



University of Colorado
Denver

**Student and Community
Counseling Center**

Practicum Manual

7/20/2017

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Honorarium Supervisors

Varies by semester

PRACTICUM OBJECTIVES AND REQUIREMENTS

The Practicum experience is considered one of the most important professional activities in which students engage during their degree program. Practicum students are given opportunities to synthesize and apply knowledge gained in their course of study and other academic pursuits. Through the sharing of experiences in both group and individual supervision, students may refine previously learned skills and acquire new skills.

Practicum Objectives

The Practicum is designed to facilitate refinement of counseling/therapy and interview skills and the development of new skills. Through closely supervised one-on-one and group supervision experiences, the student can expand his or her repertoire of counseling/therapy techniques and interpersonal relationship skills.

Through the use of the facilities at the CU Denver Student & Community Counseling Center, students will be given an opportunity to experience direct and specific feedback from their supervisors through the use of video recording, as well as direct observation through one-way glass.

In the Practicum, students will be expected to demonstrate a commitment to implementing and expanding the following skills based on the counseling program goals and mission statement:

- Establishing and maintaining a helpful and supportive counseling/therapy relationship.
- Development and application of appropriate counseling/therapy techniques.
- Maintaining client records, scheduling client appointments, learning about and using community resources when appropriate.
- Working effectively with supervisors and colleagues, including appropriate analysis and presentation of counseling/therapy sessions and case studies.
- Continued development of professional behavior.
- Enthusiasm for and commitment to the counseling/therapy profession.
- A continued willingness to learn.
- Continued development of personal traits that are conducive to effective counseling/therapy, learning and professional development.
- Diagnosis and treatment planning.

Couple and Family Track/Program Goals and Student Learning outcomes

Practicum will provide CFT students the opportunity to meet the following CFT Track/Program Goals and Student Learning Outcomes:

- Practice couple and family therapy in diverse settings and with diverse client populations, exhibiting culturally responsive CFT practices.

- Systemically assess, diagnose, and collaboratively treat diverse clients with a wide variety of presenting clinical problems using a culturally responsive lens.
- Understand and practice CFT with clients and the larger systems that impact therapy and the clients being served.
- Learn to be critical consumers of research, incorporate research findings into their clinical practice, and utilize progress research data to make culturally responsive & informed clinical decisions.
- Demonstrate a professional couple and family therapy identity and ethical conduct according to the AAMFT Code of Ethics, and will demonstrate knowledge & understanding of state licensure acts, regulations, & processes.

Practicum Hours

Prior to enrolling in the Practicum, students will be expected to have completed all of their coursework with no incompletes, excepting the REM courses. If the Practicum class is full, students who have all of their coursework completed will be given priority. Students signed up for 6 credit hours of Practicum must be prepared to commit a minimum of 150 hours to the Practicum in one semester. Distribution of these hours is as follows:

Clinical Mental Health and Public School Track

1. Direct contact (one-on-one, and/or couples, families)	40 hrs.
2. Individual supervision (1 hour per week for each week student is seeing clients)	15 hrs.
3. Practicum Class (1 ½-2 hours per week for 15 weeks)	22-30 hrs.
4. Peer Observation	15 hrs.
5. Outreach	10 hrs
6. Additional hours-activities approved by Supervisor	58 hrs.

Couples and Families Track

1. Direct contact (one-on-one)	19 hrs.
2. Couples and/or families Direct Contact	21hrs
3. Individual supervision (1 hour per week for each week student is seeing clients)	15 hrs.
4. Practicum Class (1 ½-2 hours per week for 15 weeks)	22-30 hrs.
5. Peer Observation (CFT students need to observe CFT sessions)	15 hrs.
6. Outreach	10 hrs
7. Additional hours-activities approved by Supervisor	58 hrs.

ALL TRACKS MINIMUM REQUIRED HOURS **150hrs.**

If you are in the Couple and Family track, the majority of the direct service hours must be with couples and/or families. A couple means two persons, not necessarily married, who attend sessions and are counseled together by the same counselor/therapist. A family may or may not include a couple, but must include a parent or guardian and a child or can also include expanded family system members such as siblings, grandparents, grandchildren, etc. who attend sessions and are counseled together by the same counselor/therapist.

Students should be prepared to spend AT LEAST 15-20 hours per week over a 15 week period in Practicum activities (summer Practicum students should be prepared to spend at least 20-25 hours per week over a 10 week period). Due to

the varied availability of clients, students should be prepared to spend more hours in face-to-face sessions as the semester progresses.

