibility for case conceptualization and collaborative supervisory sessions than do inexperienced counselors. Thus, the trainer/instructor role of the supervisor is minimized and the consultant role is maximized.
Evaluator

Evaluation is essential for accountable supervision and for accountable counseling in both administrative and clinical areas. Evaluation can and should be used in conjunction with supervisory consultation without raising the student’s anxiety level enough to hamper supervision. *The debilitating fear associated with evaluation is the most pervasive roadblock*. To minimize this fear and optimize the evaluation process the following three conditions must be met:

1. Foremost condition: The targets for evaluation are known to both supervisor and counselor, and the counselor has input into selection of these targets.
2. The counselor is aware of the evaluative procedures, and performs some of them (self-evaluation).
3. The goal of evaluation should be perceived as documentation of success in obtaining objectives and the identification of areas for improvement.

Evaluation is proactive and facilitative rather than being aimed at punishing supervisees whose work is not reaching objectives. The consulting supervisor should encourage counselor self-evaluation, generate cooperative evaluation wherever efficacious, and judiciously apply some evaluatory procedures on a unilateral basis (Bradley, 1989).
Ethical Guidelines for Counseling Supervisors

ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION
Adopted by ACES Executive Counsel and Delegate Assembly
March, 1993

Preamble:

The Association for Counselor Education and Supervision (ACES) is composed of people engaged in the professional preparation of counselors and people responsible for the ongoing supervision of counselors. ACES is a founding division of the American Counseling Association for (ACA) and as such adheres to ACA's current ethical standards and to general codes of competence adopted throughout the mental health community.

ACES believes that counselor educators and counseling supervisors in universities and in applied counseling settings, including the range of education and mental health delivery systems, carry responsibilities unique to their job roles. Such responsibilities may include administrative supervision, clinical supervision, or both. Administrative supervision refers to those supervisory activities which increase the efficiency of the delivery of counseling services; whereas, clinical supervision includes the supportive and educative activities of the supervisor designed to improve the application of counseling theory and technique directly to clients.

Counselor educators and counseling supervisors encounter situations which challenge the help given by general ethical standards of the profession at large. These situations require more specific guidelines that provide appropriate guidance in everyday practice.

The Ethical Guidelines for Counseling Supervisors are intended to assist professionals by helping them:

1. Observe ethical and legal protection of clients' and supervisee' rights;
2. Meet the training and professional development needs of supervisees in ways consistent with clients' welfare and programmatic requirements; and
3. Establish policies, procedures, and standards for implementing programs.

The specification of ethical guidelines enables ACES members to focus on and to clarify the ethical nature of responsibilities held in common. Such guidelines should be reviewed formally every five years, or more often if needed, to meet the needs of ACES members for guidance.

The Ethical Guidelines for Counselor Educators and Counseling Supervisors are meant to help ACES members in conducting supervision. ACES is not currently in a position to hear complaints about alleged non-compliance with these guidelines. Any complaints about the ethical behavior of any ACA member should be measured against the ACA Ethical Standards and a complaint lodged with ACA in accordance with its procedures for doing so.

One overriding assumption underlying this document is that supervision should be ongoing throughout a counselor's career and not stop when a particular level of education, certification, or membership in a professional organization is attained.

DEFINITIONS OF TERMS:

Applied Counseling Settings - Public or private organizations of counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings.

Supervisees - Counselors-in-training in university programs at any level who working with clients in applied settings as part of their university training program, and counselors who have completed their formal education and are employed in an applied counseling setting.
**Supervisors** - Counselors who have been designated within their university or agency to directly oversee the professional clinical work of counselors. Supervisors also may be persons who offer supervision to counselors seeking state licensure and so provide supervision outside of the administrative aegis of an applied counseling setting.

1. **Client Welfare and Rights**

1.01 The Primary obligation of supervisors is to train counselors so that they respect the integrity and promote the welfare of their clients. Supervisors should have supervisees inform clients that they are being supervised and that observation and/or recordings of the session may be reviewed by the supervisor.

1.02 Supervisors who are licensed counselors and are conducting supervision to aid a supervisee to become licensed should instruct the supervisee not to communicate or in any way convey to the supervisee's clients or to other parties that the supervisee is himself/herself licensed.

1.03 Supervisors should make supervisees aware of clients' rights, including protecting clients' right to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients also should be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship.

1.04 Records of the counseling relationship, including interview notes, test data, correspondence, the electronic storage of these documents, and audio and videotape recordings, are considered to be confidential professional information. Supervisors should see that these materials are used in counseling, research, and training and supervision of counselors with the full knowledge of the clients and that permission to use these materials is granted by the applied counseling setting offering service to the client. This professional information is to be used for full protection of the client. Written consent from the client (or legal guardian, if a minor) should be secured prior to the use of such information for instructional, supervisory, and/or research purposes. Policies of the applied counseling setting regarding client records also should be followed.

1.05 Supervisors shall adhere to current professional and legal guidelines when conducting research with human participants such as Section D-1 of the ACA Ethical Standards.

1.06 Counseling supervisors are responsible for making every effort to monitor both the professional actions, and failures to take action, of their supervisees.

2. **Supervisory Role**

Inherent and integral to the role of supervisor are responsibilities for:

a. Monitoring client welfare;
b. encouraging compliance with relevant legal, ethical, and professional standards for clinical practice;
c. monitoring clinical performance and professional development of supervisees; and
d. evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes.

2.01 Supervisors should have had training in supervision prior to initiating their role as supervisors.

2.02 Supervisors should pursue professional and personal continuing education activities such as advanced courses, seminars, and professional conferences on a regular and ongoing basis. These activities should include both counseling and supervision topics and skills.

2.03 Supervisors should make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession.
2.04 Supervisors of post-degree counselors who are seeking state licensure should encourage these counselors to adhere to the standards for practice established by the state licensure board of the state in which they practice.

2.05 Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.

2.06 Actual work samples via audio and/or video tape or live observation in addition to case notes should be reviewed by the supervisor as a regular part of the ongoing supervisory process.

2.07 Supervisors of counselors should meeting regularly in face-to-face sessions with their supervisees.

2.08 Supervisors should provide supervisees with ongoing feedback on their performance. This feedback should take a variety of forms, both formal and informal, and should include verbal and written evaluations. It should be formative during the supervisory experience and summative at the conclusion of the experience.

2.09 Supervisors who have multiple roles (e.g., teacher, clinical supervisor, administrative supervisor, etc.) with supervisees should minimize potential conflicts. Where possible, the roles should be divided among several supervisors. Where this is not possible, careful explanation should be conveyed to the supervisee as to the expectations and responsibilities associated with each supervisory role.

2.10 Supervisors should not participate in any form of sexual contact with supervisees. Supervisors should not engage in any form of social contact or interaction which would compromise the supervisor-supervisee relationship. Dual relationships with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.

2.11 Supervisors should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.

2.12 Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance. Supervisors have the responsibility of recommending remedial assistance to the supervisee and of screening from the training program, applied counseling setting, or state licensure those supervisees who are unable to provide competent professional services. These recommendations should be clearly and professionally explained in writing to the supervisees who are so evaluated.

2.13 Supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or continued employment if the supervisor believes the supervisee is impaired in any way that would interfere with the performance of counseling duties. The presence of any such impairment should begin a process of feedback and remediation wherever possible so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.

2.14 Supervisors should incorporate the principles of informed consent and participation; clarity of requirements, expectations, roles and rules; and due process and appeal into the establishment of policies and procedures of their institutions, program, courses, and individual supervisory relationships. Mechanisms for due process appeal of individual supervisory actions should be established and made available to all supervisees.

3. Program Administration Role

3.01 Supervisors should ensure that the programs conducted and experiences provided are in keeping with current guidelines and standards of ACA and its divisions.

3.02 Supervisors should teach courses and/or supervise clinical work only in areas where they are fully competent and experienced.
3.03 To achieve the highest quality of training and supervision, supervisors should be active participants in peer review and peer supervision procedures.

3.04 Supervisors should provide experiences that integrate theoretical knowledge and practical application. Supervisors also should provide opportunities in which supervisees are able to apply the knowledge they have learned and understand the rationale for the skills they have acquired. The knowledge and skills conveyed should reflect current practice, research findings, and available resources.

3.05 Professional competencies, specific courses, and/or required experiences expected of supervisees should be communicated to them in writing prior to admission to the training program or placement/employment by the applied counseling setting, and, in case of continued employment, in a timely manner.

3.06 Supervisors should accept only those persons as supervisees who meet identified entry level requirements for admission to a program of counselor training or for placement in an applied counseling setting. In the case of private supervision in search of state licensure, supervisees should have completed all necessary prerequisites as determined by the state licensure board.

3.07 Supervisors should inform supervisees of the goals, policies, theoretical orientations toward counseling, training, and supervision model or approach on which the supervision is based.

3.08 Supervisees should be encouraged and assisted to define their own theoretical orientation toward counseling, to establish supervision goals for themselves, and to monitor and evaluate their progress toward meeting these goals.

3.09 Supervisors should assess supervisees' skills and experience in order to establish standards for competent professional behavior. Supervisors should restrict supervisees' activities to those that are commensurate with their current level of skills and experiences.

3.10 Supervisors should obtain practicum and fieldwork sites that meet minimum standards for preparing student to become effective counselors. No practicum or fieldwork setting should be approved unless it truly replicates a counseling work setting.

3.11 Practicum and fieldwork classes would be limited in size according to established professional standards to ensure that each student has ample opportunity for individual supervision and feedback. Supervisors in applied counseling settings should have a limited number of supervisees.

3.12 Supervisors in university settings should establish and communicate specific policies and procedures regarding field placement of students. The respective roles of the student counselor, the university supervisor, and the field supervisor should be clearly differentiated in areas such as evaluation, requirements, and confidentiality.

3.13 Supervisors in training programs should communicate regularly with supervisors in agencies used as practicum and/or fieldwork sites regarding current professional practices, expectations of students, and preferred models and modalities of supervision.

3.14 Supervisors at the university should establish clear lines of communication among themselves, the field supervisors, and the students/supervisees.

3.15 Supervisors should establish and communicate to supervisees and to field supervisors specific procedures regarding consultation, performance review, and evaluation of supervisees.

3.16 Evaluations of supervisee performance in universities and in applied counseling settings should be available to supervisees in ways consistent with the Family Rights and Privacy Act and the Buckley Amendment.
3.17 Forms of training that focus primarily on self understanding and problem resolution (e.g., personal growth groups or individual counseling) should be voluntary. Those who conduct these forms of training should not serve simultaneously as supervisors of the supervisees involved in the training.

3.18 A supervisor may recommend participation in activities such as personal growth groups or personal counseling when it has been determined that a supervisee has deficits in the areas of self understanding and problem resolution which impede his/her professional functioning. The supervisors should not be the direct provider of these activities for the supervisee.

3.19 When a training program conducts a personal growth or counseling experience involving relatively intimate self disclosure, care should be taken to eliminate or minimize potential role conflicts for faculty and/or agency supervisors who may conduct these experiences and who also serve as teachers, group leaders, and clinical directors.

3.20 Supervisors should use the following prioritized sequence in resolving conflicts among the needs of the client, the needs of the supervisee, and the needs of the program or agency. Insofar as the client much be protected, it should be understood that client welfare is usually subsumed in federal and state laws such that these statutes should be the first point of reference. Where laws and ethical standards are not present or are unclear, the good judgment of the supervisor should be guided by the following list.

a. Relevant legal and ethical standards (e.g., duty to warn, state child abuse laws, etc.);
b. Client welfare;
c. Supervisee welfare;
d. Supervisor welfare; and
e. Program and/or agency service and administrative needs.
EVALUATION OF PRACTICUM

- Supervisors are responsible for completing an evaluation for each EDC 475 student at the MIDTERM and FINAL.
- Supervisors will transfer data from each evaluation into the University’s online Evaluation Database. (Takes about 30-45 minutes total.) The Counselor Education Program Data Analyst will provide you with the link to this database.
- Supervisors will file the original copy of each completed and signed evaluation in the students’ clinical files prior to end of the semester.
- Make sure to keep a signed copy for yourself and provide a signed copy to each student.
EVALUATION OF PRACTICUM

Evaluation Administration

EDC 475 practicum supervisors are required to complete and submit a Counselor Trainee Practicum Evaluation for each of their practicum students. This evaluation has both quantitative and qualitative components that assess counseling skills demonstrated by the student. The evaluation is used as part of a comprehensive assessment of the student’s clinical and professional skills as the student progresses through the program. Supervisors should attach a blank copy of the evaluation to their course syllabus and review it with students at the beginning of the semester.

The evaluation is first administered in EDC 280: Practicum in Communication, then again in EDC 475. Supervisors are required to complete the evaluation two times for each student: once at the midterm and once at the end of each student’s practicum experience. The form may also be used as a weekly tool for tracking skill development (i.e. student self-evaluation, peer evaluation, supervisor evaluation of an individual session) throughout the semester.

Completing Evaluations: 4-Step Process

1. Supervisors will complete a Counselor Trainee Practicum Evaluation for each practicum student.

2. Supervisors will review the evaluation face-to-face with each student during individual/triadic supervision. Once reviewed, supervisor and student will both endorse the evaluation. Some supervisors have students complete a self-evaluation using the same instrument and “compare notes” during the review session. (Note: Evaluations should be shared in a positive manner to facilitate discussion and insight into strengths and areas of growth.)

3. Supervisors will transfer data from each of the evaluations to the University’s online Evaluation Database. New links are emailed to instructors by the Counselor Education Program Data Analyst before the Midterm each semester.

4. Supervisors should make a copy of each evaluation (Midterm and Final) for the student and file the completed and signed originals in the student’s clinical file prior to the end of the semester.

Grading

Practicum is graded on a Credit / No Credit basis. Credit will be granted for satisfactory completion of all practicum requirements, including demonstration of professional conduct and mastery of basic counseling skills. The supervisor reserves the right to give a No Credit grade to students who, in the supervisor’s judgment, are not ready to enroll in Field Study. If a student receives a grade of No Credit, then the student will be allowed to repeat EDC 475 one time only for credit or a passing grade. If the student receives a No Credit grade a second time in the course, the student will be automatically dismissed from the counseling program (please refer to the Student Handbook for additional information). All course grades are submitted online through the University’s student management system, CasperWeb.
CAREER AND SCHOOL SPECIALIZATIONS TEMPLATE
California State University, Sacramento  
Counselor Trainee Practicum Evaluation Form: Career and School Specializations

Student Name: ___________________________  University Supervisor: ___________________________

Specialization  □  Career  □  School

Site: ___________________________  Site Supervisor: ___________________________

Check one: Midterm  □  Final  □  Date: ___________________________  Evaluation by: Student □  Supervisor □

**How Competency was Assessed:** Check all that apply.

A. □ Direct Observation  B. □ Video
C. □ Audio  D. □ Supervisory Discussion
E. □ Review of Written Reports  F. □ Feedback from others
G. □ Other (specify):

**Competency Expectations:**

*(For school use)*

A minimum passing score of 2 on all competencies on the Final Evaluation is required for students to earn credit in EDC 475: Practicum. Earning a grade of No Credit in EDC 475 for two semesters will result in automatic removal from the Counselor Education Program.

