2012-2013 M.S. in Counseling Annual Assessment Report

Counselor Education Program

California State University, Sacramento

1. As a result of last year's assessment effort, have you implemented any changes for your assessment including learning outcomes, assessment plan, assessment tools (methods, rubrics, curriculum map, or key assignment etc.), and/or the university baccalaureate learning goals?

a. If so, what are those changes? How did you implement those changes?

b. How do you know if these changes have achieved the desired results?

c. If no, why not?

The M.S. in Counseling includes three specializations: Career Counseling, Marriage and Family Therapy (MFT), and School Counseling with the embedded Pupil Personnel Services Credential. Students in each specialization complete 45 units of core coursework and 15 units of specialization coursework. As such, we use a streamlined assessment process for all three specializations.

Up until last year, the Counselor Education Program used the Basic Counseling Skills Evaluation form to evaluate all trainees in EDC 280: Practicum in Communication, EDC 475: Practicum, and EDC 480: Field Study. However, this form did not provide a clear assessment of the different learning outcomes for the three specializations. It also did not clearly align with the College of Education conceptual framework: TEACHing for Change. In an effort to provide a clear connection to this framework, as well as directly address the specialization learning outcomes, the Counselor Education Program adopted a new assessment tool for EDC 475: Practicum and EDC 480: Field Study. The program focused on these two classes, as this is when students are counseling clients in the field.

The adopted assessment tool (Counselor Trainee Evaluation) was developed at the Northern California MFT Consortium in consultation with practitioners, trainers, and educators. Therefore, an added benefit of adopting this tool was that assessment across campuses would be uniform, which would assist site supervisors in providing standardized feedback to trainees. The Counselor Education Program adopted the Counselor Trainee Evaluation with no modifications in the assessment of MFT trainees. However, some modification was necessary to develop a separate tool for career and school counseling trainees. The adapted tool follows the same format as the MFT tool, assessing the same competencies, but identifies skills within each competency specific to career and school counselors.

In early fall, the Counselor Education Program hosted a Supervisor Shindig for all university and site supervisors. The shindig provided an opportunity to train all supervisors in how to use the new assessment tools in order to ensure understanding and standardized implementation. Additionally, the online data survey tool used in prior years was no longer available at CSUS. Therefore, supervisors were also introduced to the new survey tool being used this year, Class Climate. As in previous years, the program data analyst sent out a link to the online tool to all supervisors so that data could be entered online.

The Counselor Trainee Evaluation for MFT students has achieved the goal of streamlining the assessment process for our university and site supervisors. It has also allowed

the program to review students' performance in comparison to the learning outcomes and TEACHing for Change framework. However, the Counselor Trainee Evaluation for career and school counseling students needs to be further modified. Site supervisors have stated that the items being measured within each competency still appear to address MFT standards more than career and school counseling standards. This has caused some problems in data collection, as site supervisors have not fully assessed some students in all competency areas.

2. As a result of last year's assessment effort, have you implemented any other changes at the department, the college or the university, including advising, co-curriculum, budgeting and planning?

a. If so, what are those changes? How did you implement those changes?

b. How do you know if these changes have achieved the desired results?

c. If no, why not?

In 2010, the Counselor Education Program adopted a cohort model. This is also when all curriculum changes were implemented in order to align the program with Board of Behavioral Science (BBS) licensing standards. Students who earn their M.S. in Counseling from CSUS are eligible to apply for registration as a Marriage and Family Therapist Intern and/or a Professional Clinical Counselor Intern. Further curriculum and advising changes were implemented this year, as the BBS licensing standards for both licenses (MFT and LPCC) changed on August 1, 2012. Included in these changes was requiring a 3-unit psychopharmacology course and 3-unit crisis or trauma counseling course. Although the MFT specialization already included both of these courses in students' program of study, the career counseling specialization only included one, and the school counseling program did not include either course. Therefore, the counseling program implemented advising changes in order to assist students in all specializations to develop a program of study that would allow for the additional one or two classes to be added into their schedules.

The licensing changes resulted in other program modifications, as well. For instance, the recovery-oriented model of care was integrated into several courses throughout the program. Additionally, the licensing changes allowed for greater collaboration with other programs in the College of Education. Both the M.S. in Vocational Rehabilitation Counseling and M.A. in School Psychology are eligible for the LPCC. However, these programs do not offer some of the coursework required, and so the Counselor Education Program has made an agreement to allow students in these other programs to take the courses necessary for licensure with our students. A secondary benefit of this collaboration is that students in all three programs are now communicating and networking, which is an important step towards consultation after graduation, as well.

Last year's assessment also demonstrated that the Counselor Education Program was struggling with few full-time faculty attempting to meet the needs of over 300 students. Therefore, the program implemented a significant change in deciding not to accept any new

students in the upcoming fall semester. The goal behind this decision was to graduate out our first cohort of students without replacing the numbers in order to more effectively address the advising and instructional needs of our students. At the end of the spring semester, there were only two full-time faculty advising all students, demonstrating that this decision was prudent. In the fall, without accepting any new students, the Counselor Education Program will consist of 4 full-time faculty advising a total of 243 students.

3. What PROGRAM (not course) learning outcome(s) have you assessed this academic year?

Each specialization in the Counselor Education Program has 12-15 learning outcomes. For 2012-2013, the Career Counseling specialization assessed the following learning outcomes:

1. Students will demonstrate a theory base and knowledge of career counseling and development.
2. Students will demonstrate individual and group competencies essential for engaging in career counseling.
3. Students will demonstrate individual and group assessment skills related to career development.

The MFT specialization assessed the following learning outcomes:

1. Students will be able to work effectively with individuals, families, and children.
2. Students will be able to assess, diagnose, and develop treatment plans and implement appropriate interventions.
3. Students will demonstrate competency in marriage, family, and child counseling.

The School Counseling specialization assessed the following learning outcomes:

1. Students will demonstrate effective counseling communication skills.
2. Students will demonstrate effective assessment skills.
3. Students will demonstrate understanding and skills related to the developmental counseling needs at the elementary, middle, and secondary school levels.

4. What method(s)/measure(s) have you used to collect the data?

The Counselor Education Program measures students' progress towards learning outcomes using a variety of skill assessments. Students are assessed twice in their EDC 280: Practicum in Communication course (midterm and final) using the Basic Counseling Skills Evaluation, twice in their EDC 475: Practicum course (midterm and final) using the Counselor

Trainee Evaluation, and twice in their EDC 480: Field Study course (midterm and final) using the Counselor Trainee Evaluation. Assessments completed in EDC 280, EDC 475, and EDC 480 are entered in an online data system, and a hard copy is placed in students' clinical files. Data is then analyzed to compare growth within each semester and between each course. In EDC 480, a qualitative assessment is also used, as students complete a case study that is reviewed by three faculty members. The final assessment takes place in EDC 290: Master's Culminating Examination, when students complete the Counselor Preparation Comprehensive Examination (CPCE). Data from the CPCE is used to assess student performance in each of eight core content areas established by the National Board for Certified Counselors (NBCC) and Council for Accreditation of Counseling & Related Educational Programs (CACREP). Results from the CPCE allow our program to not only assess our students' knowledge of the eight core contents, but to also compare our students' performance to other students nationwide. Therefore, we are able to use this as an assessment measure of our program, as well.

5. What are the criteria and/or standards of performance for the program learning outcome?

EDC 280 instructors record students' progress at midterm and final using the Basic Counseling Skills Evaluation, which was developed by the Counselor Education Program faculty. This evaluation uses a 5-point Likert scale to measure students' performance on 32 items. Although this scale provides an overall assessment of student's counseling skills, the 32 items are also divided into 5 subcategories (i.e., Session Management, Attending, and Facilitation Skills; Goal Setting and Achievement; Theoretical and Other Professional Knowledge; Personal Skills; and Outside of Counseling Sessions) that allow instructors to clearly identify students' strengths and areas for growth. The 32 items used to assess students' counseling skills are evidence-based and identified throughout the field of counseling as those skills necessary to establish a therapeutic relationship with clients that is effective and efficient. In addition to the scale, the evaluation also includes a qualitative assessment in which instructors provide comments regarding their assessment of students' strengths and areas for growth. The evaluation is reviewed by both the supervisor and supervisee, providing students with an opportunity to receive additional feedback and clarification if necessary. A hard copy of this signed evaluation is placed in each student's clinical file, and the data is also entered online in the Class Climate survey created for the program.

EDC 475 and EDC 480 supervisors assess students' progress at the midterm and final using the Counselor Trainee Evaluation. This tool measures 12 competencies: clinical evaluation, crisis management, treatment planning, rapport building, treatment, human diversity, law, ethics, personal qualities, work performance, professionalism, and supervision. Students' skills are measured according to 4 criteria: Fails Standard (0-0.5), Needs Improvement (1-1.5), Meets Standard (2-2.5), and Exceeds Standard (3). The evaluation tool also includes a qualitative

assessment in which supervisors provide comments regarding students' areas of strength, areas in need of further development, and a plan for development or remediation.

Students begin writing their case study during their practicum experience, and continue to develop it over the course of their field study experiences. In EDC 480, students finalize their case study and present it to the class. The case study format is specific to each specialization. This paper is designed to assess students' case conceptualization abilities, as well as writing and communication skills.

The National Board for Certified Counselors (NBCC) developed and administers the CPCE, which is currently used by more than 260 graduate schools as a culminating experience requirement. The CPCE consists of 160 questions and assesses students' knowledge in the eight core content areas established by the NBCC and CACREP: Human Growth and Development, Social and Cultural Foundations, Helping Relationships, Group Work, Career and Lifestyle Development, Appraisal, Research and Program Evaluation, and Professional Orientation and Ethics. The exam includes 20 questions in each of the eight content areas; however, 3 of the 20 questions for each area are experimental. Therefore, the highest score possible on the CPCE is 136. A passing score is one standard deviation below the national mean.

In addition to measuring students' progress toward learning outcomes, the Counselor Education Program also uses a Student Exit Survey to assess the program. The Student Exit Survey is administered in students' last semester as part of their EDC 290 course requirements. The survey is collected using Class Climate, and students' responses are anonymous. Data collected in the survey includes students' perception about their training in a variety of skills/areas, as well as student-faculty relations.

6. What data have you collected? What are the results and findings, including the percentage of students who meet each standard?

a. In what areas are students doing well and achieving the expectations?

b. In what areas do students need improvement?

Career Counseling Specialization – Average Scores

Assessment	Fall 2012	Spring 2013
Basic Counseling Skills Evaluation (EDC 280)	N/A	**Midterm** = 1.32 **Final** = 2.41
Counselor Trainee Evaluation (EDC 475)	**Midterm** = 2.5 **Final** = 3.0	**Midterm** = 2.45 **Final** = 2.786
Counselor Trainee Evaluation (EDC 480)	**Midterm** = 2.83 **Final** = 2.93	No data available

MFT Specialization – Average Scores

Assessment	Fall 2012	Spring 2013
Basic Counseling Skills Evaluation (EDC 280)	N/A	**Midterm** = 1.22 **Final** = 2.64

Counselor Trainee Evaluation (EDC 475)	**Midterm** = 2.67 **Final** = 3.0	**Midterm** = 2.57 **Final** = 2.9
Counselor Trainee Evaluation (EDC 480)	**Midterm** = 2.8 **Final** = 3.0	**Midterm** = 2.75 **Final** = 2.95

School Counseling Specialization – Average Scores

Assessment	Fall 2012	Spring 2013
Basic Counseling Skills Evaluation (EDC 280)	N/A	**Midterm** = 1.60 **Final** = 2.49
Counselor Trainee Evaluation (EDC 475)	**Midterm** = 2.67 **Final** = 2.86	**Midterm** = 2.3 **Final** = 2.66
Counselor Trainee Evaluation (EDC 480)	**Midterm** = 2.71 **Final** = 2.76	**Midterm** = 2.61 **Final** = 2.79

All Specializations – Average Scores

Assessment	Fall 2012	Spring 2013
CPCE (EDC 290)	**CSUS** = 90.33 (N = 24)	**CSUS** = 88.83 (N = 66)
	National = 83.97	**National** = 83.87

EDC 280: Practicum in Communication is only offered in the spring semester. Therefore, we do not have data to report from Fall 2012. Students complete this course in their second semester in the program, and it is the first time that they learn and practice foundational counseling skills. Therefore, although the highest score possible on the Basic Counseling Skills Evaluation is a 5, it is unlikely that any student would achieve this score in their first semester of skills training. It is evident from the average scores above that students in all three specializations improved from midterm to final, with scores approaching 3. Since the rating scale used on this evaluation is 1-5, a 3 marks average. This is what would be expected of students as they prepare to counsel clients in the field in the following year of the program.

In EDC 475: Practicum and EDC 480: Field Study, students in all specializations at both midterm and final averaged a score above 2.0, which is the minimum for "Meets Standard" on the Counselor Trainee Evaluation. Indeed, some specializations averaged at or near 3.0, which is the score for "Exceeds Standard." This data provides evidence that students are progressing from their skills acquired in EDC 280 to becoming effective counselors upon completing EDC 480. As these skills are assessed by practitioners in the field, students' scores demonstrate that they are meeting the standards of the profession.

Students in the Counselor Education Program at CSUS consistently score above the national mean on the CPCE. This was true again for both the Fall 2012 and Spring 2013 semesters. Additionally, every single student enrolled in EDC 280 in both semesters passed the exam. These results, combined with the assessed scores in EDC 280, EDC 475, and EDC 480

demonstrate that students have demonstrated the proposed learning outcomes for all three specializations. This is described in greater detail below.

Career Counseling specialization students demonstrated a theory base and knowledge of career counseling and development as measured by their site supervisors' evaluations of their skills on the Counselor Trainee Evaluation. Additionally, students averaged 12.25 (fall 2012) and 11.59 (spring 2013) on Domain 5: Career & Life Style Development on the CPCE. This was the third highest scoring domain in both semesters. These reports also provide evidence that students in the Career Counseling specialization possess the individual and group competencies essential for engaging in career counseling. Students' individual and group assessment skills related to career development were demonstrated by averaging 10.58 (fall 2012) and 10.83 (spring 2013) on Domain 6: Appraisal on the CPCE. As in Domain 5, these scores were higher than the national mean in each domain for both semesters.

Students in the MFT specialization demonstrated that they are able to effectively work with individuals, families, and children through receiving high scores on the Counselor Trainee Evaluation. Practicing therapists assessed these students, and their scores of "Meets Standard" and "Exceeds Standard" in all competencies demonstrates their competency in marriage, family, and child counseling. Students also demonstrated their ability to assess, diagnose, and develop treatment plans and implement appropriate interventions through receiving a passing grade on the case study in EDC 480. An integral component of the MFT case study is the ability to conduct a biopsychosocial assessment and provide a treatment plan report. As all students received a passing grade, they demonstrated this ability.

School Counseling specialization students demonstrated effective counseling communication skills through averaging "Meets Standard" on all competencies of the Counselor Trainee Evaluation, including "Rapport Building." This competency includes items such as, "consistent demonstration of empathy, creates a safe environment, consistently demonstrates appropriate non-verbal attending skills, and fosters immediacy in the counseling session." Similar to Career Counseling specialization students, students in the School Counseling specialization demonstrated effective assessment skills in Domain 6" Appraisal on the CPCE. Additionally, School Counseling specialization students demonstrated understanding and skills related to the developmental counseling needs at all school levels by averaging 13.04 (fall 2012) and 13.08 (spring 2013) on Domain 1: Human Growth and Development on the CPCE. This was the highest scoring domain both semesters.

Despite our students' high scores on all assessment measures, there are still areas for growth. The lowest scoring domain on the CPCE has consistently been Domain 2: Social & Cultural Foundations. Students averaged 9.38 in the fall and 8.98 in the spring. They still received higher scores than the national average, but it is evident that our students are not as strong in this area as they are in other domains of counseling. The second lowest scoring domain on the CPCE was Domain 7: Research & Program Evaluation. In the fall, students averaged 10.04. In the spring, students averaged 10.05. Similar to Domain 2, this is an area of weakness for our students when compared to their other strengths.

The Student Exit Survey also highlights areas where our students need additional training. Similar to the CPCE results, 62.5% (fall 2012) and 71.6% (spring 2013) of students reported on the Student Exit Survey that training in Statistics and Research Design was not adequate. A large portion, 58.3% (fall 2012) and 74.6% (spring 2013), of students also reported inadequate training in Marriage Counseling. Contrary to expectations, however, students reported that training in Counseling Diverse Populations was very adequate to excellent. This discrepancy in perception and CPCE results warrants further examination. Students overwhelmingly (91.7% in fall, 65.8% in spring) rated their overall training at CSUS to be very adequate to excellent.

7. As a result of this year's assessment effort, do you anticipate or propose any changes for your program (e.g. structures, content, or learning outcomes)?

a. If so, what changes do you anticipate? How do you plan to implement those changes?

b. How do you know if these changes will achieve the desired results?

Assessment during 2012-2013 demonstrated that the Counselor Education Program needs to re-examine its structure for teaching students about multicultural counseling. The program has noted that students who completed the CPCE this spring were involved in taking EDC 210: Multicultural/Ethnic Counseling online. Therefore, our first change is to no longer offer this course in an online format. Indeed, the program recently passed an e-Learning Policy that requires a thorough evaluation and rationale in order to offer any Counselor Education courses in an online or hybrid format. Our aim is that students will engage in the curriculum in more meaningful ways by participating in classes conducted in a traditional in-person format. We will look forward to measuring the results of this change by reviewing students' scores on the CPCE next year.