Normally, students are expected to meet with their clients in the Center facilities at the University. Should special circumstances necessitate meeting at another location, the student must have the prior permission of their Practicum Supervisor and the Practicum Director.

PRACTICUM SUPERVISION

Supervision is one of the most important learning aspects of your practicum experience. Here are some tips to maximize your supervision experience.

Supervision Hours

1) Individual Supervision	1 hour/week.
2) Live Supervision	every session
3) Practicum Class/Supervision	2 hours/week

Individual Supervision

Your individual supervisor will orient you to the individual supervision process, as well as review the individual supervision contract during your first meeting. Here are some of the general expectations.

- Know and prioritize your supervision needs
 - Immediately identify any possible ethical and/or safety concerns during supervision
- Keep a supervision notebook or have another method to track feedback
- Come to individual supervision prepared
 - Give your supervisor an updated list of your clients
 - Identify a session or part of a session to view with your supervisor
 - Identify and discuss any countertransference with clients that may get in the way of your effectiveness as a counselor
- Bring any forms that need signatures or review (e.g., letters of support, weekly hour log)
- Bring up any concerns in the supervisory relationship or with your general practicum experience
- Check-in with your supervisor about your progress/goals

Supervisor Responsibilities with Supervisees Counseling/Therapy Clients

The clinical supervisor will be responsible for the quality of care provided to clients seen at The Center by supervisees under his/her direction. The supervisor will work with the supervisee working with the client. However, in some cases in which the supervisee is judged not yet adequately trained to work with a particular client situation, the supervisor may initiate a transfer to an appropriate clinician. In such situations, the supervisor and the supervisee will consult

together about the case before such decision is finalized. The clinic director will have final discretion about the appropriateness of client care. Supervisors must authorize and co-sign any information released from the clinic, such as letters.

Live Supervision "BTG" (Behind the Glass)

- Fill out yellow supervision sheet with specific goals for the session and the planned session strategy
- Before the session begins, alert the live supervisor to any active/current safety concerns
- If your client is late, please alert the supervisor that your session is beginning
- If your client is more than 15 minutes late, consult with the BTG supervisor
- Take a break earlier rather than later in the session
- If a new safety concern arises during session, take a break and check-in
- Check in at the end of the session to get feedback from the supervisor
- Be open to different perspectives
- Be willing to move from your comfort zone and try new strategies as suggested by your live supervisor
- Make sure your session ends on time (at 10 til the hour)

Practicum Class/Supervision

- Attend all class meetings, unless otherwise approved by the course instructor
- Complete assigned readings prior to class
- Keep a practicum experience journal
- Participate and support your peers; peer consultation can be valuable
- Ask for time and support as needed

Professional Liability Insurance

All persons delivering services in The Center (e.g., both faculty and students) are required to have a professional liability insurance policy currently in effect. The limits of liability will be \$1 million, \$3 million.

Evaluation and Grading

In addition to informal evaluations during individual supervisory sessions, Practicum students will be formally evaluated by their supervisors on a variety of skills and activities at midterm and again at the end of the semester. Maintenance of client contact information including contact hour logs and client records will be included in the evaluation as well as attendance at both individual and group supervisory sessions.

Additionally, clients will be given an opportunity to evaluate their counselor as part of client satisfaction surveys, as well as make comments on the services they have received through the Center. Client's comments will be shared with the Practicum student's supervisor if mentioned by name.

Letter grades will be given based on the following considerations:

- Attendance at class meetings.
- Professional/ethical behavior.
- Completion of required number of clock hours.
- Evaluation of skills and performance on Practicum Student Midterm and Final evaluations.
- Timely completion of all paperwork.
- Accurate note taking and record keeping.
- Arranging and attending individual supervision on a weekly basis.
- Following through with clinic policies & requirements.
- Openness to and incorporation of Supervisor feedback.

The final grade reflects level of performance at the end of practicum. The grade is not cumulative.

A letter grade of "A" indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates excellent counseling/therapy skills, high standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling/therapy profession.

A letter grade of "B" indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates strong counseling/therapy skills, above average standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling/therapy profession.

A letter grade of "C" indicates that the student did not complete all course requirements in a timely and professional manner, needs to improve counseling/therapy skills, may need to examine personal and/or professional standards, appears to be unwilling to learn or lacking in commitment to the counselor profession. Further, the student will be required to re-take Practicum after s/he has fulfilled the additional stipulations required of him/her by the faculty, and may lead to a re-evaluation of the student's participation in the counseling/therapy program by his or her faculty advisor, Practicum supervisor, the Practicum Director, and Counseling faculty. Students may only repeat their Practicum once.