Students should be working toward a passing score of 2 on the midterm evaluation.

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**Performance Levels:**

0-0.5: Does not meet standard, requires further training
1-1.5: Meets minimum standard, would benefit from further training
2-2.5: Meets standard appropriate to current level of training and experience
3: Exceeds performance standard

Instructions: Check all boxes that apply within each Competency area and rank student where majority of boxes are checked.

---

### COMPETENCY 1: Assessment and Evaluation

- □ Needs much guidance in identifying presenting problems and effective treatment interventions.
- □ Often misses identifying client/student strengths.
- □ Rarely reflects feelings and content accurately or with appropriate frequency.
- □ Is unable to accurately identify themes and enlarge the meaning for the client/student.
- □ Needs much guidance in identifying signs and symptoms of problematic feelings, thoughts, and/or behaviors.
- □ Needs much guidance in assessing the client/students' needs in terms of resources.
- □ Can identify presenting problems, patterns of behavior, and effective treatment interventions with guidance.
- □ Sometimes misses client/student strengths and needs to be reminded to identify such strengths.
- □ Does not always reflect feelings and content accurately or with appropriate frequency.
- □ Needs help identifying themes and enlarging the meaning for the client/student.
- □ Needs help identifying signs and symptoms of problematic feelings, thoughts, and/or behaviors.
- □ Needs help assessing the client/students' needs in terms of resources.
- □ Generally good at identifying presenting problems, patterns of behavior, and effective treatment interventions.
- □ Routinely assesses client/student strengths and coping skills.
- □ Generally reflects client/student's feelings and content accurately and with appropriate frequency.
- □ Consistently identifies themes and enlarges the meaning for the client/student.
- □ Generally good at identifying signs and symptoms of problematic feelings, thoughts, and/or behaviors.
- □ Consistently assesses the client/students' needs in terms of resources.

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**Comments:**

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### COMPETENCY 2: Crisis Management

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**Comments:**
- Is unable to identify risks and self-destructive behaviors and implement prevention techniques and identify appropriate intervention resources.
- Is inadequate in identifying indicators of abuse, danger to self, or danger to others. Sometimes disputes supervisor's identifications of such indicators.
- Inadequate in issues dealing with trauma. Completely relies upon supervisor to develop and implement a plan to reduce the potential for danger and to report these incidents.
- Demonstrates no knowledge of crisis counseling principles and skills.
- Needs some guidance to identify risks and self-destructive behaviors and implement prevention techniques and identify appropriate intervention resources.
- Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor.
- Mostly relies upon supervisor to develop and implement a plan to reduce the potential for danger. Is uncertain in identifying and treating trauma.
- Feels less confident in reporting such crises and defers to supervisor to complete reporting requirements.
- Demonstrates limited knowledge of crisis counseling principles and skills.
- Generally good at identifying risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources.
- Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor.
- Helps in the development and implementation of a plan to reduce the potential for danger.
- Demonstrates some knowledge of crisis counseling principles and skills, even if does not have the opportunity to implement these skills over the course of the semester.
- Consistently identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources.
- Consistently observes and assesses for indications of abuse, danger to self, or danger to others. Develops/ implements a plan to reduce the potential for danger with appropriate input from supervisor.
- Manages reporting requirements appropriately. Demonstrates clear knowledge of crisis counseling principles and skills, even if does not have the opportunity to implement these skills over the course of the semester.

### COMPETENCY 3: Treatment/Session Planning

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**Comments:**
- Inadequate knowledge of principles of therapeutically appropriate theory.
- Demonstrates very little or no knowledge of professional literature related to client/student concerns/issues. Needs much help in identifying stages of counseling. Imposes treatment goals without client/student input. Does not understand the differences between short- and long-term treatment goals. Does not recognize the need for referral and is not aware of appropriate referrals. Does not consult with significant people in the client/students’ life.
- Inconsistently demonstrates knowledge of principles of therapeutically appropriate theory. Demonstrates little knowledge of professional literature related to client/student concerns/issues. Needs help in identifying stages of counseling and developing mutually agreed upon, appropriate short- and long-term goals. Often needs help recognizing the need for referral for appropriate services and resources. Often needs help to consult with significant people in the client/students’ life.
- Generally demonstrates awareness of principles of therapeutically appropriate theory. Demonstrates knowledge of professional literature related to client/student concerns/issues. Acceptable identification of stages of counseling and mutually agreed upon, appropriate short- and long-term treatment goals. Recognizes the need for referral—sometimes needing guidance—for appropriate services and resources. Generally good at consulting with significant people in the client/students’ life.
- Consistently demonstrates awareness of principles of therapeutically appropriate theory. Demonstrates strong knowledge of professional literature related to client/student concerns/issues. Identifies stages of counseling and sets mutually agreed upon, appropriate short- and long-term goals for treatment. Recognizes the need for referral and identifies appropriate services and resources. Effectively consults with significant people in the client/students’ life.
### COMPETENCY 4: Rapport Building

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**COMPETENCY 5: Treatment/Therapeutic Interventions**

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### COMPETENCY 6: Human Diversity/Cultural Sensitivity

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<th>Unable to understand the importance of issues of diversity.</th>
<th>Needs help in identifying issues of diversity which impact the therapeutic environment.</th>
<th>Generally good at identifying issues of diversity which impact the therapeutic environment.</th>
<th>Consistently identifies issues of diversity that impact the therapeutic setting.</th>
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<td>Is unaware of elements of difference and how these differences may influence the counseling relationship.</td>
<td>Sometimes is unable to disentangle one’s own values from client/student’s values, which sometimes interferes with treatment strategies.</td>
<td>Is able to provide an unbiased therapeutic environment when client/student’s values or beliefs are different from one’s own views.</td>
<td>Consistently provides an unbiased therapeutic environment when client/student’s values, beliefs, and/or worldviews are different from one’s own views.</td>
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<td>Does not address areas of difference with clients/students.</td>
<td>Needs help knowing how to address areas of difference with clients/students.</td>
<td>Can apply treatment strategies consistent with client/student’s values, beliefs, and/or worldviews.</td>
<td>Consistently applies treatment strategies consistent with client’s values, beliefs, and/or worldviews.</td>
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<td>Generally good at addressing areas of difference with clients/students.</td>
<td>Consistently addresses areas of difference with clients/students.</td>
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### COMPETENCY 7: Law

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<th>Poor understanding of legal issues relevant to this therapeutic setting.</th>
<th>Needs help in recognizing legal issues, managing mandated reporting requirements, and obtaining client/student’s (or legal guardian’s) authorization for release to disclose or obtain confidential information.</th>
<th>Adequately knowledgeable of legal issues relevant to this therapeutic setting.</th>
<th>Consistent knowledge of legal issues relevant to this therapeutic setting.</th>
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<td>Does not adhere to laws relevant to practice (e.g., HIPPA, FERPA, ADA, etc.) without supervisor guidance.</td>
<td>Needs help in knowing when to obtain consent to treatment from legal guardians when counseling minors.</td>
<td>Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor.</td>
<td>Adheres to legal statutes, and understands and appropriately manages mandated reporting requirements.</td>
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<td>Does not always understand the reasoning behind the need for legal requirements.</td>
<td>Needs to be reminded of issues surrounding security of records and materials created in session.</td>
<td>Obtains client/student’s (or legal guardian’s) authorization for release to disclose or obtain confidential information with some assistance from supervisor.</td>
<td>Obtains and understands the need for client/student’s (or legal guardian’s) authorization for release to disclose or obtain confidential information.</td>
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<td>Is not very knowledgeable of laws relevant to practice (e.g., HIPPA, FERPA, ADA, etc.).</td>
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<td>Obtains consent to treatment from legal guardians when counseling minors (except when not necessary by law) with some assistance from supervisor.</td>
<td>Obtains consent to treatment from legal guardians when counseling minors (except when not necessary by law).</td>
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<td>Maintains security of records and or materials created in session.</td>
<td>Maintains security of client/student records and/or artwork/etc. created in session.</td>
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<td>Is developing knowledge of and follows law in practice (e.g., HIPPA, FERPA, ADA, etc.).</td>
<td>Aware of and follows law in practice (e.g., HIPPA, FERPA, ADA, etc.).</td>
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**Comments:**

- Poor understanding of ethical issues relevant to this clinical setting.
- Does not adhere to ACA and/or ASCA Ethical Standards without supervisor guidance.
- Needs help in recognizing ethical issues arising in this therapeutic setting.
- Needs reminders to inform clients/students of parameters of confidentiality and conditions of mandated reporting.
- Is not aware of one’s scope of practice and attempts to treat all problems.
- Needs reminders of appropriate therapeutic boundaries.
- Has difficulty in identifying personal reactions/countertransference issues that could interfere with the therapeutic process and sometimes denies or disputes these issues when pointed out by supervisor.
- Does not always adhere to ACA and/or ASCA Ethical Standards, both in and out of counseling sessions.
- Generally good knowledge of ethical issues arising in this therapeutic setting.
- Is able to inform clients/students of parameters of confidentiality and conditions of mandated reporting.
- Maintains appropriate therapeutic boundaries.
- Is aware of one’s scope of practice with some guidance from supervisor.
- Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process, but can easily correct oversights in this area.
- Together with supervisor, identifies personal limitations that require outside consultation.
- Generally adheres to ACA and/or ASCA Ethical Standards, both in and out of counseling sessions.
- Demonstrates excellent knowledge of ethical issues arising in this therapeutic setting.
- Consistently informs clients/students of parameters of confidentiality and conditions of mandated reporting.
- Maintains appropriate therapeutic boundaries.
- Consistently stays within scope of practice.
- Consistently able to identify personal reactions/countertransference issues that could interfere with the therapeutic process, and identifies personal limitations that require outside consultation.
- Adheres to ACA and/or ASCA Ethical Standards, both in and out of counseling sessions.

### COMPETENCY 9: Personal Qualities

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**Comments:**

- Has demonstrated lapses in integrity, initiative, flexibility, patience, insight, motivation, attitude, self-awareness, and personal presence.
- Has demonstrated lapses in oral and written communication skills.
- Does not show tolerance of stress and discomfort (of own feelings and client/student’s).
- Does not demonstrate appropriate self-assurance, confidence, and trust in own ability.
- Needs improvement in demonstrating integrity, initiative, flexibility, patience, insight, compassion, motivation, attitude, self-awareness, and personal presence.
- Needs improvement in oral and written communication skills.
- Needs improvement in tolerating stress and discomfort (of own feelings and client/student’s).
- Does not always demonstrate appropriate self-assurance, confidence, and trust in own ability.
- Generally demonstrates integrity, initiative, flexibility, patience, insight, compassion, motivation, attitude, self-awareness, and personal presence.
- Generally demonstrates acceptable oral and written communication skills.
- Generally shows tolerance of stress and discomfort (of own feelings and client/student’s).
- Generally demonstrates appropriate self-assurance, confidence, and trust in own ability.
- Consistently demonstrates integrity, initiative, flexibility, patience, insight, compassion, motivation, attitude, self-awareness, and personal presence.
- Consistently demonstrates good oral and written communication skills.
- Consistently shows tolerance of stress and discomfort (of own feelings and client/student’s).
- Consistently demonstrates appropriate self-assurance, confidence, and trust in own ability.

### COMPETENCY 10: Work Performance

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**Comments:**

- Does not demonstrate professional work performance.
- Does not always maintain orderly paperwork and sometimes skirts field site policies.
- Maintains timely and orderly paperwork and adheres to field site policies.
- Consistent maintenance of timely and orderly paperwork, and adherence to field site policies.
### COMPETENCY 11: Professionalism

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<th>Does not demonstrate professionalism in the work setting.</th>
<th>Needs improvement in punctuality, responsibility, and relationship with professional colleagues.</th>
<th>Acceptable demonstration of punctuality, responsibility, and relationship with professional colleagues.</th>
<th>Consistently demonstrates punctuality, responsibility, and relationship with professional colleagues.</th>
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<td>☑ Needs improvement with respect to appearance in counseling settings. Has limited involvement much with the field site or its needs. Is not very aware of the need for self-care.</td>
<td>☑ Acceptable appearance is appropriate to counseling setting. Acceptable involvement with the field site. Is developing the understanding of the importance of self-care.</td>
<td>☑ Consistently demonstrates proper appearance appropriate to counseling setting. Understands and is appropriately involved with the field site and the field site’s needs. Has the ability to understand the need for self-care as it relates to effective clinical practice.</td>
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Comments:

### COMPETENCY 12: Supervision

| Resistant to supervision and does not make improvements after repeated input from supervisor. Does not accurately self-assess. | Needs to make better use of supervision. Does not always come prepared to discuss cases or issues of concern. Has difficulty in presenting full case conceptualizations. Is somewhat resistant to supervisory input, and sometimes openly argues with supervisor’s observations and/or suggestions. Does not always accurately self-assess. Does not always take appropriate steps toward increased education, consultation, referral. | Does not always seek supervision when needed, preferring to wait until regularly scheduled supervisory sessions. Comes prepared to supervision sessions, but sometimes needs prompting by supervisor to share concerns. Is generally good at presenting full case conceptualizations but sometimes leaves relevant details out of presentation. Is generally open to supervision and makes improvements when needed. Accurately self-assesses. Takes appropriate steps toward increased education, consultation, referral. | Seeks supervision when needed, comes prepared for supervision sessions, and openly shares concerns and ideas with supervisor. Can present full case conceptualizations. Consistently demonstrates openness to feedback and uses supervisory suggestions to make improvements when needed. Accurately self-assesses. Takes appropriate steps toward increased education, consultation, referral. |

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Comments:

### Overall Assessment

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Comments:

### Areas of Strength:

...
Areas in Need of Further Development:

 Plans for Development or Remediation:

 University Supervisor’s Comments (Optional):

Is the student at risk at this time of not satisfactorily completing his/her Practicum hours/units?

Yes ☐ No ☐

If yes, please explain here:

Student Signature: ____________________________ Date: ____________

University Supervisor Signature: ____________________________ Date: ____________
California State University, Sacramento  
Counselor Trainee Practicum Evaluation Form: MCFC Specialization

Student Name: ___________________________  Supervisor: ___________________________

Specialization  ☐ MCFC Course: EDC 475

Check one: Midterm  ☐ Final  ☐ Date: ___________________________  Evaluation by:  Student  ☐ Supervisor ☐

How Competency was Assessed:  Check all that apply.

H.  ☐ Direct Observation  I.  ☐ Video
J.  ☐ Audio  K.  ☐ Supervisory Discussion
L.  ☐ Review of Written Reports  M.  ☐ Feedback from others
N.  ☐ Other (specify): ___________________________

Performance Levels:

0-0.5: Does not meet standard, requires further training
1-1.5: Meets minimum standard, would benefit from further training
2-2.5: Meets standard appropriate to current level of training and experience
3:  Exceeds performance standard

Instruction: Check all boxes that apply within each Competency area and rank student where majority of boxes are checked.