It is possible that students have not received adequate training in Statistics and Research Design because many of our students have taken their Educational Research course through different program offerings. If the Counselor Education Program is not going to offer its own EDC 250: Educational Research course, then we need to work closely with other programs to ensure that our students are learning material relevant to their profession. Therefore, we will first discuss if our students are better served by offering an EDC 250 course. If we decide not to offer this course, then we will need to make active efforts to collaborate with instructors teaching our students in their research courses. We will assess our progress towards improving students' knowledge in research by reviewing the CPCE scores next year.

Anecdotal data from students has also raised concerns about the Counselor Education's current cohort sequence. Many students were working with children in field study assignments, yet they did not complete EDC 272: Counseling Children and Youth until their last semester in the program. Therefore, the program will review the cohort sequence for each specialization to ensure that students are receiving training at appropriate times in their program. We will not have

a new cohort starting until fall 2014, so we will begin assessing our progress towards this goal at that time.

8. Which program learning outcome(s) do you plan to assess next year? How?

The program learning outcomes for 2013-2014 will be assessed using the same measures we currently use to assess students' progress and program efficacy. These measures include the Counselor Trainee Evaluation, CPCE, Case Study, and Student Exit Survey. We will be phasing out the Basic Counseling Skills Evaluation, as we will not be offering EDC 280 next year since we have not accepted a new cohort.

The Career Counseling specialization will assess the following learning outcomes next year:

1. Students will demonstrate an awareness and understanding of the latest information and resources of career counseling.
2. Students will demonstrate knowledge and skills in providing career counseling to diverse populations.
3. Students will be able to work effectively with and demonstrate sensitivity towards persons from diverse populations.

The MFT specialization will assess the following learning outcomes next year:

1. Students will demonstrate understanding and skills necessary to serve as change agents for families, agencies, institutions, and communities.
2. Students will demonstrate effective counseling communication skills.
3. Students will be able to work effectively with and demonstrate sensitivity towards persons from diverse populations.

The School Counseling specialization will assess the following learning outcomes next year:

1. Students will be able to work effectively with teachers, administrators, school staff, parents, and community members.
2. Students will demonstrate the ability to advocate for students.
3. Students will be able to work effectively with and demonstrate sensitivity towards persons from diverse populations.

Career Counseling Specialization – Projected 5-Year Assessment Plan

Learning Outcomes	Year 1	Year 2	Year 3	Year 4	Year 5
Students will demonstrate a	Counselor Trainee Evaluation (CTE)	Counselor Trainee Evaluation (CTE)	Counselor Trainee Evaluation (CTE)	Counselor Trainee Evaluation (CTE)	Counselor Trainee Evaluation (CTE)

theory base and knowledge of career counseling and development.	– EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	– EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	– EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	– EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	– EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate individual and group competencies essential for engaging in career counseling.	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate individual and group assessment skills related to career development.	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate an awareness and understanding of the latest information and resources of career counseling.		CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate knowledge and skills in providing career counseling to diverse populations.		CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will be able to work effectively with and demonstrate sensitivity towards persons from diverse populations.		CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will be able to develop, plan, implement, and manage			CTE – EDC 475 CTE – EDC 480	CTE – EDC 475 CTE – EDC 480	CTE – EDC 475 CTE – EDC 480

comprehensive career development programs in a variety of settings.			Case Study CPCE Student Exit Survey	Case Study CPCE Student Exit Survey	Case Study CPCE Student Exit Survey
Students will demonstrate knowledge and skills working with individuals and organizations in the areas of coaching, consultation, and performance improvement to impact effectively upon the career counseling and development process.			CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate knowledge and skills to critically evaluate their performance, the maintenance and improvement of skills, and the ability to seek assistance for others when needed in career development.			CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate knowledge of the ethical and legal practice of career counseling.				CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate knowledge and skills in conducting research and evaluation in career counseling and development.				CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate knowledge and skills in using technology to					CTE – EDC 475 CTE – EDC 480 Case Study

assist individuals in career planning.					CPCE Student Exit Survey

MFT Specialization – Projected 5-Year Assessment Plan

Learning Outcomes	Year 1	Year 2	Year 3	Year 4	Year 5
Students will be able to work effectively with individuals, families, and children.	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will be able to assess, diagnose, and develop treatment plans and implement appropriate interventions.	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate competency in marriage, family, and child counseling.	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate understanding and skills necessary to serve as change agents for families, agencies, institutions, and communities.		CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate effective counseling communication skills.		CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey

Students will be able to work effectively with and demonstrate sensitivity towards persons from diverse populations.		CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will meet professional licensure requirements.			CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate a high degree of self-understanding.			CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Student will demonstrate skills and knowledge of ethical and legal practice.			CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate awareness of conceptual and pragmatic aspects of being a marriage, family, and child counselor.				CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate understanding of psychopathology, adaptive and maladaptive behavior, diagnosis, and treatment planning.					CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey

School Counseling Specialization – Projected 5-Year Assessment Plan

Learning Outcomes	Year 1	Year 2	Year 3	Year 4	Year 5
Students will demonstrate effective counseling communication skills.	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	Counselor Trainee Evaluation (CTE) – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate effective assessment skills.	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate understanding and skills related to the developmental counseling needs at the elementary, middle, and secondary school levels.	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will be able to work effectively with teachers, administrators, school staff, parents, and community members.		CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate the ability to advocate for students.		CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will be able to work effectively with and demonstrate sensitivity towards persons from diverse		CTE – EDC 475 CTE – EDC 480 Case Study CPCE	CTE – EDC 475 CTE – EDC 480 Case Study CPCE	CTE – EDC 475 CTE – EDC 480 Case Study CPCE	CTE – EDC 475 CTE – EDC 480 Case Study CPCE

populations.		Student Exit Survey	Student Exit Survey	Student Exit Survey	Student Exit Survey
Students will be able to work in collaboration with community agencies that serve children, youth, and families.			CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate skills to work within the political realities of the school system.			CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will become certified to counsel in K-12 public schools.			CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will be able to act as consultants in schools.				CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
To facilitate the development of counselors with a high degree of self-understanding				CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will demonstrate awareness of the responsibilities of professional school counselors and thereby assist school personnel in the development				CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit	CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit

and maintenance of quality instruction.				Survey	Survey
Students will demonstrate ethical and legal practice.					CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
Students will be able to develop and implement comprehensive school counseling programs that incorporate the national standards for school counseling programs.					CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey
To distinguish between adaptive and maladaptive behavior, and make appropriate referrals.					CTE – EDC 475 CTE – EDC 480 Case Study CPCE Student Exit Survey

California State University, Sacramento - Department of Counselor Education
Student Exit Survey

I. Demographics

A. Degree or Credential earned at Sacramento State University:

1. ❒ Master of Science in Counseling Degree: Year (YYYY):_____

   a. Please check the specialization(s) you earned along with your degree:
   ___Community Counseling ___School Counseling
   ___Career Counseling ___Marriage, Family and Child Counseling

2. ❒ Pupil Personnel Services Credential, School Counseling: Year (YYYY): _____

B. Degree earned at another institution:

1. ❒ Master of Science in _____Year (YYYY): _____
2. ❒ Master of Arts in _____Year (YYYY): _____
3. ❒ Master of Education in _____Year (YYYY): _____
4. ❒ Other (please list): _____Year (YYYY): _____

II. Current Employment

A. Status: ❒ Full time ❒ Part time (*# of hours worked* =_____) ❒ Unemployed ❒ Retired

B. Please list your job title and describe your position:
_____
_____
_____

C. Which **one** of the following best describes your current primary place of employment?

❒ 1. Community Counseling Agency	❒ 8. General Hospital
❒ 2. Elementary or Secondary School	❒ 9. Psychiatric Hospital
❒ 3. College/University Counseling Ctr.	❒ 10. Other Inpatient Facility
❒ 4. College/University Faculty	❒ 11. Criminal Justice
❒ 5. Community/Junior College	❒ 12. Outpatient Clinic
❒ 6. Veteran's Hospital	❒ 13. Independent Practice
❒ 7. HMO	❒ 14. Other (please specify) _____

D. If you have obtained employment in a job related to your degree, please indicate how you heard about this position. Please check all that apply:

❒ 1. Personal contact	❒ 4. Announcement forwarded by department
❒ 2. Professional journal advertisement	❒ 5. Other (please specify)
❒. Professional contact through practicum	_____

E. If you are NOT presently employed in a professional position related to the degree you earned at Sacramento State University, please explain (e.g., currently seeking a relevant position; personal situation or choice; landed more desirable job outside of the profession, etc.):

_____
_____
_____
_____

F. Please estimate the **number** of hours per week you spend in each of the following activities:

❒ 1. Individual counseling	❒ 7. Research/scholarly writing
❒ 2. Group counseling	❒ 8. Teaching
❒ 3. Supervision	❒ 9. Administration
❒ 4. Couples/family counseling	❒ 10. Report writing
❒ 5. Consultation	❒ 11. School-based meetings
❒ 6. Diagnosis/Assessment	❒ 12. Other (please specify) _____

III. Membership in Professional Organizations (please check all that apply)

❒ 1. American Counseling Association (ACA) Please specify ACA division membership: _____	❒ 5. California Career Development Association (CCDA)
❒ 2. American Association for Marriage and Family Therapy (AAMFT)	❒ 6. California Association for Marriage and Family Therapy (CAMFT)
❒ 3. American School Counselor Association (ASCA)	❒ 7. Other (please specify) _____
❒ 4. California Association for Counseling and Development (CACD)	

IV. Licenses, Credentials, and Certifications (please check all that apply)

❒ 1. Nationally Certified Counselor (NCC) Year (YYYY): _____	❒ 4. California Pupil Personnel Services Credential (school counseling only) Year (YYYY): _____
❒ 2. Licensed Marriage and Family Therapist (LMFT) State:____ Year(YYYY): _____	❒ 5. Other (please list) _____ State:____Year (YYYY): _____
❒ 3. Licensed Professional Counselor (or equivalent) State:____Year (YYYY): _____	

V. Achievements, Leadership, Honors, and Service

The list below contains some of the leadership positions, honors, and recognitions that you may have received related to the degree you earned. Please check all that apply, and, in the space below, add any other professional accomplishments or honors that you have received:

❒ 1. Member in Chi Sigma Iota

❒ 2. Leadership in professional organizations (please specify): _____

_____

❒ 3. Scholarships (please specify): _____

_____

❒ 4. Other (please specify): _____

_____

VI. Scholarly Work

The list below contains items related to your research, publications, and other scholarly work. Please circle the number that represents your accomplishments.

1.	National conference presentations	0	1	2	3	4	5	6 to 10	11 or more
2.	Other conference presentations	0	1	2	3	4	5	6 to 10	11 or more
3.	Refereed publications	0	1	2	3	4	5	6 to 10	11 or more
4.	Non-refereed publications	0	1	2	3	4	5	6 to 10	11 or more

5. Other publications or presentations (please describe)

_____

VII. Financial Support

A. Did you receive financial support during your college/certification program at Sacramento State University?
❒ Yes ❒ No

B. If **yes**, what were your sources of support?

_____

C. Please put a check beside the words that best describe the extent to which you felt financially supported by your department

❒ 1. Completely unsupported	❒ 4. Strongly supported
❒ 2. Somewhat unsupported	❒ 5. Very strongly supported
❒ 3. Somewhat supported	

VIII. Training

Listed below are major areas of training in the curricula. Using the scale below, please **circle** the number that best represents your judgment of the preparation you received in the Counseling Program at Sacramento State University (including courses, practicum, and other school experiences).
(Circle N/A if the area of training is not relevant to your career/curriculum.)

	Very inadequate training						Excellent training	
1. Individual counseling	1	2	3	4	5	6	7	NA
2. Group counseling	1	2	3	4	5	6	7	NA
3. Marriage counseling	1	2	3	4	5	6	7	NA
4. Family therapy	1	2	3	4	5	6	7	NA
5. Career counseling	1	2	3	4	5	6	7	NA
6. Psychopathology	1	2	3	4	5	6	7	NA
7. Statistics and research design	1	2	3	4	5	6	7	NA
8. Counseling diverse populations	1	2	3	4	5	6	7	NA
9. Ethical/legal issues	1	2	3	4	5	6	7	NA
10. Assessment	1	2	3	4	5	6	7	NA
11. Broad theoretical knowledge	1	2	3	4	5	6	7	NA
12. Integration of theory, research, & practice	1	2	3	4	5	6	7	NA
13. Professional identity	1	2	3	4	5	6	7	NA
14. Professional research and writing	1	2	3	4	5	6	7	NA
15. Program evaluation	1	2	3	4	5	6	7	NA
16. Consultation skills	1	2	3	4	5	6	7	NA
17. Human development	1	2	3	4	5	6	7	NA
18. Knowledge of current health care market	1	2	3	4	5	6	7	NA
OTHER AREAS								
19. Participation in service to the profession	1	2	3	4	5	6	7	NA
20. Community outreach and education	1	2	3	4	5	6	7	NA
21. Supervision A	1	2	3	4	5	6	7	NA
22. Learning to teach	1	2	3	4	5	6	7	NA
23. Other (please list below)	1	2	3	4	5	6	7	NA
a. _____	1	2	3	4	5	6	7	NA
b. _____	1	2	3	4	5	6	7	NA
24. Overall evaluation of the training you received at CSUS	1	2	3	4	5	6	7	NA

Using the **numbers (1-18)** from the list above, please indicate the three training areas that were the most valuable to you and up to three areas in which you wish that you had received more training.

Most valuable:
1. _____
2. _____
3. _____

Wish I had received more training:
1. _____
2. _____
3. _____

IX. Student-Faculty Relations

Listed below are a variety of items describing relations between students and faculty. Using the scale below, please **circle** the number that represents your experience with the faculty during your training at Sacramento State University.

	Very Poor						Excellent
1. Advising	*1*	*2*	*3*	*4*	*5*	*6*	*7*
2. Respect for diversity	*1*	*2*	*3*	*4*	*5*	*6*	*7*
3. Modeling the value of diversity as an important professional goal	*1*	*2*	*3*	*4*	*5*	*6*	*7*
4. Encouraging the integration of multicultural perspectives and skills into professional roles	*1*	*2*	*3*	*4*	*5*	*6*	*7*
5. Respect for personal/professional boundaries	*1*	*2*	*3*	*4*	*5*	*6*	*7*
6. Assistance in practicum/job placement	*1*	*2*	*3*	*4*	*5*	*6*	*7*
7. Availability to students	*1*	*2*	*3*	*4*	*5*	*6*	*7*
8. Invested in my academic/personal success	*1*	*2*	*3*	*4*	*5*	*6*	*7*
9. Other (please list below)	*1*	*2*	*3*	*4*	*5*	*6*	*7*
a._____	*1*	*2*	*3*	*4*	*5*	*6*	*7*
b._____	*1*	*2*	*3*	*4*	*5*	*6*	*7*
c. _____	*1*	*2*	*3*	*4*	*5*	*6*	*7*

X. Suggestions

What were the best things about your classes/degree program at CSUS?

What changes would you suggest in the classes/degree program at CSUS?

Thank you very much for your very important input!

California State University, Sacramento
Counselor Trainee Practicum Evaluation Form

Student Name: _____ University Supervisor: _____

Specialization ☐ Career ☐ MFT ☐ School Course: EDC 475

Site: _____ Site Supervisor: _____

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

How Competency was Assessed. Check all that apply.	**Competency Expectations:** **(For school use)**
A. ☐ Direct Observation B. ☐ Video C. ☐ Audio D. ☐ Supervisory Discussion E. ☐ Review of Written Reports F. ☐ Feedback from others G. ☐ 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 **Instructions: Check all boxes that apply within each Competency area and rank student where majority of boxes are checked.**	Note: If student "Fails Standard" or "Needs Improvement", please explain in the "Comments" box for that Competency.