A letter grade of "F" is given in cases of unethical behavior or grossly lacking counseling/therapy skills. In this situation, re-evaluation of the student's participation in the program will be done by the Supervisors, Practicum Director, and the Division Director, developing a remediation plan for the student or possibly resulting in dismissal from the program.

In cases where the student has failed to meet the required number of clock hours, a grade of "IW" (Incomplete) will be given. Failure to complete the requirements within one semester will result in re-evaluation of the student's continued participation in the counseling/therapy program.

Accommodations

If a practicum student wants/needs accommodations, they must work with the office of disabilities to specify the accommodations they are requesting. If they don't ask for accommodations, it will be assumed that the student is able to perform all the functions required of practicum as outlined in the competency document.

Repeating Practicum

The supervisory team consists of clinic staff, and supervisors. The team evaluates students' progress bi-weekly and conducts formal evaluations at midterm and at the end of the semester. The supervisory team may identify students who are not meeting Practicum objectives at the midterm evaluation. In these cases, a formal remediation plan will be designed by the individual supervisor, faculty mentor, and the practicum student. All will sign the document and track progress. These students may be required to continue in Practicum for a second semester unless they have proven themselves to be proficient by the final evaluation at the end of the semester. Students who are required to repeat Practicum must register for COUN 5910 for 6 credit hours and must participate fully in the course requirements for the duration of the subsequent semester. Students repeating Practicum may not register for Internship (COUN 5930) until they have completed Practicum successfully.

Completing Couple and Family Hours

If a student is in the Couple and Family Track and cannot complete the required 21 hours of direct service with couples and families due to a lack of clients, the student may be allowed to move on to Internship if one or more of the following requirements are met:

- The student's number of direct service hours totals 30 or more.
- The student has at least 12 hours of direct service with couples or families
- The student has demonstrated a skill level that the supervisory team agrees is sufficient for Internship.
- The student is performing at an acceptable skill level, has made a concerted effort to complete the required hours, and was only hindered by a lack of couple or family clients on their caseload.

If the student is given permission to move on to Internship, the procedure will be as follows:

- The student will receive an IP in Practicum, which will be changed to the appropriate grade following the completion of the required direct service hours.
- The student will complete the required hours at their Internship site and will submit a final Practicum Log to the Program Administrator once the required hours are complete.
- Hours counted toward the completion of Practicum may not be counted as Internship hours

INTAKE, ASSESSMENT, REFERRAL

All Center clients complete an intake interview. During this phase counselor/therapist-in-training and client discuss reasons for seeking counseling/therapy, concerns, background information, goals and strengths. For individual UCD students, the intake counselor will suggest a range of holistic services within the university. The goal is to offer access to all resources that will increase the client's likelihood of academic and personal success. Couples, families, individual community members are encouraged to take advantage of additional Center services such as workshops, screenings, case management, and groups, if they are eligible.

Once the intake has been completed the intake counselor/therapist will submit the written intake to the Assistant Director who will assess the information to determine if the individual/couple/family is appropriate for treatment within

the clinic and/or other services within the university and the community. If the clients are not clinically appropriate for the Center, they will receive referrals to other helpful, cost effective care and resources on campus and/or in the community. If the client/clients are deemed to be appropriate for treatment within the clinic, they will be assigned a counselor/therapist(s).

The assigned counselor and client will transition to the next phases of the counseling/therapy process. The transition may occur in the same session or at the start of the next session.

THREE STAGES OF THE COUNSELING CENTER MODEL

The next three stages of the model are the Joining Stage, Middle or Action Stage and the Ending or Consolidation Stage.

Throughout all three of these stages, the counselor will maintain a focus on encouragement and instilling hope. The counselor/therapist believes that the client(s) have the strengths needed to resolve their problems and reach their stated goals. The counselor/therapist conveys that change is not only possible, but expected and encourages the client throughout.

JOINING PHASE

Goals of joining phase:

- Help clients begin to identify and marshal strengths and competencies to confront difficulties
- Form a collaborative treatment alliance
- Create a sense of safety and security - a sense that clients will be respected and not judged
- Meet clients where they are at in their process
- Convey that clients are seen as worthwhile human beings with positive qualities and strengths
- Take the initiative to explore and bridge differences.
- Identify and highlight clients' cultural resources as a source for strength.
- Invite clients to narrate their life stories while re-authoring their story towards a strength perspective-- telling one's story, making sense of one's life and viewing oneself as a survivor not a victim
- Encourage clients to look for exceptions, meaning those times when the problem wasn't present or when they would have expected the problem to be present but it wasn't. Clients are helped to see the assets and strengths they used at that time
- Set a focus for treatment and begin to shape treatment goals.
- Instill hope

During this phase, counselors/therapists will employ the skills of active listening, reflecting, demonstrating empathy, and summarizing.