### COMPETENCY 1: Clinical Evaluation

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<th>Notice</th>
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<tbody>
<tr>
<td>Needs much guidance in identifying presenting problems, identifying client strengths, and identifying possible substance abuse, and in connecting presenting problem to DSM diagnoses.</td>
<td>☐</td>
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<td></td>
<td>Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior.</td>
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<tr>
<td>☐ Can identify treatment unit, presenting problems, and patterns of behavior with guidance. ☐ Does not always identify risks and self-destructive behaviors. Sometimes identifies strengths and needs to be reminded to identify such strengths. ☐ Does not always assess for substance abuse. ☐ Needs help connecting DSM criteria to presenting problems. Has little understanding of prognostic indicators.</td>
<td>☐</td>
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<td></td>
<td>Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. Routinely assesses client strengths and coping skills, and possible substance use. Generally sufficient in using the DSM but sometimes needs help in identifying appropriate diagnoses. Beginning to understand prognostic indicators. Consistently observes and assesses for indications of abuse, danger to self, or danger to others. Consistently observes and assesses for indications of abuse, danger to self, or danger to others. Consistently observes and assesses for indications of abuse, danger to self, or danger to others. Consistently observes and assesses for indications of abuse, danger to self, or danger to others.</td>
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Comments: ___________________________

### COMPETENCY 2: Crisis Management

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<tbody>
<tr>
<td>☐ Is inadequate in identifying indicators of abuse, danger to self, or danger to others. ☐ Sometimes disputes supervisor’s identifications of such indicators. ☐ Inadequate in issues dealing with trauma. ☐ Completely relies upon supervisor to develop and implement a plan to reduce the potential for danger and to report these incidents.</td>
<td>☐</td>
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<td></td>
<td>Consistently observes and assesses for indications of abuse, danger to self, or danger to others. Develops/implements a plan to reduce the potential for danger with appropriate input from supervisor. Excellent at identifying and treating trauma. Manages reporting requirements appropriately.</td>
</tr>
<tr>
<td>☐ Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor. Mostly relies upon supervisor to develop and implement a plan to reduce the potential for danger. Is uncertain in identifying and treating trauma. ☐ Feels less confident in reporting such crises and defers to supervisor to complete reporting requirements.</td>
<td>☐</td>
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<td></td>
<td>Consistently observes and assesses for indications of abuse, danger to self, or danger to others. Develops/implements a plan to reduce the potential for danger with appropriate input from supervisor. Excellent at identifying and treating trauma. Manages reporting requirements appropriately.</td>
</tr>
<tr>
<td>☐ Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor. ☐ Helps in the development and implementation of a plan to reduce the potential for danger. ☐ Generally good at identifying and treating trauma with assistance from supervisor. ☐ Manages reporting requirements with assistance from supervisor.</td>
<td>☐</td>
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<td>Consistently observes and assesses for indications of abuse, danger to self, or danger to others. Develops/implements a plan to reduce the potential for danger with appropriate input from supervisor. Excellent at identifying and treating trauma. Manages reporting requirements appropriately.</td>
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Comments: ___________________________
### COMPETENCY 3: Treatment Planning

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<thead>
<tr>
<th></th>
<th>Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory.</th>
<th>Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory.</th>
<th>Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory.</th>
<th>Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory.</th>
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<tbody>
<tr>
<td></td>
<td>Difficulty in identifying stages of treatment and imposes treatment goals.</td>
<td>Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals.</td>
<td>Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals.</td>
<td>Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment.</td>
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<td>Does not understand the differences between short- and long-term treatment goals.</td>
<td>Often needs help recognizing the need for referral for appropriate services and resources.</td>
<td>Recognizes the need for referral—sometimes needing guidance—for appropriate services and resources.</td>
<td>Recognizes the need for referral and identifies appropriate services and resources.</td>
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**Comments:**

### COMPETENCY 4: Rapport Building

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<tr>
<th></th>
<th>Inadequate in developing empathy and sometimes is not aware of empathy's importance.</th>
<th>Often does not develop empathy.</th>
<th>Generally good at developing empathy.</th>
<th>Consistent demonstration of empathy.</th>
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<tbody>
<tr>
<td></td>
<td>Does not create a safe environment.</td>
<td>Needs help in creating a safe environment and understanding the problem from the client's perspective.</td>
<td>Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective.</td>
<td>Creates a safe environment by understanding the problem from the client's perspective.</td>
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<td></td>
<td>Is unaware of how one's own biases affect treatment outcomes.</td>
<td>Does not always develop trust with clients and often imposes one's own biases.</td>
<td>Is adequate in developing trust with clients but sometimes needs to keep biases in check.</td>
<td>Consistently in control of one's emotions.</td>
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**Comments:**

### COMPETENCY 5: Treatment

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<tr>
<th></th>
<th>Unable to apply any therapeutic principles.</th>
<th>Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions.</th>
<th>Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions.</th>
<th>Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions.</th>
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**Comments:**
### COMPETENCY 6: Human Diversity

- **Unable to understand the importance of issues of diversity.**
- **Needs help in identifying issues of diversity which impact the therapeutic environment.** Sometimes is unable to disentangle one’s own values from client’s values, which sometimes interferes with treatment strategies.
- **Generally good at identifying issues of diversity which impact the therapeutic environment.** Can apply treatment strategies consistent with client’s values, beliefs, and/or worldviews.
- **Consistent at identifying issues of diversity which impact the therapeutic environment, including issues of gender, sexual orientation, culture, ethnicity, age, disability, and religious/faith beliefs on the therapeutic process.** Consistent at providing an unbiased therapeutic environment when client’s values, beliefs, and/or worldviews are different from one’s own views.

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**Comments:**

### COMPETENCY 7: Law

- **Poor understanding of legal issues relevant to this clinical setting.**
- **Needs help in recognizing legal issues, managing mandated reporting requirements, and obtaining client’s (or legal guardian’s) authorization for release to disclose or obtain confidential information.** Does not always understand the reasoning behind the need for legal requirements. Needs to be reminded of issues surrounding security of therapy records. Is not very knowledgeable of laws relevant to practice.
- **Adequately knowledgeable of legal issues relevant to this clinical setting.** Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor. Obtains client’s (or legal guardian’s) authorization for release to disclose or obtain confidential information. Maintains security of clinical records. Is developing knowledge of and follows law in clinical practice.
- **Consistent knowledge of legal issues relevant to this clinical setting.** Adheres to legal statutes, and understands and appropriately manages mandated reporting requirements. Obtains and understands the need for client’s (or legal guardian’s) authorization for release to disclose or obtain confidential information. Maintains security of client therapy records. Aware of and follows law in clinical practice.

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**Comments:**

### COMPETENCY 8: Ethics

- **Poor understanding of ethical issues relevant to this clinical setting.**
- **Needs help in recognizing ethical issues arising in this clinical setting.** Needs reminders to inform clients of parameters of confidentiality and conditions of mandated reporting. Is not aware of one’s scope of practice and attempts to treat all problems. Needs reminders of appropriate therapeutic boundaries. Has difficulty in identifying personal reactions/countertransference issues that could interfere with the therapeutic process and sometimes denies or disputes these issues when pointed out by supervisor.
- **Generally good knowledge of ethical issues arising in this clinical setting.** Is able to inform clients of parameters of confidentiality and conditions of mandated reporting. Maintains appropriate therapeutic boundaries. Is not always aware of one’s scope of practice. Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process, but can easily correct oversights in this area. Together with supervisor, identifies personal limitations that require outside consultation.
- **Demonstrates excellent knowledge of ethical issues arising in this clinical setting.** Consistently informs clients of parameters of confidentiality and conditions of mandated reporting. Maintains appropriate therapeutic boundaries. Consistent at staying within scope of practice. Consistent ability to identify personal reactions/countertransference issues that could interfere with the therapeutic process, and identifies personal limitations that require outside consultation.

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<th>COMPETENCY 9: Personal Qualities</th>
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<td><strong>Has demonstrated lapses in</strong></td>
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<td><strong>integrity, initiative, motivation,</strong></td>
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<td><strong>attitude, self-awareness.</strong></td>
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<td><strong>Has demonstrated lapses in oral</strong></td>
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<td><strong>and written communication skills.</strong></td>
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<td><strong>Needs improvement in demonstrating integrity,</strong></td>
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<td><strong>initiative, motivation, attitude,</strong></td>
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<td><strong>self-awareness.</strong></td>
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<th>COMPETENCY 10: Work Performance</th>
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<td><strong>Does not demonstrate</strong></td>
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<tr>
<td><strong>professional work performance.</strong></td>
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<tr>
<td><strong>Is inconsistent in punctuality,</strong></td>
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<td><strong>responsibility, appearance appropriate</strong></td>
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<tr>
<td><strong>to clinical setting, and relationship with professional colleagues.</strong></td>
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<tr>
<td><strong>Does not always maintain orderly paperwork and sometimes skirts agency policies.</strong></td>
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<td><strong>Maintains timely and orderly</strong></td>
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<td><strong>paperwork and adheres to agency policies.</strong></td>
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<td><strong>Consistent maintenance of timely and</strong></td>
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<td><strong>orderly paperwork, and adherence to agency policies.</strong></td>
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<td><strong>Consistently demonstrates punctuality, responsibility,</strong></td>
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<td><strong>and relationship with professional colleagues.</strong></td>
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<td><strong>Consistently demonstrates proper appearance appropriate to counseling setting.</strong></td>
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<td><strong>Acceptance and is appropriately involved with the agency.</strong></td>
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<td><strong>Has the ability to understand the need for self-care.</strong></td>
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<th>COMPETENCY 11: Professionalism</th>
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<tr>
<td><strong>Does not demonstrate</strong></td>
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<td><strong>professionalism in the work</strong></td>
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<td><strong>setting.</strong></td>
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<tr>
<td><strong>Needs improvement in punctuality,</strong></td>
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<td><strong>responsibility, and relationship with professional colleagues.</strong></td>
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<tr>
<td><strong>Needs improvement with respect to appearance in counseling setting.</strong></td>
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<tr>
<td><strong>Is not involved much with the agency or its needs.</strong></td>
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<tr>
<td><strong>Is not very aware of the need for self-care.</strong></td>
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<tr>
<td><strong>Acceptable demonstration of punctuality, responsibility,</strong></td>
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<td><strong>and relationship with professional colleagues.</strong></td>
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<tr>
<td><strong>Appearance appropriate to counseling setting.</strong></td>
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<tr>
<td><strong>Acceptable involvement with the agency.</strong></td>
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<tr>
<td><strong>Is developing the understanding of the importance of self-care.</strong></td>
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<td><strong>Consistently demonstrates punctuality, responsibility,</strong></td>
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<td><strong>and relationship with professional colleagues.</strong></td>
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<td><strong>Consistently demonstrates proper appearance appropriate to counseling setting.</strong></td>
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<td><strong>Acceptance and is appropriately involved with the agency and the agency’s needs.</strong></td>
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<td><strong>Has the ability to understand the need for self-care as it relates to effective clinical practice.</strong></td>
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<td><strong>Resistant to supervision and</strong></td>
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<td><strong>does not make improvements</strong></td>
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<td><strong>after repeated input from supervisor.</strong></td>
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<td><strong>Seeks supervision when needed, comes prepared for supervision sessions, and openly shares concerns and ideas with supervisor.</strong></td>
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<td><strong>Can present full case conceptualizations.</strong></td>
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<tr>
<td>Fails Standard</td>
<td>Needs Improvement</td>
<td>Meets Standard</td>
<td>Exceeds Standard</td>
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**Comments:**
### Overall Assessment

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<td>Meets Standard</td>
<td>Exceeds Standard</td>
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**Comments:**

**Areas of Strength:**

**Areas in Need of Further Development:**

**Plans for Development or Remediation:**

Consultation with school requested by clinical supervisor: No □ Yes □ Best day/time: __________________________

**Signatures:**

Student’s Signature __________________________ Date

Supervisor’s Signature __________________________ Date

**Supervisor’s Comments (optional):**
### Hours of Supervised Experience During This Evaluation Period

Dates covered by this evaluation and reflected in the BBS logs: ___/___/___ to ___/___/___

Total hours of clinical services provided during this academic term:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Individual Therapy</td>
<td></td>
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<tr>
<td>Couple, Family &amp; Child Therapy</td>
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<tr>
<td>Group Therapy/Counseling</td>
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<tr>
<td>Telemicine</td>
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<tr>
<td>Client Centered Advocacy</td>
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</table>

*Do not double count conjoint couples and family therapy hours.*

Percentage of direct client contact hours completed _____________%

Total hours of supervision and training received during this academic term:

<table>
<thead>
<tr>
<th>Supervision Type</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Individual Supervision</td>
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<tr>
<td>Group Supervision</td>
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<tr>
<td>Workshops, seminars, or trainings</td>
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The clinical supervisor met, reviewed and discussed this evaluation with the student.  

Yes ☐  No ☐

If No, please explain:

____________________________________________________________________________________________
____________________________________________________________________________________________
PRACTICUM TIME SHEET

- A blank copy of the Practicum Time Sheet should be attached to the syllabus and reviewed with students at the beginning of the semester.
- Students are responsible for completing their own time sheet.
- Each week the practicum supervisor provides his/her initials for verification of duties performed.
- At the end of the term, the supervisor and student will provide signatures at the bottom of the page, indicating that all of the information is correct.
- A copy of completed/signed time sheets should be provided to students for their personal records.
- Each supervisor is responsible for filing original of all completed and signed time sheets in the students’ clinical files prior to the end of the term.
**PRACTICUM TIME SHEET**  
(EDC 475: Practicum in Counseling)

<table>
<thead>
<tr>
<th>Practicum Hours</th>
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<tbody>
<tr>
<td><strong>Week of:</strong></td>
<td><strong>Direct Contact Hours</strong></td>
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<td>Individual</td>
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**Sub-totals**

**TOTALS**

Direct Contact Hours* = ________ Supervision = ________ Misc. Hours = ________  
= Total Hours* ________

(*Total Hours = a minimum of 100 clock hours with at least 40 hours of direct contact with clients.)

Student Approval: _____________________________ Date: __________

Supervisor Approval: ____________________________ Date: __________
What if a client does not show?

If a student is present for a contact hour and the scheduled client does not show, the student may receive credit for MISCELLANEOUS HOURS by engaging in some of the activities listed above. However, if the hour lost may prevent the student from obtaining the minimum required DIRECT hours for practicum (40 direct hours), then the student must schedule another DIRECT CONTACT session to replace the direct contact hour lost. Site supervisors must be present at all times when a practicum student is working.
SYLLABUS TEMPLATES

Instructors should utilize the following Counselor Education Program templates for developing their own practicum syllabus. All course descriptions and course objectives (with their respective CACREP Standards) must be included in the syllabus verbatim. Instructors have permission to personalize certain parts of the syllabus, including some of the course requirements, and should consult with the appropriate specialization coordinator for specific guidelines.
Career Counseling Practicum
EDC 475:  PRACTICUM IN COUNSELING (Career)

Course Description

EDC 475 is a clinical course designed to provide students with supervised practice in counseling. Students will counsel three clients per week, followed by case consultation and debriefing in a small group setting. In addition, each student must meet outside of class time for one hour of individual supervision per week. The application of counseling theory, process and appropriate strategies are included. Graded: CR/NC. Units: 3.0.

