



CNS 591 CMHC/MCFC Practicum

CLASS INFORMATION

Western Kentucky University
Counseling & Student Affairs
Gary A. Ransdell Hall 3076

Summer 2020
Wednesdays
3:00–4:30 / 5:00-6:30 pm

INSTRUCTORS

Georgeanna Gibson, LPCC-S
Georgeanna.gibson@trabuegroup.org
270-535-4785 (C)
270-746-6600 (O)
Supervising: July & August

Dr. Loretia Dye
loretia.dye@wku.edu
270-745-3029 (O)
GRH 3027
Supervising: May & June

OFFICE HOURS

Wednesdays 1-3pm; available online through zoom or facetime.

COURSE DESCRIPTION

Supervised experiences in a clinical mental health or marriage, couple, and family counseling setting. This course is the initial clinical placement for students admitted to the Clinical Mental Health Counseling or Marriage, Couple, and Family Counseling programs. Prerequisites for this course also include completion of all practice preparation sequence courses with grades of B or better and departmental approval.

PURPOSE OF THE COURSE

The primary purpose of this course is to offer students their initial, closely supervised, clinical experiences in settings approved by the Department of Counseling and Student Affairs. More specifically, the course focuses on the continued development of counseling skills and the application of counseling theory. Course experiences include counseling clients who represent the ethnic and demographic diversity of their community.

COURSE OBJECTIVES

This course is designed to achieve learning outcomes consistent with the 2016 CACREP Accreditation Standards noted below. Students are assessed on the standards noted with an asterisk*.

PROFESSIONAL COUNSELING IDENTITY: COUNSELING CURRICULUM CORE

F. 1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

- k. strategies for personal and professional self-evaluation and implications for practice
- l. self-care strategies appropriate to the counselor role*
- m. the role of counseling supervision in the profession

MARRIAGE, COUPLE, AND FAMILY COUNSELING

2. CONTEXTUAL DIMENSIONS

- l. physical, mental health, and psychopharmacological factors affecting marriages, couples, and families.*

REQUIRED AND RECOMMENDED COURSE READINGS

There is no text for this course. Readings may be assigned throughout the course and either posted on Blackboard or emailed to students.

METHODS OF INSTRUCTION

The course focuses on students' clinical skill development as they counsel clients on-site. The class involves a mixture of group clinical supervision, group discussions, and onsite supervision. Activities include clinical instruction, role-play practice and demonstration, case consultation, case presentations, peer supervision/feedback, group processing, and supervisor feedback and consultation. Students are expected to be prepared for supervision.

Please note the following: Group supervision will meet an average of 1½ hours each week. Over the course of the semester, students will make 2 or more case presentations and discuss onsite experiences. Students are reminded that information shared during group supervision is considered strictly confidential. Students are not to discuss case presentations outside of class with members of the class or with anyone not in class. Breach of confidentiality is regarded very seriously, and may result in an administrative withdrawal from the class and dismissal from the program.

COURSE REQUIREMENTS

Points acquired through the course are combined through active participation and written assignments. The descriptions and value of each are listed below. Detailed rubrics and templates are available in the appendices as indicated under the description for each assignment; they will be used for grading the assignments in Blackboard. In addition to submitting these assignments through Blackboard, some must also be uploaded to the CEBS Electronic Portfolio System (see Appendix A) for the departmental and college accreditation reporting.

Attendance, Participation, and Preparation

Attendance and active participation during all group supervision meetings (CNS 591) is required. Students are expected to actively participate in case presentations, demonstrate knowledge and application of counseling skills and theory, and illustrate evidence of personal and professional growth. Participation also includes preparation for supervision, responding to feedback, providing peer supervision, active involvement in discussions, and developing/demonstrating a theoretical perspective. Per the signed practicum application and supervision contract, students are required to abide by and follow the guidelines and expectations set forth in the most current Practicum and Internship Manual. Furthermore, sites approved by the Clinical Coordinator have agreed to allow interns to video tape counseling sessions; therefore, students are expected to bring a video of their counseling work with clients to individual/triadic supervision every week and to group supervision on scheduled case presentation dates. All students are responsible for acting in accordance with the [Policy on Security of Media](#). Additional individual/triadic supervision may be requested by students or required by the faculty supervisor as necessary.

Professional Experience and Development Activities

Although the following assignments are not graded, they must be successfully completed in order to pass the course.

1. Completion of Supervised Practicum Clock Hours

- a. A minimum of 100 direct and indirect contact hours accumulated over the semester.
 - Direct hours are those hours that involve actual counseling activities. At least 40 of the total 100 hours must be in direct contact with clients.
 - Indirect hours include observation of counseling, supervision, staffing, completing paperwork, and any other site-related activity that does not include actually counseling clients.
- b. At least 1 hour of individual supervision each week by the Site Supervisor
- c. An average of 1½ hours of group supervision each week (this class).
- d. Students are required to complete a *minimum of 8 (direct and indirect) hours on site every week during the entire semester for at least 10 weeks*. All indirect hours must be completed on site performing site-related activities.