Possible questions to clarify and amplify strengths include:

- How have you managed to survive? Change "survive" to another word that implies more than just getting by...thrive? Other?
- What do you do well?
- What do other people look to you for?
- What are your outstanding qualities?
- How have you been able to adapt to change?
- What special characteristics or talents distinguish you from others?
- What's different about the times when the problem is present and when it is not present?

Ideas for assessment

Strength-based assessment has been defined as the "measurement of those emotional and behavioral skills, competencies and characteristics that create a sense of personal accomplishments; contribute to satisfying relationships; enhance one's ability to deal with adversity and stress; and promote one's personal, social and academic development". Given the fact that clients always attempt to resolve their problems based on how they have defined and understand them, counselors/therapists should explore with clients their view of the real problems. Clients are encouraged; to reveal what they perceive their problems to be, why they believe the problems exist, what behaviors/situations cause them the most problems and the consequences of the problems. Questions may include:

- How can I be most helpful to you? What is your theory about why you have these problems?
- If there were one question that you were hoping I would ask you, what would that question be?

Encourage and Instill Hope

Encouragement is feedback that emphasizes effort or improvement rather than the outcomes of client efforts. Counselors/therapists convey faith that clients will move forward in a positive direction. Counselors/therapists talk about the current concern as an opportunity for growth. Encouragement is different from praise and reward. Praise usually involves a judgment (good not bad, right not wrong) Encouragement is not dependent on specific actions where as praise is usually given when one has achieved the desired goal.

Counselors/therapists may compliment the client's commitment, effort, and clarity, determination as clients begin to change their perspectives on their difficulties and develop a sense of possibilities. The counselor/therapist's hope, respect and optimism begin to be transferred to the clients and to serve as the beginning for both a trusting relationship and client change.

The counselor/therapist actively helps uncover evidence of clients past successes. Counselors/therapists amplify survivor pride as clients acknowledge the pain and suffering that they have experienced; yet, they also report pride in being able to outwit, sidestep or endure that hardship.

In this stage, the counselor helps to rekindle hope by asking about the last time they felt hopeful about life and what life circumstances made them feel hopeful. Possible questions include:

- When was the last time you felt hopeful about your life and circumstances?
- What was going on in your life that made you feel hopeful?

A technique to instill hope is creating a hope chest. Counselors/therapists invite clients to imagine a hope chest that would permit their problems to disappear. The counselor/therapist posits that three wishes might be granted from the hope chest under the condition that changes must be made to ensure their continuation. Clients/therapist are then asked to describe the three hopes that they would take out of the hope chest and how the granting of these hopes might change their present situations. Then ask, what the client will have to do to keep the hopes alive and to sustain the three hopes? The hope questions reveal what clients want to change about their lives and what they are willing to do to sustain those changes.

Counselors/therapists guide an exploration of how clients are addressing problems rather than the problems themselves. Client and therapist explore and evaluate modes of coping and current sources of support.

Counselors/therapists ask clients to recall past successes in solving problems and overcoming barriers. Looking back to life before the problems existed may also help.

Goal Setting

Together, clients and counselors

- Explore the strengths and resources clients have to make the changes they desire
- Establish specific goals that are explicit, operational, realistic and attainable, time limited, observable and measurable.

MIDDLE OR ACTION PHASE

Goals of this stage include:

- Assess stage of change and plan appropriate interventions
- Collaborate with client to create and execute change plan that includes in-session interventions as well as extra therapeutic interventions (homework)
- Continuously assess client's progress and motivation for change
- Highlight small steps and successes
- Normalize and accept setbacks and ambivalence
- Help the client have a novel experience and to try out new behaviors resulting in increasing hope and agency.

Building Strength and Competence

The goals of this stage are: amplifying courage, insight, optimism, perseverance, persistence, and finding purpose. Counselors/therapists help clients realize that they are not powerless to effect change in their lives. This recognition contributes to a sense of autonomy and agency as clients learn that they can find solutions and experiment with trying out new strategies, skills and beliefs. Building external resources (assets) are key at this stage. Assets may include:

- Support, care and love from family, community and teachers
- Empowerment and opportunities to contribute and feel valued in their families and communities while feeling safe and secure
- Skills to define boundaries and expectations of self and others.
- Constructive use of time, enriching opportunities for growth through creative activities, programs, spiritual involvement.
- Building a positive self-identity to promote a strong sense of client's own power, self-efficacy, purpose, worth, and promise.

