## University of North Texas at Dallas Fall, 2014 SYLLABUS

COUN 5690D Section 091 Practicum in Counseling					
Department of         Counseling         Division of         Education and Human Ser					
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Instructor Nan			s, PhD, LPC-S, NCC		
Office Location	n:	_	s, Founders Hall Buildi	ing 1, Counseling Clinic, Room	
0 66 DI		140F	FI 072 70	0.2646	
Office Phone: Email Address			vette Thomas at 972-780	0-3646	
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Office Hours:		Mondays Wednesd	lays, & Thursdays 3pm	-5pm	
Virtual Office	Hours:	N/A	ays, ee marsaays spin	- Opin	
			Bldg 1, Counseling Clin	nic	
<b>Class Meeting</b>	Days &	<b>Times:</b>   Mondays 5:	00 pm -10:00 pm		
Course Catalog Description:					
Prerequisites:	track and C	course (COUN 5300, COUN 5721. COUN 5	COUN 5770, COUN 56	seling program except specialty 600, COUN 5750), COUN 5720, urrently. With the exception of rently.	
Required Text:	Halbur, D. A., & Halbur, K. V. (2011). Developing your theoretical orientation in counseling and psychotherapy. Boston, MA: Pearson.				
	Kottler	, J. A. (2010). On being	g a therapist. San Franc	cisco: Joseey-Bass.	
	American Counseling Association (2014). <i>ACA Code of Ethics: 2014</i> . Alexandria, VA: Author. Available from <a href="http://www.counseling.org/resources/aca-code-of-ethics.pdf">http://www.counseling.org/resources/aca-code-of-ethics.pdf</a>				
and References:    go		HIPAA Security (related vailable at			

Access to Learning Resources:	UNT Dallas Library:     phone: 972-338-1616     web: https://www.untdallas.edu/library     e-mail: untdlibrary@unt.edu UNT Dallas Bookstore:     phone: (972) 780-3652
	web: http://www.bkstr.com/northtexasatdallasstore/home

#### **Course Goals or Overview:**

This course is designed to provide students with a supervised counseling experience that will facilitate the student's development as a professional counselor. The focus is on a consistent implementation of an internally consistent, personal theory of counseling with a variety of clients. Students are required to carry a specified caseload at Counseling Program clinical facilities.

Students must complete supervised practicum experiences that total a minimum of 100 clock hours. Each student's practicum includes all of the following (CACREP II.F):

- 1. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills. (CACREP II.F.1)
- 2. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum. (CACREP II.F.2)
- 3. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member. (CACREP II.F.3)
- 4. The development of video recordings for use in supervision or live supervision of the student's interactions with clients. (CACREP II.F.4)
- 5. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum. (CACREP II.F.5)

**Learning Objectives/Outcomes:** The student will demonstrate knowledge, skills, and practices necessary for success as a professional counselor via his or her participation in key assessments in this course. Student Learning Outcomes for this course are as follows:

CMHC Knowledge and Skills Outcomes	CACREP 2009	Evaluation
	Clinical Mental	
	Health	
	Cousneling	
	(CMHC)	
	Standards	
1. Demonstrate the ability to apply and adhere to ethical and	• CMHC B1	Professional
legal standards in clinical mental health counseling.		Counseling
		Performance

		Evaluation (PCPE)-
		Practicum
2. Use the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.	• CMHC D1	PCPE- Practicum
3. Apply multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	• CMHC.D2	PCPE- Practicum
4. Demonstrate appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.	• CMHC D5	PCPE- Practicum
5. Demonstrate the ability to use procedures for assessing and managing suicide risk.	• CMHC D6	PCPE- Practicum
6. Apply current record-keeping standards related to clinical mental health counseling.	• CMHC D7	PCPE- Practicum
7. Provide appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	• CMHC D8	PCPE- Practicum
8. Demonstrate the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.	• CMHC D9	PCPE- Practicum
9. Maintain information regarding community resources to make appropriate referrals.	• CMHC F1	PCPE- Practicum
10. Advocates for policies, programs, and/or services that are equitable and responsive to the unique needs of clients.	• CMHC F2	PCPE- Practicum
11. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	• CMHC F3	PCPE- Practicum
12. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.	• CMHC H1	PCPE- Practicum
13. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.	• CMHC H2	PCPE- Practicum
14. Screen for addiction, aggression, and danger to self and/or others, as well as co-occuring mental disorders.	• CMHC H3	PCPE- Practicum
15. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.	• CMHC H4	PCPE- Practicum
16. Demonstrates appropriate use of diagnostic tools, including the current edition of the <i>DSM</i> , to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	• CMHC L1	PCPE- Practicum