COMPETENCY 1: Clinical Evaluation			
Needs much guidance in ☐ identifying presenting problems and effective treatment interventions, ☐ identifying client strengths, ☐ Reflecting feelings and content accurately, ☐ identifying themes and enlarging the meaning for the client, ☐ Returning responsibility to client and encouraging decision-making, and ☐ Setting limits appropriately.	☐ Can identify presenting problems, patterns of behavior, and effective treatment interventions with guidance. ☐ Does not always identify risks and self-destructive behaviors. ☐ Sometimes misses client 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. ☐ Does not always return responsibility to client and encourage decision-making. ☐ Beginning to set limits appropriately.	☐ Generally good at identifying presenting problems, patterns of behavior, and effective treatment interventions. ☐ Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. ☐ Routinely assesses client strengths and coping skills. ☐ Generally reflects client's feelings and content accurately and with appropriate frequency. ☐ Can identify themes and enlarge the meaning for the client. ☐ Routinely returns responsibility to client and encourages decision-making. ☐ Generally sets limits appropriately.	☐ Consistently excels at identifying presenting problems, patterns of behavior, and effective treatment interventions. ☐ Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. ☐ Routinely assesses client strengths and coping skills. ☐ Reflects client's feelings and content accurately and with appropriate frequency. ☐ Consistently identifies themes and enlarges the meaning for the client. ☐ Routinely returns responsibility to client and encourages decision-making. ☐ Sets limits appropriately.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 2: Crisis Management			
☐ 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.	☐ 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.	☐ 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.	☐ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 3: Treatment Planning			
☐ Inadequate knowledge of principles of clinically appropriate theory. ☐ Demonstrates very little or no knowledge of professional literature related to client concerns/issues. ☐ Difficulty in identifying stages of treatment and imposes treatment goals. ☐ 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.	☐ Often needs help demonstrating knowledge of principles of clinically appropriate theory. ☐ Demonstrates little knowledge of professional literature related to client concerns/issues. ☐ Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. ☐ Often needs help recognizing the need for referral for appropriate services and resources.	☐ Generally good demonstration of awareness of principles of clinically appropriate theory. ☐ Demonstrates knowledge of professional literature related to client concerns/issues. ☐ Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. ☐ Recognizes the need for referral—sometimes needing guidance—for appropriate services and resources.	☐ Consistent demonstration of awareness of principles of clinically appropriate theory. ☐ Demonstrates strong knowledge of professional literature related to client concerns/issues. ☐ Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. ☐ Recognizes the need for referral and identifies appropriate services and resources.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 4: Rapport Building			
☐ Inadequate in developing empathy and sometimes is not aware of empathy's importance. ☐ Does not create a safe environment. ☐ Is unaware of how one's own biases affect treatment outcomes. ☐ Does not demonstrate appropriate non-verbal attending skills. ☐ Does not foster specific and concrete (rather than general and abstract) communication. ☐ Inadequate in fostering immediacy in the counseling session. ☐ Does not encourage the client as appropriate. ☐ Inadequate in reflecting discrepancies in client communication.	☐ Often does not develop empathy. ☐ Needs help in creating a safe environment and understanding the problem from the client's perspective. ☐ Does not always develop trust with clients and often imposes one's own biases. ☐ Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance. ☐ Does not consistently demonstrate appropriate non-verbal attending skills. ☐ Does not always foster specific and concrete (rather than general and abstract) communication. ☐ Needs help to foster immediacy in the counseling session. ☐ Sometimes misses moments to encourage the client appropriately. ☐ Needs help to reflect discrepancies in client communication.	☐ Generally good at developing empathy. ☐ Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. ☐ Is adequate in developing trust with clients but sometimes needs to keep biases in check. ☐ Is developing the ability to control one's emotions. ☐ Sometimes proceeds to treatment before trust is fully developed. ☐ Generally demonstrates appropriate non-verbal attending skills. ☐ Fosters specific and concrete (rather than general and abstract) communication. ☐ Generally fosters immediacy in the counseling session. ☐ Encourages the client as appropriate. ☐ Is beginning to reflect discrepancies in client communication.	☐ Consistent demonstration of empathy. ☐ Creates a safe environment by understanding the problem from the client's perspective. ☐ Consistently in control of one's emotions and assesses for trust. ☐ Consistently demonstrates appropriate non-verbal attending skills. ☐ Fosters specific and concrete (rather than general and abstract) communication. ☐ Fosters immediacy in the counseling session. ☐ Encourages the client as appropriate. ☐ Confidently reflects discrepancies in client communication.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 5: Treatment			
☐ Unable to apply many therapeutic principles.	☐ Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Needs help in evaluating client's coping skills to determine timing of interventions. ☐ Needs guidance in modifying the treatment process based upon therapeutic progress. ☐ Poor at case management-related issues. ☐ Needs guidance in recognizing and addressing resistance. ☐ Moves either too slowly or too quickly for the client. ☐ Needs help in identifying appropriate termination and transition from treatment.	☐ Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Is adequate at explaining treatments to clients. ☐ Good in evaluating client's coping skills to determine timing of interventions. ☐ Good in modifying the treatment process by monitoring therapeutic progress. ☐ Adequate at case management-related issues. ☐ Adequately recognizes and addresses resistance. ☐ Moves neither too slowly nor too quickly for the client. ☐ Good in developing a plan for termination with client to provide a transition from treatment.	☐ Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Very good skills in explaining treatments in ways clients can understand. ☐ Consistent in evaluating client's coping skills to determine timing of interventions. ☐ Consistent in modifying the treatment process by monitoring therapeutic progress. ☐ Good at case management-related issues. ☐ Recognizes and effectively addresses resistance. ☐ Moves neither too slowly nor too quickly for the client. ☐ Consistent in developing a plan for termination with client to provide a transition from treatment.
0 .5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 6: Human Diversity			
☐ Unable to understand the importance of issues of diversity. ☐ Is unaware of elements of difference and how these differences may influence the counseling relationship.	☐ 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. ☐ Is able to provide 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.	☐ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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. ☐ Does not always adhere to ACA and ASCA Ethical Standards, both in and out of counseling sessions.	☐ 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. ☐ Generally adheres to ACA and ASCA Ethical Standards, both in and out of counseling sessions.	☐ 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. ☐ Adheres to ACA and ASCA Ethical Standards, both in and out of counseling sessions.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 9: Personal Qualities			
☐ Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. ☐ Has demonstrated lapses in oral and written communication skills. ☐ Does not show tolerance of stress and discomfort (of own feelings and client's). ☐ Does not demonstrate appropriate self-assurance, confidence, and trust in own ability.	☐ Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. ☐ Needs improvement in oral and written communication skills. ☐ Needs improvement in tolerating stress and discomfort (of own feelings and client's). ☐ Does not always demonstrate appropriate self-assurance, confidence, and trust in own ability.	☐ Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. ☐ Generally acceptable oral and written communication skills. ☐ Generally shows tolerance of stress and discomfort (of own feelings and client's). ☐ Generally demonstrates appropriate self-assurance, confidence, and trust in own ability.	☐ Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. ☐ Consistently demonstrated good oral and written communication skills. ☐ Consistently shows tolerance of stress and discomfort (of own feelings and client's). ☐ Consistently demonstrates appropriate self-assurance, confidence, and trust in own ability.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 10: Work Performance			
☐ Does not demonstrate professional work performance.	☐ Does not always maintain orderly paperwork and sometimes skirts agency policies.	☐ Maintains timely and orderly paperwork and adheres to agency policies.	☐ Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 11: Professionalism			
☐ Does not demonstrate professionalism in the work setting.	☐ Needs improvement in punctuality, responsibility, and relationship with professional colleagues. ☐ Needs improvement with respect to appearance in counseling setting. ☐ Is not involved much with the agency or its needs. ☐ Is not very aware of the need for self-care.	☐ Acceptable demonstration of punctuality, responsibility, and relationship with professional colleagues. ☐ Appearance is appropriate to counseling setting. ☐ Acceptable involvement with the agency. ☐ Is developing the understanding of the importance of self-care.	☐ Consistently demonstrates punctuality, responsibility, and relationship with professional colleagues. ☐ Consistently demonstrates proper appearance appropriate to counseling setting. ☐ Understands and is appropriately involved with the agency and the agency's needs. ☐ Has the ability to understand the need for self-care as it relates to effective clinical practice.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

Overall Assessment			
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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 at your site?

Yes ☐ No ☐

If yes, please explain here:

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

University Supervisor Signature: _____ Date: _____

California State University, Sacramento: Counselor Education Program **FORM 6**
EDC 480 Counselor Trainee FINAL EVALUATION: MFT Specialization
Completed by On-Site Supervisor

Instructions:

1. Thoughtfully complete this evaluation. Please be sure to circle the appropriate score for each competency.
2. Meet face-to-face with the student to review and discuss the evaluation.
3. Sign and date the evaluation with the student present and make copies for the student and yourself.
4. Have the student submit the "original" evaluation to their University Supervisor (seminar instructor) by the deadline.

Name of Student	Specialization(s)	Dates of Placement	
		From:	To:

Field Study Site	
Name of Field Site	
Address	
Type of Facility	
On-Site Supervisor Information: Name	
Title/Position	
License/Credential and Number	
Phone/E-mail	

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):

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 Expectations:
(For school use)

Note: If student "Fails Standard" or "Needs Improvement", please explain in the "Comments" box for that Competency.

COMPETENCY 1: Clinical Evaluation			
Needs much guidance in ❒ identifying presenting problems, ❒ identifying client strengths, and ❒ identifying possible substance abuse, and ❒ in connecting presenting problem to DSM diagnoses.	❒ Can identify treatment unit, presenting problems, and patterns of behavior with guidance. ❒ Does not always identify risks and self-destructive behaviors. ❒ Sometimes misses client 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.	❒ Generally 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 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. ❒ Connects presenting problem with DSM diagnosis and identifies possible comorbid disorders. ❒ Can identify elements relevant to making prognostic predictions.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 2: Crisis Management			
❒ 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.	❒ 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.	❒ 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.	❒ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 3: Treatment Planning			
❒ Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory. ❒ Difficulty in identifying stages of treatment and imposes treatment goals. ❒ 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.	❒ Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory. ❒ Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. ❒ Often needs help recognizing the need for referral for appropriate services and resources.	❒ Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. ❒ Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. ❒ Recognizes the need for referral—sometimes needing guidance—for appropriate services and resources.	❒ Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. ❒ Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. ❒ Recognizes the need for referral and identifies appropriate services and resources.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 4: Rapport Building			
❒ Inadequate in developing empathy and sometimes is not aware of empathy's importance. ❒ Does not create a safe environment. ❒ Is unaware of how one's own biases affect treatment outcomes.	❒ Often does not develop empathy. ❒ Needs help in creating a safe environment and understanding the problem from the client's perspective. ❒ Does not always develop trust with clients and often imposes one's own biases. ❒ Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance.	❒ Generally good at developing empathy. ❒ Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. ❒ Is adequate in developing trust with clients but sometimes needs to keep biases in check. ❒ Is developing the ability to control one's emotions. ❒ Sometimes proceeds to treatment before trust is fully developed.	❒ Consistent demonstration of empathy. ❒ Creates a safe environment by understanding the problem from the client's perspective. ❒ Consistently in control of one's emotions and assesses for trust.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 5: Treatment			
❒ Unable to apply any therapeutic principles.	❒ Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ❒ Needs help in evaluating client's coping skills to determine timing of interventions. ❒ Needs guidance in modifying the treatment process based upon therapeutic progress. ❒ Poor at case management-related issues. ❒ Needs help in identifying appropriate termination and transition from treatment.	❒ Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ❒ Is adequate at explaining treatments to clients. ❒ Good in evaluating client's coping skills to determine timing of interventions. ❒ Good in modifying the treatment process by monitoring therapeutic progress. ❒ Adequate at case management-related issues. ❒ Good in developing a plan for termination with client to provide a transition from treatment.	❒ Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ❒ Very good skills in explaining treatments in ways clients can understand. ❒ Consistent in evaluating client's coping skills to determine timing of interventions. ❒ Consistent in modifying the treatment process by monitoring therapeutic progress. ❒ Good at case management-related issues. ❒ Consistent in developing a plan for termination with client to provide a transition from treatment.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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. ❒ Is able to provide 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.	❒ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 9: Personal Qualities			
❒ Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. ❒ Has demonstrated lapses in oral and written communication skills.	❒ Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. ❒ Needs improvement in oral and written communication skills.	❒ Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. ❒ Generally acceptable oral and written communication skills.	❒ Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. ❒ Consistently demonstrated good oral and written communication skills.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 10: Work Performance			
❒ Does not demonstrate professional work performance.	❒ Is inconsistent in punctuality, responsibility, appearance appropriate to clinical setting, and relationship with professional colleagues. ❒ Does not always maintain orderly paperwork and sometimes skirts agency policies.	❒ Maintains timely and orderly paperwork and adheres to agency policies.	❒ Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 11: Professionalism			
❒ Does not demonstrate professionalism in the work setting.	❒ Needs improvement in punctuality, responsibility, and relationship with professional colleagues. ❒ Needs improvement with respect to appearance in counseling setting. ❒ Is not involved much with the agency or its needs. ❒ Is not very aware of the need for self-care.	❒ Acceptable demonstration of punctuality, responsibility, and relationship with professional colleagues. ❒ Appearance appropriate to counseling setting. ❒ Acceptable involvement with the agency. ❒ Is developing the understanding of the importance of self-care.	❒ Consistently demonstrates punctuality, responsibility, and relationship with professional colleagues. ❒ Consistently demonstrates proper appearance appropriate to counseling setting. ❒ Understands and is appropriately involved with the agency and the agency's needs. ❒ Has the ability to understand the need for self-care as it relates to effective clinical practice.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 12: Supervision			
❒ Resistant to supervision and does not make improvements after repeated input from supervisor.	❒ 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 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.	❒ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

Overall Assessment			
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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: _____

Student's Comments *(optional)*:

University 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:

Individual Therapy: _____ Hours

Couple, Family & Child Therapy: _____ Hours*

Group Therapy/Counseling: _____ Hours

Telemedicine: _____ Hours

Client Centered Advocacy: _____ Hours

**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:

Individual Supervision: _____ Hours

Group Supervision: _____ Hours

Workshops, seminars, or trainings: _____ Hours

The clinical supervisor met, reviewed and discussed this evaluation with the student. **Yes ❒** **No ❒**
If No, please explain:

_____

_____

Is the student at risk at this time of not satisfactorily completing his/her Field Study hours/units at your site?

Yes ☐ No ☐

If yes, please explain here:

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

University Supervisor Signature: _____ Date: _____

California State University, Sacramento: Counselor Education Program **FORM 6**
EDC 480 Counselor Trainee FINAL EVALUATION: Career and School Specializations
Completed by On-Site Supervisor

Instructions:

1. Thoughtfully complete this evaluation. Please be sure to circle the appropriate score for each competency.
2. Meet face-to-face with the student to review and discuss the evaluation.
3. Sign and date the evaluation with the student present and make copies for the student and yourself.
4. Have the student submit the original evaluation to his/her University Supervisor (seminar instructor) by the deadline.

Name of Student	Specialization(s)	Dates of Placement	
		From:	To:

Field Study Site	
Name of Field Site	
Address	
Type of Facility	
On-Site Supervisor Information: Name	
Title/Position	
License/Credential and Number	
Phone/E-mail	

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):

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 Expectations:
(For school use)

Note: If student "Fails Standard" or "Needs Improvement," please explain in the "Comments" box for that Competency.

COMPETENCY 1: Clinical Evaluation			
Needs much guidance in ☐ identifying presenting problems and effective treatment interventions, ☐ identifying client strengths, ☐ Reflecting feelings and content accurately, ☐ identifying themes and enlarging the meaning for the client, ☐ Returning responsibility to client and encouraging decision-making, and ☐ Setting limits appropriately.	☐ Can identify presenting problems, patterns of behavior, and effective treatment interventions with guidance. ☐ Does not always identify risks and self-destructive behaviors. ☐ Sometimes misses client 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. ☐ Does not always return responsibility to client and encourage decision-making. ☐ Beginning to set limits appropriately.	☐ Generally good at identifying presenting problems, patterns of behavior, and effective treatment interventions. ☐ Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. ☐ Routinely assesses client strengths and coping skills. ☐ Generally reflects client's feelings and content accurately and with appropriate frequency. ☐ Can identify themes and enlarge the meaning for the client. ☐ Routinely returns responsibility to client and encourages decision-making. ☐ Generally sets limits appropriately.	☐ Consistently excels at identifying presenting problems, patterns of behavior, and effective treatment interventions. ☐ Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. ☐ Routinely assesses client strengths and coping skills. ☐ Reflects client's feelings and content accurately and with appropriate frequency. ☐ Consistently identifies themes and enlarges the meaning for the client. ☐ Routinely returns responsibility to client and encourages decision-making. ☐ Sets limits appropriately.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 2: Crisis Management			
☐ 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.	☐ 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.	☐ 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.	☐ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 3: Treatment Planning			
☐ Inadequate knowledge of principles of clinically appropriate theory. ☐ Demonstrates very little or no knowledge of professional literature related to client concerns/issues. ☐ Difficulty in identifying stages of treatment and imposes treatment goals. ☐ 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.	☐ Often needs help demonstrating knowledge of principles of clinically appropriate theory. ☐ Demonstrates little knowledge of professional literature related to client concerns/issues. ☐ Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. ☐ Often needs help recognizing the need for referral for appropriate services and resources.	☐ Generally good demonstration of awareness of principles of clinically appropriate theory. ☐ Demonstrates knowledge of professional literature related to client concerns/issues. ☐ Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. ☐ Recognizes the need for referral—sometimes needing guidance—for appropriate services and resources.	☐ Consistent demonstration of awareness of principles of clinically appropriate theory. ☐ Demonstrates strong knowledge of professional literature related to client concerns/issues. ☐ Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. ☐ Recognizes the need for referral and identifies appropriate services and resources.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 4: Rapport Building			
☐ Inadequate in developing empathy and sometimes is not aware of empathy's importance. ☐ Does not create a safe environment. ☐ Is unaware of how one's own biases affect treatment outcomes. ☐ Does not demonstrate appropriate non-verbal attending skills. ☐ Does not foster specific and concrete (rather than general and abstract) communication. ☐ Inadequate in fostering immediacy in the counseling session. ☐ Does not encourage the client as appropriate. ☐ Inadequate in reflecting discrepancies in client communication.	☐ Often does not develop empathy. ☐ Needs help in creating a safe environment and understanding the problem from the client's perspective. ☐ Does not always develop trust with clients and often imposes one's own biases. ☐ Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance. ☐ Does not consistently demonstrate appropriate non-verbal attending skills. ☐ Does not always foster specific and concrete (rather than general and abstract) communication. ☐ Needs help to foster immediacy in the counseling session. ☐ Sometimes misses moments to encourage the client appropriately. ☐ Needs help to reflect discrepancies in client communication.	☐ Generally good at developing empathy. ☐ Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. ☐ Is adequate in developing trust with clients but sometimes needs to keep biases in check. ☐ Is developing the ability to control one's emotions. ☐ Sometimes proceeds to treatment before trust is fully developed. ☐ Generally demonstrates appropriate non-verbal attending skills. ☐ Fosters specific and concrete (rather than general and abstract) communication. ☐ Generally fosters immediacy in the counseling session. ☐ Encourages the client as appropriate. ☐ Is beginning to reflect discrepancies in client communication.	☐ Consistent demonstration of empathy. ☐ Creates a safe environment by understanding the problem from the client's perspective. ☐ Consistently in control of one's emotions and assesses for trust. ☐ Consistently demonstrates appropriate non-verbal attending skills. ☐ Fosters specific and concrete (rather than general and abstract) communication. ☐ Fosters immediacy in the counseling session. ☐ Encourages the client as appropriate. ☐ Confidently reflects discrepancies in client communication.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 5: Treatment			
☐ Unable to apply many therapeutic principles.	☐ Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Needs help in evaluating client's coping skills to determine timing of interventions. ☐ Needs guidance in modifying the treatment process based upon therapeutic progress. ☐ Poor at case management-related issues. ☐ Needs guidance in recognizing and addressing resistance. ☐ Moves either too slowly or too quickly for the client. ☐ Needs help in identifying appropriate termination and transition from treatment.	☐ Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Is adequate at explaining treatments to clients. ☐ Good in evaluating client's coping skills to determine timing of interventions. ☐ Good in modifying the treatment process by monitoring therapeutic progress. ☐ Adequate at case management-related issues. ☐ Adequately recognizes and addresses resistance. ☐ Moves neither too slowly nor too quickly for the client. ☐ Good in developing a plan for termination with client to provide a transition from treatment.	☐ Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Very good skills in explaining treatments in ways clients can understand. ☐ Consistent in evaluating client's coping skills to determine timing of interventions. ☐ Consistent in modifying the treatment process by monitoring therapeutic progress. ☐ Good at case management-related issues. ☐ Recognizes and effectively addresses resistance. ☐ Moves neither too slowly nor too quickly for the client. ☐ Consistent in developing a plan for termination with client to provide a transition from treatment.
0 .5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 6: Human Diversity			
☐ Unable to understand the importance of issues of diversity. ☐ Is unaware of elements of difference and how these differences may influence the counseling relationship.	☐ 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. ☐ Is able to provide 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.	☐ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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. ☐ Does not always adhere to ACA and ASCA Ethical Standards, both in and out of counseling sessions.	☐ 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. ☐ Generally adheres to ACA and ASCA Ethical Standards, both in and out of counseling sessions.	☐ 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. ☐ Adheres to ACA and ASCA Ethical Standards, both in and out of counseling sessions.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 9: Personal Qualities			
☐ Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. ☐ Has demonstrated lapses in oral and written communication skills. ☐ Does not show tolerance of stress and discomfort (of own feelings and client's). ☐ Does not demonstrate appropriate self-assurance, confidence, and trust in own ability.	☐ Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. ☐ Needs improvement in oral and written communication skills. ☐ Needs improvement in tolerating stress and discomfort (of own feelings and client's). ☐ Does not always demonstrate appropriate self-assurance, confidence, and trust in own ability.	☐ Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. ☐ Generally acceptable oral and written communication skills. ☐ Generally shows tolerance of stress and discomfort (of own feelings and client's). ☐ Generally demonstrates appropriate self-assurance, confidence, and trust in own ability.	☐ Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. ☐ Consistently demonstrated good oral and written communication skills. ☐ Consistently shows tolerance of stress and discomfort (of own feelings and client's). ☐ Consistently demonstrates appropriate self-assurance, confidence, and trust in own ability.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 10: Work Performance			
☐ Does not demonstrate professional work performance.	☐ Does not always maintain orderly paperwork and sometimes skirts agency policies.	☐ Maintains timely and orderly paperwork and adheres to agency policies.	☐ Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 11: Professionalism			
☐ Does not demonstrate professionalism in the work setting.	☐ Needs improvement in punctuality, responsibility, and relationship with professional colleagues. ☐ Needs improvement with respect to appearance in counseling setting. ☐ Is not involved much with the agency or its needs. ☐ Is not very aware of the need for self-care.	☐ Acceptable demonstration of punctuality, responsibility, and relationship with professional colleagues. ☐ Appearance is appropriate to counseling setting. ☐ Acceptable involvement with the agency. ☐ Is developing the understanding of the importance of self-care.	☐ Consistently demonstrates punctuality, responsibility, and relationship with professional colleagues. ☐ Consistently demonstrates proper appearance appropriate to counseling setting. ☐ Understands and is appropriately involved with the agency and the agency's needs. ☐ Has the ability to understand the need for self-care as it relates to effective clinical practice.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