2. WKU Internship Portfolio

Obtain updated checklist and clinical forms on the Practicum & Internship webpage at http://www.wku.edu/csa/counseling/internship_manual.php under Required Clinical Paperwork.

Skills Demonstration and Professional Performance

The following are graded course assignments. Students may earn either an “A,” “B,” or “F” in Internship. A “B” is considered successful completion of Internship. Please note that additional assignments or supervision hours may be required based upon individual needs.

Case Presentations (2)

Students will make two formal case presentations during the semester. These presentations include case presentation write-ups. *The paper should be single-spaced and follow the template outline format provided* (see Appendices B-F for templates, rubrics, forms, and formats). Case presentations also require a presentation of a video segment that clearly characterizes the client's concerns and student's work with the client. Alternatively, several video segments that clearly characterize the progression of the student's work with the client and the client's development may be used. In addition, students are encouraged to conceptualize client's concerns, counseling interventions, and counseling treatment goals through their theoretical lens. Personally identifying information about clients (e.g., real name) should not be included in the paper. Students presenting a case will (CORE.1.k, l, m; MCFC.2.l):

- Submit a case presentation paper (see Appendices B-F).
- Upload the case presentation to the class Blackboard discussion group by Monday night so the faculty supervisor and group members can review the case beforehand.
- During class, briefly present an overview of the case, highlighting key details.
- Discuss the questions and requests for feedback
- Play properly cued tape segment(s) to the class (approx. 5-10 min).
- Discuss the feedback that addresses the counselor's skills.
- Case presentations should take approximately 30 minutes each.

The faculty supervisor will assist in moderating case presentations. Students will sign-up for case presentations the first week of class. (Remember to use the [Information and Consent Document Permission to Video](#) forms.

STUDENT EVALUATION CRITERIA AND PROCEDURES

Rubrics for the assignments are noted at the end of the syllabus. You must pass this class with a B or better to complete your counseling degree and enroll in the internship (CNS 596) or you will be required to repeat the course. Grades for the course are determined from a percentage of the total points as follows:

A 90% - 100% | **B** 80% - 89% | **C** 70% - 79% | **D** 60% - 69% | **F** 0% - 59%

Course Requirements	Points
Attendance, preparation, and participation (3pts per class)	36
Case Presentation 1 Case Conceptualization & Verbatim Transcripts	36
Case Presentation 2 Client Intake & Case Notes *	36
Completion of supervised practicum hours (100 total)	Required
Practicum Portfolio, <i>Upload to Bb & send to Clinical Coordinator</i>	Required

*See Appendix A for Directions to upload into CEBS e-portfolio

CACREP Assessments

Assignments that include assessments of CACREP standards must be uploaded to the CEBS Electronic Portfolio System (EPS) by the due date. Assignments not uploaded in the CEBS system prior to finals week (unless due that week) may result in an Incomplete in the course.

COURSE SCHEDULE

Students are responsible for reading assigned readings and other resources provided in Blackboard. Additionally, students should have their case presentations prepared and uploaded to Blackboard at least two days in advance of their scheduled presentation.

Date	Activities and Assignments Due
May 20	Introductions, course overview, presentation sign ups, professional growth goals Read: Counselor Attire; Complete: Theoretical Orientation Quiz (F.1.k, l)
May 27	Common practicum issues and concerns, supervision, and the new experience Review: Suicide Risk Assessment Summary Sheet (F.1.m; 5.F.2.l)
Jun 3	Presentation 1: Presentation 1:
Jun 10	Presentation 1: Presentation 1:
Jun 17	Presentation 1: Presentation 1:
Jun 24	Presentation 1: Presentation 1:
Jul 1	Presentation 1: Presentation 1: Midpoint check-in. Due: Practicum Counseling Skills Scale & SS Mid-term Eval
Jul 8	Read: Learning to write case notes using the SOAP notes format (Sect 5:F.2.l) Presentation 2: Presentation 2:
Jul 15	Presentation 2: Presentation 2: Presentation 2:
Jul 22	Presentation 2: Presentation 2: Presentation 2:
Jul 29	Presentation 2: Presentation 2: Presentation 2:
Aug 5	Presentation 2: Presentation 2: Final check-in. Due: Practicum Counseling Skills Scale & SS Final Eval
Aug 12	Due: Portfolios in Blackboard and to Clinical Coordinator Due: Uploads due in CEBS portfolio

**When class is not in session, contact the Site Supervisor, Faculty/Group Supervisor, or Clinical Coordinator with concerns or questions related to the practicum/internship.*

COURSE POLICIES

ADA Students with Disabilities Who Require Accommodations

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The Student Accessibility Resource Center.