Class Meetings
Counselor trainees will complete the majority of their hours of direct client contact at the Center for Counseling and Diagnostic Services (CCDS). These class meetings will be held on ____________ beginning at ________ for group supervision which will last until ________. At ________, clients will be scheduled to meet with counselor trainees. In other words, clients will meet individually or in small groups with counselor trainees at ________, ________, and ________. Counselor trainees who do not have a client because none was scheduled or was a no-show, will observe other students trainees who are conducting counseling through a two-way mirror. In individual or triadic supervision, counselor trainees obtain direct feedback from the instructor regarding counseling in a more individualized format. In group supervision, all counselor trainees will meet together with the instructor to discuss counseling strategies and obtain feedback.

Course Overview
This course will provide students with the opportunity to gain experience counseling clients, under direct supervision. Students counsel individual and small group clients each week, followed by case consultation and debriefing in a small group setting. The application of counseling theory, process, and appropriate strategies are included. Each student will be expected to present and gain feedback about his or her clients. In addition, counselor trainees will meet with clients individually, develop resources, and present workshops at the College of Continuing Education for international students.

2009 CACREP Standards/Section 3. Professional Practice met by this course:

F. Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term. Each student’s practicum includes all of the following:

1. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills

2. One hour of weekly interaction of individual and/or triadic supervision throughout the practicum by a program faculty member, a student supervisor, or a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract.

3. One and one-half 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.

4. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student’s interactions with clients.

5. Evaluation of the student’s counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

Course Objectives

Students will:
• Identify and help define the goals, expectations and motivation of clients. (CACREP II.G.3.a-h; II.G.5.d)
• Accurately assess the major counseling and career issues related to personal, social, career and educational development. (CACREP II.G.3.F-h; II.G.4.a-b, d-g; CAREER A.5, B.2, C.3, D.1)
• Facilitate personal and work environment exploration, self-disclosure, and goal-setting of clients. (CACREP II.G.4.a-b, d-g; CAREER D.1-3)
• Observe and meaningfully interpret human dynamics inherent in the behavior of clients. (CACREP II.G.3.a-h)
• Develop useful treatment strategies and provide appropriate responses to promote and extend growth. (CACREP II.G.3.a-h)
• Develop skills in conceptualizing the career counseling process, and participate in case conferences and writing reports. (CACREP II.G.4.a-b, d-g; CAREER A.1,5)
• Demonstrate knowledge of and adherence to professional law and ethics and to the procedures of the Community Counseling Center and/or other centers. (CACREP II.G.1.j; CAREER A.2, B.1)
• Additionally, students must receive feedback on their counseling skills and their own issues non-defensively; participate fully in-group consultation and give feedback to classmates non-judgmentally.

Content Outline

Students will demonstrate and apply the following knowledge, skills and abilities:

• Establishment of appropriate counseling relationships.
• Definition and clarification of presenting problems, whole-person assessment, and identification of core themes and issues.
• Recognize, monitor, and respond appropriately to cognitive, affective, behavioral and non-verbal components.
• Display knowledge and appropriate uses of variety of counseling theories and theories specific to career counseling.
• Demonstrate knowledge and use of a variety of styles, techniques and skills of counseling.
• Demonstrate the ability to work effectively with client populations with cultural, ethnic, gender, and disability diversity.
• Demonstrate knowledge and use of appropriate referral agencies and resources.

Course Texts/Materials

Required
• Counselor Education Program. Practicum Handbook.
• Selected career planning and job search handouts including:
  o “Ten Clues to Career Direction” worksheet,
  o Values Clarification worksheet, and SkillScan card sort.
  o Strong Interest Inventory, CPP Inc., Palo Alto, CA
  o Myers-Briggs Type Indicator, CPP Inc. Palo Alto, CA
• Career planning and job search resources, especially through EDC 260: Career Development, EDC 262: Career Counseling Process, and EDC 268: Career and Job Search.
• CSUS Career Center Career Planning Guide (Pick up a copy from the Career Center before your first appointment)

Instructional Activities

• Students counsel clients; or if client is a no-show, students will then observe other students while counseling.
• Students will receive verbal feedback from observers in group debriefing each week.
• Students will keep a journal of their thoughts and emotional responses/feelings during each session, and note particular counseling skills to improve upon and beliefs that pose as a problem to effectively facilitating the counseling process. These will be shared during the group process each week.

Class time will be scheduled in the following manner:
1. Group supervision from _________ to _________ each week.
2. First counseling sessions from _________ to _________.
3. Second counseling sessions from _________ to _________.
4. Group counseling sessions from _________ to _________.
5. Triadic supervision each week by either instructor or graduating Career Counseling student.
Student trainees may need to complete additional direct client contact hours during the semester at career counseling sites approved by the practicum supervisor/instructor. Students need to record all direct client contact hours on timesheets which will be collected at the end of the semester and approved and signed by the instructor.

Course Requirements and Assignments

1. Students must attend ALL of their counseling sessions, and be on time. It is recommended that you plan to arrive each week at least 15 minutes before the session begins. In the case of an emergency, contact your instructor as soon as possible before the session. This is extremely important, and failure to do so will result in a no credit grade.
   a. If your client does not show up for a counseling session, observe a classmate’s counseling session.
   b. Meet with each client ONCE per week at the assigned time – there must always be supervision when you are meeting with the client.
   c. Record EACH counseling session on CCDS audio recorder or purchase a digital voice recorder. Listen to the session prior to writing up your counseling approach for the next session.
   d. You will be videotaped during one or more of your counseling sessions at some point in the semester. The videotape may be viewed and discussed during the semester.

2. Counselor trainees should be able to provide a rationale for what they are attempting to implement during a counseling session. A counselor trainee will be expected to link theory to his or her counseling practice.

3. Complete a weekly Counselor’s Assessment and Plan Development Form, which is due each week of class and related to the previous week’s counseling sessions(s). (See Below)

4. Participate in weekly individual or triadic supervision with supervisor.

5. Participate in group supervision each week.

4. Write a final Case Study paper on one client (see attached format).

5. This course requires a strong commitment to self-disclosure, self-reflection, giving and receiving positive and critical feedback, sharing, and the possibility of feeling vulnerable with practicum members.

6. You and your instructor will evaluate your progress at a midterm point in the semester and at the end of the semester using the department’s Counselor Trainee Practicum Evaluation Form. You will evaluate yourself at the midterm point using this form and your instructor will do the same on another form. These evaluation forms will be discussed with your instructor at mid-semester. Your instructor will complete the final end of semester Counselor Trainee Practicum Evaluation Form and provide you with a copy at the conclusion of the semester.

Counselor’s Assessment and Plan Development Form

1. Explore/describe presenting problem(s).
2. Conduct comprehensive assessment (history, background relating to personal, social, career, and education).
3. Identify/describe core themes and issues.
4. Develop objectives (outcomes) for each issue to be dealt with, as agreed upon between client and counselor.
5. Develop/describe strategies/interventions/methods for achieving each objective. Describe how your approach is integrative, theory based, and aware of the whole person approach.
6. Evaluate and summarize client progress.
7. Thoughtfully evaluate your role as counselor. Describe your strengths (take credit for successes!!), and specify behaviors/methods you would like to continue to improve upon.

Use this outline to write your counseling approach/plan for each client, each week.

Evaluation

Grading is Credit/No Credit. The criteria for receiving CREDIT is listed below, as well as all of the items presented above. Every student is required to provide feedback to other students in the Practicum section each week in order to successfully complete the course. In addition, the instructor reserves the right to give an Incomplete or No Credit grade to students who are, in the instructor’s judgment, not ready to enroll in Field Study.

Guidelines for Observing and Debriefing
1. Generally, it is most useful for the observer and the counselor to focus on one behavior or issue during a counseling session.

2. Generally, it is easier for the counselor to hear feedback if the observer comments on both the strengths and weaknesses of the session.

3. Usually, it is easier for the counselor to hear feedback if the observer uses good counseling skills by “owning” the feedback and behaviorally describing the specific behaviors (e.g., “When you continually looked at the floor, I felt you were ignoring the client”).

4. In summary, ideal feedback is specific and phrased in a constructive manner, with the emphasis on counseling strengths; feedback on counseling weaknesses should emphasize alternatives and suggestions for the future.

**Evaluation Criteria**

**Relationship Skills:**
- Able to establish positive relationships with clients.
- Is accepting and non-judgmental.
- Communicates empathy and understanding to clients.
- Open to using positive feedback and humor with clients.
- Is able to work with a variety of client personalities and issues.

**Ability to Define the Presenting Problem:**
- Encourages clients to communicate their problems.
- Help clients state issues of concern.
- Is able to explore the presenting problem with clients in order to understand its context, duration, severity, degree of disruption, history and importance.
- Can help clients explore and understand their immediate environment (e.g. family, work, support network) and its relationship to presenting problem.
- Encourages clients to communicate other problem areas, to explore problems in greater depth, and to put problems in the context of the present (e.g. “why now?”)

**Skills to Function at Multi-levels**
- Is aware of responses to client as well as client’s responses to counselor.
- Is aware of and can make use of cognitive, affective and behavioral components.
- Can monitor verbal and non-verbal behaviors in clients.
- Recognizes incongruencies between verbal and non-verbal messages from clients, and can make appropriate use of this information.

**Ability to Handle Affect Appropriately:**
- Recognizes affective clues and makes use of them appropriately.
- Is not intimidated by (or does not avoid) affective content.

**Knowledge and Use of Theory:**
- Can functionally analyze client behaviors and problems.
- Can integrate his/her observations and understanding of clients into a tentative working hypothesis; can test this hypothesis; can change hypotheses to fit new data from and about clients.
- Is able to use theoretical models as a guide for counseling.
- Can look at sequences of behaviors in sessions to determine (when counselor said “A” then client did “B” which led to “C”) and understand if counselor’s behaviors are leading the client in the desired direction.
- Can view sessions on both micro (behavior sequences within one session) and macro (overall from session to session) level.
- Can effectively articulate to others the model being used in sessions.
- Is able to integrate instructor’s feedback into own style and use effectively.

**Skills in Techniques of Counseling:**
- Is able to use a variety of styles and techniques, including reflection, encouragement, reinforcement, support, interpretation, exploration, eliciting information, etc.
- Can pace phases of counseling appropriately (e.g. spending undue amount of time on building rapport).
- Is able to structure counseling sessions; is task-oriented; can accomplish goals; makes appropriate use
of session time.
- Is familiar with a variety of techniques (e.g. role-playing, modeling, “Empty Chair,” “Five Lives,” “Two Accomplishments,” outlining the four step career search plan, time management skills training, assertiveness skills training, relaxation techniques, etc.) and can make appropriate use of them. Does not stick with one set of techniques regardless of type of needs of client.
- Demonstrates skill in sharing own observations or experiences with clients; does this only when appropriate and is aware of when this is not necessary or helpful to clients.
- Can help clients try out new behaviors in sessions themselves.
- Can assign appropriate homework and make use of the results in following sessions.
- Helps clients recognize and utilize their own strengths.
- Makes appropriate use of testing and test results; can accurately and aptly convey test results to clients.
- Makes use of appropriate sources (e.g. schools, parents, spouse, teachers, etc.) for help in resolving the presenting problem.
- Is not harmful, humiliating, embarrassing, or discouraging to the client.

Professional Behavior:
- Dresses appropriately and attends practicum regularly.
- Does not have unexplained absences.
- Is on time for practicum and meetings.
- Starts and stops sessions on time.
- Is able to receive and provide feedback appropriately to fellow students.
- Makes use of students’ and instructor’s feedback.
- Knows when to ask for extra help and is able to make constructive use of it.
- Follows up with clients as needed (e.g. makes appropriate referrals and contacts referrals when necessary; calls clients if they fail to appear for sessions, etc.)
- Explains taping and observation procedures to clients and gets informed consent.
- Obtains relevant consent forms in order to obtain further information about clients, and makes appropriate contact with other professionals or agencies as needed.
- Follows Community Counseling Center record keeping procedures.
- Is open to new information and learning regarding the counseling process and counselor’s behaviors.
- Demonstrates willingness to try new behaviors, styles, and techniques.
- Maintains a professional relationship with clients at all times.
- Aware of and demonstrates familiarity with ethical principles of counseling; upholds ethical principles.
- Recognizes his/her own areas of competence and limitations, and does not work with clients without proper supervision.
- Awareness of possible interference of own value system and/or personal reactions with those of client.
- Accepts responsibility for his/her own behavior.
**Weekly Schedule**

**Session 1**  
**Introduction to Course/Professional Ethics and Behavior**  
- Tour of Career Center and Resources  
- Review of Syllabus and Course Requirements  
- Review of File Content and Procedures  
- Review of the Career Counseling Process/Content  
- Review of Suicide Assessment/Response Procedures  
- Review of Emergency Resources  
- Review of Confidentiality and Reporting Requirements  
- Practice Informed Consent Process/First Session  

**Sessions 2-7**  
**Practicum in Counseling**  
- See clients  
  - Complete file paperwork  
  - Debrief sessions with total practicum group  
  - Develop plan for Triadic Supervision and next client session  

**Triadic Supervision**  
- Meet weekly for one hour with Practicum Instructor.  
- Review/discuss tape and written case study.  
- Reflect on Counselor Role/Strengths/Areas for Improvement  

**Session 8**  
**Mid-Term Evaluation**  
- Triadic Supervision during this week will be dedicated to the Mid-term evaluation of the student’s progress, using a standardized form developed by the Department.  