Overall Assessment			
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard

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 Field Study hours/units at your site?

Yes ☐ No ☐

If yes, please explain here:

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

University Supervisor Signature: _____ Date: _____

California State University, Sacramento: Counselor Education Program **FORM 5**
EDC 480 Counselor Trainee MIDTERM EVALUATION: MFT Specialization
Completed by On-Site Supervisor

Instructions:

1. Thoughtfully complete this evaluation. Please be sure to circle the appropriate score for each competency.
2. Meet face-to-face with the student to review and discuss the evaluation.
3. Sign and date the evaluation with the student present and make copies for the student and yourself.
4. Have the student submit the "original" evaluation to their University Supervisor (seminar instructor) by the deadline.

Name of Student	Specialization(s)	Dates of Placement	
		From:	To:

Field Study Site	
Name of Field Site	
Address	
Type of Facility	
On-Site Supervisor Information: Name	
Title/Position	
License/Credential and Number	
Phone/E-mail	

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):

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 Expectations:
(For school use)

Note: If student "Fails Standard" or "Needs Improvement", please explain in the "Comments" box for that Competency.

COMPETENCY 1: Clinical Evaluation			
Needs much guidance in ❒ identifying presenting problems, ❒ identifying client strengths, and ❒ identifying possible substance abuse, and ❒ in connecting presenting problem to DSM diagnoses.	❒ Can identify treatment unit, presenting problems, and patterns of behavior with guidance. ❒ Does not always identify risks and self-destructive behaviors. ❒ Sometimes misses client 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.	❒ Generally 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 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. ❒ Connects presenting problem with DSM diagnosis and identifies possible comorbid disorders. ❒ Can identify elements relevant to making prognostic predictions.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 2: Crisis Management			
❒ 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.	❒ 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.	❒ 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.	❒ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 3: Treatment Planning			
❒ Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory. ❒ Difficulty in identifying stages of treatment and imposes treatment goals. ❒ 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.	❒ Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory. ❒ Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. ❒ Often needs help recognizing the need for referral for appropriate services and resources.	❒ Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. ❒ Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. ❒ Recognizes the need for referral—sometimes needing guidance—for appropriate services and resources.	❒ Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. ❒ Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. ❒ Recognizes the need for referral and identifies appropriate services and resources.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 4: Rapport Building			
❒ Inadequate in developing empathy and sometimes is not aware of empathy's importance. ❒ Does not create a safe environment. ❒ Is unaware of how one's own biases affect treatment outcomes.	❒ Often does not develop empathy. ❒ Needs help in creating a safe environment and understanding the problem from the client's perspective. ❒ Does not always develop trust with clients and often imposes one's own biases. ❒ Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance.	❒ Generally good at developing empathy. ❒ Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. ❒ Is adequate in developing trust with clients but sometimes needs to keep biases in check. ❒ Is developing the ability to control one's emotions. ❒ Sometimes proceeds to treatment before trust is fully developed.	❒ Consistent demonstration of empathy. ❒ Creates a safe environment by understanding the problem from the client's perspective. ❒ Consistently in control of one's emotions and assesses for trust.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 5: Treatment			
❒ Unable to apply any therapeutic principles.	❒ Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ❒ Needs help in evaluating client's coping skills to determine timing of interventions. ❒ Needs guidance in modifying the treatment process based upon therapeutic progress. ❒ Poor at case management-related issues. ❒ Needs help in identifying appropriate termination and transition from treatment.	❒ Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ❒ Is adequate at explaining treatments to clients. ❒ Good in evaluating client's coping skills to determine timing of interventions. ❒ Good in modifying the treatment process by monitoring therapeutic progress. ❒ Adequate at case management-related issues. ❒ Good in developing a plan for termination with client to provide a transition from treatment.	❒ Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ❒ Very good skills in explaining treatments in ways clients can understand. ❒ Consistent in evaluating client's coping skills to determine timing of interventions. ❒ Consistent in modifying the treatment process by monitoring therapeutic progress. ❒ Good at case management-related issues. ❒ Consistent in developing a plan for termination with client to provide a transition from treatment.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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. ❒ Is able to provide 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.	❒ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 9: Personal Qualities			
❒ Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. ❒ Has demonstrated lapses in oral and written communication skills.	❒ Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. ❒ Needs improvement in oral and written communication skills.	❒ Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. ❒ Generally acceptable oral and written communication skills.	❒ Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. ❒ Consistently demonstrated good oral and written communication skills.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 10: Work Performance			
❒ Does not demonstrate professional work performance.	❒ Is inconsistent in punctuality, responsibility, appearance appropriate to clinical setting, and relationship with professional colleagues. ❒ Does not always maintain orderly paperwork and sometimes skirts agency policies.	❒ Maintains timely and orderly paperwork and adheres to agency policies.	❒ Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 11: Professionalism			
❒ Does not demonstrate professionalism in the work setting.	❒ Needs improvement in punctuality, responsibility, and relationship with professional colleagues. ❒ Needs improvement with respect to appearance in counseling setting. ❒ Is not involved much with the agency or its needs. ❒ Is not very aware of the need for self-care.	❒ Acceptable demonstration of punctuality, responsibility, and relationship with professional colleagues. ❒ Appearance appropriate to counseling setting. ❒ Acceptable involvement with the agency. ❒ Is developing the understanding of the importance of self-care.	❒ Consistently demonstrates punctuality, responsibility, and relationship with professional colleagues. ❒ Consistently demonstrates proper appearance appropriate to counseling setting. ❒ Understands and is appropriately involved with the agency and the agency's needs. ❒ Has the ability to understand the need for self-care as it relates to effective clinical practice.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 12: Supervision			
❒ Resistant to supervision and does not make improvements after repeated input from supervisor.	❒ 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 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.	❒ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

Overall Assessment			
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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: _____

Student's Comments *(optional)*:

University 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:

Individual Therapy: _____ Hours

Couple, Family & Child Therapy: _____ Hours*

Group Therapy/Counseling: _____ Hours

Telemedicine: _____ Hours

Client Centered Advocacy: _____ Hours

**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:

Individual Supervision: _____ Hours

Group Supervision: _____ Hours

Workshops, seminars, or trainings: _____ Hours

The clinical supervisor met, reviewed and discussed this evaluation with the student. **Yes ❒** **No ❒**
If No, please explain:

_____

_____

Is the student at risk at this time of not satisfactorily completing his/her Field Study hours/units at your site?

Yes ☐ No ☐

If yes, please explain here:

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

University Supervisor Signature: _____ Date: _____

California State University, Sacramento: Counselor Education Program **FORM 5**
EDC 480 Counselor Trainee MIDTERM EVALUATION: Career and School Specializations
Completed by On-Site Supervisor

Instructions:

1. Thoughtfully complete this evaluation. Please be sure to circle the appropriate score for each competency.
2. Meet face-to-face with the student to review and discuss the evaluation.
3. Sign and date the evaluation with the student present and make copies for the student and yourself.
4. Have the student submit the original evaluation to his/her University Supervisor (seminar instructor) by the deadline.

Name of Student	Specialization(s)	Dates of Placement	
		From:	To:

Field Study Site	
Name of Field Site	
Address	
Type of Facility	
On-Site Supervisor Information: Name	
Title/Position	
License/Credential and Number	
Phone/E-mail	

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):

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 Expectations:
(For school use)

Note: If student "Fails Standard" or "Needs Improvement," please explain in the "Comments" box for that Competency.

COMPETENCY 1: Clinical Evaluation			
Needs much guidance in ☐ identifying presenting problems and effective treatment interventions, ☐ identifying client strengths, ☐ Reflecting feelings and content accurately, ☐ identifying themes and enlarging the meaning for the client, ☐ Returning responsibility to client and encouraging decision-making, and ☐ Setting limits appropriately.	☐ Can identify presenting problems, patterns of behavior, and effective treatment interventions with guidance. ☐ Does not always identify risks and self-destructive behaviors. ☐ Sometimes misses client 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. ☐ Does not always return responsibility to client and encourage decision-making. ☐ Beginning to set limits appropriately.	☐ Generally good at identifying presenting problems, patterns of behavior, and effective treatment interventions. ☐ Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. ☐ Routinely assesses client strengths and coping skills. ☐ Generally reflects client's feelings and content accurately and with appropriate frequency. ☐ Can identify themes and enlarge the meaning for the client. ☐ Routinely returns responsibility to client and encourages decision-making. ☐ Generally sets limits appropriately.	☐ Consistently excels at identifying presenting problems, patterns of behavior, and effective treatment interventions. ☐ Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. ☐ Routinely assesses client strengths and coping skills. ☐ Reflects client's feelings and content accurately and with appropriate frequency. ☐ Consistently identifies themes and enlarges the meaning for the client. ☐ Routinely returns responsibility to client and encourages decision-making. ☐ Sets limits appropriately.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 2: Crisis Management			
☐ 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.	☐ 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.	☐ 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.	☐ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 3: Treatment Planning			
☐ Inadequate knowledge of principles of clinically appropriate theory. ☐ Demonstrates very little or no knowledge of professional literature related to client concerns/issues. ☐ Difficulty in identifying stages of treatment and imposes treatment goals. ☐ 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.	☐ Often needs help demonstrating knowledge of principles of clinically appropriate theory. ☐ Demonstrates little knowledge of professional literature related to client concerns/issues. ☐ Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. ☐ Often needs help recognizing the need for referral for appropriate services and resources.	☐ Generally good demonstration of awareness of principles of clinically appropriate theory. ☐ Demonstrates knowledge of professional literature related to client concerns/issues. ☐ Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. ☐ Recognizes the need for referral—sometimes needing guidance—for appropriate services and resources.	☐ Consistent demonstration of awareness of principles of clinically appropriate theory. ☐ Demonstrates strong knowledge of professional literature related to client concerns/issues. ☐ Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. ☐ Recognizes the need for referral and identifies appropriate services and resources.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 4: Rapport Building			
☐ Inadequate in developing empathy and sometimes is not aware of empathy's importance. ☐ Does not create a safe environment. ☐ Is unaware of how one's own biases affect treatment outcomes. ☐ Does not demonstrate appropriate non-verbal attending skills. ☐ Does not foster specific and concrete (rather than general and abstract) communication. ☐ Inadequate in fostering immediacy in the counseling session. ☐ Does not encourage the client as appropriate. ☐ Inadequate in reflecting discrepancies in client communication.	☐ Often does not develop empathy. ☐ Needs help in creating a safe environment and understanding the problem from the client's perspective. ☐ Does not always develop trust with clients and often imposes one's own biases. ☐ Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance. ☐ Does not consistently demonstrate appropriate non-verbal attending skills. ☐ Does not always foster specific and concrete (rather than general and abstract) communication. ☐ Needs help to foster immediacy in the counseling session. ☐ Sometimes misses moments to encourage the client appropriately. ☐ Needs help to reflect discrepancies in client communication.	☐ Generally good at developing empathy. ☐ Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. ☐ Is adequate in developing trust with clients but sometimes needs to keep biases in check. ☐ Is developing the ability to control one's emotions. ☐ Sometimes proceeds to treatment before trust is fully developed. ☐ Generally demonstrates appropriate non-verbal attending skills. ☐ Fosters specific and concrete (rather than general and abstract) communication. ☐ Generally fosters immediacy in the counseling session. ☐ Encourages the client as appropriate. ☐ Is beginning to reflect discrepancies in client communication.	☐ Consistent demonstration of empathy. ☐ Creates a safe environment by understanding the problem from the client's perspective. ☐ Consistently in control of one's emotions and assesses for trust. ☐ Consistently demonstrates appropriate non-verbal attending skills. ☐ Fosters specific and concrete (rather than general and abstract) communication. ☐ Fosters immediacy in the counseling session. ☐ Encourages the client as appropriate. ☐ Confidently reflects discrepancies in client communication.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 5: Treatment			
☐ Unable to apply many therapeutic principles.	☐ Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Needs help in evaluating client's coping skills to determine timing of interventions. ☐ Needs guidance in modifying the treatment process based upon therapeutic progress. ☐ Poor at case management-related issues. ☐ Needs guidance in recognizing and addressing resistance. ☐ Moves either too slowly or too quickly for the client. ☐ Needs help in identifying appropriate termination and transition from treatment.	☐ Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Is adequate at explaining treatments to clients. ☐ Good in evaluating client's coping skills to determine timing of interventions. ☐ Good in modifying the treatment process by monitoring therapeutic progress. ☐ Adequate at case management-related issues. ☐ Adequately recognizes and addresses resistance. ☐ Moves neither too slowly nor too quickly for the client. ☐ Good in developing a plan for termination with client to provide a transition from treatment.	☐ Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. ☐ Very good skills in explaining treatments in ways clients can understand. ☐ Consistent in evaluating client's coping skills to determine timing of interventions. ☐ Consistent in modifying the treatment process by monitoring therapeutic progress. ☐ Good at case management-related issues. ☐ Recognizes and effectively addresses resistance. ☐ Moves neither too slowly nor too quickly for the client. ☐ Consistent in developing a plan for termination with client to provide a transition from treatment.
0 .5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 6: Human Diversity			
☐ Unable to understand the importance of issues of diversity. ☐ Is unaware of elements of difference and how these differences may influence the counseling relationship.	☐ 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. ☐ Is able to provide 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.	☐ 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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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. ☐ Does not always adhere to ACA and ASCA Ethical Standards, both in and out of counseling sessions.	☐ 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. ☐ Generally adheres to ACA and ASCA Ethical Standards, both in and out of counseling sessions.	☐ 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. ☐ Adheres to ACA and ASCA Ethical Standards, both in and out of counseling sessions.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 9: Personal Qualities			
☐ Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. ☐ Has demonstrated lapses in oral and written communication skills. ☐ Does not show tolerance of stress and discomfort (of own feelings and client's). ☐ Does not demonstrate appropriate self-assurance, confidence, and trust in own ability.	☐ Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. ☐ Needs improvement in oral and written communication skills. ☐ Needs improvement in tolerating stress and discomfort (of own feelings and client's). ☐ Does not always demonstrate appropriate self-assurance, confidence, and trust in own ability.	☐ Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. ☐ Generally acceptable oral and written communication skills. ☐ Generally shows tolerance of stress and discomfort (of own feelings and client's). ☐ Generally demonstrates appropriate self-assurance, confidence, and trust in own ability.	☐ Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. ☐ Consistently demonstrated good oral and written communication skills. ☐ Consistently shows tolerance of stress and discomfort (of own feelings and client's). ☐ Consistently demonstrates appropriate self-assurance, confidence, and trust in own ability.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 10: Work Performance			
☐ Does not demonstrate professional work performance.	☐ Does not always maintain orderly paperwork and sometimes skirts agency policies.	☐ Maintains timely and orderly paperwork and adheres to agency policies.	☐ Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 11: Professionalism			
☐ Does not demonstrate professionalism in the work setting.	☐ Needs improvement in punctuality, responsibility, and relationship with professional colleagues. ☐ Needs improvement with respect to appearance in counseling setting. ☐ Is not involved much with the agency or its needs. ☐ Is not very aware of the need for self-care.	☐ Acceptable demonstration of punctuality, responsibility, and relationship with professional colleagues. ☐ Appearance is appropriate to counseling setting. ☐ Acceptable involvement with the agency. ☐ Is developing the understanding of the importance of self-care.	☐ Consistently demonstrates punctuality, responsibility, and relationship with professional colleagues. ☐ Consistently demonstrates proper appearance appropriate to counseling setting. ☐ Understands and is appropriately involved with the agency and the agency's needs. ☐ Has the ability to understand the need for self-care as it relates to effective clinical practice.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
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.
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard
Comments:			

Overall Assessment			
0 0.5 Fails Standard	1 1.5 Needs Improvement	2 2.5 Meets Standard	3 Exceeds Standard

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 Field Study hours/units at your site?