Academic Integrity and Plagiarism

Academic integrity is an essential component of an academic community. Every student is responsible for fostering and maintaining a culture of academic honesty by making a commitment to the academic values of honesty, integrity, responsibility, trust, respect for self and others, fairness, and justice. In addition, students are expected to abide by the code of ethics for their profession and the student code of conduct for the university. Violations of academic integrity include cheating, plagiarism, or lying about academic matters. Plagiarism is defined as any use of another writer's words, concepts, or sequence of ideas without acknowledging that writer properly. This includes not only direct quotations of another writer's words, but also paraphrases or summaries of another writer's concepts or ideas without acknowledging the writer properly (i.e., citing them). Cheating includes behaviors such as giving or receiving data or information under any circumstances not permitted by the instructor. Lying about academic matters includes falsification of data or information as part of an academic exercise, or knowingly providing false information to a faculty member. Academic dishonesty is a profoundly serious offense because it involves an act of fraud, jeopardizing genuine efforts by faculty and students to teach and learn together. Students who are determined to have plagiarized an assignment or otherwise cheated in their academic work or examination may expect an "F" for the assignment in question or an "F" for the course, at the discretion of the instructor. All incidents of cheating or plagiarism, reported by the instructor, will follow the Student Remediation Process as described in the departmental handbook. Please note that the University does use web-based products to detect plagiarism. **Self-plagiarism:** This term is defined by the Publication Manual of the American Psychological Association (6th ed.) as authors presenting their "previously published work as new scholarship (p. 16)." It is thus unethical for students to use work previously submitted to meet a course requirement (e.g., a course paper for another course). Doing so will result in remediation procedures. Graduate students are advised that self-plagiarism will be treated as plagiarism and that the same disciplinary procedures will be used as those implemented for plagiarism.

Academic Performance

As graduate students and professionals-in-training, graduate studies should be viewed from the perspective of professional development. All graduate students are expected to develop standards of academic and professional performance. See graduate catalog and the Department of Counseling & Student Affairs Student Handbook for more details.

Informed Consent

Students enrolled in counseling classes and programs are expected to exhibit personal qualities and characteristics consistent with effective functioning as a helping professional. Some classes require learning experiences, which focus on self-understanding or growth. The letter grade awarded for a class may not reflect an evaluation of personal qualities needed to function as a competent counselor. Admission of a student to a counseling class or program of study does not guarantee completion or graduation; assessment of a student's fitness is an ongoing process, and students should be aware that the instructor has a continuous responsibility to make such an assessment.

Late or Missing Assignments

Please plan ahead. Course assignments are due on the date indicated in the syllabus unless other arrangements are made with the course instructor prior to the due date. Late assignments will be penalized by a deduction of 10% per each day late; assignments past due one week are not accepted.

Use of Current Research

Course content is continuously revised to include the most recent relevant research. In addition to the references listed in this syllabus, the instructor will post references for relevant current research on the course Blackboard site. In order to create a high caliber graduate level paper, you are encouraged to work with the education librarians to help you find additional research articles. You may also view the [library tutorials](#) or educational [research guides](#) for more help.

Use of Technology in Course

This is a blended course and includes online and face-to-face elements. The online portion incorporates a variety of resources, quizzes, and assignments provided online through Blackboard. Therefore, you will need to have a computer with a reliable internet connection and access to Microsoft Word and PowerPoint software (download free through wku.edu/it). You are also encouraged to download the free anti-virus software to ensure your computer and submitted documents are free from malicious viruses or spyware. E-mail and Blackboard will be used for communication, to distribute relevant course information, as well for the submission of assignments. Students should stay abreast of such communication throughout each week of the course. Cell phones must be turned off at the start of class unless there is an emergency situation. Laptops should only be used during class lectures and should be put away during demonstrations, experiential activities and discussions. Use of cell phones and laptops is considered discourteous when other students and the instructor are involved in demonstrations or experiential activities. Points for participation and attendance will be deducted upon inappropriate use of technology during class.

Title IX Misconduct and Discrimination Policies

Western Kentucky University (WKU) is committed to supporting faculty, staff and students by upholding the following policies:

- [Title IX Sexual Misconduct/Assault Policy](#) (#0.2070)
- [Discrimination and Harassment Policy](#) (#0.2040)

Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Title IX Coordinator, Andrea Anderson, 270-745-5398 or Title IX Investigators, Michael Crowe, 270-745-5429 or Joshua Hayes, 270-745-5121.

Please note that while you may report an incident of sex/gender-based discrimination, harassment and/or sexual misconduct to a faculty member, WKU faculty are "Responsible Employees" of the University and MUST report what you share to WKU's Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU's Counseling and Testing Center at 270-745-3159.

Flexibility Clause

The requirements, assignments, policies, evaluation procedures, etc. mentioned in this syllabus are subject to change. Students' experiences and needs, as well as emerging knowledge, will be considered in modifying this course syllabus. In addition, extenuating circumstances may contribute to modification in course requirements and schedule. For example, in the event that the university cancels classes, such as for severe weather, students will be expected to continue with readings as originally scheduled and class may be moved online via Blackboard, AdobeConnect, or other option. Any assignments scheduled during those missed classes, such as an exam or paper, are due as posted on the course website.