**Sessions 9-15**  
**Practicum in Counseling**  
- See clients  
  - Complete file paperwork  
  - Debrief sessions with total practicum group  
  - Develop plan for Triadic Supervision and next client session  

**Triadic Supervision**  
- Meet weekly for one hour with Practicum Instructor.  
- Review/discuss tape and written case study.  
- Reflect on Counselor Role/Strengths/Areas for Improvement  

**Session 16**  
**Final Evaluation**  
- Triadic Supervision during this week will be devoted to the review of the student’s progress throughout the semester. The same standardized evaluation form will be used to depict student progress over time.
First Appointment Career Counseling Checklist

- Greet and welcome client to the counseling center and introduce yourself by name.
- Review confidentiality forms in detail with every client. Go slowly and answer all concerns.
- After the client signs the form, explain that you must leave the cubicle temporarily to turn on the tape recorder before beginning the session.
- Opening question: “What brings you in today?”
- Listen until the client is finished speaking.
- Acknowledge silently that you are listening by keeping good eye contact and nodding appropriately that you understand what the client is saying.
- Summarize the client’s presenting problem briefly and ask for confirmation. In career counseling, the adult client’s expectation is that as a career counselor, you have confidence in your own ability, are skilled in reflecting a client’s feelings and thoughts, and are familiar with a “process” to help the client achieve his or her goals.
- Ask for more career-related background information: “Could you tell me a little more about your work history?” Be sure to attain enough information from the client, which establishes the presenting problem(s) clearly.
- If appropriate, introduce the Career Planning Process. Ask the client to provide you with information to illustrate each of the steps of the process by asking the client questions about his or her background.
- Ask the client: “At which step of this process do you think it would be best for us to begin?”
- Keep asking questions which help to clarify the client’s presenting problem and which begin the process of self-assessment: “Could you tell me about some of the skills that you’ve enjoyed using in the past?”
- Come to an agreement as to which step seems most appropriate for the client.
- Describe an available resource or assignment for the client to help him or her with the next step in the process (self-assessment tools such as “Ten Clues to Career Direction,” a career interest or personality inventory, including the MBTI, Strong, True Colors, Major/Minor Finder, or an Internet site such as www.dbm.com/jobguide, etc.)
- Discuss how barriers/assumptions/beliefs influence the career counseling process and/or the limitations of the career counseling process. For example, “Unfortunately there is no career inventory or other resources that can answer the complicated questions related to solving most career issues. We can however get a start in helping you with your concerns, and learning more about yourself in relation to career decision-making. How does that sound to you?”
- Ask the client if the process as outlined for the future makes sense: “Does this sound like what you were hoping to achieve?”
Career Planning Process “Roadmap”

**Step 1: Self-assessment**
Interests
Skills
Values
Personality
Beliefs
Curiosities

**Step 2: Career Options**
Past
Current

*Available resources*
Future
Willingness to explore

**Step 3: Objectives**
Plan A: To obtain a _____ position using _____ and _____ skills in the field of _____.
Plan B: To obtain a _____ position using _____ and _____ skills in the field of _____.

**Step 4: On Paper**
Resume
Cover Letter
Recommendations

**Step 5: Job Search Strategies**
Resources
Approaches
Willingness to take action

**Step 6: Interviewing Strategies**
Knowledge
Abilities
Assertiveness

**Step 7: Barriers**
Real
Perceived
Client Worksheet

Name:
Date:

Objective (What does the client indicate is the presenting problem/issues?)

Subjective (What do you identify as the client’s presenting problem/issues?)

Counseling Goals (What are the goals you and the client will establish?)

Counseling Strategies (How will you assist the client in realizing these goals?)

Name:
Date:

Objective (What does the client indicate is the presenting problem/issues?)

Subjective (What do you identify as the client’s presenting problem/issues?)

Counseling Goals (What are the goals you and the client will establish?)

Counseling Strategies (How will you assist the client in realizing these goals?)
Case Study Format: Career Specialization

To gain practice in the development of case study documentation, you will complete a case study on one client who you have seen in counseling for at least 3 sessions. The client you choose for your case study must be a client you are counseling in the current semester. Document all of the client’s information in a written case study, using the outline below. You will submit the written case study to the instructor for feedback, as well as present the case orally in class. Thorough case studies will be at least 7 pages, typed and double-spaced.

1. Setting
   Describe the setting in which the client was seen. Include socioeconomic status and ethnic breakdown of population served, and include other relevant factors (i.e., school, college, career center, penal institution, mental hospital, open or locked facility, etc.)

2. Assessment/Diagnosis
   A. Describe the client (i.e., Appearance, age, gender, ethnicity, physical appearance, etc.)
   B. State the presenting problem, as the client described it
   C. Present any relevant history and/or additional information as needed
   D. Note significant areas to consider:
      1. Medical
      2. Physical
      3. Possible Legal and Ethical Issues (Note: There are always legal and ethical considerations)
      4. Ethnic/cultural/religious or other considerations
   E. Client’s Strengths
   F. Assess and summarize major issues/problems from counselor perspective
   G. Include at least two references to literature describing the client’s specific concern and/or the overall context of the concern. Use at least two different peer-reviewed scholarly journal articles or books that have been published within the last five years (exceptions are made for seminal works). Be certain to follow APA guidelines in citing these resources within the text of the paper, as well as include them on the Reference Page at the end of your paper.

3. Framework/Theory
   A. Briefly describe your theoretical framework, including both broader psychological theories, as well as career counseling theories
   B. Include at least one reference to literature describing how this theory frames the client’s presenting problem. This reference must be a peer-reviewed scholarly journal article or book published within the last five years (exceptions are made for seminal works). Be certain to follow APA guidelines in citing this resource within the text of the paper, as well as include it on the Reference Page at the end of your paper.

4. Cultural Responsiveness
   A. Thoroughly summarize evidence of your cultural responsiveness to this client.
   B. Include areas of difference that came into play and how they were negotiated (e.g., age, ethnicity, gender, sexual orientation, socioeconomic status, education, etc.).
   C. List factors you considered when conceiving how the client might perceive these areas of difference and describe how you responded to these considerations.
5. **Therapeutic Goals, Methods and Interventions**
   A. Indicate stated or probable client goals
   B. Indicate counselor goals
   C. Identify the number and type of sessions
   D. Describe the methods, techniques and interventions that you used *(You must include detailed descriptions of various assessments, if any were used).*
   E. Reference at least one empirical study related to your interventions. This study should be written within the past five years (exceptions are made for seminal works) and properly cited using APA guidelines.

6. **Consultation and/or Referrals**
   A. With whom did you consult with about this case?
   B. Did you refer the client for any type of services? If so, to whom or to what service?

7. **Summary of Outcomes**
   A. Disposition of Case
   B. Evaluation of Case
   C. Lessons Learned
      - What did you learn from this case?
      - What, if anything, would you do differently next time?
California State University, Sacramento  
Counselor Education Program  
Career Counseling Specialization Case Study Rubric

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<tbody>
<tr>
<td>Setting</td>
<td>Vaguely describes the setting in which the client was seen. Does not include any demographic information about the population served or the type of setting.</td>
<td>Identifies the setting in which the client was seen, including socioeconomic status and ethnic breakdown of population served. Does not include any other relevant factors.</td>
<td>Clearly describes the setting in which the client was seen. Includes socioeconomic status and ethnic breakdown of population served, as well as other relevant factors (i.e., school, college, career center, penal institution, mental hospital, open or locked facility, etc.).</td>
<td>Clearly describes the setting in which the client was seen. Includes socioeconomic status, ethnicity, and other demographic information of the population served, as well as other relevant factors. Clearly states why this information is relevant and important to consider in this case.</td>
<td>____</td>
</tr>
<tr>
<td>Assessment/ Diagnosis</td>
<td>Does not use a pseudonym for the client or does not clearly indicate it. Does not address legal or ethical considerations. Does not provide demographic information. Does not summarize the problem from the perspective of the client. May summarize observations of client, but the observations are not objective or inclusive. Does not describe relevant history, medical, physical, or cultural considerations.</td>
<td>Uses a pseudonym, but may not clearly indicate it. Includes most of the following: client’s age, gender, ethnicity, socioeconomic status, and physical appearance. May not address legal or ethical considerations. Does not include at least 2 different references to literature, or the references are not directly relevant to the client’s case. The references may be outdated.</td>
<td>Clearly indicates client’s pseudonym. Includes client’s age, gender, ethnicity, socioeconomic status, physical appearance, and other relevant demographic information. Objectively summarizes observations of client. Clearly summarizes the presenting problem as described by the client. Describes any relevant history. Identifies medical, physical, and cultural considerations. Discusses legal and ethical issues.</td>
<td>Clearly indicates client’s pseudonym. Includes client’s age, gender, ethnicity, socioeconomic status, physical appearance, and other relevant demographic information. Clearly states how this information is relevant and important to consider in this case. Objectively summarizes observations of client. Clearly summarizes the presenting problem from the perspective of the client. If multiple problems exist, is able to make connections among the problems and discuss how they interrelate to one another. Describes any relevant history. Identifies medical, psychological, and cultural considerations. Discusses legal and ethical considerations specific to this client. Identifies a variety of client strengths and discusses how these can serve as a resource for change. Includes at least 2 different, current resources directly relevant to client’s case.</td>
<td>____</td>
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<tr>
<td>Does not understand the connection between theory and intervention. May identify a theoretical framework, but does not describe interventions as being used from that framework. The clinical rationale is unrelated to theory. The resource may not be relevant or is outdated.</td>
<td>Identifies one’s theoretical framework but may not clearly connect theory to either goals or interventions. The clinical rationale is not clearly articulated. The resource may not be directly relevant or is outdated.</td>
<td>Clearly connects theory to goals and interventions. The clinical rationale is clearly articulated. Includes at least one resource that is directly relevant to the client’s case.</td>
<td>Clearly understands one’s theoretical framework and makes direct connections of this framework to the goals and interventions of this case. The clinical rationale is clearly articulated. Includes at least one resource that is directly relevant to the client’s case.</td>
<td>_____</td>
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</tr>
</tbody>
</table>

| Cultural Responsiveness | Does not demonstrate cultural responsiveness to this client. Is unable to identify areas of difference, or does not describe how differences were addressed. Is unable to consider the client’s perception of these differences | Describe one’s cultural responsiveness to this client. Identifies areas of difference that were addressed, but does not describe all elements of difference that existed between the therapist and the client. | Clearly describes how one was culturally responsive to this client. Describes all areas of difference that existed between the therapist and client, as well as how they were addressed. | Clearly demonstrates one’s cultural responsiveness with the client through specific examples and references. Describes all areas of difference that existed between the therapist and client, as well as how they were addressed. | _____ |

| Therapeutic Goals, Methods, and Interventions | Does not identify client and/or counselor goals. Does not understand the difference between short-term and long-term goals. Does not reference at least 1 empirical study, or the study referenced is not relevant to the interventions used. Is unable to identify changes that have occurred or any unmet and/or revised goals. Does not state number and type of sessions. Does not reference at least 1 empirical study, or the study referenced is not relevant to the interventions used. | Identifies goals, but does not distinguish between short-term and long-term. Does not distinguish client goals from counselor goals. Identifies interventions, but does not thoroughly summarize them. References at least 1 empirical study related to the interventions used. Identifies changes that have occurred and goals that have been achieved, but does not identify any unmet and/or revised goals. States the number of sessions, but does not describe type of sessions. References at least 1 empirical study related to the interventions used. | Identifies client goals and counselor goals. Understands the difference between short-term and long-term goals. Thoroughly summarizes interventions used. References at least 1 empirical study directly related to the interventions used. Describes changes that have occurred and the goals that have been achieved. Identifies any unmet and/or revised goals. States number and type of sessions. References at least 1 empirical study directly related to the interventions used. | Shows collaboration with the client in developing goals. Understands the difference between short-term and long-term goals and clearly identifies each. Thoroughly summarizes all interventions used. References at least 1 empirical study directly related to the interventions used, and describes how this study influenced one’s work with the client. Describes all changes that have occurred so far and the specific goals that have been achieved. Relates this achievement directly back to theory and interventions. Identifies any unmet and/or revised goals, as well as potential referrals. States number and type of sessions. References at least 1 empirical study directly related to the interventions used, and describes how this study influenced one’s work with the client. | _____ |

| Consultation and/or Referrals | Does not describe consultations. Does not recognize the need for referral and is not aware of appropriate services and resources. | Vaguely describes consultations. May have recognized the need for referral but was unaware of appropriate services and resources. | Clearly describes consultations Recognizes the need for referral and identifies appropriate services and resources. | Thoroughly describes consultations and how this directly related to treatment goals. Recognizes the need for referral and identifies appropriate services and resources. | _____ |
|---------------------|--------------------------|---------------------|-----------------------|-------|
| Summary of Outcomes | Vaguely summarizes overall work with client, and is unable to identify any concrete changes one would have made. Identifies very few feelings, or the feelings do not directly relate to work with this client. Does not identify what learned either personally or professionally, or these things do not directly relate to work with this client. | Summarizes overall work with client. Is unable to identify any changes one would make. Identifies some feelings experienced during the counseling process. Feelings may not be directly related to the work with this client. Is able to identify either personal or professional things learned from working with this client. | Thoughtfully summarizes overall work with client, including any concrete changes one would make. Identifies a variety of feelings experienced during the process of counseling this client. Describe both personal and professional things you learned about yourself as a result of working with this client. | CR/NC |
| APA Format | There are many errors in APA format, including the Reference Page and citations. | There are errors in APA format that distract from the paper. There are some errors in citations and on the Reference Page. | There are rare errors in APA format, and they do not distract from the paper. All references and citations are correctly written. | There are no errors in APA format, including the Reference Page and citations. |
| Grammar & Writing Style | There are many errors in spelling, punctuation, verb agreement, point of view changes, and grammar. There is little sentence variation throughout the paper. *Note – if the paper is awkward, unclear, has many grammatical errors, or is not written in a scholarly style, the student may receive NC on the assignment. | There are some errors, but they do not interfere with the purpose of the paper. There is an effort to vary the sentence patterns. Scholarly tone is not evident throughout the paper. | There are few errors. The sentences vary their structure, creating interesting reading. The author maintains a scholarly tone throughout the paper. | There are no errors. The sentences are varied and interesting to the reader. The author displays a command for scholarly writing. |

Overall Grade (CR/NC): ——

There are many errors in APA format, including the Reference Page and citations.

APA Format

There are errors in APA format that distract from the paper. There are some errors in citations and on the Reference Page.

Meets Standard (CR)

There are rare errors in APA format, and they do not distract from the paper. All references and citations are correctly written.

Exceeds Standard (CR)

There are no errors in APA format, including the Reference Page and citations.

Overall Grade (CR/NC): ——
MCFC Practicum
EDC 475: PRACTICUM IN COUNSELING (MCFC)

Course Description

EDC 475 is a clinical course designed to provide students with supervised practice in counseling. The application of counseling theory, process and appropriate strategies are included. Students will counsel at least three clients per week, followed by case consultation and debriefing in a small group setting. In addition, each student must meet outside of class time for one hour of individual supervision per week. Graded: CR/NC. Units: 3.0.

Course Objectives

1. To apply counseling theory to practice, to integrate counseling theory and practice (CACREP II.K. 3.d., 5.a -d).
2. To identify and help define the goals, expectations, and motivations of clients (CACREP II.K.5.a. K.b., 5.c.).
3. To observe, learn, practice, and develop skills in the basic process of counseling--including establishing a therapeutic relationship, the initial interview, assessment, goal setting, treatment planning, intervention strategies, termination and evaluation (CACREP II.K.5.a., 5.b., 5.c.).
4. To learn, and practice, and develop skills in:
   (a) Informed consent, intake, assessment, and release of information procedures,
   (b) Coordinate assessment information with DSM diagnoses,
   (c) Formulate goal setting,
   (d) Develop treatment plans,
   (e) Case note formats (SOAP, DAP), and
5. To apply systems theories and practices as they relate to the client's therapeutic issues (CACREP II.K.3.a., K.4.d., K.5.c.d.; MFCC B.1., B.3., C.1., C.2., C.3.).
6. To demonstrate knowledge and to develop skills in the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in individual, marital, couple, and family counseling (CACREP II.K.2.b., K.2.c., K.4.d.; MFCC A.6.).
7. To demonstrate knowledge of and adherence to standards of professional practice, licensure laws, and professional law and ethics (CACREP II.K.1.e., K.1.h., K.2.f., K.3.e., K.5.g., K.7.i.; MFCC A.3., A.4., and A.5.).