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17. Is able to conceptualize an accurate multi-axial	• CMHC.L2	PCPE- Practicum
diagnosis of disorders presented by a client and discuss		
the differential diagnosis with collaborating		
professionals.		
18. Differentiates between diagnosis and developmentally	• CMHC L3	PCPE- Practicum
appropriate reactions during crises, disasters, and other		
trauma-causing events.		
SC Knowledge and Skills Outcomes	CACREP 2009	Evaluation
	School	
	Counseling (SC)	
1. Demonstrates the ability to apply and adhere to ethical	• SC B1	PCPE- Practicum
and legal standards in school counseling.		
2. Demonstrates self-awareness, sensitivity to others, and	• SC D1	PCPE- Practicum
the skills needed to relate to diverse individuals, groups,		
and classrooms.		
3. Designs and implements prevention and intervention	• SC D3	PCPE- Practicum
plans related to the effects of (a) atypical growth and		
development, (b) health and wellness, (c) language, (d)		
ability level, (e) multicultural issues, and (f) factors of		
resiliency on student learning and development.		
4. Demonstrates the ability to use procedures for assessing	• SC D4	PCPE- Practicum
and managing suicide risk.		
5. Demonstrates the ability to recognize his or her	• SC D5	PCPE- Practicum
limitations as a school counselor and to seek supervision		
or refer clients when appropriate.		
6. Demonstrates multicultural competencies in relation to	• SC F1	PCPE- Practicum
diversity, equity, and opportunity in student learning		
and development.		
7. Assesses and interprets students' strengths and needs,	• SC H1	PCPE- Practicum
recognizing uniqueness in cultures, languages, values,		
backgrounds, and abilities.		
8. Selects appropriate assessment strategies that can be	• SC H2	PCPE- Practicum
used to evaluate a student's academic, career, and		
personal/social development.		
9. Analyzes assessment information in a manner that	• SC H3	PCPE- Practicum
produces valid inferences when evaluating the needs of		
individual students and assessing the effectiveness of		
educational programs.		
10. Makes appropriate referrals to school and/or community	• SC H4	PCPE- Practicum
resources.		
11. Assesses barriers that impede students' academic,	• SC H5	PCPE- Practicum
career, and personal/social development.		
12. Applies relevant research findings to inform the practice	• SC J1	PCPE- Practicum
of school counseling.		
13. Develops measurable outcomes for school counseling	• SC J2	PCPE- Practicum
programs, activities, interventions, and experiences.		
SACC Knowledge and Skills Outcomes	CACREP 2009	Evaluation
	Student Affairs	

		and College Counseling (SACC)	
	Demonstrates the ability to apply and adhere to ethical and legal standards in student affairs and college counseling	• SACC B1	PCPE-Practicum
2.	Demonstrates the ability to recognize his or her own limitations as a college counselor and/or student affairs	• SACC C5	PCPE- Practicum
3.	Applies multicultural competencies to the practice of student affairs and college counseling.	• SACC D1	PCPE- Practicum
4.	Demonstrates the ability to use procedures for assessing and managing suicide risk.	• SACC D4	PCPE- Practicum
5.	Demonstrates a general understanding of principles and models of biopsychosocial assessment and case conceptualization that lead to appropriate counseling for students in postsecondary education.	• SACC D5	PCPE- Practicum
6.	Applies multicultural competencies to serve diverse postsecondary student populations.	• SACC F4	PCPE- Practicum
7.	Addresses multicultural counseling issues as they relate to student development and progress in postsecondary education (e.g., discrimination, power, privilege, oppression, values).	• SACC F5	PCPE- Practicum
8.	Assesses and interprets postsecondary student needs, recognizing uniqueness in culture, languages, values, backgrounds, and abilities.	• SACC H1	PCPE- Practicum
9.	Applies relevant research findings to inform the practice of student affairs and college counseling.	• SACC J1	PCPE- Practicum
10.	Develops measurable outcomes for college counseling and student development activities.	• SACC J2	PCPE- Practicum

## **Course Outline**

This schedule is merely a suggestion of topics to be covered and may deviate from the below schedule. The schedule subject to change by the instructor. Any changes to this schedule will be communicated by the instructor in class.

the instructor in class.	
TOPICS & READING	TIMELINE,
	Week of
	DUE
1. Orientation to Clinic	8/25/14
•Handbook of Clinic Procedures	•Proof of Liability Due with copy of
•HIPAA Regulations	Insurance
•Assessment & Scoring	•Statement of Ethical/Legal
•Initial Paperwork	Awareness Due
•Putting together the files	•Professional Disclosure Statement
•Chapter 1 Developing Your Theoretical Orientation	due
	•Quiz Clinic Handbook
	(Must score 80% or higher to see
	clients)
2. Group Clinical Supervision	9/1/2014 No class meeting
•Intake Assessment	9/2/14 – Class meets in Clinic
•Suicide Assessment	
•Self Care (Relaxation Breathing & Assessment)	
•Start Scheduling Clients	
•Chapter 2 Developing Your Theoretical Orientation	
3. Group Clinical Supervision	9/8/14
•Start Seeing Clients	•Selective Theory Sorter Due – copy
•SOAP notes	for class
•Suicide Assessment Practice	(p. 27-31 Developing Your
•Self Care	Theoretical Orientation)
•Chapter 3 Developing Your Theoretical Orientation	
•Chapter 4 Developing Your Theoretical Orientation (just	
your top 2 theories)	
4. Group Clinical Supervision	9/15/14
•Self Care	First Mini Case Conceptualization (3)
•Chapter 1 On Being a Therapist: Therapist's Journey	
Person Centered	
•Feeling Words	
•Reflecting/Restating	
5. Group Clinical Supervision	9/22/14
•Chapter 2 On Being a Therapist: Struggle for Power	First Mini Case Conceptualization (3)
•CBT	· · · · · · · · · · · · · · · · · · ·
•12 Irrational Beliefs, Thought Patterns, ABC	
•Self Care	
•Ethics in Counseling	