Yes ☐ No ☐

If yes, please explain here:

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

University Supervisor Signature: _____ Date: _____

EDC 480 CASE STUDY GUIDELINES: SCHOOL

- **APA Formatting & Style Guide**
- **Case Study Template**
- **Sample Case Study**

Using APA for Writing the Case Study

Please refer to APA/OWL document/attached

EDC students are expected to demonstrate the ability to use APA (6th ed.) formatting & style rules. For more detailed APA information, our EDC students can download (free) a detailed overview of the APA rules at: http://owl.english.purdue.edu/owl/section/2/10/

Citing Sources vs. Plagiarism: Professional Responsibility When Writing Papers

CSUS Academic Honesty Policy and Procedures

Per university policy, all students are responsible for understanding the rules that preserve academic honesty and abiding by them at all times. Ignorance of these rules is not a defense to a charge of academic dishonesty.

ACA Code of Ethics

Standard E: Counselors do not present substantial portions or elements of another's work or data as one's own, even if the other work or data source is cited occasionally.

CASE STUDY TEMPLATE

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. You must include at least three citations (textbooks, journal articles, or class notes) and a reference page.

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.
- Include any legal or 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 most applies to your client.

V. Goals and Interventions

- Identify theories that influenced your goals and interventions.
- 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.
- 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.
- 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.

SAMPLE CASE STUDY

I. Background Information

The client (GG) is a second grade male, aged seven years old. He is a first generation immigrant from Mexico and has spent most of his life in the United States. The client's parents are married and have a history of domestic violence. As a result of the domestic violence from GG's father, GG's mother's family no longer associates with the client's family. This is due to the fact that the mother won't leave her husband and the mother's family's belief that the home is not safe for her or the children. The family is isolated from the mother's extended family, but maintains close contact with the father's extended family.

There are two children in the family, and the client is the youngest. GG's older sister is in fifth grade and attends the same school, but will be moving up to middle school next year. GG's father has been arrested for domestic violence and has trouble maintaining employment. GG's mother is the main income earner for the family. Because of her undocumented resident status GG's mother is unable to find stable employment, and the family is of low socioeconomic status. The client is well-groomed and wears appropriate clothing indicating a good level of care at home.

II. Presenting Problem or Issue

GG self-referred for counseling. His teacher and the principal also recommended him for counseling due to recent aggressive incidents that lead to office referrals. The presenting problem as described by the teacher is that GG needs to find appropriate ways to gain attention and also struggles to express his anger in a suitable manner. He often gets up in the middle of class to walk around and gets frustrated when he isn't able to grasp concepts immediately. The teacher described his demeanor as

"expecting me to do it for him." She elaborated by stating he is able to do the work, but enjoys the one-on-one attention he gets by saying he doesn't understand.

The client's mother sought out additional support for the client following his office referrals at school and expressed to the counselor that GG needed help "controlling his temper." She shared that he struggles with the transition from the home to school and often cries when he is dropped off in the morning. More recently the client's mother is concerned how GG will do next year when his sister is no longer in the school with him.

As reported by the client, GG would like to learn how to be a better friend and how to "not get in trouble so much." The client experiences anxiety about school without his sister. He likes "knowing she is there" even though he doesn't see her very often during the day. At home he spends time with his father watching TV and movies with violent content. Following these viewings he wants to play the stories out. GG is struggling to distinguish between what is reality and what is make-believe. He is having a hard time understanding what are appropriate ways of acting in the school vs. the home. At home, he is allowed to be aggressive, throw things and wrestle with his father, but at school these behaviors are against the rules.

As cited by Chan and Yeung (2009), childhood exposure to domestic violence has the potential to lead to a range of problems with adjustment. These include: psychological disturbances, behavioral disorders, fear of separation and death anxiety, feelings of loneliness and alienation, intrusive thoughts, lack of enjoyment in activities, inattentiveness, disrupted sleep and nightmares (Kerig, 1999) (Skopp et al., 2006) and (Sturge-Apple et al., 2006).

According to Fontes (2000), couple violence can last decades meaning that children may be exposed to multiple incidents of violence over a long period of time. Especially during the early years of development, this can normalize aggressive behavior for the child and lead to distorted views of norms of behavior. For GG this is evident in how he deals with anger. He has seen his father become physical when he is angry so believes that aggressive behavior is an appropriate manner to handle those feelings.

As with all cases, there are ethical considerations that arise. Firstly, it is important for the counselor to involve the client's support network and emphasize the client's resources in them (ASCA A.1.d). Secondly, the counselor must remain developmentally and culturally sensitive to the client (ASCA A.2.c, B.1.a). This also includes the family and providing appropriate translation for them (ASCA B.5.b).

III. Client Assessment

The counselor reviewed the client's cumulative records folder. GG scored within age appropriate range on formal testing. His immunizations were all up to date and no IEP or 504 was present. The client is average height and has a slightly stocky build. He is often messy from the day, but arrives at school in clean weather-appropriate clothing. The client enjoys competitive play, but does not react well when he loses. He generally is in good spirits and gravitates towards sand tray play, utilizing toys to act out things he may have seen or would like to see. The client relishes his time in counseling and seems to love the undivided attention and the freedom of having the room to himself. When the client acts out his fantasies in the sand, he often chooses the "scariest" or most ferocious looking character to be himself. He acts out hitting and killing the "bad guys" narrating what they have done to deserve to be killed by his character. GG has a vivid imagination and is able to recall movie and TV plots to play them out. When questioned if he would want to make his violent stories real, he giggles and states that he is just playing a story. GG is creative and is able to use his imagination to improvise. For example if he needs a lion character in his story, he is able to pretend that the giraffe is a lion. In addition, when a problem arises in his play, he is skilled at problem solving and tries out different solutions until he finds one that works.

The client is empathetic and caring when he feels doesn't feel threatened. He possesses a strong ability to help and care for others. This has become more evident over the time that the counselor has known the client. The client recently won a school award for the "caring" character trait, illustrating that this behavior carries out into his actions outside of the counseling office. GG has many friends, but fights with them because of his trouble sharing and taking turns. During a session a friend joined the client, the counselor observed the client's interaction with his friend. The counselor noticed the client's dominating

behavior during play, coupled with his need for his friend to join in and enjoy playing with him. The client kept inquiring "are you having fun?" to his friend. GG enjoyed the friend's presence as long as the friend was doing what GG instructed him to do.

GG has demonstrated his intelligence and his ability to learn new skills. He needs to learn how to read situations and behave in appropriate ways. One of the main areas of improvement is his ability to understand how his behavior causes reactions in people and things. The client needs to have clear expectations of him in the school communicated clearly and strong support from home. GG needs his family unit to support and understand the importance of the structure and rules at school. The client's family needs to understand that modeling at home is where he learns behavior. GG sees dad taking out his anger by being physical and then thinks it is ok for him to do the same. Therefore the family needs to look at themselves and see their own role in GG's behavior at school.

IV. Ecological Assessment

Espinola (2008) explores how Latino children are affected by parental domestic violence in a cultural context. She asserts that there is a high value placed upon family loyalty as well as the belief that the patriarch is the ruler of the household in the Latino culture. Considering that GG's mother chose her husband over her extended family, loyalty to her immediate family is high. As reported by the client and his mother, GG's father is an authoritarian patriarch who gets the final say in family matters. As mentioned above, these factors contribute to the client's difficulties in the school setting because the client becomes confused by the mixed messages and expectations of him between home and school.

The client's leisure activities with his father reinforce the message that violence is entertainment. By allowing his son to watch inappropriate films and TV and then playing out the stories with him, GG's father is essentially encouraging aggressive behavior. The client is aware of his surroundings but doesn't always understand his interaction with it.

As reported by the client he knows the school rules and is able to report to the counselor what rules he broke that got him into trouble. It is during his interaction with peers that he struggles to see why they

get "mad" at him. The client reports that he believes he is good at sharing and taking turns, however the counselor observed otherwise during playground observation as well as when GG brought a peer to the counseling session with him.

V. Goals and Interventions

Gestalt theory influenced the counselor's approach to the client. One of the basic principles of Gestalt theory is being in the moment, as well as understanding the interaction between the self and the environment. The client is currently dealing with anger management and conflicting messages about appropriate behavior between home and school. The counselor hopes to enable the client to be more aware of himself and increase self-monitoring through the therapeutic relationship and directive techniques.

The goals of interventions are to reduce aggressive behavior and increase self-motivated relaxation actions. The counselor hopes for the client to be successful academically and socially, demonstrating appropriate behaviors in class and with peers. The majority of the interventions in the beginning of the relationship were child-centered non-directive and allowed the client to go where he felt comfortable going The counselor incorporated some directives during free play, such as asking the client which character he would be and modeling "I" language. For example "you just hit that one on the head." It was evident as the relationship built that the client didn't want to take ownership of his actions. He would reply, "yup, this one just hit him." The counselor utilized demonstrations to show how the client's behavior affected others. One such demonstration used dominos. The counselor set up dominos illustrating cause and effect in a visual manner. For example, Johnny pushed you, and you shouted at him (set up a domino); then your teacher told you to focus, and you said something mean to her (set up a domino); then your sandwich fell on the floor, and you threw your whole lunch tray on the ground (set up a domino); and finally your sister sat too close to you so you punched her (set up a domino and push them all over). The dominos were set up again; this time only two dominos were set up. The counselor asked the client: What could you have done at this point to avoid all the other dominos? This became a framework for the discussion, and the counselor would

introduce techniques such as deep breathing or counting to ten that would assist the client to calm himself down and deal with his feelings in an appropriate manner.

Because the client was receiving mixed messages from home and school, the counselor felt it was necessary to explicitly communicate the school's rules about appropriate behavior and also enroll the client in a program called "Check-in/Check-out" (CICO). This program is a tier two intervention implemented through the school and is for students who need additional assistance targeting a reduction in problem behavior in the school setting. Filter (2007) supports the effectiveness of this intervention and its ability to be implemented in a simple and accurate manner. The client signed a contract and picked prizes that he would get if he met his weekly goal. These prizes included a toy from the prize box, 10 minutes of extra tetherball time, or a special lunch with his counselor. GG's teacher fills out a form rating the client on his behavior at different times during the day. The client chose a coach with whom he meets briefly at the end of each day to "check-in." If the client meets his goal he goes to the counseling office to claim it. This intervention has been successful with the client in reinforcing his good behavior outside of the counseling office. It also has allowed the client to be accountable to more people in the school.

Fontes (2000) states that the best thing a counselor can do to assist a child who is being exposed to violence in the home is to "take steps to help end the exposure to violence." The counselor consulted with the parent liaison at the school who knows the family well. She explained to the counselor that the client's father had been through court-mandated anger management and had not had any recent physical episodes with his family. She felt strongly that the father was trying to become a better role model for his son, but that often he didn't know how.

Following this consultation, the counselor reached out to the parents to encourage a change in the home as well as provide some support for the family as a whole. The mother attended a meeting with the counselor, and the counselor was able to share some of the interventions that were used with the client and explain how she could help support them at home. Before the meeting, the counselor had discussed with the client what the purpose of the meeting was and asked permission to share certain activities that had

been done, while assuring him that specific details shared between them would be kept confidential. An important revelation happened in the meeting. GG's mother was able to understand that what GG watches on TV and in the movies shapes his ideas of appropriate behavior. GG's mother told the counselor that she was going to pay more attention to what the client watched and explain the same to her husband.

GG has improved immensely since the onset of counseling. He is able to connect his attitudes and actions to his surroundings. The counselor used an intervention called the "volcano," adapted from a presentation by Yvonne Bentle and Mythlili Jagnath see Appendix I, to check for understanding and review the client's tool box with him. This intervention allowed the counselor to reiterate the relaxation techniques as well as other self-monitoring tools. It empowered the client to realize that he knows exactly what to do to calm himself down and avoid getting physical. The client was able to tie the intervention to his working memory and often refers to having a "fountain moment" instead of erupting like the "volcano." GG's academic performance has improved, and he has not had another referral to the office. The counselor maintains contact with the family, teacher and parent liaison and receives positive remarks regarding the client's improvement.

VI. Cultural Responsiveness

The counselor strived to be culturally sensitive to her client. There were many differences between the client and the counselor. The client and counselor were of different genders. This was an important aspect of the relationship when the counselor initially started with the client. The counselor found herself thinking that it was appropriate for males to be more aggressive than females; this was not helpful to the client and endangered the client's success. The counselor consulted with her supervisor regarding this bias and was able to reconcile an incident that had happened in her own youth that was being counter-transferred onto the client. Following this consult, the counselor was aware of her bias and was able to address it appropriately.

At the beginning of the counseling relationship, the client asked many questions about the counselor. He was eager to find a commonality between them. The counselor was able to minimally

disclose information so that the client felt comfortable, and the counselor also reflected the feelings behind the questions.

The client is of a different ethnic background than the counselor. At one point, the client revealed that his family was undocumented. He spoke in almost a whisper and looked down at the floor. The counselor reflected his worry that he might be judged for that fact and reassured him that he would not be. This interaction built trust and allowed for additional disclosure from the counselor that she also hadn't been born in this country. The client's posture straightened, and the volume of his speech increased.

The counselor would be considered in a higher level of socio-economic-status than the client. The counselor was able to connect to the client when he shared about money worries in the house by simply reflecting his concern and highlighting the client's care for his family. The differences in home life between what the counselor grew up in and how the client is growing up were vast. The counselor was very concerned about the client's safety, and it was of the utmost importance to make sure GG was not in danger. Researching how domestic violence, specifically in the Latino culture, affects children in the home was helpful in the counseling approach for the client and allowed the counselor to understand the cultural values that can lead to this behavior. This allowed the counselor to be more open-minded when meeting with the parents and non-judgmental.

VII. Critique of School Site

The school site is exemplary. It is stocked with a wide array of materials and resources toassist in providing customized counseling experiences unique to each individual. The personal and social domains are demonstrated exceedingly well in the counseling center, and the school counselor is able to connect with all aspects of the school. There are friendship groups and lunch bunches that address social skills and teach appropriate interactions. The center also allows for an environment to bring conflicts to and facilitate resolutions. The counselor has been impressed with the schools proactive instead of reactive approach to issues in the school.

The academic domain is very strongly addressed in the classrooms. The head counselor is beautifully woven into the fabric of the school so that teachers and administrators feel comfortable incorporating counseling into the classrooms or seeking out the counselor for assistance in behavior issues that are inhibiting academic success.

Career preparedness is tied into the skills that the counseling center provides. Many of the interventions incorporate surveys, contracts, or other such agreements that increase career readiness. GG's CICO program is a shining example of one such intervention; it amplifies accountability and encourages responsibility. The client must get his paper signed by his teacher as well as go see his coach to report his daily progress. The main area of improvement would be with the after school programs. It would be helpful for the teachers and supervisors in the program to have a better understanding of what counseling is and for them to have training on appropriate limit setting with the students.

VIII. Self-Reflection

At the onset of the counseling relationship, the counselor was refining her skills and her theoretical approach. The client-centered non-directive approach was an effective way to build the foundation for the therapeutic relationship, but became stagnant at a certain point. Once the counselor's confidence increased, she was able to incorporate more directive activities into the sessions and work toward reaching the goals that had been set out. In the beginning the counselor often felt the need for the client to like her and was very aware if the client seemed to be having fun. Because of this, the counselor often had to struggle at the end of session to get the client to go back to class. In retrospect, the client was pushing boundaries, and the counselor was not able to set healthy limits due to her anxiety and wish to please the client.

The counselor was very concerned with the client's safety and initially wanted to take the client home with her so that he wouldn't be subjected to the violence. This revealed the counselor's need to "help" or "save" the client from his surroundings. This theme came up many times during the relationship and was a topic of discussion during the counselor's supervision. Eventually the counselor was able to be reassured by the client's growth and was taught a lesson from her interaction with the client. Also, the

contact with the parents of GG assisted the counselor to realize that they truly cared for their son and were willing to change to help him. The parents themselves also needed support.

The counselor has learned many things about herself as a counselor. She has learned that although she believes that the child-centered principles are valuable, she thinks that they are more of a foundation in building the core relationship. She is not comfortable being completely non-directive and realizes that she enjoys directive activities and has been able to effectively implement them. Her experience with this client has revealed areas of bias of which she needs to be aware and areas of strength in which she needs to continue to grow.