Course Texts/Materials

Required Text:

Recommended Texts:
Method of Instruction

Involvement and learning in the course will be facilitated by means of: counseling clients, individual/triad and group supervision, case consultation, debriefing, feedback, discussion, role-play, self-directed reading, audio/videotape recordings, written assignments, demonstration, and lecture.

Course Requirements and Assignments

All EDC 475 students must earn a minimum of 100 clock hours (including a minimum of 40 direct contact hours) in order to receive credit for the course. An incomplete grade will be furnished to students who do not meet the minimum hour requirements (CACREP, 2009).

Counseling Sessions:

Students are required to meet with at least 3 assigned clients at a designated time, once per week, for at least 3 contact hours per week (a grand total of at least 40 direct client contact hours for the semester). There must always be a supervisor present when clients are seen for counseling services. Counseling activities will take place at the Center for Counseling and Diagnostic Services.

Supervision:

Participate in group supervision (1½ hrs during class meeting) and individual supervision (1 hr of individual/triad supervision outside of class time, arranged with instructor).

1. Attend a minimum of 13 class meetings.
2. Follow the procedures outlined in the Orientation Handbook for the Center for Counseling and Diagnostic Services.
3. Read the “Recommended Reading” early in the term.
4. Attend all of your counseling sessions
5. In case of emergency, contact your client and the Center for Counseling and Diagnostic Services (916-278-6252). Failure to do so will result in a no credit grade.
6. If your client does not show up for a counseling session, observe a classmate's counseling session.
7. Tape record or videotape each counseling session.
8. Listen to or watch each of your counseling tapes each week. The focus is on you as the counselor and what you are doing.
9. Debrief each of your counseling tapes each week, in writing, using the form below (Counselor’s Debriefing Form).
10. Return completed form to instructor each week before class.
11. Observe and debrief in class counseling sessions using the form attached (Observer's Form). Return the completed form to the counselor in class.
12. Complete record-keeping requirements of the Center for Counseling and Diagnostic Services, including Informed Consent Agreement, Assessment and Treatment Plan, and weekly Case Notes for each client/couple/family seen.
13. Write a detailed Treatment Plan (minimum two pages).
14. A commitment to self-disclosure, self-reflection, giving and receiving positive and negative feedback, sharing, and the possibility of feeling exposed and vulnerable with practicum members.

Assessment & Evaluation

Grading for practicum is on a Credit / No Credit basis. Credit will be granted for satisfactory completion of all the requirements outlined in this syllabus, including but not limited to demonstration of professional conduct and mastery of basic counseling skills. The instructor reserves the right to assign a No Credit grade to students who, in the instructor’s judgment, have not satisfactorily demonstrated the attitudes, skills and disposition expected at this level of the student’s training.
**Counselor’s Debriefing Form** (#9 above)

1. What I liked best about my counseling session:
2. What I missed hearing/seeing (or would do differently):
3. My present understanding of the problem is (in one sentence):
4. My anticipated goals and possible strategies for the following sessions:
5. I need help with:

**Observer's Form** (#11 above)

1. What I liked best about your counseling session:
2. What I missed hearing/seeing (or would do differently):
3. I understood your counseling goal or objective for this session to be:
4. If I were the client, I would have liked/not liked:
5. Other:

**Guidelines for Observing and Debriefing**

1. Generally, it is most useful for the observer and the counselor to focus on one behavior or issue during a counseling period.
2. Generally, it is easier for the counselor to hear feedback if the observer comments on both the strengths and weaknesses of the session.
3. Generally, it is easier for the counselor to hear feedback if the observer uses good counseling skills by “owning” the feedback and behaviorally describing the specific behaviors (e.g., “I felt hurt when you continually looked at the floor.”).
4. In summary, ideal feedback is specific and phrased in a constructive manner, with the emphasis on counseling strengths; ideally, feedback on counseling weaknesses will emphasize alternatives and suggestions for the future.
**Recommended Reading for MCFC Practicum**
(Reserve Book Room, Library)

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Death/Dying/Loss</th>
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</thead>
<tbody>
<tr>
<td>Treatment of Child Abuse and Neglect.</td>
<td></td>
</tr>
<tr>
<td>Gil, Eliana. *Outgrowing the Pain: A book for and About Adults</td>
<td></td>
</tr>
<tr>
<td>Abused as Children.*</td>
<td></td>
</tr>
<tr>
<td>Gil, Eliana. <em>Treatment of Adult Survivors of Childhood Abuse.</em></td>
<td></td>
</tr>
<tr>
<td>Whitfield, C. <em>Healing the Child Within.</em></td>
<td></td>
</tr>
</tbody>
</table>

• **Anger**


• **Assertiveness/Relaxation/Self-Esteem**

Burns, David. *Ten Days to Self Esteem.*

Davis, M., Eshelman, E. & McKay, M. *The Relaxation and Stress Reduction Workbook.*

Gambrill, E. & Richey, C. *Taking Charge of Your Social Life.*

Smith, Manuel. *When I Say No, I Feel Guilty.*

Zimbardo, Philip. *Shyness.*

• **Children/Parenting**


Driekurs, Rudolph. *Children, the Challenge.*


Oaklander, Violet. *Windows to Our Children.*

Patterson, Gerald. *Living with Children.*

• **Counseling Reference**


Egan, Gerald. *The Skilled Helper.*


Community Services Planning Council. *Community Services Directory.*


• **Depression**


Burns, David. *Feeling Good: The New Mood Therapy.*

Lewinsohn, Peter. *Control Your Depression.*

• **Divorce/Single**


Johnson, Stephen. *First Person Singular: Living the Good Life Alone.*


Singerg, Janet. *Divorce is a Grown-Up Problem: A Book About Divorce for Young Children and Their Parents.*

• **Marriage/Relationships/Family**

Goldenberg, Irene & Herbert. *Family Therapy: An Overview.*


Hendrix, Harville. *Getting the Love You Want.*

Knox, David. *Marriage Happiness.*

Laguet, Wade. *Short-Term Couples Therapy: The Imago Model in Action.*


Satir, Virginia. *Conjoint Family Therapy.*

Weiner-Davis, Michele. *Divorce Busting.*

• **Sexuality**

Barbach, Lonnie. *For Yourself: The Fulfillment of Female Sexuality.*

Bellireau, Fred. *Understanding Human Sexual Inadequacy.*


• **Substance Abuse**

Beattie, Melody. *Codependent No More.*

Black, Claudia. *It Will Never Happen to Me.*

Cermak, Timmen. *Diagnosing and Treating Codependence.*

Case Study Format: MCFC Practicum Students Only

**Directions:** Each MCFC student will select one client who has been seen for a minimum of 4 counseling sessions. Present the information using the format below. The case study is confidential in nature and the client information is to be recoded for confidentiality. The case study is for educational learning only. It is not permissible to use the case study at a future date/semester as limits the validity and does not allow your clinical skills to develop to their full potential.

**APA Format Style:** Minimum: 3 cited and referenced sources. Plagiarism must be avoided as it is against CSUS policy to use someone else’s work or ideas as your own without proper acknowledgement. MCFC students are responsible for familiarity with basic APA style. This includes correct spelling, grammar and punctuation; as well as the accurate use of a cover page, citations and references.

1. **Reason for Referral**
   a) Reason for referral gives concise overview of primary concern and current symptoms that brought in client(s) for counseling. Note the number and type of sessions completed (individual, couple, family).

2. **Identify & Provide History of Presenting Problem**
   a) Identify presenting problem
      Include client’s previous level functioning and impact of current presenting problem, as well as onset, duration, and progression of symptom development and severity.

3. **Method(s) of Assessment**
   a) Genogram
   b) Safety Assessment includes supporting evidence for assessed level of safety including specific statements and signs.
      i. Sexual & Gender Identity
      ii. Ethnic Identity
      iii. Location (region), Residence, & Language
      iv. Religious/Spiritual Identity
      v. Education and/or Occupation
      vi. Economic Class Background
      vii. Family Identity & History
      viii. Psychological Maturity
      ix. Chronological/Developmental Challenges
      x. Unique Physical Characteristics
      xi. Traumatic Experiences & Threats
      xii. Strengths, including available resources client/family utilize
      xiii. Resource vulnerabilities, identify what is lacking or missing
   d) Other Assessment Tool: ______________________________

4. **Legal Issues and/or Relevant History**
   a) Identify and cite relevant California Statutes - include current and previous involvement with legal system and role of involvement in current presenting problem(s).

5. **Ethical Issues**
   a) Identify relevant codes and standards of practice for ACA and CAMCFC

6. **Clinical and/or Related Psychotropic Information**
   a) Identify any previous medical/health related problems
   b) Clarify co-occurring and/or co-morbidity problems, if any
   c) List any medications, dosages, frequency, and indication.
7. **Case Conceptualization**
   a) Includes appropriate theoretical framework within which the MCFC practicum student summarizes client problem.

8. **DSM-5 Diagnostic Summary**
   a) Identify and explain any major rule-outs and explain why you ruled it out; *or*
   b) Identify and support how the current diagnosis is accurate: why the diagnosis was ruled-in, and include requisite Code(s), Criteria, Subtype, and Specifier.

9. **Treatment Plan** _clearly articulate short-term and long-term goals_
   a) Clarify concrete treatment objectives
   b) List and cite clinically appropriate interventions
   c) Identify the measurable outcomes based on concrete treatment objectives

10. **Personal Learning**
    a) What did you learn from this client case and what, if anything, would you do differently?
    b) What did you learn about yourself from this practicum case?

11. **References**
# MCFC Case Study Grading Rubric

**NAME:**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Unacceptable (Below Standard)</th>
<th>Acceptable (Meets Standard)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Setting</td>
<td>Vague or inadequate description of agency setting.</td>
<td>Clear description of setting in which the client was seen; Included socio-economic status &amp; ethnic breakdown of population served as well as other relevant factors (i.e. school, college, career center, penal institution, mental hospital, open or locked facility, etc.)</td>
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<tr>
<td>Framework/Theory</td>
<td>Did not provide a theoretical framework; vague description of theoretical framework; does not relate to clinical rationale.</td>
<td>Clear description of theoretical framework demonstrating an understanding of how theory applies/relate to clinical rationale; clinical rationale clearly &amp; concisely articulated.</td>
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<tr>
<td>Referral Reason</td>
<td>Did not provide overview of primary concern and current symptoms.</td>
<td>Provides overview of primary concern and current symptoms.</td>
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<tr>
<td>History of Problem</td>
<td>Did not provide information on progression of symptom development &amp; severity.</td>
<td>Provides information on progression of symptom development &amp; severity.</td>
<td></td>
</tr>
<tr>
<td>MSE</td>
<td>Did not include primary MSE domains</td>
<td>Includes all major domains of MSE.</td>
<td></td>
</tr>
<tr>
<td>Biopsychosocial Assessment</td>
<td>Did not address or inadequately addressed important areas of client functioning.</td>
<td>Competently addressed all areas of client functioning including presenting problem, social/psychological/biological domains, etc.</td>
<td></td>
</tr>
<tr>
<td>DSM-IV TR 5-Axis</td>
<td>Did NOT demonstrate understanding of DSM-IV TR diagnostic categories or needs help connecting DSM-IV TR criteria to presenting problems.</td>
<td>Demonstrates understanding and connects presenting problem with DSM-IV TR diagnosis &amp; identifies possible co-morbid disorders; provided essential diagnostic information to rule/out &amp; select most likely diagnosis; Can identify elements relevant to making prognostic predictions.</td>
<td></td>
</tr>
<tr>
<td>CATEGORY</td>
<td>Unacceptable (Below Standard)</td>
<td>Acceptable (Meets Standard)</td>
<td>Comments</td>
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</tr>
<tr>
<td>Diagnostic Summary</td>
<td>Does not include major rule outs-why they were ruled out- and explanation of how the current diagnosis is the accurate one- why ruled in.</td>
<td>Includes major rule outs-why they were ruled out- and explanation of how the current diagnosis is the accurate one- why ruled in.</td>
<td></td>
</tr>
<tr>
<td>Case Conceptualization</td>
<td>Does not summarize client presentation. Vague discussion or no discussion on major symptoms, length, severity, &amp; context; irrelevant information included.</td>
<td>Summarizes client presentation by including relevant information that is used in diagnosis. Major symptoms, length, severity, and context are all present. Irrelevant factual information is absent.</td>
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<tr>
<td>Human Diversity</td>
<td>Unable to understand the importance of issues of diversity.</td>
<td>Generally good at identifying issues of diversity that impact the therapeutic environment; Is able to convey an unbiased therapeutic environment when client’s values or beliefs are different from one’s own views; Can apply treatment strategies consistent with client’s values, beliefs, and/or worldviews.</td>
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</tr>
<tr>
<td>Law &amp; Ethics</td>
<td>Poor understanding of legal issues relevant to client &amp; clinical setting.</td>
<td>Adequately knowledgeable of legal issues relevant to client &amp; site clinical setting; adheres to legal statutes &amp; identifies/addresses ethical concerns; Is developing knowledge of &amp; follows law in clinical practice.</td>
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</tr>
<tr>
<td>Treatment Plan</td>
<td>Difficulty in identifying stages of treatment &amp; imposes treatment goals; Does not understand the differences between short- and long-term treatment goals; Does not recognize the need for referral &amp; is not aware of appropriate referrals; treatment plan’s identified problem(s); goal(s), intervention(s) NOT related to one another.</td>
<td>Identifies stages of treatment &amp; sets mutually agreed upon, appropriate short- &amp; long-term goals for treatment; demonstrated knowledge about client &amp; how presenting diagnosis &amp; treatment plan clearly related to one another; treatment plan demonstrates specific problems, measurable/observable goals, reasonable/achievable interventions; Recognizes the need for referral and identifies appropriate services and resources.</td>
<td></td>
</tr>
<tr>
<td>CATEGORY</td>
<td>Unacceptable (Below Standard)</td>
<td>Acceptable (Meets Standard)</td>
<td>Comments</td>
</tr>
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<td>--------------------------</td>
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</tr>
<tr>
<td>What You Learned</td>
<td>Vague and/or long-winded description of what was learned from work w/ client; cannot concretely identify areas that may have been approached differently.</td>
<td>Able to clearly &amp; articulately discuss what was learned from work w/ client; can concretely identify areas that may have been approached differently.</td>
<td></td>
</tr>
<tr>
<td>Focus &amp; Sequencing</td>
<td>Little evidence material is logically organized into topic, subtopics or related to topic. Many transitions are unclear or nonexistent.</td>
<td>Material is unified and well-focused; Pattern of organization is clear, logical, and well-executed.</td>
<td></td>
</tr>
<tr>
<td>Grammar &amp; Mechanics</td>
<td>Grammatical errors or spelling &amp; punctuation substantially detract from the paper.</td>
<td>Grammatical errors or spelling &amp; punctuation are rare &amp; do not detract from the paper.</td>
<td></td>
</tr>
<tr>
<td>APA Style &amp; Communication</td>
<td>Errors in APA style detract substantially from the paper. Word choice is informal in tone. Writing is choppy, with many awkward or unclear passages.</td>
<td>Rare errors in APA style that do not detract from the paper. Scholarly style. Writing has minimal awkward of unclear passages.</td>
<td></td>
</tr>
<tr>
<td>Citations &amp; References</td>
<td>Reference and citation errors detract significantly from the paper.</td>
<td>All references &amp; citations are correctly written.</td>
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</tr>
</tbody>
</table>
School Counseling Practicum

* Instructors, see also the *Syllabus Packet* for the School Practicum which includes handouts and helpful instructions. (Not included in this manual.)
EDC 475: PRACTICUM IN COUNSELING (School)

Course Description

EDC 475 is a clinical course designed to provide students with supervised practice in individual counseling. For the School Counseling Specialization, the course takes place in an elementary school setting. Emphasis is placed on applying theoretical knowledge within a practical framework to assist children with socio-emotional and behavioral concerns. Additionally, the course gives students an opportunity to discuss cases, develop interventions and strategies and further students’ personal and professional development. Graded: CR/NC. Units: 3.0.