APPENDIX A
CEBS ELECTRONIC PORTFOLIO SYSTEM
<http://edtech2.wku.edu/portfolio>

NOTE: ALL Students MUST create an account in the CEBS Electronic Portfolio System.



Please note that the College of Education and Behavioral Sciences mandates that all students create an account in the CEBS Electronic Portfolio system. Additionally, you are expected to upload certain **graded** assignments across the curriculum that assess for CACREP standards. Also, please note that this is a requirement for Council for Accreditation for Educator Preparation (CAEP) accreditation.

If you have not registered for the CEBS Electronic Portfolio, **Create a New Student Account**. If you need directions, please follow the instructions at:
http://edtech2.wku.edu/portfolio/studenthelp/student_instructions.php

Please note the following directions:

*****Your paper should be saved as a Microsoft Word document.**

- Go to <http://www.wku.edu>
- Select "Academics" (on left side)
- Select "College of Education & Behavioral Sciences"
- Select Electronic Portfolio System (under Educational Technology)
- Select "Student Login" (you need your WKU ID and password)
- Select CNS591 (click on "View Key Assessment")
- You will see **"Case Presentation 2"**
- Click on "Upload/View Files." Upload
 - Your graded assignment (i.e., paper with qualitative feedback)
 - If there is not written feedback on the actual assignment (i.e., power point), include the power point *and* the professor's feedback. The latter may be in a word document or screen shot of feedback in BBD rubric.
- Follow the directions to upload your document (this is similar to adding an email attachment)

All assignments must also be uploaded to Blackboard by the due date.

APPENDIX B
CASE PRESENTATION 1 TEMPLATE:
CASE CONCEPTUALIZATION AND VERBATIM TRANSCRIPTS
(CACREP CORE.1.k, l, m)

Student Name: _____ Date: _____

1. Background Information

- a. Client demographic background (age, gender, ethnicity, religion, referral source, etc.)
- b. Client's presenting and concurrent concerns?

2. Treatment Goals

- a. What short term goals do you have for this client (1-30 days)? How will you know you accomplished these goals? In what time frame do you anticipate achieving the short-term goals?
- b. What long term goals do you have for this client (>1 month)? How will you know you accomplished these goals (what are your outcomes)? In what time frame do you anticipate achieving these long-term goals?
- c. At what stage of change do you believe the client is currently in; are your goals realistic given the client's current stage of change?
- d. What barriers are preventing the client from obtaining these goals? What resources will support their progress?

3. Video-Clip

- a. Describe what is shown in the clip?
- b. Why did you choose this part of your session?
- c. Include 3-5 questions (print and bring copies to class) you would you like the group to address when watching your video-clip?

4. Self-critique

- a. What did you learn about yourself as a counselor? What did you do well or what are your areas for improvement?
- b. What did you learn about your work with clients? What thoughts and/or feelings arose for you during or after this session?
- c. How would you describe your current level of self-care? Are your self-care strategies addressing your current personal and professional needs? What can you do to improve your current level of wellness?

5. Verbatim Transcripts

Provide a 10-minute transcript of the video segment chosen to show in class. Every word you and the client say in the session must be transcribed verbatim. Pauses, laughter, crying and other nonverbal behavior pertinent to the session also must be transcribed. Use the following template to record your transcripts.

Counselor Name: _____

Client core affect: _____

Date: _____

Session #: _____

Start time: _____

Verbatim Client Statements	Verbatim Counselor Response	Skill Identification	Alternate Response	Self-Awareness

Student: _____

Supervisor: _____

APPENDIX C
CASE PRESENTATION 1 RUBRIC:
CASE CONCEPTUALIZATION AND VERBATIM TRANSCRIPTS
(CACREP CORE.1.k, l, m)