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ASCA Codes

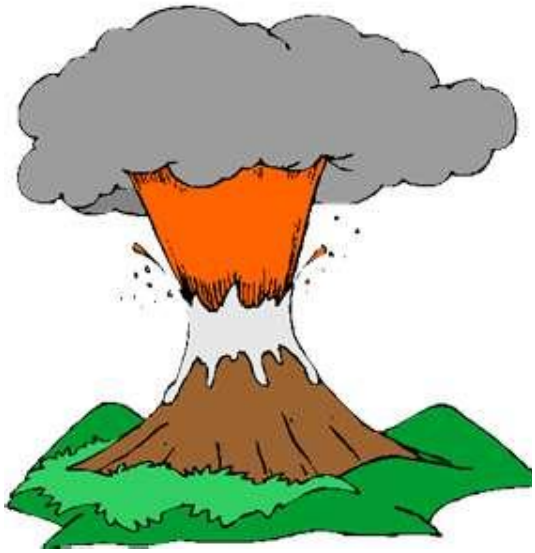
- **A.1.d. Support Network Involvement** Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.
- **A.2.c. Developmental and Cultural Sensitivity** Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.
- **B.1.a. Multicultural/Diversity Consideration** Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

- **B.5.b. Responsibility to Parents and Legal Guardians** Counselors inform parents and legal guardians about the role of counseling and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

Appendix I:
Adapted from a presentation by Yvonne Bentle M.F.T. and Mythlili Jagnath M.F.T., R.P.T-S

Volcano

Materials:·
2 old film canisters, one with a hole in the lid
(You can find these at any store that develops film, they will usually give them to you for free)
· Baking soda
· Vinegar
· Food coloring



Goals:
· Constructive ways to express anger
· Self-monitoring, catching themselves before they explode

Ages:
· Middle to upper grades

Stage:
· Beginning, Middle

Procedure:
Start by taking the film canister without the hole in the top. Fill it about half way with the vinegar. As you are setting up, discuss with the client what things make them upset. Talk specifically about how these things can build and build as you hold them in. Get your baking soda ready and talk about how when things build up, they eventually…put the baking soda in, snap the lip on tight and step back…EXPLODE!

Seconds after you put the baking soda in, the pressure will build up and then the lid will pop off with a loud bang! You can time it perfectly, so that you say EXPLODE just as it's about to explode.

Follow the same directions, but this time use the lid with the hole in the top. Discuss how you can use alternative ways to express your feelings so that you don't explode. Put in the baking soda and

step back, the liquid will come out in a fountain. You can follow up with talking about what things you can do to avoid being a volcano and instead be a fountain. Also, you can dye the vinegar with the food coloring for added effect.

EDC 480 CASE STUDY GUIDELINES: MFT FORMAT

- **APA Formatting & Style Guide**
- **Case Study Template**
- **Sample Case Study**

Helpful APA Overview for Writing the Case Study

Please refer to APA/OWL document/attached

EDC students are expected to demonstrate the ability to use APA writing format.
For more detailed APA information, our EDC students can download (free) a detailed overview of the APA rules at: http://owl.english.purdue.edu/owl/section/2/10/

Citing Sources vs. Plagiarism: Professional Responsibility When Writing Papers

CSUS Academic Honesty Policy and Procedures

- Per university policy, all students are responsible for understanding the rules that preserve academic honesty and abiding by them at all times. Ignorance of these rules is not a defense to a charge of academic dishonesty.

AAMFT Code of Ethics

- Marriage and family therapists do not plagiarize or fail to cite persons to whom credit for original ideas or work is due; taking reasonable precautions to ensure that materials are cited accurately and factually.

CASE STUDY TEMPLATE

To gain practice in the development of case study documentation, each student will select one client who has been seen numerous times in counseling. Present the information in written format and be prepared to discuss the case in class. Students must include at least three citations (textbooks, journal articles, or class notes) and a reference page.

1. Setting

Describe the setting in which the client was seen. Include socio-economic 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. Framework/Theory

Briefly describe your theoretical framework

3. Biopsychosocial Assessment and Treatment Plan Report

See outline below

4. Therapeutic Goals, Methods and Interventions

A. Describe the methods, techniques and interventions that you used (This is important since this will indicate what you actually did in counseling)
B. Describe the Consultation and/or Referrals recommended and utilized, with outcomes
C. Number and type of sessions completed

5. Summary of Outcomes

A. Therapeutic Outcomes

B. Disposition of Case
C. Evaluation of Case
D. Lessons Learned (What did you learn from this case? What, if anything, would you do differently next time?)

The following report is confidential in nature and is part of the clinical record of this client. It contains sensitive information that may be subject to misinterpretation by individuals untrained in interpreting assessment data. As a result, this report is only for professional use and should only be interpreted by a qualified professional. HIPPAA regulations prohibit release of this information to most third parties without the written consent of guardian and/or client. The report is based on the data available to the evaluator at the time of the assessment and the findings were interpreted as they relate to specific referral questions and clinical concerns. Unauthorized use of this report in the present or at a future date will limit the validity of the report and is considered professionally unethical.

Counseling Biopsychosocial Assessment and Treatment Plan Report

Confidential - For Client Record Only

Client Name:	**Client Date of Birth:**
Address:	**Telephone (#1)**
	Telephone (#2)
Date of Intake:	**Ethnicity/Culture:**
Date of Report:	**Vocation/Education:**

Note: Client information is recoded for confidentiality

Note: Ethnic/Cultural/Spiritual/Religious factors should be integrated throughout each section

Reason for referral

Note: Reason for Referral gives concise overview of primary concern and current symptoms

History of presenting problem

Note: History of presenting problem gives timeline and progression of symptom development and severity

Mental Status Exam and Safety Assessment

Note: Mental Status Exam and Safety Assessment in narrative form (with or without supporting MSE form)

MSE includes all major domains of Mental Status assessment

Safety assessment includes supporting evidence for assessed level of safety including specific statements and signs

Developmental Assessment and History (Child Client or Adult DD Client)

Note: Developmental history covers all major life domains (if child/DD client)

Psychosocial History

Family Assessment and History

Note: Family assessment and history includes systemic assessment, family history of symptoms and disorders related to RFR, and any relevant family contextual information

Social System Assessment

Note: Social systems assessment includes social supports- identified and assessed re: quality, quantity and impact of symptoms on social functioning, social functioning in primary work setting, faith setting (if applicable), and any other major social setting

Vocational/Educational Assessment and History

Note: Vocational/Educational assessment includes current and previous functioning and impact of current presenting concern on vocational/educational functioning

Legal History

Note: Legal history includes current and previous involvement with legal system and role of involvement in current presenting concerns

Medical and Mental Health and Substance Assessment and History

Note: Medical and Mental Health and Substance assessment and history includes client, client family history current and past problems/diagnoses and substance use/abuse. Includes information relevant to current presenting concern

Strengths and Resources

Note: Strengths and resources are identified in terms on individual, family, community, and other systemic resources/strengths

Case Conceptualization

Note: Case conceptualization includes appropriate theoretical conceptualization within which the writer 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.

DSM IV Diagnosis

Axis I
Axis II
Axis III
Axis IV
Axis V Current: Past Year:

Note: Diagnosis: 5-axis all correctly documented, including code, name, specifiers, and current and past GAF/CGAS scores

Diagnostic Summary

Note: Diagnositic summary includes major rule outs-why they were ruled out- and explanation of how the current diagnosis is the accurate one- why ruled in.

Treatment Plan

Note: Treatment plan has clearly articulated goals, concrete objectives, clinically appropriate interventions, and concrete, measurable outcomes

_____

Clinician Name, Credential Date
Clinician Title

_____

Supervisor Name, Credential Date
Supervisor Title

Note: Report is signed and dated. Writing is professional, concise, and free from grammatical and spelling errors.

SAMPLE CASE STUDY

Setting

The Helping Professional Counseling Group is a non-profit agency that serves the Sacramento area based on a sliding fee scale. The majority of the clients are of a low socioeconomic status. Although we do not accept insurance, this allows us to provide an unrestricted number of sessions to our clients that need long-term treatment. Counselors work with individual adults and children, couples, and families depending on the presenting problem. Based on the demographic data collected from the agency's client intake forms, most of our clients are Caucasian (39%), Hispanic (28%), or African American (23%), however we do have some clients who are Asian or Pacific Islander (6%).

Framework/Theory

My theoretical framework is Cognitive Behavioral Therapy (Meichenbaum, 1993). This theory acknowledges that while the counselor and client do not have equal power in the relationship, both play equal parts in making progress. The counselor leads the session by deciding what questions need to be answered and what areas need to be further explored, however once the client has uncovered the information it is up to him/her to draw his/her own conclusions. When this method of Socratic dialogue is not direct enough for a client to change his/her distorted thoughts the therapist can use Cognitive Behavioral Therapy's (CBT) REBT technique for a more confrontational approach (Ellis & Dryden, 1997).

CBT focuses on discovering the client's beliefs that are causing the unwanted behavior because people interpret situations based on the schemas they have developed through past experiences. These schemas become so ingrained in a person that they manifest themselves in their automatic thoughts and do not see other possible interpretations of a situation. Once the counselor has identified the schema the client is operating from, the counselor can work to change that belief by changing the automatic thought that goes with it. The counselor can open the client up to other possible interpretations and viewpoints that will allow the client to have different emotional and behavior reactions than the ones he/she has been operating with. A more recent interpretation of CBT, called Acceptance and Commitment Therapy by Ciarrochi and Bailey (2008), states that feelings are another type of behavior that a client experiences,

which means it is important to address emotions with our clients as well as the thoughts and behaviors.

Another CBT technique is Meichenbaum's Stress Inoculation, which can be beneficial for clients experiencing high anxiety or panic attack symptoms (1985). Within this technique there are three stages: Conceptual Phase, Skills Acquisition Phase, and Application Phase. The Conceptual Phase includes psycho-education, assessment of the symptoms, and exploration of triggers. The Skills Acquisition Phase is where the client develops coping skills, behavioral techniques, and ways to alter cognition. Finally, the Application Phase is where the client practices with the skills and becomes comfortable utilizing them to change the outcome of the problem.

The following report is confidential in nature and is part of the clinical record of this client. It contains sensitive information that may be subject to misinterpretation by individuals untrained in interpreting assessment data. As a result, this report is only for professional use and should only be interpreted by a qualified profession. HIPPAA regulations prohibit release of this information to most third parties without the written consent of guardian and/or client. The report is based on the data available to the evaluator at the time of the assessment and the findings were interpreted as they relate to specific referral questions and clinical concerns. Unauthorized use of this report in the present or at a future date will limit the validity of the report and is considered professionally unethical.

Counseling Biopsychosocial Assessment and Treatment Plan Report

Confidential

For Client Record Only

Client Name: C.J.	**Client Date of Birth:** 01/01/19**
Address: 1234 Main Street	**Telephone (#1):** (916) 123-4567
Sacramento, CA. 12345	**Telephone (#2):** N/A
Date of Intake: 01/01/**	**Ethnicity/Culture:** White
Date of Report: 01/01/**	**Vocation/Education:** High School

Reason for Referral

C.J. was referred to therapy by her primary physician. She sought medical advice when she began experiencing dizziness, shortness of breath, tightening in her chest, rapid heart rate, and loss of consciousness. The doctor identified the symptoms to be a panic attack caused by anxiety and recommended that she seek psychotherapy in conjunction with the anti-anxiety psychotropic medication (Celexia) that he prescribed to her. Once in therapy the client was able to identify other symptoms including incessant worry, trembling, and fear of not being able to control these attacks.

History of Presenting Problem

C.J. first began experiencing panic attacks after her fiancé terminated the relationship for another woman, which was 2 weeks prior to the first counseling session. C.J. reported experiencing 2-3 panic attacks per day. While she did not seem distraught over the end of the romantic relationship, she was anxious about the well-being of his biological son that she had been raising for the past 3 years since infancy. The client was worried because she was the strong parent figure for the little boy. Her concern for the little boy's welfare seemed to be the source of her anxiety and panic attacks. Her fear of not being able to control these attacks was beginning to interfere with how she interacted with others. She was afraid of scaring other people by fainting during a panic attack and was concerned that she would have one while she was driving. There has been no previous history of panic attacks prior to this experience.

Mental Status Exam and Safety Assessment

C.J. is a 30 year old White, heterosexual single female. She consistently dressed appropriately and maintained personal hygiene throughout the counseling process. She did fidget throughout each session, appeared to have trembling hands and was prone to cry when discussing the little boy, showing her sadness and sense of loss. When her anxiety increased in session due to sensitive topics she would take shorter and faster breaths. She reported no current or past suicidal ideations, plan or intent. C.J. did not display any resistance to the counseling process and was oriented x3. Her verbal thought process was clear and concise, and her affect was consistent with the current topic in each session. She demonstrated the capacity of her memory by discussing parts of her childhood and being able to refer back to things mentioned earlier within the same and previous counseling sessions.

Developmental Assessment and History (Child Client or Adult DD Client)

N/A

Psychosocial History

Family Assessment and History

C.J.'s parents divorced when she was about in middle childhood, and she went to live with her dad. Her dad was extremely untidy, hoarded things, and neglected basic household hygiene. She felt like she had chosen her dad over her mom and that her mom would not welcome her back at that point in time. The client lived in those conditions for about 3 years, and then her friend's mother saw the condition of the house and insisted that C.J. move in with them. She lived with her friend and her mother until she was about 14 years old when one day she had a fight with her friend and she decided to walk to school. On her way to school, she ran into her mother and when she found out C.J. had been living with a friend's family her mother asked her to move back in with her and her new husband. She lived with her mom and step-dad until she was over 18 years old, and then she moved out on her own to gain independence. The client has maintained a very close relationship with her mother and she is fairly close to her step-dad as well. She maintains a distant relationship with her father, mostly confined to pleasantries on holidays and birthdays, which has been her decision. The client recently moved in with her mother and step-father in order for her to regain financial stability. She moved in with her parents when her romantic relationship ended, prior to that she lived with her fiancé and his biological son at his house.

Social System Assessment

C.J. has several close friends that she has known for a number of years. She confides in these friends as well as her mother, who she reports as being very supportive.

Vocational/Educational Assessment and History

She was working as the book-keeper at the company her uncle and fiancé opened together, however business has been tough and the company could not afford to keep her. She was also experiencing anxiety working there, knowing that her ex-fiancé could show up at any time. C.J. is training her uncle and then plans to look for a new job.

Legal History

Currently her uncle is suing her ex-fiancé for embezzlement of money as well as theft of materials. C.J. is a witness for her uncle in this court case but has no other legal history.

Medical and Mental Health and Substance Assessment and History

Client has no medical or mental health issues in her past. There has been no substance abuse reported by the client, except smoking cigarettes. There is a history of her father having psychotic breaks, but C.J. is unsure of his exact diagnosis. She indicates that there is no other medical or mental illnesses in her family to note.

Strengths and Resources

Client was able to self-refer to counseling when the need arose, which indicates that she is capable of seeking help when she needs it. She reports a network of close friends as well as her mom and step-dad that all support her emotionally. Her mom and step-dad have been able to help support her financially through her breakup, so she has that financial resource. In general, C.J. is very optimistic about life and has faith that things will improve. She is motivated to make the changes she wants to see in her life and has goals that she strives to achieve.

Case Conceptualization

Client has been experiencing panic attacks 2-3 times a day, which have begun to affect her level of functioning because she is fearful of the attacks occurring. Since the panic attacks are the immediate primary stressor in C.J.'s life, it is important that we begin therapy with assessing these panic attacks and looking at ways to reduce or eliminate them. As explained through Maslow's Hierarchy of Needs, if she does not feel safe in her environment because she is worried about having a panic attack or being able to breathe then she will not be able to focus on the more complex needs. Through exploring the client's thoughts right before the panic attacks occur, we were able to discover that her panic attacks were the direct result of her extreme worry for her ex-fiancé's biological son's well-being and happiness.

After the panic attacks were under control and had abated, it became apparent that there were other goals for C.J. to work on in counseling. She still needed to process the grief she was experiencing regarding no longer filling the mother role for her ex-fiancé's biological son and being unable to see him anymore. The client reported that she felt like "her son had died" because this child had been cut out of her life so suddenly and so completely.

DSM IV Diagnosis

Axis I: 300.01 Panic Disorder without Agoraphobia
R/O 300.02 Generalized Anxiety Disorder
Axis II: V71.09 No Diagnosis on Axis II
Axis III: None
Axis IV: Problems with Primary Support Group
Axis V: Current: 60 Past Year: Unknown

Diagnostic Summary

Client reports having panic attacks that include the following symptoms: dizziness, shortness of breath, tightening in her chest, rapid heart rate, and loss of consciousness. The therapist witnessed the following additional symptoms in the client during sessions: trembling and a fear of not being able to control the panic attacks. The client displays 6 out of the 10 symptoms listed in the DSM IV for panic attacks and only 4 of the symptoms are required for diagnosis. She indicated that these symptoms would last 5-10 minutes and she was experiencing 2-3 per day for a period of about 2 weeks. She continued to have the panic attacks for another 2 weeks but at a decreased frequency. Panic Disorder requires that the client have unexpected panic attacks for at least a month and is fearful of the reoccurrence, which C.J. has had. She was fearful of having the panic attacks but has not become fearful of specific situations or places, which indicates that she does not have agoraphobia.

The client does meet some of the Generalized Anxiety Disorder symptoms such as finding it hard to concentrate, irritability, and difficulty sleeping/nightmares, however the symptoms seem to be lessening over time and may not cause significant impairment in her functioning for the 6 months required. GAD has been noted as a rule out diagnosis for this client and assessment will continue to determine if in 3 months these symptoms are still present and affecting her level of functioning.