Chapter 3 On Being a Therapist: Personal/Professional Life Reality Therapy (WDEP) (Behavioral) Relaxation Techniques (Progressive Muscle Relaxation, Guided Imagery) Sleep Handouts – helping clients with sleep issues  7. Group Clinical Supervision Chapter 4 On Being a Therapist: Clients Change Therapists Working with Anger/Domestic Violence Cycle Bill of Rights/Assertiveness  8. Mid-Term Evaluations Chapter 5 On Being a Therapist: Hardships of Practice Introduction to Sand tray Gestalt Techniques  9. Group Clinical Supervision Chapter 6 On Being a Therapist: Being Imperfect/Failure Case Conceptualization – Student Adderian: Family of origin questions  10/20/14 Second Mini Case Conceptualization (3) PCPE due - meet during supervision Chapter 7 On Being a Therapist: Being Imperfect/Failure Case Conceptualization – Student Adderian: Family of origin questions  10/27/14 Third Mini Case Conceptualization Chapter 8 On Being a Therapist: Patients/Patience Case Conceptualization – Student Chapter 8 On Being a Therapist: Boredom & Burnout Guest Speaker: Getting an Internship Case Conceptualization – Student Chapter 9 On Being a Therapist: That which is not said Case Conceptualization – Student Chapter 10 on Being a Therapist: Lies we tell ourselves Case Conceptualization – Student Topic decided by student goals from Midterm  14. Group Clinical Supervision Chapter 10 On Being a Therapist: Lies we tell ourselves Case Conceptualization – Student Topic decided by student goals from Midterm  15. Group Clinical Supervision Chapter 10 On Being a Therapist: Hardships of Practice Case Conceptualization – Student Topic decided by student goals from Midterm  16. Group Clinical Supervision Chapter 10 On Being a Therapist: Hardships of Practice Case Conceptualization – Student Topic decided by student goals from Midterm  16. Group Clinical Supervision Chapter 10 On Being a Therapist: Hardships of Practice Case Conceptualization – Student Topic decided by student goals from Midterm	6. Group Clinical Supervision	9/29/14
•Chapter 4 On Being a Therapist: Clients Change Therapists •Working with Anger/Domestic Violence Cycle •Bill of Rights/Assertiveness  8. Mid-Term Evaluations •Chapter 5 On Being a Therapist: Hardships of Practice •Introduction to Sand tray •Gestalt Techniques  9. Group Clinical Supervision •Chapter 6 On Being a Therapist: Being Imperfect/Failure •Case Conceptualization – Student •Alderian: Family of origin questions  10. Group Clinical Supervision •Chapter 7 On Being a Therapist: Patients/Patience •Case Conceptualization – Student •Psychoanalytic/Transactional Analysis – Parent/Adult/Child  11. Group Clinical Supervision •Chapter 8 On Being a Therapist: Boredom & Burnout •Case Seaker: Getting an Internship •Case Conceptualization – Student  12. Group Clinical Supervision •Chapter 9 On Being a Therapist: That which is not said •Case Conceptualization – Student  12. Group Clinical Supervision •Chapter 10 On Being a Therapist: Lies we tell ourselves •Case Conceptualization – Student  13. Group Clinical Supervision •Chapter 10 On Being a Therapist: Lies we tell ourselves •Case Conceptualization – Student  14. Group Clinical Supervision •Chapter 10 On Being a Therapist: Lies we tell ourselves •Case Conceptualization – Student  15. Group Clinical Supervision •Chapter 10 On Being a Therapist: Lies we tell ourselves •Case Conceptualization – Student  16. Group Clinical Supervision •Chapter 10 On Being a Therapist: Lies we tell ourselves •Case Conceptualization – Student  17. Group Clinical Supervision •Chapter 11 On Being a Therapist: Alternative Therapy •Case Conceptualization – Student  11. Group Clinical Supervision •Chapter 11 On Being a Therapist: Alternative Therapy •Case Conceptualization – Student  11. Group Clinical Supervision	<ul> <li>Chapter 3 On Being a Therapist: Personal/Professional Life</li> <li>Reality Therapy (WDEP)</li> <li>(Behavioral) Relaxation Techniques (Progressive Muscle Relaxation, Guided Imagery)</li> </ul>	