Course Objectives

Each student will:

- Apply theoretical perspectives to actual practice in counseling. (CACREP II.G.5.d-e; CCTC: II.C.25)
- Develop and demonstrate mastery of basic counseling skills and assessment techniques that are age appropriate and culturally sensitive. (CACREP II.G.5.b-d; II.G.7.f; CCTC: 2, 3, 4, 6)
- Observe and meaningfully interpret human dynamics inherent in the behavior of clients, and develop ability to conceptualize cases and the counseling process. (CACREP II.G.3.a-h; II.G.7.b; CCTC: 2, 3, 4, 14)
- Learn to develop useful treatment strategies, and provide appropriate responses to promote and extend growth. (CACREP II.G.5.e-e; CCTC: II.C.25)
- Share questions and concerns regarding clients and self during group supervision, and demonstrate an openness to learning and willingness to receive feedback from instructor and peers. (CACREP II.G.5.b; CCTC: 14, 16)
- Offer knowledge, ideas and resources to other members of the group. (CACREP II.G.1.b; II.G.7.b; CCTC: 14, 16)
- Understand the counselor’s role, function, and professional identity in relation to other roles in the school, and develop basic consultation skills. (CACREP II.g.1.b; II.G.5.f; SCHOOL A.3; M.2-5; CCTC: 10; I.17, 18)
- Understand social, community, institutional, environmental, and curricular factors that impact the child; identify barriers that impede student academic, career, and personal/social success. (CACREP II.G.1.i; SCHOOL A.6; E.1-2; E.4; CCTC: 3, 4, 5)
- Develop increased awareness of self and issues of rescuing, attachment and co-dependence. Maintain appropriate self-care as a counselor (CACREP II.G.1.d; II.G.1.j; CCTC: 8).
- Demonstrate knowledge of and adherence to ethical codes and standards of practice of the American Counseling Association (CACREP II.G.1.j) and the American School Counseling Association (School A.2). (CCTC: 6; I.18). Obtain copies here: ACA (www.counseling.org) and ASCA (www.schoolcounselor.org).

Course Texts/Materials (Recommended)


Reasonable Accommodation Policy

If you have a disability and require accommodations, you need to provide disability documentation to Services for Students with Disabilities (SSWD). For more information please visit the SSWD Web site at http://www.csus.edu/sswd. The SSWD office is located in Lassen Hall 1008, and they can be contacted by phone at (916) 278-6955 (Voice) or (916) 278-7239 (TDD only), or via email at sswd@csus.edu.

Please discuss your accommodation needs with me after class or during my office hours early in the semester.

Method of Instruction

Individual/triadic and group supervision of counseling and related case management activities with clients.
Academic Honesty Policy
Students are expected to be familiar with the University’s Academic Honesty Policy. Information regarding this policy and other student conduct expectations may be found in the University Policy Manual at www.csus.edu/umanual/index.htm. Please familiarize yourself with the definitions of cheating and plagiarism. Additional information is available on the Library’s Plagiarism Web site at http://library.csus.edu/content2.asp?pageID=353. In this course, cheating and/or plagiarism will result, at minimum, in No Credit on the assignment/test, and may result in an overall course grade of No Credit.

Course Requirements and Assignments
You will submit all written assignments as ATTACHMENTS through SacCT. All assignments must be submitted by the time class starts in order to be considered on time. Two or more late assignments will result in a course grade of No Credit. You are expected to type all assignments, proofread, and format them according to 6th Edition APA guidelines.

1. Minimum Hour Requirements
All EDC 475 students must earn a minimum of 100 clock hours (including a minimum of 40 direct contact hours) in order to receive credit for the course. This may require scheduling make-up sessions in the event of client absences, etc. An incomplete grade will be issued to students who do not meet the minimum hour requirements (CACREP, 2009).

2. Regular Attendance/Participation
Attend all weekly class meetings and counseling sessions on time. More than 2 absences or consistent tardiness will result in a No Credit grade in the course. If you experience an emergency and need to miss class, please contact ______________________ at ______________________.

3. Counseling Sessions
Meet with assigned clients every week for a minimum of 40 direct client contact hours.

4. Supervision
Participate in group supervision (1½ hours during class meeting) and individual/triadic supervision (1 hour outside of class time, arranged with the instructor).

5. Peer Observation
If a client is absent, observe a classmate’s counseling session and provide written feedback.

6. Parent and Teacher Consultation
You will be required to conduct brief face-to-face or phone consultations at least 2 times per semester with each client’s teacher and each client’s parent/guardian. You will document these consultations in your journal.

7. Assignments A & B (Due Week 2)
Written assignment orienting you to the importance of the therapeutic relationship. See attached for instructions.

8. Baseline Self-Assessment (Due Week 3)
Written assessment (1-2 double-spaced, typed pages) of your personal and professional strengths (at least 3), as well as areas of personal and professional growth (at least 3). See attached for instructions.

9. Journal (Due Weeks 9 and 15)
Maintain a journal of your counseling sessions with weekly entries for each client. The SOAP (Subjective, Objective, Assessment, Plan) format is recommended. See attached for instructions.

10. Case Study (Due Week 13)
Comprehensive written analysis/discussion of one client using the attached format (Minimum 10 double-spaced, typed pages).

11. Activity Presentation (Dates Posted on SacCT)
One week during group supervision, you will present an activity that can be used with clients. See attached for instructions.

12. Midterm/Final Evaluations (Due Weeks 9 and 15)
You will submit a midterm and final self-evaluation (see attached). The instructor will also complete similar midterm and final evaluations of your performance and submit them to the department.

13. Reading
Recommended texts, journal articles, and handouts will be shared periodically throughout the semester.

Evaluation
Grading for practicum is on a Credit/No Credit basis. Credit will be granted for satisfactory completion of all of the above requirements, including demonstration of professional conduct and mastery of basic counseling skills. The instructor reserves the right to assign a No Credit grade to students who, in the instructor’s judgment, are not ready to enroll in Field Study.
EDC 475: PRACTICUM IN COUNSELING (School)

SEMESTER SCHEDULE

<table>
<thead>
<tr>
<th>Week</th>
<th>Activities/Items Due</th>
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| 1    | Introductions/Orientation to Course  
      | Administrative Details |
| 2    | Preparation for 1st Session  
      | Homework Assignments A & B |
| 3    | Counseling Sessions/Supervision  
      | Baseline Self-Assessment of Skills (Qualitative) |
| 4    | Counseling Sessions/Supervision |
| 5    | Counseling Sessions/Supervision |
| 6    | Counseling Sessions/Supervision |
| 7    | Counseling Sessions/Supervision |
| 8    | Counseling Sessions/Supervision |
| 9    | Counseling Sessions/Supervision  
      | Midterm Assessment of Counseling Skills |
| 10   | Counseling Sessions/Supervision |
| 11   | Counseling Sessions/Supervision |
| 12   | Counseling Sessions/Supervision |
| 13   | Counseling Sessions/Supervision  
      | Written Case Study |
| 14   | Counseling Sessions/Supervision |
| 15   | Termination – last counseling sessions  
      | Final Assessment of Counseling Skills |

**Counseling:**
- Three hours of client contact per week: 2 individual counseling sessions and 1 group session, 1 hour each.  
- (If your client is absent, you are expected to conduct the following during that hour: teacher consultation, parent consultation, and/or co-facilitate a session with a peer.)

**Supervision:**
- One and one half hours of group supervision *during class meeting.*  
- One hour of individual/triadic supervision *outside of class time* (arranged with supervisor).

**Additional Hours:**
- Due to client absenteeism and/or school holidays, some EDC 475 students may need to schedule additional hours with the on-site supervisor. These hours must be completed by the last week of the CSUS semester.

**Minimum Hours Requirements (CACREP, 2009):**
- Each student must earn a minimum of 100 clock hours (minimum of 40 direct client contact hours) in order to receive credit for the course. Incomplete grades will be assigned to students who are deficient in hours.
Case Study Format: School Specialization

Select one client whom you have seen in counseling for at least 4 sessions. Document all of the client’s information in a written case study, using the outline below. Submit the case study to the instructor for feedback and present the case orally in class. A sample case study is available for review on SacCT. (Note: Thorough case studies will be at least 10 pages, typed and double-spaced. In the past, case studies have typically been between 12-20 pages. In other words, do not wait until the last minute to collect information and begin writing your case study!)

I. Background Information
Include name (initials or pseudonym only), age, gender, grade in school, ethnicity, family configuration, socioeconomic status, and any other relevant demographic information.

II. Presenting Problem or Issue
- Summarize the presenting problem as described by school personnel and/or guardian(s) of client. (Use specific examples to describe behaviors, circumstances and/or feelings that are of concern.)
- Summarize the presenting problem as described by the client. (Use specific examples to describe behaviors, circumstances and/or feelings from the client’s perspective.)
- Explain how the situation is reported to manifest itself in the client’s life and how it affects the family, teachers, peers and/or others in the client’s life.
- Make at least two references to literature describing this specific concern and/or the overall context of the concern. Use at least two different peer-reviewed scholarly journal articles or books published within the last five years (exceptions are made for seminal works). Be certain to follow APA guidelines in citing these resources within the text of the paper, and include them on the Reference Page at the end of your paper.
- Include any legal or ethical considerations. (Note: there are always legal and ethical considerations.)

III. Client Assessment
- Summarize information available from formal testing, school records, medical records and other written sources.
- As objectively as possible, summarize your own observations of the client: overall presentation and physical appearance, characteristic behaviors, attitudes, affect, etc.
- Identify and describe a variety of the client’s strengths and/or internal resources.
- Identify and describe the client’s needs in terms of ability, performance, social skills, community resources, etc.
- Identify and describe the client’s needs in terms of cultural values, family values, neighborhood and/or community factors, etc.

IV. Ecological Assessment
- Identify factors in the client’s home and school environments that may either contribute to his/her well-being or may impede his/her progress.
- Describe the degree to which the client understands the relationship between himself/herself and his/her surroundings.
- Identify constructs of Power & Privilege that are evident in your client's life and describe how the constructs seem to inform his/her perception of reality. If applicable, summarize the identity development model & respective stage within the model that most applies to your client.
Case Study Format: School Specialization (cont.)

V. Goals and Interventions
- Identify your theoretical framework, and discuss this theory and others that influenced your goals and interventions. Include at least one reference to literature describing how this theory frames the client’s presenting problem. This reference must be a peer-reviewed scholarly journal article or book published within the last five years (exceptions are made for seminal works). Be certain to follow APA guidelines in citing this resource within the text of the paper, as well as include it on the Reference Page at the end of your paper.
- Clearly identify the short and long-term goals you established with/for the client.
- Thoroughly summarize the interventions you utilized with your client to achieve your goals:
  1) techniques, methods and materials, and
  2) contact with family, teachers, other school staff, community agencies, etc.
- **Reference at least one empirical study** related to your interventions. Cite this resource within the text of your paper and on the Reference Page at the end of your paper using APA guidelines.
- Describe changes that have been evidenced so far and specific goals that have been achieved.
- List any unmet and/or revised goals you hope to achieve by the time of termination, including potential referrals within the school and community.

VI. Cultural Responsiveness
- Thoroughly summarize evidence of your cultural responsiveness to this client.
- Include areas of ‘difference’ that came into play and how they were negotiated (e.g., age, ethnicity, gender, socioeconomic status, education, etc.).
- List factors you considered when conceiving how the client might perceive these ‘differences’ AND describe how you responded to these considerations.
- Describe elements of anti-dialogical action (Conquest, Divide and Rule, Cultural Invasion, Manipulation) that you see taking place on the school site.
- Provide recommendations for enacting dialogical strategies of Cooperation, Unity, Organization and Cultural Synthesis.

VII. Critique of School Site
- Provide a **critique of the school’s four domains**: Personal, Social, Career, and Academic. What efforts are demonstrated by the school in developing children’s growth in these four domains? To what degree does your client benefit from these efforts?
- Provide a **critical analysis of systems utilization**: developmental, prevention, intervention (remediation), and crisis.
- Identify **strengths and areas of improvement** for the school counseling program at your site. Specify how the areas of improvement could have better served the client.