Requirements <i>CACREP standards</i>	Inconsistently or rarely meets assignment requirements 1	Somewhat meets assignment requirements and expectations 2	Meets assignment requirements and expectations 3	Exceeds assignment requirements and expectations 4
Background Information	<input type="checkbox"/> Inaccurate or completely missing demographic information about age, gender, ethnicity, religion, and referral source along with presenting and concurrent concerns	<input type="checkbox"/> Deficient demographic information about age, gender, ethnicity, religion, and referral source along with presenting and concurrent concerns	<input type="checkbox"/> Includes some demographic information about age, gender, ethnicity, religion, and referral source along with presenting and concurrent concerns	<input type="checkbox"/> Accurately and appropriately includes age, gender, ethnicity, religion, and referral source along with presenting and concurrent concerns
Treatment Goals	<input type="checkbox"/> Inaccurate or completely missing short-term and long-term goals; stages of change; barriers; and resources that impact the client	<input type="checkbox"/> Limited short-term and long-term goals; lacks description of stages of change, barriers, and resources that impact the client	<input type="checkbox"/> Creates and analyzes some short-term and long-term goals; describes some stages of change, barriers, and resources that impact the client	<input type="checkbox"/> Effectively creates and analyzes short-term and long-term goals; describes stages of change, barriers, and resources that impact the client
Video-clip Description <i>(CORE.1.k,m)</i>	<input type="checkbox"/> Inaccurate or completely missing description of video-clip content, reason for showing the clip, and includes 1-2 questions to address with the group that lacks deeper reflection	<input type="checkbox"/> Limited description of video-clip content, reason for showing the clip, and includes 2-3 questions to address with the group that lacks deeper reflection	<input type="checkbox"/> Somewhat describes video-clip content, reason for showing the clip, and includes 3-5 questions to address with the group that lacks deeper reflection	<input type="checkbox"/> Accurately describes video-clip content, reason for showing the clip, and includes 3-5 thoughtful questions to address with the group
Self-Critique <i>(CORE.1.k, l)</i>	<input type="checkbox"/> Inaccurate or completely missing self-evaluation of counselor's areas for improvement, thoughts and feelings during and after session, and current level of self-care	<input type="checkbox"/> Limited self-evaluation of counselor's areas for improvement, thoughts and feelings during and after session, and current level of self-care	<input type="checkbox"/> Somewhat self-evaluate counselor's areas for improvement, thoughts and feelings during and after session, and current level of self-care	<input type="checkbox"/> Thoughtful self-evaluation of counselor's areas for improvement, thoughts and feelings during and after session, and current level of self-care
Transcript - Overall <i>(CORE.1.k)</i>	<input type="checkbox"/> Inaccurate or completely missing transcription – both verbal and nonverbal statements for counselor and client	<input type="checkbox"/> Limited transcription - both verbal and nonverbal statements for counselor and client	<input type="checkbox"/> Somewhat transcribed both verbal and nonverbal statements for counselor and client	<input type="checkbox"/> Transcribed appropriately and matches both verbal and nonverbal statements for counselor and client

Requirements <i>CACREP standards</i>	Inconsistently or rarely meets assignment requirements 1	Somewhat meets assignment requirements and expectations 2	Meets assignment requirements and expectations 3	Exceeds assignment requirements and expectations 4
Transcript – Skill Identification <i>(CORE.1.k)</i>	<input type="checkbox"/> Unacceptable, inaccurate, or completely missing identification of skill.	<input type="checkbox"/> Limited understanding in the identification of skills used	<input type="checkbox"/> Good understanding of skills, but some skill identifications are incorrect.	<input type="checkbox"/> Accurate identification of skill used.
Transcript – Alternate Response <i>(CORE.1.k,m)</i>	<input type="checkbox"/> Inaccurate, incorrect, or completely missing different perspective and/or missed opportunity to deepen session.	<input type="checkbox"/> Deficient application of deepening session and requires more openness and acceptance of different perspectives.	<input type="checkbox"/> Some opportunities presented for unique perspectives and deeper session but require more thorough thought.	<input type="checkbox"/> Offers different and unique perspective and takes session deeper.
Transcript – Self-Awareness <i>(CORE.1.k)</i>	<input type="checkbox"/> Ineffectively or completely missed opportunities for self-awareness.	<input type="checkbox"/> Deficient discussion of self-awareness; requires extensive evaluation of feelings toward client, self, etc.	<input type="checkbox"/> Some opportunities for self-awareness but require further identification of feelings toward client, self, etc.	<input type="checkbox"/> Effectively identified opportunities for self-awareness by expressing feelings toward client, self, etc.
In-class Presentation <i>(CORE.1.k,m)</i>	<input type="checkbox"/> Missing key elements of video segment, details, discussion questions, and/or requests for feedback.	<input type="checkbox"/> Presents overview of the case highlighting video segment with limited details, discussion questions, and/or requests for feedback.	<input type="checkbox"/> Presents basic overview of the case highlighting a 10 minute video segment with key details, effective discussion questions, and requests for feedback.	<input type="checkbox"/> Presents thorough overview of the case highlighting a 10 minute video segment with key details, effective discussion questions, and requests for feedback.

Comments:

Total score _____ / 36

APPENDIX D
CASE PRESENTATION 2 TEMPLATE:
CLIENT INTAKE & CASE NOTES
(CACREP CORE.1.k, l, m; MCFC.2.l)

Student Name: _____ Date: _____

1. Client Intake Form

Complete the client intake form electronically (Appendix E).
[Download the form](#) from the Practicum & Internship webpage.

2. Case Notes Form

Complete the client notes form (Appendix E) using the SOAP notes format.
The summary should be brief (about 1-2 paragraphs) but as concise as possible.
See Appendix F for the SOAP format.

3. Video-Clip

- a. Describe what is shown in the clip?
- b. Why did you choose this part of your session?
- c. Include 3-5 questions (print and bring copies to class) you would you like the group to address when watching your video-clip?