*Chapter 5 On Being a Therapist: Hardships of Practice *Introduction to Sand tray *Gestalt Techniques  9. Group Clinical Supervision *Chapter 6 On Being a Therapist: Being Imperfect/Failure *Case Conceptualization – Student *Adlerian: Family of origin questions  10. Group Clinical Supervision *Chapter 7 On Being a Therapist: Patients/Patience *Case Conceptualization – Student *Psychoanalytic/Transactional Analysis – Parent/Adult/Child  11. Group Clinical Supervision *Chapter 8 On Being a Therapist: Boredom & Burnout *Guest Speaker: Getting an Internship *Case Conceptualization – Student *Topic decided by student goals from Midterm  13. Group Clinical Supervision *Chapter 10 On Being a Therapist: Lies we tell ourselves *Case Conceptualization – Student *Topic decided by student goals from Midterm  14. Group Clinical Supervision *Chapter 11 On Being a Therapist: Alternative Therapy *Case Conceptualization – Student *Topic decided by student goals from Midterm  14. Group Clinical Supervision *Chapter 11 On Being a Therapist: Alternative Therapy *Case Conceptualization – Student *Topic decided by student goals from Midterm  15. Group Clinical Supervision *Chapter 11 On Being a Therapist: Alternative Therapy *Case Conceptualization – Student *Topic decided by student goals from Midterm	<ul> <li>Chapter 4 On Being a Therapist: Clients Change Therapists</li> <li>Working with Anger/Domestic Violence Cycle</li> </ul>	Second Mini Case Conceptualization
**Chapter 6 On Being a Therapist: Being Imperfect/Failure	•Chapter 5 On Being a Therapist: Hardships of Practice •Introduction to Sand tray	Second Mini Case Conceptualization (3)
*Chapter 7 On Being a Therapist: Patients/Patience  *Case Conceptualization – Student  *Psychoanalytic/Transactional Analysis – Parent/Adult/Child  11. Group Clinical Supervision  *Chapter 8 On Being a Therapist: Boredom & Burnout  *Guest Speaker: Getting an Internship  *Case Conceptualization – Student  12. Group Clinical Supervision  *Chapter 9 On Being a Therapist: That which is not said  *Case Conceptualization – Student  *Topic decided by student goals from Midterm  13. Group Clinical Supervision  *Chapter 10 On Being a Therapist: Lies we tell ourselves  *Case Conceptualization – Student  *Topic decided by student goals from Midterm  14. Group Clinical Supervision  *Chapter 11 On Being a Therapist: Alternative Therapy  *Case Conceptualization – Student  *Topic decided by student goals from Midterm  11/24/14  Final Case Conceptualization  11/24/14  Final Case Conceptualization	•Chapter 6 On Being a Therapist: Being Imperfect/Failure •Case Conceptualization – Student	Second Mini Case Conceptualization (3)
*Chapter 8 On Being a Therapist: Boredom & Burnout  *Guest Speaker: Getting an Internship  *Case Conceptualization – Student  12. Group Clinical Supervision  *Chapter 9 On Being a Therapist: That which is not said  *Case Conceptualization – Student  *Topic decided by student goals from Midterm  13. Group Clinical Supervision  *Chapter 10 On Being a Therapist: Lies we tell ourselves  *Case Conceptualization – Student  *Topic decided by student goals from Midterm  14. Group Clinical Supervision  *Chapter 11 On Being a Therapist: Alternative Therapy  *Case Conceptualization – Student  *Topic decided by student goals from Midterm  11/24/14  Final Case Conceptualization  11/24/14  Final Case Conceptualization	•Chapter 7 On Being a Therapist: Patients/Patience •Case Conceptualization – Student	
• Chapter 9 On Being a Therapist: That which is not said • Case Conceptualization – Student • Topic decided by student goals from Midterm  13. Group Clinical Supervision • Chapter 10 On Being a Therapist: Lies we tell ourselves • Case Conceptualization – Student • Topic decided by student goals from Midterm  14. Group Clinical Supervision • Chapter 11 On Being a Therapist: Alternative Therapy • Case Conceptualization – Student • Topic decided by student goals from Midterm  11/24/14 Final Case Conceptualization  11/24/14 Final Case Conceptualization	•Chapter 8 On Being a Therapist: Boredom & Burnout •Guest Speaker: Getting an Internship	
•Chapter 10 On Being a Therapist: Lies we tell ourselves •Case Conceptualization – Student •Topic decided by student goals from Midterm  14. Group Clinical Supervision •Chapter 11 On Being a Therapist: Alternative Therapy •Case Conceptualization – Student •Topic decided by student goals from Midterm  Final Case Conceptualization  11/24/14 Final Case Conceptualization	<ul> <li>Chapter 9 On Being a Therapist: That which is not said</li> <li>Case Conceptualization – Student</li> </ul>	
<ul> <li>Chapter 11 On Being a Therapist: Alternative Therapy</li> <li>Case Conceptualization – Student</li> <li>Topic decided by student goals from Midterm</li> </ul> Final Case Conceptualization	•Chapter 10 On Being a Therapist: Lies we tell ourselves •Case Conceptualization – Student	
15. Group Clinical Supervision 12/1/14	•Chapter 11 On Being a Therapist: Alternative Therapy •Case Conceptualization – Student	
	15. Group Clinical Supervision	12/1/14