Treatment Plan

Goal: Eliminate panic attacks and have client gain control over her anxiety.

Objective 1: Assess panic symptoms.

Interventions:

A) Frequency, intensity, duration;
B) History- when did they start?
C) Medical history;
D) Discuss possible stimuli that are at the root of the panic attacks.

Expected Outcome: To gain enough information for both counselor and client to better understand the problem and devise therapeutic goals around it.

Objective 2: Help client understand the therapeutic process around panic attacks.

Interventions:

A) Help client understand that panic attacks are our body's way of informing us of danger, however in these cases our body is misinterpreting the situation and perceiving danger when there is none (Ketlner et al., 2003);
B) Explain how anxiety affects Cortisol levels in the brain and how this can cause physiological symptoms for up to 3 days after the stressful situation;
C) As the client uses the techniques we cover in therapy to control her anxiety she will begin to change her physiological responses as well.

Expected Outcome: Client will have a better understanding of what she is experiencing when she has panic attacks. She will be less anxious about what therapy will look like and more hopeful that change is possible.

Objective 3: Teach client ways to control anxiety.

Interventions:

A) Have client pay attention to her physiological symptoms throughout the day so it becomes easy to identify when she is becoming anxious;
B) Identify fearful self talk and replace with positive self talk;
C) Calming techniques: (Davis et al., 2008)

1. Counting Breaths;
2. Progressive muscle relaxation.

Expected Outcome: Client will be able to identify early on when she is feeling anxious in order to take action to prevent the anxiety from turning into a panic attack. She will have several different techniques available to help her calm herself down.

Objective 4: Strengthen client's confidence in her ability to control anxiety.

Interventions:

A) Process how client has been able to control her anxiety using calming techniques;
   1. Celebrate successes.
   2. Identify challenges and make changes to overcome them.
B) Encourage client to decrease anti-anxiety medication (after discussing this with her doctor) and depending more on calming techniques to be able to control the anxiety on her own.
   1. Allow client to see her success utilizing the techniques in the past through discussion;
   2. Process any concerns she may have about being able to control her anxiety on her own.

Expected Outcome: Client will be able to wean herself off the anti-anxiety medication to be able to control her symptoms, she will be able to do it on her own and will be confident that she has the ability to handle her anxiety on her own.

Objective 5: Help client process her grief for the loss of her relationship with her fiance's son.

Interventions:

A) Help client explore her reactions to being unable to see the little boy;
B) Educate the client on Kubler-Ross' 5 stages of grieving and how someone can go back and forth between the stages, go through a stage more than once, or skip a stage (2000).
C) Discuss what she will miss most about her and what she is most worried about concerning her;
D) Validate her feelings of loss and that certain times will be more difficult than others, such as holidays;
E) Plan how she will handle special days that will be difficult without the little boy.

Expected Outcome: Client will begin to grieve her loss and plan for days that this loss will be more difficult.

Objective 6: Explore what her life will look like now without her ex-fiancé and his biological son.

Interventions:

A) Explore what her life looked like in this family and how her life has changed without it;
B) Identify old hobbies she used to like to do that she has not done in a while;
C) Identify past dreams and goals that she has been unable to fulfill thus far.
   1. Discuss if these are still dreams that she would like to pursue;
   2. Help client plan how she might achieve these dreams/goals.

Expected Outcome: Client will begin to recreate her identity as an individual instead of the identity she has been living for the last 3 years as a pseudo "wife and mother." She

will find ways to redefine her life in terms of herself instead of in terms of a family she no longer belongs to.

_____	_____
Responsible Student, MFT- Trainee	Date
_____	_____
Supervisor Name, Credential Supervisor Title	Date

Therapeutic Goals, Methods and Interventions

The goal of counseling was to eliminate the panic attacks the client was experiencing and to help her gain control over her anxiety. This client was seen for 13 sessions and continues to be an ongoing client. When we began counseling, the first step was the "conceptual phase" per Meichenbaum's Stress Inoculation CBT technique (1985). Once she was diagnosed with Panic Disorder (DSM-IV-TR), she was provided with psycho-educational literature about panic attacks and the stress hormone, cortisol. The client learned to better understand that panic attacks are our body's way of responding to a false danger. Psycho education was used to teach the client that by learning to control her anxiety, she would be able to tell her body that there is no true danger present and thus control the physiological fight or flight reaction (Keltner et al., 2003). Counseling sessions explored what C.J. experienced during the panic attacks, utilized visualization exercises, and practiced progressive muscle relaxation techniques in order for the client to identify how her body responds before, during, and after the panic attacks. Once it was understood how the client experiences panic attacks she was able to use that information to predict a panic attack and understand what her body was experiencing.

The next step according to Meichenbaum (1985) is the Skills Acquisition Phase, where the counselor teaches the client new skills to help deal with the moments of stress. In this case that meant helping the client learn to control the panic attacks in the moment as they are occurring. Through counseling the client learned breathing exercises, progressive muscle relaxation exercises, and how to change her negative self-talk to positive self-talk. The counselor taught the client to take deep breaths using her diaphragm instead of her chest in order to get a deeper, more calming breath. C.J. began using the progressive muscle relaxation exercise to help tell her body that there is no danger present, calm the physiological response she was having, and thus decrease the amount of cortisol her body releases during these times (Keltner et al., 2003). Through these methods, the client was able to identify when a panic attack was beginning and to control them when they occurred.

Through the assessment process it became clear that C.J.' s panic attacks were caused by her anxiety and worry about her ex-fiancé's biological son. Once it was identified what was causing the

panic attacks, counseling began to work towards eliminating the panic attacks all together. Through counseling we explored the thoughts she had right before the onset of a panic attack. She was able to realize her thoughts told her that the boy was not being taken care of, that she abandoned him, that the boy will blame her, or other forms of negative self-talk. The counselor challenged those cognitive distortions and C.J. was able to realize that she was worrying about things that were completely out of her control and that the child's father would make sure that he was safe and taken care of. She began to challenge those negative thoughts as she experienced them, which helped her to control her anxiety so that it never elevated to a level that provoked a panic attack response. Throughout the counseling process, Meichenbaum's third stage of stress inoculation, the "Application Phase", was used. The client practiced the skills she had learned during the counseling sessions to begin mastering them (1985).

Summary of Outcomes

The client had gained control over her anxiety in order to control the panic attacks. She learned to pay attention to how her body was responding to anxiety so she was more aware of when a panic attack was beginning. She was able to use breathing techniques as well as the progressive muscle relaxation technique to calm her physiological response and was no longer engaging in the cognitive distortions that were causing the anxiety. Within a month of therapy C.J. reported that she was no longer experiencing panic attacks. C.J. still experiences anxiety and sadness regarding her inability to be a part of her ex-fiancé's biological son's life.

Therapy has changed focus from the panic attacks to grief and loss of C.J.'s ex-fiancé's biological son and taking steps to regain the independence she lost when she moved back in with her parents. Through counseling the client was able to determine that returning to the workforce and living on her own is very valuable to her. She has determined steps she needs to take in order to make both of those things reality and has begun the process of updating her resume and submitting rental applications. Therapy has three more major goals before termination: grief and loss of the child, grief and guilt about her ex-fiancé's late wife possibly being murdered, and trust issues around romantic relationships.

Legal/Ethical, Cultural Diversity and Systemic Issues

C.J. informed the counselor that her ex-fiancé has unsecured guns in the home where the two year old boy lives, including illegal semi-automatic weapons. She indicated that her friend had made a CPS report regarding this concern and the counselor followed up with CPS to insure that a report was made in order to maintain the child's safety. The report had been filed by the client's friend, and was confirmed by a CPS worker assigned to the case.

C.J. indicated that she was concerned for her safety in regards to her ex-fiancé, which made the client's safety an important part of the legal/ethical considerations for this case. She had been friends

with her ex-fiancé's late wife, who had been shot in the face with a gun. Although the police ruled it a suicide case, C.J. found out from her ex-fiancé that he was in the same room with her when she died and that he had his hand on top of her hand when the gun went off because he was trying to stop her. However he told the police that he was in the kitchen when she was in the living room at the time of death. C.J. discovered from a few mutual friends that helped clean up the house after the death that there were bullet holes in the upstairs windows but she died in the living room which was located downstairs. C.J. found out from the deceased's mother that the police indicated that the body had been wiped clean before they had arrived. She also reported that the housekeeper informed her that the deceased seemed fine the weeks prior to her death but that she and her husband had been arguing a lot. C.J. put all this information together and she felt that it was possible that her ex-fiancé may have murdered his late wife. This concerns her because she is fearful of what he is capable of, especially if he learns that she had anything to do with the CPS report that had been filed against him. During our counseling sessions a safety plan was created, which included the client obtaining a personal alarm that she can utilize to get other people's attention if she is in danger and insuring that she is never alone when working at the shop that her ex-fiancé and uncle own together.

Through the counseling process with C.J., it was important to be aware of how culture affected the counseling relationship (Pederson et al., 2008). This included an awareness of how I, as the counselor, was interacting with the client from my cultural viewpoint and how the client's culture affected the presenting problem. The client and I are both heterosexual women in our early thirties who both practice American cultural values and only speak English, which allowed us to relate to one another in the first session. She reported holding agnostic religious beliefs and since I am also agnostic, that allowed me to be more genuine with her. Initially, religion was not a factor in counseling because the client never spoke of it; but it became important for me to know more about her religious values when she spoke about her friend being killed. The client and I have different moral values, which became clear when she was unsure of what to do with the information she had pieced together about the death of her friend. My instinct was to want the police to know in order for them to decide if her new found information would change any conclusions in the case; however C.J. was more pessimistic in believing that it would not change anything. At that point in counseling, it became important for me to remember that my moral beliefs are not better than the clients and to respect her moral values and work within those to help her discover what is best for her. When we were discussing the friend's death, I made sure to remind myself that what I feel the client should do is not relevant, and the focus of therapy became helping her explore what she feels she needs to do to resolve this within herself.

The client and I also had different family lives, both family of origin and current family life processes. She had grown up with a neglectful dad who she felt was her sole caregiver; whereas my dad was a present parent who maintained a healthy home environment. Since my parents were also divorced, I could imagine how easy it could be for a parent to lose sight of their responsibilities and as a child, how scary it could be to only have one parent to rely on. C.J. discussed in counseling what it was like for her to have experienced a neglectful parent, which helped me as the counselor to be empathetic and understand the kind of attachment she had as a child. Although the client had lost her "son" through the process of terminating the relationship with her ex-fiancé, she was still very much a mother. She talked of feeling like someone had killed her child because she would never be able to see or talk to the little boy again. Although theoretically considered too young for this later stage, I believed she had entered Erikson's stage of Generativity vs. Stagnation and she had chosen generativity in the form of caring and raising a step-son (1959). Now that she had lived a life focusing on contributing to the next generation through a step-son, she was grappling with no longer being able to pass on knowledge and caring to a son at this point in her life. In my life, I would place myself in the Intimacy vs. Isolation stage so I could not fully understand what she was going through. While losing a child is something that I have not experienced, I imagine the pain is similar to that of losing a loved one. I have lost my grandparents who were a central part of my life, and that helped me to understand the kind of pain she must be feeling. Whenever I was unsure of what she had been experiencing, I asked for clarification or for her to elaborate so that I could understand enough to be empathetic and not miss any pieces that were important to our therapeutic goals. By being genuine with this client and expressing that I was not in the same life stage phase that she was in, it gave her permission to explain to me what she was going through and she was able to explore and gain a better understanding of herself through that process.

<u>Personal Learning</u>

The client was an example of clients that come in with more than just the original presenting problem. She had multiple goals throughout our counseling together, and that really showed me that problems can be several layers deep. Panic attacks are what brought her to counseling, but she had underlying grief and loss of a child and fear of her ex-fiancé. The breakup between her and her fiancé also caused her to have difficulty trusting people with her feelings because he had lied about so much. Although the client came to counseling because of her panic attacks, that was just the beginning of our work together.

When C.J. first came to me for counseling I was shocked to hear about her story. Some things she told me caused me sadness, such as the possibility of her ex-fiancé having murdered his late wife or her finding her dead dog in his freezer. C.J. taught me the difference between judgment and

genuineness; judgment is the conclusions I draw, and genuineness is what I experience from the client's interactions. Throughout our education as counselors we are consistently told never to judge a client, and that really stuck with me. However my fear of being judgmental, or appearing to be judgmental to the client, hindered my ability to be completely genuine. I held a composed face too often instead of mirroring the client's emotions that I also felt. I became more comfortable with C.J. because she was my longest counseling relationship and that allowed me to let go of some of my ridged and stiff counseling habits and become more myself in the session. When C.J. expressed her disgust at having found her dead dog in her ex-fiancé's freezer, I was able to mirror through my body language that disgust, which I was also feeling. When she explored the possibility that her ex-fiancé may have murdered his late wife, I was able to go there with her, feel her sadness and concern and express through my facial expressions that I was feeling those things too. I believe this new found genuineness made me more of a real person to the client, and served to strengthen the counseling relationship. She was able to open up more and be more honest with me, and maybe even with herself, about things that she had buried out of shame or guilt. This genuineness will also help me build stronger counseling relationships with future clients and allow them to feel like I am a real person, who they can trust and open up to and not a cold robot.

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EDC 480 CASE STUDY GUIDELINES: CAREER FORMAT

- **APA Formatting & Style Guide**
- **Case Study Template**
- **Sample Case Study**

Using APA for Writing the Case Study

Please refer to APA/OWL document/attached

EDC students are expected to demonstrate the ability to use APA (6th ed.) formatting & style rules.
For more detailed APA information, our EDC students can download (free) a detailed overview of the APA rules at: http://owl.english.purdue.edu/owl/section/2/10/

Citing Sources vs. Plagiarism: Professional Responsibility When Writing Papers

CSUS Academic Honesty Policy and Procedures

Per university policy, all students are responsible for understanding the rules that preserve academic honesty and abiding by them at all times. Ignorance of these rules is not a defense to a charge of academic dishonesty.

ACA Code of Ethics

Standard E: Counselors do not present substantial portions or elements of another's work or data as one's own, even if the other work or data source is cited occasionally.

CASE STUDY TEMPLATE: CAREER

To gain practice in the development of case study documentation, each student will select one client who has been seen numerous times in counseling. Present the information in written format, 7 pages minimum – 12 pages maximum (typed, double spaced) and be prepared to discuss the case. You must include at least three citations (textbooks, journal articles, or class notes) and a reference page.

1. Setting
   Describe the setting in which the client was seen. Include socio-economic 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 (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
      4. Ethnic/cultural/religious or other considerations
   E. Client's Strengths
   F. Assess and summarize major issues/problems from counselor perspective

3. Framework/Theory (Briefly describe your theoretical framework)

4. Therapeutic Goals, Methods and Interventions
   A. Indicate stated or probable client goals
   B. Indicate counselor goals
   C. Number and type of sessions

D. Describe the methods, techniques and interventions that you used *(This is important since this will indicate what you actually did in counseling).*

5. 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?

6. 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?

CASE STUDY SAMPLE

Setting

The "Center" has been in operation since 1958. The Center is equipped with family counseling rooms, small counseling cubicles and art and play therapy materials. Their services are offered throughout the academic year: September through December and February through May. There is a $100 per semester processing fee for counseling services. The Center serves individuals of all ages, cultures, socio-economic status, sexual orientations, abilities and ethnicities. The center's clients come from a variety of sources including homeless shelters and the university campus.

Graduate students from the Department of Counselor Education conduct counseling sessions at the facility and are supervised by professors in the department. The Center consists of several small counseling rooms with two way mirrors, which allow professors and classmates the ability to observe the session. As a result, my professor and classmates provided me with feedback following each session.

Assessment/ Diagnosis

Description of Client

My client, who I will refer to as Crystal for the purpose of confidentiality, is a 27 year old Mein woman. Crystal is a petite woman about 5'1'' in height and average weight. Her attire consists of jeans and a t-shirt and is relatively casual.

Presenting Problem

The reason why Crystal was seeking counseling, according to her, was due to her depression, anxiety, unemployment, thoughts of suicide, low self-esteem, and limited social support.

Relevant History

Crystal has a number of issues that are creating stress in her life. Many of these issues began 10 years ago while she was married to her ex-husband. During this time, her ex-husband raped and abused her. Crystal stayed with him for six years and began to develop depression and thoughts of suicide. She thought once she left him she would be happy, but that was not the case. Crystal has had thoughts of suicide ever since. She “thinks about being alone, with no job, being very shy, not social, and feeling like she is not doing anything.” This is an example of how Crystal views herself which has contributed to her low self-esteem and depression. Nevertheless, she stated that her two daughters and a good friend keep her going. Crystal copes with her depression by talking to her friend about 2 or 3 times a day everyday; she listens to music, writes in her journal, and watches movies to keep her busy and not think about suicide. Crystal’s spirituality also helps her cope with her depression. In addition, Crystal sees a counselor and a psychiatrist every two weeks. She believes both professionals are a means of

support for her. She is currently taking medication, but does not like to even though she admits the medication helps control her depression.

Crystal wants to return to work and stop receiving Supplemental Security Income (SSI), which "is a Federal income supplement program funded by general tax revenues. It is designed to help aged, blind, and disabled people, who have little or no income; and it provides cash to meet basic needs for food, clothing, and shelter" (www.ssa.gov/ssi/). Crystal has received SSI for the past five years since she was diagnosed with depression. Crystal would return to work even if she had to renounce SSI.