4. Self-critique

- a. What did you learn about yourself as a counselor? What did you do well or what are your areas for improvement (include suggestions from supervisor as well)?
- b. What did you learn about your work with clients? What thoughts and/or feelings arose for you during or after this session?
- c. How would you describe your current level of self-care? Are your self-care strategies addressing your current personal and professional needs? What can you do to improve your current level of wellness?

APPENDIX E CLIENT INTAKE FORM

Date _____	Age _____
Client* _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T
Counselor _____	Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
Referral source _____	Religious Pref _____

* do not use client's real name for class assignment

Family / Social Relationships (check all that apply)

Marital Status	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried
Living with	<input type="checkbox"/> Self only <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Children <input type="checkbox"/> Parents <input type="checkbox"/> Other Family <input type="checkbox"/> Friends <input type="checkbox"/> Anyone
Children	<input type="checkbox"/> Yes <input type="checkbox"/> No Stable living <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Children in home	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No Alcohol use in home <input type="checkbox"/> Self <input type="checkbox"/> Others <input type="checkbox"/> None
Children (#, ages)	Drug use in home <input type="checkbox"/> Self <input type="checkbox"/> Others <input type="checkbox"/> None

Describe the personal relationship with each of the following people?

0 Non-existent, 1 Challenged, 2 Mixed, 3 Supportive/close, Not applicable | Frequency: Daily, Weekly, Monthly, Yearly, Rarely, Never

	0	1	2	3	N	D	W	M	Y	R	N		0	1	2	3	N	D	W	M	Y	R	N
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Step-mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most supportive relationships _____

Most challenging relationships _____

Current Education / Employment / Legal Information

Education	<input type="checkbox"/> GED <input type="checkbox"/> H.S. <input type="checkbox"/> Trade <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Grad	Trade or profession <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
Student	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No	List trade or profession _____
Employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No	Current occupation _____
Military	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> N/A	\$ Responsibility <input type="checkbox"/> Self only <input type="checkbox"/> Support others
Legal issues	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe below)	Employment issues <input type="checkbox"/> Yes <input type="checkbox"/> No (describe below)
Past arrests	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe below)	Current arrest issues <input type="checkbox"/> Yes <input type="checkbox"/> No (describe below)

Comments:

Current Medical / Psychiatric Information

Current prescribed meds	<input type="checkbox"/> Yes <input type="checkbox"/> No	List meds	
Doctor prescribing meds	<input type="checkbox"/> Psych <input type="checkbox"/> Pri Care	List doctors	
Hospitalized for medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue & dates	
Hospitalized for psych	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue & dates	
Current med issue	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affect on life	
Treated for substance use	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates	

Current Symptom Checklist

(rate the intensity of symptoms currently present; check all that apply)

Current impact on quality of life: **0** None **1** Mild **2** Moderate **3** Severe
 Other impact: **P** Past client symptom **F** Family member experienced symptom

Symptom	0	1	2	3	P	F	Symptom	0	1	2	3	P	F
Suicide ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attempted homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggressive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trouble controlling violent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduct problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oppositional behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concomitant medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional trauma victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical trauma victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetite disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual trauma victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional trauma perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elimination disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical trauma perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue/ low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual trauma perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychomotor retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Significant Weight Gain/Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bingeing/Purging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laxative/Diuretic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose Associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generalized anxiety or tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phobias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dissociative States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessions/compulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unprescribed drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Client Notes Form

Client* _____ Date _____
 Counselor _____

** do not use client's real name for class assignment*

Scaling Questions

Worst 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 Best

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Participation

- ☐ Active
- ☐ Minimal
- ☐ None

Progress

- ☐ Strong progress
- ☐ Some progress
- ☐ Stable
- ☐ Regression
- ☐ None
- ☐ Other:

Participation Quality

- ☐ Attentive
- ☐ Sharing
- ☐ Supportive
- ☐ Intrusive
- ☐ Monopolizing
- ☐ Resistant
- ☐ Distracted
- ☐ Other:

Affect

- ☐ Appropriate
- ☐ Hyper-Active
- ☐ Excited
- ☐ Anxious
- ☐ Depressed
- ☐ Elated
- ☐ Drowsy
- ☐ Flat
- ☐ Other:

Cognitive

- ☐ Rational
- ☐ Coherent
- ☐ Confused
- ☐ Alert
- ☐ Paranoid
- ☐ Delusional
- ☐ Hallucinating
- ☐ Other:

Client Insight

- ☐ Good
- ☐ Minimal
- ☐ None

Treatment

Approach

- ☐ Actively Listen
- ☐ Boundary setting
- ☐ Challenging
- ☐ Clarification
- ☐ Confrontation
- ☐ Exploration
- ☐ Goal Setting
- ☐ Limit Setting
- ☐ Orientation
- ☐ Reality-testing
- ☐ Role-play
- ☐ Socialization
- ☐ Support
- ☐ Other:

Theoretical Approach

- ☐ Adlerian
- ☐ Behavioral
- ☐ Client-centered
- ☐ Cognitive/CBT
- ☐ Family Systems
- ☐ Narrative
- ☐ Play/Art Therapy
- ☐ Reality/Choice
- ☐ Solution-focused
- ☐ Other:

Summary (use SOAP notes format):

APPENDIX F SOAP NOTES FORMAT

SOAP notes should be brief (about 1-2 paragraphs) but as concise as possible. Include the following four key areas:

5. **Subjective:** The client's description of their primary presenting concern including the following factors:
 - a. *Onset:* When did this concern begin?
 - b. *Chronology:* When does it get better or worse? How often is this concern present? Is it episodic, variable, or constant?
 - c. *Quality & severity:* How does the client experience this concern and is it mild, moderate, or severe?
 - d. *Modifying factors:* What aggravates/reduces the concern? Are there triggers, activities, people, etc. that impact it positively or negatively?
 - e. *Additional symptoms:* Does the client have any (un)related symptoms, thoughts, or feelings related to their presenting concern? Do their family members or friends share pertinent comments related to the client's concern?
 - f. *Treatment:* Has the client seen another provider for this symptom?

6. **Objective:** Document the objective, repeatable, and traceable *facts* (not opinions) about the client's status.
 - a. What can you see, hear, and measure with them (e.g., their appearance, affect, mental status, behavior, communication, and strengths)?
 - b. If available and applicable, results of other psychological or medical findings can be included.

7. **Assessment:** Identify your clinical impressions and diagnoses based on the subjective and objective areas reported. This can include reasoning for the selected diagnosis, eliminating possible diagnoses, or referrals to rule out other diagnoses. Ensure you have adequate data to support your diagnosis.

8. **Plan:** Describe your action/treatment plan and prognosis
 - a. *Action/treatment plan:* When is your next appointment? What interventions have you used so far and will you use during the next session? What educational information was/will be provided? How has treatment progressed? What is the treatment direction for the next session? What referrals will be made and to where, if any?
 - b. *Prognosis:* What are the probable gains you expect from your client given the diagnosis, action plan, and client's barriers, resources, and motivations to change? Provide a general prognosis (e.g., poor, fair, good, excellent) with supporting reasons for the prognosis.

Student: _____

Supervisor: _____

APPENDIX F (Key Assessment)
Case Presentation 2 Rubric: Client Intake & Case Notes
(CACREP CORE.1.k, l, m; MCFC.2.l)

Requirements <i>CACREP standards</i>	Inconsistently or rarely meets assignment requirements 1	Somewhat meets assignment requirements and expectations 2	Meets assignment requirements and expectations 3	Exceeds assignment requirements and expectations 4
Client Intake – Overall Thoroughness <i>(MCFC: F.2.l)</i>	<input type="checkbox"/> Incorrect or completely missing client intake form	<input type="checkbox"/> Limited completion of client intake form	<input type="checkbox"/> Adequately and somewhat finished client intake form	<input type="checkbox"/> Accurately and appropriately includes age, gender, ethnicity, religion, and referral source along with presenting and concurrent concerns
Case Notes – Overall Thoroughness <i>(CORE.1.k)</i>	<input type="checkbox"/> Incorrect or completely missing case note form	<input type="checkbox"/> Limited completion of case note form	<input type="checkbox"/> Adequately and somewhat finished case note form	<input type="checkbox"/> Thorough case notes form including additional comments and details to elaborate as needed.
Case Notes - Subjective <i>(CORE.1.k)</i>	<input type="checkbox"/> Incorrect or completely missing subjective components including onset, chronology, quality & severity, modifying factors, additional symptoms, and treatment	<input type="checkbox"/> Limited completion of subjective components including onset, chronology, quality & severity, modifying factors, additional symptoms, and treatment	<input type="checkbox"/> Adequately and somewhat finished subjective components including onset, chronology, quality & severity, modifying factors, additional symptoms, and treatment	<input type="checkbox"/> Effectively identifies the subjective components including onset, chronology, quality & severity, modifying factors, additional symptoms, and treatment
Case Notes - Objective <i>(CORE.1.k)</i>	<input type="checkbox"/> Incorrect or completely missing objective components including client appearance, affect, mental status, behavior, and strengths; if applicable, missing any medical and psychological findings	<input type="checkbox"/> Limited completion of objective components including client appearance, affect, mental status, behavior, and strengths; if applicable, include limited medical and psychological findings	<input type="checkbox"/> Adequately describes objective components including client appearance, affect, mental status, behavior, and strengths; if applicable, includes some medical and psychological findings	<input type="checkbox"/> Effectively describes the objective components including client appearance, affect, mental status, behavior, and strengths; if applicable, includes some medical and psychological findings
Case Notes - Assessment <i>(CORE.1.k)</i>	<input type="checkbox"/> Incorrect or completely missing identification and discussion of clinical impressions and diagnoses	<input type="checkbox"/> Limited identification and discussion of clinical impressions and diagnoses	<input type="checkbox"/> Adequately and somewhat identifies and discusses clinical impressions and diagnoses	<input type="checkbox"/> Effectively identifies and discusses clinical impressions and diagnoses