•Chapter 12 On Being a Therapist: Creativity/Pers. Growth •Case Conceptualization – Student •Topic: Termination Sessions	Final Case Conceptualization
16.Final Evaluations •End of Semester Wrap-up •Final Notes	12/8/14 PCPE due – meet during supervision Final Note Check No More Clients seen after 12/8

#### **Course Evaluation Methods**

**Methods of instruction:** Instructional methods may include assigned readings, role plays, group discussion, didactic lectures, journal exploration, individual/triadic and group supervision, case conceptualizations and related presentations, video/film analysis, and experiential activities.

## Student performance evaluation criteria and procedures:

KEY ASSESSMENT: PCPE-Practicum Midterm KEY ASSESSMENT: PCPE-Practicum Final

Instrument	Value (points or percentages)
Assigned Readings/Resources and Group Participation	Professional Responsibility
Practicum Handbook Quiz	20
Professional Counseling Performance Evaluations [PCPE]-Practicum	50 (25 each)
Midterm and Final	
3 Mini Case Conceptualizations	30 (10 each)
Review of Client Files (triadic supervisor will review files at mid-	20 (10 each)
point and end of semester)	
Formal Case Presentations	20
Class Attendance and Participation	20
Total:	160
• 100% to 90% = A (144-160)	
• 80% to 89% = B (128-143)	
• 79% to 70% = C•(112-127)	
• 69% to 60% = D (96-127)	
• 59% and below = F (below 95)	
• You must have a final grade of an "A" or "B" in this class to proceed to Internship.	
••Your grade in this course is NOT calculated by an average. It is	
<u>competency-based.</u> Even if you have an "A" average throughout the course,	
if you do not meet the criterion of competence in your subjective	
evaluation, you may receive a "B" or "C" for the course. This statement	
appears here to clarify how this course differs from others: it is a clinical	
course that ensures you are appropriate to the counseling profession and	
will first do no harm to the general public. Please refer to the Master's	
Handbook for the competency-based criteria used for grading in this	
course.	

## **COURSE EVALUATION METHODS:**

This course will utilize the following instruments to determine student grades and proficiency of the learning outcomes for the course.

- 1. Counseling Load: Each student counselor will be assigned clients to be seen during a) class time and b) the Counseling Block time on Thursdays from 5-7 pm. During finals week, conferences with each student will be held with your faculty supervisor, Dr. Matthews.
- •Community clients can only be seen on Mondays from 5-8 and Thursdays from 5-7. Graduate counseling students from UNT Dallas may also be seen Mondays Thursdays from 1-5 in the clinic.
- •All counseling sessions must occur in the UNT Dallas Counseling Clinic.
- 2. Weekly Triadic Supervision: You will meet with your triadic supervisor each week during class time. You will bring a cued counseling session recording to each supervision session for viewing and discussion. Both your triadic supervisor and your faculty supervisor may schedule additional individual meetings with you, as needed.
- 3. Group Supervision: From 8:30 10:00 pm, we will hold group supervision, which will focus on areas of interest or concerns initiated by students, doctoral supervisors, or faculty supervisor. The supervision will include discussion, role-playing, case presentations and observation and critiquing of videotapes.

Written assignments and Presentations: see below for details.

## A. FORMAL CLIENT CASE PRESENTATION TO THE CLASS (20PTS)

The purposes of your two case presentations (one before mid-term and one before final) is to expose students to a wider variety of clients, client issues, and work in different settings *and* provide opportunities or interactive group feedback and learning. For this project, select a client with whom you are having some difficulty and would like additional feedback.

Create a Powerpoint and distribute a copy to each class member and the professor (bring 8 copies) before you begin your presentation. Your Powerpoint should include a basic overview from the bulleted items below that compromise your paper (4-5 pages).

Also, provide your professor with a hard copy of your paper that accompanies your presentation before you begin the presentation.

#### Presentation Outline:

- 1. Outline for Oral Presentation
  - a. Provide a BRIEF 5 Minute (or less) introduction of the client & the supervision sought via Powerpoint (bring 10 copies of your Powerpoint -3 slides per page in hand-out format).
  - b. Show a 10-15 minute clip of your counseling session with a client (please refrain from adding commentary during the demonstration unless your professor or classmate asks a clarifying question). Be advised that you should ensure your video tape is working properly on the equipment in class before your presentation begins.
  - c. 10 Minutes of Supervision/Q&A will follow (practice active listening non-defensively as you receive both encouraging and possibly constructive feedback from your classmates and professor)
- 2. Client information / Brief Biopsychosocial History
  - d. Description of the client (age, race, gender)

- e. Statement of the client's problem
- f. Family, home, cultural background
- g. Relationship status and relationship/sexual history
- h. Physical health history
- i. Educational history
- j. Occupational history
- k. Social interactions, hobbies, recreational activities, and spiritual involvement

#### 3. Counseling history

- a. Previous counseling or evidence of concerns
- b. Precipitants to intake
- c. Summary of work thus far (number of sessions with you, content)

#### 4. <u>Current conceptualization</u>

- a. Assessment (mental status observations, self-report, instrument results, client strengths, client needs)
- b. Diagnostic impressions in DSM-IV-TR format
- c. Brief case conceptualization (what do you think is going on? what would your theory say is the issue? Role of social/cultural issues?)
- d. Treatment plan (client's goals, your goals, and approaches used thus far)
- e. Theory-based plans for future sessions

#### 5. Solicit feedback regarding **counselor's** performance

- a. Statement of difficulties/questions
- b. Introduction of the tape and description what you are attempting to accomplish
- c. Specific request for the type of feedback or help you would like

## B. Review of Client Files $(2 \times 10 \text{pts} = 20 \text{ pts})$

Students' triadic supervisor will review client files intermittently and provide a grade at the mid-point and end of the semester to ensure notes are done adequately and client's files have all the pertinent information according to Clinic procedures.

## C. PCPE (Mid Term and Final) (2x 25pts = 50pts)

A formal performance evaluation will be conducted two times during the semester based on the tapes submitted for tape critiques. The formal performance evaluations will be supplemented by informal weekly observations by the triadic and faculty supervisors. Depending on the results of these evaluations/observations, formal feedback sessions will be held at the discretion of the supervisors. The Professional Counseling Performance Evaluation (PCPE) will be used for these evaluations and can be found on Blackboard in the Practicum Handbook, appendix H.