VIII. Self-Reflection
- Summarize your overall impression of your work with this client and, if applicable, share anything you wish you had done differently.
- List a variety of feelings that were evoked in you throughout the process.
- Describe some things you learned about yourself (both personally and professionally) as a result of your relationship with this client.
## Criteria

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<thead>
<tr>
<th>Background Information</th>
<th>Approaches Standard (NC)</th>
<th>Meets Standard (CR)</th>
<th>Exceeds Standard (CR)</th>
<th>CR/NC</th>
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<tr>
<td>Does not use a pseudonym for the client or does not clearly indicate it. Does not include relevant demographic information.</td>
<td>Uses a pseudonym, but may not clearly indicate it. Includes most of the following: client’s age, gender, grade in school, ethnicity, family configuration, socioeconomic status. May not include other relevant demographic information.</td>
<td>Clearly indicates client’s pseudonym. Includes client’s age, gender, grade in school, ethnicity, family configuration, socioeconomic status, and other relevant demographic information.</td>
<td>Clearly indicates client’s pseudonym. Includes client’s age, gender, grade in school, ethnicity, family configuration, socioeconomic status, and other relevant demographic information.</td>
<td>CR/NC</td>
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<th>Presenting Problem or Issue</th>
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<td>Does not summarize the problem from both the perspective of the client and others. Does not address how the situation manifests in the client’s life or how it affects others. Does not include at least 2 different resources to literature, or the references are not directly relevant to the client’s case. The references may be outdated. Does not address legal or ethical considerations.</td>
<td>May forget to summarize the presenting problem as described by school personnel and/or guardian(s), as well as the client. Explains how the situation manifests in the client’s life and affects others. Includes at least 2 different references to recent literature. Includes legal and ethical considerations.</td>
<td>Clearly summarizes the presenting problem from the perspective of school personnel, guardian(s), and client. If multiple problems exist, is able to make connections among the problems and discuss how they interrelate to one another. Describes how the situation manifests in the client’s life and its effect on others. Includes at least 2 different, current resources directly relevant to client’s case. Discusses legal and ethical considerations specific to this client.</td>
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<td>CR/NC</td>
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<th>Client Assessment</th>
<th>Approaches Standard (NC)</th>
<th>Meets Standard (CR)</th>
<th>Exceeds Standard (CR)</th>
<th>CR/NC</th>
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<td>Does not include information available in the client’s cumulative file or through consultation. May summarize observations of client, but the observations are not objective or inclusive. Does not identify client strengths or needs.</td>
<td>Summarizes information available in the client’s cumulative file, but does not take steps to learn more through consultation. Summarizes observations of client, but may not be objective. Identifies only 1 or 2 client strengths. Identifies some of the client’s needs, but does not include all areas asked about.</td>
<td>Summarizes information available in the client’s cumulative file and takes steps to learn more through consultation. Objectively summarizes observations of client. Identifies a variety of client strengths. Identifies and describes the client’s needs in terms of ability, performance, social skills, community resources, cultural values, family values, and neighborhood/community factors.</td>
<td>Summarizes information available in the client’s cumulative file, takes steps to learn more through consultation, and discusses how this information directly relates to the client’s presenting problem. Objectively summarizes observations of client. Identifies a variety of client strengths and discusses how these can serve as a resource for change. Identifies and describes the client’s needs in terms of ability, performance, social skills, community resources, cultural values, family values, and neighborhood/community factors.</td>
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<td>Ecological Assessment</td>
<td>Does not identify factors in both the home and the school that both contribute to well-being or impede progress. Does not describe the degree to which the client understands his/her place in the environment, or is inaccurate in this assessment. Does not address elements of Power &amp; Privilege in the client’s life.</td>
<td>May not identify factors in both the client’s home and school that both contribute to well-being or impede progress. Describes the degree to which the client understands his/her place in the environment, but does not have evidence to support this assessment. Struggles to identify elements of Power &amp; Privilege in the client’s life.</td>
<td>Identifies factors in the client’s home and school that may contribute to the client’s well-being or impede progress. Describes the degree to which the client understands his/her place in the environment, and supports this with evidence. Discusses elements of Power &amp; Privilege in the client’s life.</td>
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<tr>
<td>Goals and Interventions</td>
<td>Does not understand the connection between theory and intervention. May identify a theoretical framework, but does not describe interventions as being used from that framework. May not cite a relevant resource related to theory or this case, or it may be outdated. Does not understand the difference between short-term and long-term goals. Does not reference at least 1 empirical study, or the study referenced is not relevant to the interventions used. Is unable to identify changes that have occurred or any unmet and/or revised goals.</td>
<td>Identifies one’s theoretical framework but may not clearly connect theory to either goals or interventions. May cite a resource relating to theory, but it is vague in its relation to the case or it may be outdated. Identifies goals, but does not distinguish between short-term and long-term. Identifies interventions, but does not thoroughly summarize them. References at least 1 empirical study related to the interventions used. Identifies changes that have occurred and goals that have been achieved, but does not identify any unmet and/or revised goals.</td>
<td>Clearly connects theory to goals and interventions. Includes at least 1 resource discussing theory in relation to this case. Understands the difference between short-term and long-term goals. Thoroughly summarizes interventions used. References at least 1 empirical study directly related to the interventions you used. Describes changes that have occurred and the goals that have been achieved. Identifies any unmet and/or revised goals.</td>
<td>Clearly understands one’s theoretical framework and makes direct connections of this framework to the goals and interventions of this case. Includes at least 1 resource discussing theory in relation to this case. Shows collaboration with the client in developing goals. Understands the difference between short-term and long-term goals and clearly identifies each. Thoroughly summarizes all interventions used. References at least 1 empirical study directly related to the interventions used, and describes how this study influenced one’s work with the client. Describes all changes that have occurred so far and the specific goals that have been achieved. Relates this achievement directly back to theory and interventions. Identifies any unmet and/or revised goals, as well as potential referrals.</td>
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<tr>
<td>Cultural Responsiveness</td>
<td>Does not demonstrate cultural responsiveness to this client. Is unable to identify areas of difference, or does not describe how differences were addressed. Is unable to consider the client’s perception of these differences. Is unable to identify elements of anti-dialogical action at the site. Is unable to provide recommendations for enacting dialogical strategies.</td>
<td>Describe one’s cultural responsiveness to this client. Identifies areas of difference that were addressed, but does not describe all elements of difference that existed between the therapist and the client. Describes general elements of anti-dialogical action observed at the site. Provides recommendations for enacting only some dialogical strategies.</td>
<td>Clearly describes how one was culturally responsive to this client. Describes all areas of difference that existed between the therapist and client, as well as how they were addressed. Describes specific elements of anti-dialogical action observed at the site. Provides recommendations for dialogical strategies.</td>
<td>Clearly demonstrates one’s cultural responsiveness with the client through specific examples and references. Describes all areas of difference that existed between the therapist and client, as well as how they were addressed. Provides specific examples of anti-dialogical action occurring at the site that directly related to client and client’s problem. Provides specific recommendations for enacting dialogical strategies.</td>
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<tr>
<td>Critique of School Site</td>
<td>Is unable to critique all four domains of the school and discuss how the school’s efforts benefit the client. Is unable to critically analyze the areas of systems utilization. Is unable to identify the site’s school counseling program’ strengths and/or areas of improvement. Does not provide any recommendations for areas of improvement.</td>
<td>Provides a critique of the school’s domains, but may not describe all four. May not directly describe how the client benefits from the school’s efforts in these domains. Provides an analysis of systems utilization, but may not address all areas. May identify either strengths or areas of improvement for the site’s school counseling program, but not both. Does not provide recommendations for areas of improvement.</td>
<td>Provides a critique of all four domains and describes how the school’s efforts benefit the client. Provides a critical analysis of all areas of systems utilization. Identifies both strengths and areas of improvement for the site’s school counseling program. Identifies recommendations for how to address areas of improvement.</td>
<td>Provides a thorough and thoughtful critique of all four domains, including specific examples and possibly references. Clearly describes how the school’s efforts in these domains directly benefit the client. Provides a critical analysis of all areas of systems utilization, including specific examples. Identifies strengths for the site’s school counseling program. Identifies areas of improvement for the site’s school counseling program, along with specific recommendations for addressing these areas.</td>
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<tr>
<td>Self-Reflection</td>
<td>Vaguely summarizes overall work with client, and is unable to identify any concrete changes one would have made. Identifies very few feelings, or the feelings do not directly relate to work with this client. Does not identify what learned either personally or professionally, or these things do not directly relate to work with this client.</td>
<td>Summarizes overall work with client. Is unable to identify any changes one would make. Identifies some feelings experienced during the counseling process. Feelings may not be directly related to the work with this client. Is able to identify either personal or professional things learned from working with this client.</td>
<td>Thoughtfully summarizes overall work with client, including any concrete changes one would make. Identifies a variety of feelings experienced during the process of counseling this client. Describe both personal and professional things you learned about yourself as a result of working with this client.</td>
<td>Thoughtfully summarizes overall work with client, and identifies any changes one would implement in the future. Identifies a variety of feelings experienced during the process of counseling this client, and explains how these feelings were addressed. Describes both personal and professional things you learned about yourself as a result of working with this client, and discusses how this knowledge will assist you in your future.</td>
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<tr>
<td>APA Format</td>
<td>There are many errors in APA format, including the Reference Page and citations.</td>
<td>There are errors in APA format that distract from the paper. There are some errors in citations and on the Reference Page.</td>
<td>There are rare errors in APA format, and they do not distract from the paper. All references and citations are correctly written.</td>
<td>There are no errors in APA format, including the Reference Page and citations.</td>
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<tr>
<td>Grammar &amp; Writing Style</td>
<td>There are many errors in spelling, punctuation, verb agreement, point of view changes, and grammar. There is little sentence variation throughout the paper. *Note – if the paper is awkward, unclear, has many grammatical errors, or is not written in a scholarly style, the student may receive NC on the assignment.</td>
<td>There are some errors, but they do not interfere with the purpose of the paper. There is an effort to vary the sentence patterns. Scholarly tone is not evident throughout the paper.</td>
<td>There are few errors. The sentences vary their structure, creating interesting reading. The author maintains a scholarly tone throughout the paper.</td>
<td>There are no errors. The sentences are varied and interesting to the reader. The author displays a command for scholarly writing.</td>
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**Overall Grade (CR/NC):**
STATE CERTIFICATE OF CLEARANCE
(Required for Practicum/Field Study Placement in a School and PPS Credential)
HOW TO APPLY FOR A CERTIFICATE OF CLEARANCE IN TWO EASY STEPS.
You must obtain a Certificate of Clearance issued by the California Commission on Teacher Credentialing (CCTC) in order to obtain a California credential.

FIRST STEP:

☞ Go To: http://www.ctc.ca.gov/help/application/cert-of-clear.html
☞ Click on the link “Credential Leaflet CL-900” under “How do I apply for a Certificate of Clearance?” for instructions
☞ Print three copies of “LiveScan 41-LS form”
☞ Get LiveScanned at one agency, for example:

- The Department of Justice (DOJ), 4949 Broadway, Sacramento, CA (916) 227-3310, Rolling Fee: $10.00. First come, First serve basis: Hours: 7:30am to 3:30pm
- Sacramento State University Police Department, (916) 278-6851 Rolling Fee: $10.00. By appointment only.
  Or
- Contact DOJ at (916) 227-3823 for a referral to a LiveScan service operator in your area.
- There is also a list of LiveScan locations on the CTC Web site

☞ Pay Fees: $32.00 DOJ + $24.00 FBI + Rolling Fee* payable by cashier’s check or money order to the appropriate agency. The rolling fee is determined by the fingerprinting agency.
  *Fees subject to change without notice.

SECOND STEP:

☞ Go To: http://www.ctc.ca.gov/credentials/online-services/default.html
☞ Under “Submit Applications,” click on “Certificate of Clearance Tips” and following the instructions for submitting your application
☞ Before continuing to the fee payment page, print the “Summary, Oath & Affidavit” page
☞ Pay Fee of $37.00 online
☞ Print the confirmation page

**Both Steps Must Be Completed To Process Your Certificate of Clearance**

☞ Please keep copies of all paperwork submitted for your personal records.
Practicum Petition
PETITION TO ENROLL IN PRACTICUM IN COUNSELING (EDC 475), SPRING 2016  
(Page 1)

You must complete this form, attach a copy of unofficial transcripts and proof of liability insurance, and submit to your Specialization Coordinator no later than 5:00 p.m. Friday, December 11, 2015 for enrollment in the Spring 2016 semester. You are also responsible for reading the Practicum Handbook, knowing its contents and the important requirements of the course. All students enrolling in EDC 475 must complete a minimum of 100 clock hours (including 40 direct counseling hours, 2.5 hours of weekly supervision, and other relevant activities). At least 30 hours will be arranged outside of the regularly scheduled class time. The GPSE office will register you in this course.

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<th>Name:</th>
<th>SID (not SSI):</th>
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<tr>
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<td>Email:</td>
<td>Phone:</td>
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I intend to complete EDC 475 to satisfy requirements of my specialization:

(Check one)

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<thead>
<tr>
<th>Career</th>
<th>MCFC</th>
<th>School</th>
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PREREQUISITE VERIFICATION

By signing your initials in the respective boxes below, you are certifying that you HAVE COMPLETED THE PREREQUISITE COURSEWORK for EDC 475. Until you have completed all of the prerequisites with a passing grade, you will be prohibited from enrolling in this practicum course. There will be no exceptions.

<table>
<thead>
<tr>
<th>Prerequisite Course</th>
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<th>School</th>
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<th>Grade</th>
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<tr>
<td>262</td>
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<td>270</td>
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<td>280</td>
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</tbody>
</table>

* Concurrent enrollment is acceptable
Practicum Petition (Page 2)

CONCURRENT ENROLLMENT VERIFICATION

I verify that I will be concurrently enrolled in, or have previously completed, the following courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Specialization</th>
<th>Semester/Year</th>
<th>Student Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDC 252, 262</td>
<td>Career</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDC 252</td>
<td>MCFC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDC 218, 272</td>
<td>School</td>
<td></td>
<td></td>
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</tbody>
</table>

SELECTION OF PRACTICUM PREFERENCES

Please rank your preferences for the EDC 475 sections listed below (e.g., 1st and 2nd choices). Students will be enrolled in practicum sections based on goodness of fit. Therefore, the Counselor Education Program will make every effort to secure your first choice; however, not all first choices are guaranteed, and some practicum sections may fill quickly.

<table>
<thead>
<tr>
<th>Career</th>
<th>MCFC</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ M 9:00 a.m. – 1:30 p.m. Sac High</td>
<td>□ T 5:00-9:30 p.m. CCDS</td>
<td>□ W 9:00 a.m. – 1:30 p.m. Cirby ES</td>
</tr>
<tr>
<td>□ T 10:00 a.m. – 2:30 p.m. NP3 MS</td>
<td>□ M 5:00-9:30 p.m. CCDS</td>
<td>□ W 9:00 a.m. – 1:30 p.m. PS7 ES</td>
</tr>
<tr>
<td>□ W 9:00 a.m. – 1:30 p.m. Grant HS</td>
<td>□ W 5:00-9:30 p.m. CCDS</td>
<td>□ W 1:00 p.m. – 5:30 p.m. Howe ES</td>
</tr>
<tr>
<td></td>
<td>□ F 10:00 a.m.– 2:30 p.m. Success Academy</td>
<td>□ R 12:00 p.m. – 4:30 p.m. Howe ES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ F 9:00 a.m. – 1:30 p.m. Kirchgater ES</td>
</tr>
</tbody>
</table>

*Note: Be sure to select only EDC 475 sections from your assigned specialization.

Note: Students must secure LIABILITY INSURANCE in order to enroll in practicum. Please attach proof of liability insurance to your practicum petition. (See page 8 of the Practicum Handbook for more information.)

Student Approval

I verify that I have completed all of the requirements for enrolling in practicum coursework and agree to abide by all of the requirements of EDC 475 as outlined in the Practicum Handbook.

<table>
<thead>
<tr>
<th>Print Name of Student</th>
<th>Signature of Student</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
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</table>

Specialization Coordinator Approval

<table>
<thead>
<tr>
<th>Signature of Specialization Coordinator</th>
<th>Approval for Practicum Enrollment</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
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</tbody>
</table>