Requirements <i>CACREP standards</i>	Inconsistently or rarely meets assignment requirements 1	Somewhat meets assignment requirements and expectations 2	Meets assignment requirements and expectations 3	Exceeds assignment requirements and expectations 4
Case Notes - Plan (CORE.1.k)	<input type="checkbox"/> Incorrect or completely missing description of action/treatment plan and prognosis	<input type="checkbox"/> Limited description of action/treatment plan and prognosis	<input type="checkbox"/> Adequately and somewhat describes action/treatment plan and prognosis	<input type="checkbox"/> Accurately and effectively describes action/treatment plan and prognosis
Video-clip Description (CORE.1.k, m)	<input type="checkbox"/> Inaccurate or completely missing description of video-clip content, reason for showing the clip, and includes 1-2 questions to address with the group that lacks deeper reflection	<input type="checkbox"/> Limited description of video-clip content, reason for showing the clip, and includes 2-3 questions to address with the group that lacks deeper reflection	<input type="checkbox"/> Somewhat describes video-clip content, reason for showing the clip, and includes 3-5 questions to address with the group that promotes deeper reflection	<input type="checkbox"/> Accurately describes video-clip content, reason for showing the clip, and includes 3-5 thoughtful questions to address with the group that promotes deeper reflection
Self-Critique (CORE.1.k,l)	<input type="checkbox"/> Inaccurate or completely missing self-evaluation of counselor's areas for improvement, thoughts and feelings during and after session, and current level of self-care	<input type="checkbox"/> Limited self-evaluation of counselor's areas for improvement, thoughts and feelings during and after session, and current level of self-care	<input type="checkbox"/> Somewhat self-evaluate counselor's areas for improvement, thoughts and feelings during and after session, and current level of self-care	<input type="checkbox"/> Thoughtful self-evaluation of counselor's areas for improvement, thoughts and feelings during and after session, and current level of self-care
In-class Presentation (CORE.1.k,m)	<input type="checkbox"/> Missing key elements of video segment, details, discussion questions, and/or requests for feedback.	<input type="checkbox"/> Presents overview of the case highlighting video segment with limited details, discussion questions, and/or requests for feedback.	<input type="checkbox"/> Presents basic overview of the case highlighting a 10-minute video segment with key details, effective discussion questions, and requests for feedback.	<input type="checkbox"/> Presents thorough overview of the case highlighting a 10-minute video segment with key details, effective discussion questions, and requests for feedback.

Comments:

Total score _____ / 36

APPENDIX G ANNUAL COUNSELING CONFERENCES

Spring

- [American Counseling Association \(ACA\)](#) – March (also includes the divisions below)
 - [Association for Child and Adolescent Counseling \(ACAC\)](#)
 - [Association for Counselors and Educators in Government \(ACEG\)](#)
 - [Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling \(ALGBTIC\)](#)
 - [Association for Multicultural Counseling and Development \(AMCD\)](#)
 - [Association for Spiritual, Ethical, and Religious Values in Counseling \(ASERVIC\)](#)
 - [Chi Sigma Iota \(CSI\)](#)
 - [Counselors for Social Justice \(CSJ\)](#)
 - [International Association of Addictions and Offender Counselors \(IAAOC\)](#)
 - [International Association of Marriage and Family Counselors \(IAMFC\)](#)
 - [National Employment Counseling Association \(NECA\)](#)
- [Association for Specialists in Group Work \(ASGW\)](#) – February
- [*Kentucky School Counselor Association \(KSCA\)](#) – February
- [*Kentucky Association for Play Therapy \(KAPT\)](#) - March
- [*Northern Kentucky University Evidence-Based School Counseling Conference](#) - March

Summer

- [Association for Adult Development and Aging \(AADA\)](#) – July
- [Association for Humanistic Counseling \(AHC\)](#) – June
- [American Mental Health Counselors Association \(AMHCA\)](#) - July
- [American School Counselor Association \(ASCA\)](#) – June/July
- [National Career Development Association \(NCDA\)](#) – June / July
- [North American Society of Adlerian Psychology \(NASAP\)](#) - May

Fall

- [American Association for Marriage and Family Therapy \(AAMFT\)](#) - October
- [Association for Assessment and Research in Counseling \(AARC\)](#) – September
- [Association for Creativity in Counseling \(ACC\)](#) - September
- [American College Counseling Association \(ACCA\)](#) - October
- [Association for Counselor Education and Supervision \(ACES\)](#) – October (odd years)
 - [*Southern Association for Counselor Education and Supervision \(SACES\)](#) – October (even years)
- [Association for Play Therapy \(APT\)](#) - October
- [*Kentucky Counseling Association \(KCA\)](#) – November
- [American Association of Christian Counselors \(AACC\)](#) - October

**regional or state conference*

American Counseling Association Divisions, Regions, and Branches

<http://www.counseling.org/about-us/divisions-regions-and-branches>