## **D.** Mini Case Studies $(3 \times 10 \text{ pts} = 30 \text{ pts})$

This can either be done in class or during supervision – depending on time constraints Choose 3 different supervision sessions where you will present your mini case study

#### 1. Client information / Brief Biopsychosocial History

- a. Description of the client (age, race, gender)
- b. Statement of the client's problem
- c. Family, home, cultural background
- d. Relationship status and relationship/sexual history
- e. Physical health history

- f. Educational history
- g. Occupational history
- h. Social interactions, hobbies, recreational activities, and spiritual involvement

#### 2. Counseling history

- a. Previous counseling or evidence of concerns
- b. Precipitants to intake
- c. Summary of work thus far (number of sessions with you, content)

#### 3. Current conceptualization

- a. Assessment (mental status observations, self-report, instrument results, client strengths, client needs)
- b. Diagnostic impressions in DSM-IV-TR format
- c. Brief case conceptualization (what do you think is going on? what would your theory say is the issue? Role of social/cultural issues?)
- d. Treatment plan (client's goals, your goals, and approaches used thus far)
- e. Theory-based plans for future sessions
- 4. Show video tape of at least 10 minutes during supervision or during class time

### **University Policies and Procedures**

#### **Students with Disabilities (ADA Compliance):**

The University of North Texas Dallas faculty is committed to complying with the Americans with Disabilities Act (ADA). Students' with documented disabilities are responsible for informing faculty of their needs for reasonable accommodations and providing written authorized documentation. For more information, you may visit the Office of Disability Accommodation/Student Development Office, Suite 115 or call Laura Smith at 972-780-3632.

#### **Student Evaluation of Teaching Effectiveness Policy:**

The Student Evaluation of Teaching Effectiveness (SETE) is a requirement for all organized classes at UNT. This short survey will be made available to you at the end of the semester, providing you a chance to comment on how this class is taught. I am very interested in the feedback I get from students, as I work to continually improve my teaching. I consider the SETE to be an important part of your participation in this class.

#### **Assignment Policy:**

Assignments are expected to submitted on the due date designated in the syllabus. Assignments that are not submitted by the end of the day on which they are due will receive an automatic deduction of 5pts. Assignments will receive a deduction of 5 pts/day they are late. Assignments that are more than 3 days late will not be accepted, and the student will be assigned a 0 for the assignment.

#### **Exam Policy:**

Exams should be taken as scheduled. No makeup examinations will be allowed except for documented emergencies (See Student Handbook).

#### **Academic Integrity:**

Academic integrity is a hallmark of higher education. You are expected to abide by the University's code of conduct and Academic Dishonesty policy. Any person suspected of academic dishonesty (i.e., cheating or plagiarism) will be handled in accordance with the University's policies and procedures. Refer to the Student Code of Conduct at <a href="http://www.unt.edu/csrr/student\_conduct/index.html">http://www.unt.edu/csrr/student\_conduct/index.html</a> for complete provisions of this code.

#### **Bad Weather Policy:**

On those days that present severe weather and driving conditions, a decision may be made to close the campus. In case of inclement weather, call UNT Dallas Campuses main voicemail number (972) 780-3600 or search postings on the campus website <a href="www.unt.edu/dallas">www.unt.edu/dallas</a>. Students are encouraged to update their Eagle Alert contact information, so they will receive this information automatically.

#### **Attendance and Participation Policy:**

The University attendance policy is in effect for this course. Class attendance and participation is expected because the class is designed as a shared learning experience and because essential information not in the textbook will be discussed in class. Students who miss any periods of class will have points deducted from their final grade, unless it is a medical emergency or death of immediate family member. Written documentation is required to substantiate any emergency absence in which the student asked to be excused. Attendance is defined as both physical and intellectual presence. Therefore, students who are not fully present during class will be asked to leave and assigned an absence for the day. The dynamic and intensive nature of this course makes it impossible for students to make-up or to receive credit for missed classes. Attendance and participation in all class meetings is essential to the integration of course material

and your ability to demonstrate proficiency. Students are responsible to notify the instructor if they are missing class and for what reason. Students are also responsible to make up any work covered in class by contacting a classmate. It is not the professor's responsibility to update the student on missed information. It is recommended that each student coordinate with a student colleague to obtain a copy of the class notes, if they are absent.

#### **Diversity/Tolerance Policy:**

Students are encouraged to contribute their perspectives and insights to class discussions. However, offensive & inappropriate language (swearing) and remarks offensive to others of particular nationalities, ethnic groups, sexual preferences, religious groups, genders, or other ascribed statuses will not be tolerated. Disruptions which violate the Code of Student Conduct will be referred to the Center for Student Rights and Responsibilities as the instructor deems appropriate.

#### **Additional Policies:**

#### - Use of Cell Phones & other Electronic Devices in the Classroom

Due to the experiential nature of this class and the importance of the information being conveyed during lecture, electronic devices, except for laptops, are not to be used during class time. Cell phones must be set to vibrate or silent during class, and for no reason may a student make or receive a call during class, except for medical emergencies. In addition, texting is not allowed during class time. Students must set their texting device (cell phone, smart phone, etc...) to silent. Students who engage in texting or phone calls during class will be asked to leave.

#### - Food & Drink in the Classroom

Due to the length and time during which class has been scheduled food and drink are allowed in the classroom. However, it is the responsibility of the student to bring food which does not result in distraction from participation in class activities. Students are responsible for cleaning any trash which results from their food items and cleaning any spills/messes.