The last time Crystal worked was eight years ago at a food store; where she worked for two months. Crystal wants to work so she can feel like she is contributing financially to her family. But she also said, "I also think 'why am I trying to get a job? I am so lucky to get my money and I don't have to work. A lot of people don't want to work but they have to and I don't. Why am I doing that?' " These statements reflect two parts of herself that are in conflict. Crystal is fearful that in the future SSI may terminate her funds so she would like to get a job now, but she also considers herself lucky since she does not have to work. She feels anxious about working and the process of looking for work. She stated that the process of applying for a job is fearful. She believes she has no job because employers are looking for employees who are "friendly and have great communication skills" which she believes she does not possess. Some sessions into the counseling process, Crystal shared she has a side job cleaning a home twice a month. This demonstrates that she does possess skills that can get her a job.

Crystal also shared she is in the process of moving, which is causing additional stress. She wants to move to a safe location such as Davis. Crystal is in Section-8 Housing so it limits

the locations where she can live. Her parents have offered their home, but she has rejected this offer because they are emotionally unsupportive. She would rather stay close to her friend who is very emotionally supportive.

Client's Strengths

Crystal possesses various strengths. She is dedicated to receiving counseling services. For example, she showed up to most of the sessions and when she missed a session it was due to an emergency. Another strength Crystal possess is achieving her Associates Degree and certificate in computer technology. In addition, she drives, takes care of her children, and is punctual.

Counselor's Perspective of Major Issues/Problems

I believe Crystal's major issue is the conflict she encounters with respect to staying on SSI or going back to work. I believe Crystal's depression might be an avenue to not deal with going back to work.

Framework/ Theory

My theoretical perspective is person-centered theory, which was greatly influence by Carl R. Rogers. According to this theory the basic nature of human beings is good. Everyone is innately good, motivated and able to grow. This theory has a positive view of people. In this theory there are four basic assumptions. The first assumption is that people are trustworthy. The second assumption is that people innately move toward being the best they can be: self-actualization. The third assumption is that people have the inner resources to move/ grow in a positive direction. The fourth assumption is that people respond to the world based on their

unique phenomenological perspective (Capuzzi, & Gross, 2007). In Crystal's case, I believe that she was capable of growing, developing, and moving towards her future potential.

Another theoretical perspective I have applied to this case is Super's life span theory of career development. This theory is a dynamic theory and believes that people do not follow one particular path in developing their career. Instead, individuals encounter the process called recycling: meaning a person goes through aspects of five primary stages at various times in their life. Furthermore, Super's life span theory incorporates the development of the self-concept. Self-concept is at the core of Super's developmental theory. Super describes vocational development as the process of developing and implementing a self-concept. He viewed the self-concept as a combination of genetic characteristics, the social roles individuals participate in and evaluations of the reactions others have to the person. "The self-concept refers to how individuals view themselves and their situations, which changes over time as a consequence of age and life experience" (Sharf, 2006, p. 152). If a person develops a negative self-concept, the career development process is delayed, and individuals have difficulty in progressing through the stages of career development. The stages in Super's Life-Span theory are first curiosity, second exploration (individuals get a better idea of different occupations), third establishment (refers to getting established in one's work by starting a job), fourth maintenance (individual may not be advancing but are maintaining their status in their work), and fifth disengagement (individual begin to think and plan for retirement or are retired). In Crystal's case, she developed a negative self-concept based on her life experiences with her parents and her abusive ex-husband. From an early stage she possessed a negative view of herself and failed to progress through beyond stage two.

One more theoretical perspective that I have applied to this case is Cognitive- behavioral theory. In this theory there are three basic assumptions. The first assumption is that behavior is learned through events, external reinforcers, and by internal interpretations. The second assumption is that development is based on each individual's different learning history, unique experiences created by the environment, and the individual's cognitive understanding of the world. The third assumption requires focusing on the here and now, including when events from the past that are related to the present problem (Capuzzi, & Gross, 2007). Assumptions one and two are similar to Super's theory of self-concept. I used the third assumption to help Crystal focus on the here and now, including her feelings from past trauma that she still experiences.

Therapeutic Goals, Methods, and Interventions

One goal in working with Crystal was helping her to cope with depression, reduce anxiety, and diminish the frequency of suicidal thoughts. Another goal was to build her self-esteem and self-confidence. An additional goal was to facilitate the development of a positive career identity and increase her employment readiness.

In the first session, when Crystal disclosed her thoughts of suicide, I assessed the level of suicidal ideation. It was determined she had no current plan, was seeing a psychiatrist and was on medication. I still developed a verbal contract if these feelings or thoughts got worse she would call the crises line or her doctor.

During the second session, Crystal shared she had not worked for many years and did not believe she had any skills to contribute to the work world. In order to identify some of Crystal's skills and increase her self-esteem, I had her complete an informal assessment named

True Colors. True Colors is a model of personality identification for people of all ages that improves communication through recognition of a person's patterns of behavior and personal characteristics, values, and skills. The True Colors assessment asks participants to identify their "color spectrum" using four cards that represent key personality types: Blue, Gold, Green or Orange. Each color has particular strengths and each color analyzes, conceptualizes, understands, interacts and learns differently. But these differences, if not acknowledged and understood, can become barriers to interpersonal communication (www.true-colors.com/TCSite/whatistruecolors.html). True Colors gave Crystal the opportunity to identify her skills, values, and particular interpersonal communication style while learning more about her preferred work environment. Crystal's True Colors result was Gold, Blue, Orange, and Green. After completing True Colors, Crystal recognized she has many skills such as being loyal, dependable, flexible, analytical, and resourceful.

Crystal now had an understanding of her skills. The next step was to help Crystal understand more about what was stopping her career development. This was made possible by using the intervention "The Four Questions" which is a non-standardized assessment. It required Crystal to answer four questions by drawing a picture or symbols for each question.

When I asked the first question, "Who am I?," Crystal drew herself and explained she was sad, depressed, negative, quiet, and shy. The drawing was a small stick person in the corner of the square. For the second question, "Who do I want to be?," Crystal said she would like to be really talkative, outgoing, a fun person who does not fear talking to people, energetic, and vibrant. The drawing was a small person with a smile not a stick person. For the third question, "What is stopping you?," Crystal stated her mind/brain was stopping her. This means the way

she thinks/ her thoughts are getting in the way of her career development. She believes her brain is "just wired that way." She believes it is her negative self talk that affects her ability to belong. For this question she drew a brain which was two times the size of the other two drawings. For the fourth question, "What do you need to overcome what is stopping you?," Crystal stated a miracle/angel. She would like a miracle, but understands she needs to take small steps to achieve her goals; in addition she recognizes she does not believe in herself. For this question Crystal drew an angel.

After gathering the information from the Four Question assessment, I felt it was necessary for Crystal to reframe some of her negative thoughts which are stopping her career development. For that reason the next intervention Crystal completed was "Thoughts Reframing" This method was selected in order to help her identify her faulty beliefs and work towards reframing them. Crystal was asked to look at the negative statements she says to herself. She then identified and selected 10 statements. Once Crystal had listed all her statements, I asked her to select one of the ten statements and tell me in what ear she heard the statement. Crystal said she heard the first statement, "This is too much for me to handle," in her left ear. I then asked her to tell me what happened when she moved it to the other side of her head, to the other ear. She was able to change the negative statement to a positive statement. Crystal repeated the process again. She moved the statement "I am not smart enough," to the opposite side and listened to her inner wisdom and then heard a positive statement. It was her last counselor telling her how smart she was because she went to school and accomplished a degree. She continued this process for all ten statements. As Crystal heard

the reframed statement, she wrote down the positive statement next to the negative statement. We then discussed how these negative thoughts have been affecting her career development.

After several sessions Crystal was progressing well. She identified her skills, communication style, who she wants to be, what was stopping her and how to overcome her barriers. Next, I believe Crystal needed to explore her strengths, values, joys and needs, which was the part of True Colors assessment we did not get to cover.

For this intervention Crystal was given a butcher paper divided into four squares. Each square had one of the four words. She began by listing her values, and then Crystal moved on to needs, and joys. The last section she completed was strengths. Before she began Crystal said, "I don't really know what my strengths are." So I asked Crystal to review the strengths which she discovered doing True Colors. Crystal wrote the following in each section; *Strengths***:** Being a mom, ability to drive, honest, flexible, drug free, and careful; *Values***:** Family, friends, good health, having fun, and healthy relationships; *Joys***:** Spending time with my kids, watching a really funny movie, carnivals, playing games, talking on the phone with a friend, going out to eat, going for a walk; *Needs***:** Food, shelter, acceptance, enjoy life, transportation, money, survival skills, love, and feeling "ok." After completing the intervention, she admitted that she has a hard time giving herself credit.

<u>Consultation and/ or Referrals</u>

I consulted with my professor and classmates regarding the case. Useful suggestions and time for reflection came out of the consultations. I referred the client to the Sacramento Works One-Stop Career Center where she could continue to work with me on career related issues.

The issues we would continue to work on includes completing a professional portfolio (resume, cover letter, reference), receiving on the job training, exploring moving possibilities and referring her to other community agencies for more services. She was also referred back to the Center for the spring semester, so she could continue working with a counselor.

Summary of Outcomes

Crystal illustrated great dedication to the process of counseling. She tried her best never to miss a counseling session. She participated in all the interventions without questioning the process. It seemed as if Crystal obtained a lot from counseling, in particular support. Through the process of counseling, I learned so much about Crystal. I came to the conclusion that Crystal many not be ready for work because of her fear of losing SSI and having to support herself financially. Receiving SSI is a comforting reality to her. I believe Crystal has skills, personality, dedication, and willingness which can be applied to a work environment. After learning more regarding SSI and the misconceptions people have about receiving SSI and working, I understand how complicated and confusing going back to work can be for the client. As a result of this understanding, I plan to encourage Crystal to meet with a representative from my work who can clarify some of the misconception clients have about SSI and work.

As of now, Crystal is currently working with me at the Sacramento Works One-Stop Career Center. With my help, Crystal has completed and submitted applications, has revamped her resume and cover letter, has taken a vocational assessment which has sparked her motivation to go back to school. She is planning to go back to became a pharmacy technician if she gets financial aid. Overall, Crystal has shown great improvement and has achieved a lot in order to get back to work.

Lessons Learned

Believing in the therapeutic value of the relationship alone was difficult at first. I wanted the first session to be structured where I knew exactly what the next step would be, yet that was not the case. I learned that although structure is important, flexibility, free flow, and openness is essential as well.

Over the process of this semester I believe I grew as a counselor. From the beginning of the semester I recognized some of my strengths such as reflecting and tracking the client. I was also aware that I needed to develop my open-ended questions and my theoretical and professional knowledge. As the semester unfolded, I learned many interventions which contributed to my professional knowledge and my theoretical development.

In the future, I will trust in the power of the therapeutic relationship and not feel anxious about structuring the session and selecting the perfect intervention. Thanks Nancy.

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California State University, Sacramento
Basic Counseling Skills Evaluation

Counselor _____ Supervisor _____

Specialization □ Career □ MFCC ☐ School Course EDC 280 Site/Room #_____

Session # _____ Date _____ Evaluation by: Student □ Supervisor ☐

(Circle the appropriate number for each counselor competency: 5 is high)

Session Management, Attending and Facilitation Skills:	**Overall**	**1 2 3 4 5**
1. Began and ended session on time.		1 2 3 **4** 5
2. Gave timely warning before end of session.		1 2 3 4 5
3. Demonstrated appropriate non-verbal attending skills.		1 2 3 4 5
4. Reflected client's feelings and attitudes with appropriate frequency and accuracy.		1 2 3 4 5
5. Reflected content of client's message with appropriate frequency and accuracy.		1 2 3 4 5
6. Reflected discrepancies in client communication.		1 2 3 4 5
7. Limited self-disclosure, but skillfully self-disclosed when appropriate.		1 2 3 4 5
8. Fostered specific and concrete (rather than general and abstract) communication.		1 2 3 4 5
9. Fostered immediacy in the counseling session.		1 2 3 4 5
10. Demonstrated a variety of responses and techniques.		1 2 3 4 5
11. Set limits appropriately.		1 2 3 4 5
12. Encouraged / empowered client as appropriate.		1 2 3 4 5
13. Returned responsibility / encouraged client's decision making / refrained from giving advice.		1 2 3 4 5
Goal setting and achievement:	**Overall**	**1 2 3 4 5**
14. Collaborated with client to establish clear therapeutic goals.		1 2 3 4 5
15. Focused the session around client objectives.		1 2 3 4 5
16. Facilitated movement toward client goals.		1 2 3 4 5
17. Moved neither too slowly nor too quickly for client.		1 2 3 4 5
18. Recognized and effectively addressed resistance.		1 2 3 4 5
Theoretical and other professional knowledge:	**Overall**	**1 2 3 4 5**
19. Showed awareness and sensitivity to issues of culture, gender, age, etc.		1 2 3 4 5
20. Showed knowledge of professional literature related to client concerns/issues.		1 2 3 4 5
21. Demonstrated consistent use of counseling theory.		1 2 3 4 5
22. Demonstrated creativity.		1 2 3 4 5
23. Showed understanding of the dynamics of client concerns/issues.		1 2 3 4 5
Personal Skills:	**Overall**	**1 2 3 4 5**
24. Presented as a professional counselor and dressed appropriately.		1 2 3 4 5
25. Showed tolerance of stress and discomfort (of own feelings and client's).		1 2 3 4 5
26. Made responses that flowed easily.		1 2 3 4 5
27. Exhibited appropriate self-assurance, confidence, and trust in own ability.		1 2 3 4 5
Outside of counseling sessions:	**Overall**	**1 2 3 4 5**
28. Accurately self-assesses.		1 2 3 4 5
29. Takes appropriate steps toward increased education, consultation, referral.		1 2 3 4 5
30. Appropriately receives and uses feedback.		1 2 3 4 5
31. Completes client records promptly, with neatness, thoroughness, and accuracy.		1 2 3 4 5
32. Adheres to ACA Ethical Standards, both in and out of counseling sessions.		1 2 3 4 5
	TOTAL =	

California State University, Sacramento
Basic Counseling Skills Evaluation

Supervisor's Comments/Qualitative Assessment

Include comments regarding your personal assessment of the student's strengths and areas of growth at this point. (Please put an "X" through any lines that are not used below).

By signing below, both supervisor and supervisee acknowledge they have reviewed this evaluation together.

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____

Dr. Dickson
EDC 480
2012-2013

Case Study Grading Rubric

NAME:

CATEGORY	Unacceptable (Below Standards)	Acceptable (Meets Standards)	COMMENTS
Agency Setting	Vague or inadequate description of agency setting.	Clear description of setting in which the client was seen; Included socio-economic status & 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.)	
Framework/Theory	Did not provide a theoretical framework; vague description of theoretical framework; does not relate to clinical rationale.	Clear description of theoretical framework demonstrating an understanding of how theory applies/relate to clinical rationale; clinical rational clearly & concisely articulated.	
Referral Reason	Did not provide overview of primary concern and current symptoms	Provides overview of primary concern and current symptoms	
History of Problem	Did not provide information on progression of symptom development & severity	Provides information on progression of symptom development & severity.	
MSE	Does not include primary MSE domains	Includes all major domains of MSE.	
Biopsychosocial Assessment	Did not address or inadequately addressed important	Competently addressed all areas of client functioning including presenting problem, social/psychological/biological domains, etc	

	areas of client functioning.		
DSM-IV TR 5-Axis	Did NOT demonstrate understanding of DSM-IV TR diagnostic categories or needs help connecting DSM-IV TR criteria to presenting problems	Demonstrates understanding and connects presenting problem with DSM-IV TR diagnosis & identifies possible co-morbid disorders; provided essential diagnostic information to rule/out & select most likely diagnosis; Can identify elements relevant to making prognostic predictions.	
Diagnostic Summary	Does not includes major rule outs-why they were ruled out- and explanation of how the current diagnosis is the accurate one- why ruled in.	Includes major rule outs-why they were ruled out- and explanation of how the current diagnosis is the accurate one- why ruled in.	
Case Conceptualization	Does not summarize client presentation. Vague discussion or no discussion on major symptoms, length, severity, & context; irrelevant information included.	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.	
Human Diversity	Unable to understand the importance of issues of diversity.	Generally good at identifying issues of diversity which 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.	
Law & Ethics	Poor understanding of legal issues relevant to client & clinical setting.	Adequately knowledgeable of legal issues relevant to client & site clinical setting; adheres to legal statutes & identifies/addresses ethical concerns; Is developing knowledge of & follows law in clinical practice.	
Treatment Plan	Difficulty in identifying stages of treatment & imposes treatment goals; Does not understand the differences between short- and long-term treatment goals; Does not recognize the need for referral & is not aware of appropriate referrals; treatment plan's identified problem(s); goal(s), intervention(s) NOT related to one another.	Identifies stages of treatment & sets mutually agreed upon, appropriate short- & long-term goals for treatment; demonstrated knowledge about client & how presenting diagnosis & 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.	
What You Learned	Vague and/or long-winded description of what was learned from work w/ client; cannot concretely identify areas that may have been approached	Able to clearly & articulately discuss what was learned from work w/ client; can concretely identify areas that may have been approached differently.	

	differently.		
Focus & Sequencing	Little evidence material is logically organized into topic, subtopics or related to topic. Many transitions are unclear or nonexistent.	Material is unified and well focused; pattern of organization is clear, logical, and well executed.	
Grammar & Mechanics	Grammatical errors or spelling & punctuation substantially detract from the paper.	Grammatical errors or spelling & punctuation are rare & do not detract from the paper.	
APA Style & Communication	Errors in APA style detract substantially from the paper. Word choice is informal in tone. Writing is choppy, with many awkward or unclear passages.	Rare errors in APA style that do not detract from the paper. Scholarly style. Writing has minimal awkward of unclear passages.	
Citations & References	Reference and citation errors detract significantly from the paper.	All references & citations are correctly written	