#### - *Grade of Incomplete, "I"*

For this course the grade of "I" is, as a general rule, not given. If a student believes that they posses extenuating circumstances which bear the instructors consideration, a conference with the instructor should be scheduled.

## Class Attendance and Participation: 20 pts.

In an effort to cultivate an effective learning environment, faculty members request that each student meets expectation of the following behaviors. The intent of this rubric is NOT to be punitive but rather to have clear and consistent expectations across the department. Students have the freedom to choose their behavior. Faculty will enforce the following guidelines for the behaviors that students choose. Rubric is listed below.

		Meets Expectation	Occasionally Below	Consistently Below
		(3-4 points)	Expectation (2-3 points)	<b>Expectation (0-2 points)</b>
1.	Attendance	Attends all class with	Misses one class with	Misses two or more
		one or less excused	excused absence and one	classes due to non-
		absence.	absence due to emergency	emergency (family
			(family member death or	member death or
			hospitalization).	hospitalization).•
2.	Punctual	Arrives and is ready to	Is more than 5-10 minutes	Is more than 10 minutes
		begin on time with no	tardy two times or leaves	tardy more than two times
		more than one tardy	class early two times.	or leaves class early more
		and remains to the end		than two times.•
		of class.		
3.	Quality	Questions and	Questions and comments	Questions and comments
	Contribution	comments are on topic	are occasionally (2 times)	are often tangential (3+
		and contribute to a	tangential and do not	times) and do not
		deeper understanding.	contribute to a deeper	contribute to a deeper
			understanding.	understanding.
4.	Attentive	Pays attention and does	Does not pay attention but	Does not pay attention but
	Behavior	not engage in side	rather engages in side	rather engages in side
		conversations or off-	conversations or off-task	conversations or off-task
		task technology activity	technology (i.e. texting,	technology (i.e. texting,
		(i.e. texting, surfing	surfing web, social	surfing web, social
		web, social networking)	networking) twice a	networking) more than
		more than once a	semester.	twice a semester.
		semester.		
5.	Responsible	Is consistently informed	Is uninformed about	Is uninformed about
	Behavior	by checking	instructions and updates	instructions and updates
		Blackboard, syllabus,	twice.	more than twice.
		and emails for		
		instructions and		
	. 1 . 11	updates.		

Total possible points or percentage: 10

<sup>•</sup> Results in drop in the final letter grade in class. If four or more, then drops another letter grade.

# **Professional Counseling Performance Evaluation (PCPE)**

Student:	Semester/Year:
Faculty:	Course Number:

#### **Rating Scale**

- N Not required and/or No opportunity to observe
- 0 Does not meet criteria expected for student's level of preparation and experience
- 1 Minimally or inconsistently meets criteria expected for student's level of preparation and experience
- 2 Consistently meets criteria expected for student's level of preparation and experience
- 3 Exceeds criteria expected for student's level of preparation and experience

Counseling Skills and Abilities					
1. The student demonstrates the ability to establish relationships in such a manner that	N	0	1	2	3
a therapeutic					
working alliance can be created					
2. The student demonstrates therapeutic communication skills including:					
a. Creating appropriate structure - setting the boundaries of the helping frame	N	0	1	2	3
and maintaining boundaries throughout the work such as setting parameters					
for meeting time and place, maintaining the time limits etc.					
b. Understanding content – understanding the primary elements of the client's	N	0	1	2	3
story					
c. Understanding context – understanding the uniqueness of the story elements	N	0	1	2	3
and their underlying meanings					
d. Responding to feelings - identifying client affect and addressing those feelings	N	0	1	2	3
in a therapeutic manner					
e. Congruence - genuineness; external behavior consistent with internal affect	N	0	1	2	3
f. Establishing and communicating empathy - taking the perspective of the client	N	0	1	2	3
without over identifying and communicating this experience to the client					
g. Non-verbal communication - demonstrates effective use of head, eyes, hands,	N	0	1	2	3
feet, posture voice attire etc.					
h. Immediacy - staying in the here and now	N	0	1	2	3
i. Timing - responding at the optimal moment	N	0	1	2	3
j. Intentionality - responding with a clear understanding of the therapist's	N	0	1	2	3
therapeutic intention					
k. Self-disclosure - skillful and carefully-considered for a specific therapeutic	N	0	1	2	3
purpose					
3. The student demonstrates awareness of power differences in the therapeutic	N	0	1	2	3
relationship and manages these differences therapeutically					
4. The student collaborates with the client to establish clear therapeutic goals	N	0	1	2	3
5. The student facilitates movement toward client goals	N	0	1	2	3
6. The student demonstrates the capacity to match appropriate interventions to the	N	0	1	2	3
presenting clinical profile in a theoretically consistent manner					
7. The student creates a safe clinical environment	N	0	1	2	3
8. The student demonstrates analysis and resolution of ethical dilemmas	N	0	1	2	3

Professional Responsibility					
1. The student conducts self in an ethical manner so as to promote confidence in the	N	0	1	2	3
counseling profession					
2. The student relates to peers, professors, and others in a manner consistent with	N	0	1	2	3
stated professional standards					
3. The student demonstrates sensitivity to real and ascribed differences in power	N	0	1	2	3
between themselves and others, and does not exploit or mislead other people during					
or after professional relationships					
4. The student demonstrates application of legal requirements relevant to counseling	N	0	1	2	3
training and practice					
Competence					
1. The student recognizes the boundaries of her/his particular competencies and the	N	0	1	2	3
limitations of her/his expertise					
2. The student takes responsibility for compensating for her/his deficiencies	N	0	1	2	3
3. The student takes responsibility for assuring client welfare when encountering the	N	0	1	2	3
boundaries of her/his expertise					
4. The student provides only those services and applies only those techniques for	N	0	1	2	3
which she/he is qualified by education, training and experience					
5. The student demonstrates basic cognitive, affective, sensory, and motor capacities	N	0	1	2	3
to respond therapeutically to clients					

Maturity					
1. The student demonstrates appropriate self-control (such as anger control, impulse	N	0	1	2	3
control) in interpersonal relationships with faculty, peers, and clients					
2. The student demonstrates honesty, fairness, and respect for others	N	0	1	2	3
3. The student demonstrates an awareness of his/her own belief systems, values, needs and limitations and the effect of these on his/her work	N	0	1	2	3
4. The student demonstrates the ability to receive, integrate and utilize feedback from peers, teachers and supervisors	N	0	1	2	3
5. The student exhibits appropriate levels of self-assurance, confidence, and trust in own ability	N	0	1	2	3
6. The student follows professionally recognized conflict resolution processes, seeking to informally address the issue first with the individuals with whom the conflict exists	N	0	1	2	3
Integrity					
1. The student refrains from making statements which are false, misleading or deceptive	N	0	1	2	3
2. The student avoids improper and potentially harmful dual relationships	N	0	1	2	3
3. The student respects the fundamental rights, dignity and worth of all people	N	0	1	2	3
4. The student respects the rights of individuals to privacy, confidentiality, and choices regarding self- determination and autonomy	N	0	1	2	3
5. The student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status.	N	0	1	2	3

# **UNT Dallas Grade Appeal Guidance for Students**

The UNT Dallas Counseling and Human Services faculty are committed to each student's academic and professional success. As such, the faculty would like to guide students in professional protocol of managing concerns regarding their grades. When you have concerns regarding grades, please consider the information below and follow the protocol in sequential order.

#### **Facts**

- 1. Each student is responsible for the grade they earned. Professors do not give grades. Students earn grades.
- 2. Student's grades are based on the requirements stated in the syllabus. Students are responsible for fulfilling all course requirements including readings, writings, assignments, and exams by the deadline that is stated on the syllabus. If you have a true emergency or crisis, then notify the professor via email as soon as possible and ask if an exception can be granted. Make every effort to show the professor that you are taking responsibility for your assignment.
- 3. Professors are NOT required to allow students to retake exams or resubmit assignments just because the student did not earn the grade they desired.
- 4. Students do have the right to ask questions to understand the material they missed on exams or assignments. Students may ask questions in class, email or phone professors, or visit professors during their office hours.
- 5. Just because a student is not satisfied with his or her grade does not mean the student should pursue a grade appeal. Grade appeals are ONLY granted for three reasons
  - a. "Arbitrary" means a decision based on inappropriate criteria or not in conformity with established procedures or standards.
  - b. "Prejudice" means a decision motivated by ill will that is not indicative of the student's academic performance in regard to grades.
  - c. "Error" means a decision that is based on a mistake in fact.

#### **Protocol for Grade Appeal**

- 1. Consult your syllabus, course webpage, and course grading rubrics to identify what was required of you in the class. Ask yourself, "Did I do what was required by the deadline that was indicated on the syllabus, course webpage, and grading rubric"? Also, ask yourself, "Am I just disappointed with my grade and myself or is there evidence that the grade was arbitrary, based on prejudice or error"? If it was the later, then proceed with the next step.
- 2. Contact your instructor via email. In a professional and respectful manner, state
  - a. Your specific concern (i.e. "My concern is regarding the grade of "D" on my term paper in class XYZ and my subsequent class grade of D.")
  - b. The reason you disagree (i.e. "I believe my grade does not represent the quality of my paper because I thoroughly fulfilled each item on the grading rubric.").
  - c. Your responsibility of what you did "right" and what you did NOT do "right" (i.e. "I followed the grading rubric. However, I turned in the paper a week late.")
  - d. What you are requesting (i.e. "I am requesting that we meet to discuss my paper and help me understand the reason for the grade on my paper.")
  - e. Your contact information including email and phone numbers.

- 3. Wait patiently for at least two business days (48 hours during a business week) for the instructor's response to your email. Consider the instructor's response. For example, "On page 4 of the syllabus, it says if papers are turned in late, then they will receive a lower letter grade. According to the rubric, the quality of your paper was rated as a C. Since you turned it in late, you earned a D." Ask yourself, "Am I just disappointed with my grade and myself or is there evidence that the grade was arbitrary, based on prejudice or error"?" If it was the later, then proceed with the next step.
- 4. If your concern remains unresolved after the informal consultation with the faculty member, submit a written petition for appeal to the chair of the faculty member's department within three (3) days of learning the result of the informal conversation with the faculty member.
- 5. The chair will follow the procedures stated in the UNT Dallas Grade Appeal Policy available at <a href="http://dallas.unt.edu/sites/default/files/page\_level2/pdf/policy/7.007%20Grade%20Appeal.pdf">http://dallas.unt.edu/sites/default/files/page\_level2/pdf/policy/7.007%20Grade%20Appeal.pdf</a>