Empowering

Explore interconnections between personal and political realities by shifting power to the client. Empowerment is the process of recognizing and promoting the client's competent functioning. During empowerment, the counselor/therapist works to develop a critical consciousness about the client's sociopolitical life. Clients explore the social origins of their actions and focus on the context in which the problems occurred. Counselors/therapists help clients to recognize that problems are not necessarily within the person, problems can provide insight/growth and that the client possesses a solution for every problem. The client is doing the best s/he would with the awareness and resources he/she has.

Changing

Counselors/therapists help clients to understand that change is a process, not an isolated event. Client strengths are viewed as the foundation for making desired changes. Change talk consists of productive dialogue that helps client become aware of what modifications they must make to improve their lives. Counselors;

- Help clients to focus on what they are doing right regarding the situation
- Identify small steps

Clients begin to:

- View mistakes as opportunities for learning
- See that all is not hopelessness

Goals of this stage include:

- Recognize and anticipate potential obstacles

Reframing is an important part of this process. As the client experiences the difficulty from a new or different perspective, s/he is able to note positive aspects of the situation. Reframing has been conceptualized as more than just a one step process because several types of client's emotional reactions and behaviors are required. These include; recognition, acceptance, understanding, recognition that there is always a choice for how to view adversity, changing the meaning of the event, deriving lessons from the painful event, redefining themselves around strengths and multiple talents, and taking constructive action around new strength-based identities and perseverance. The client acknowledges, confronts and accepts what has happened.

Changing the meaning of life circumstances is also important. From an existential perspective, clients being to realize that they have the ability to choose the meaning that they ascribe to events and circumstances in their lives both past and present.

Types of questions that might be utilized in the change process would include:

- Scaling Questions
- Future Questions
- Circular Questions

During this phase, interventions from many different counseling/therapy traditions may be employed. Some might include behavioral techniques such as role plays, Progressive Muscle Relaxation or Systematic Desensitization. Cognitive interventions could include thought stopping, challenging irrational beliefs, pros and cons, ABC analysis. Gestalt and narrative techniques may also be employed. Transgenerational family systems, experiential family therapy, structural family therapy, solution focused family therapy, narrative family therapy and integrative family systems therapies may also be employed. Emotionally-focused couple therapy, behavioral couples therapy, Gottman's couple therapy model, and integrative couples therapy techniques may also be used. Art therapy, guided imagery, sand tray, journaling, bibliotherapy are also possibilities.

The choice of interventions will be informed by case conceptualization, stage of change, and a collaborative exchange between client and therapist.

ENDING OR CONSOLIDATION PHASE

Goals

- Recognize and amplify gains and successes
- Create a collaborate plan for active maintenance, thereby, building reliance
- Amplify new skills, competence and strengths
- Review the counseling/therapy process
- Celebrate successes as part of ending the counseling/therapy relationship
- Determine future goals and available resources in the Center, the university and the community

Building Resilience

The goal is to fortify client from a recurrence of the same problem or similar problems. This phase explores what clients can put in place and/or do more of to maintain strengths, gains, and positive changes. The client accepts that lasting change mean actively working to maintain gains once change has occurred.

Evaluating and Terminating

Client and counselor/therapist honor the progress that has been made. They determine whether the client has accomplished their goal/goals, whether changes can be attributed to the intervention and what client strengths and environmental resources were most significant in helping to achieve their goals. During termination, counselor seeks to answer questions such as;

- Has the client accomplished what he or she contracted to do?
- What newly gained or amplified strengths will the client be taking away from counseling/therapy?
- Does the current situation suggest the need for further counseling/therapy?

ETHICAL CONSIDERATIONS

First and foremost, the theoretical model that is discussed in this document and all interactions between the clinic Clinicians, Faculty, Staff, Students and its clients are built upon the foundation of Kitchener's moral principles of autonomy, non-maleficence, beneficence, justice and fidelity.

Prior to starting the Practicum, all student counselors have completed a course on counseling/therapy ethics, as well as multiple subject specific classes that discuss ethical standards as they apply in various content areas throughout the counseling/therapy profession. Student counselors come to the clinic with significant academic training in theory, interviewing skills, case conceptualization, and multiculturalism. They have been challenged to develop their own theory of clinical change and an integrated theory of practice. In addition, all student counselors will participate in a comprehensive orientation where they will receive training on the strengths-based model prior to seeing clients.

Throughout the practicum experience, students perform all clinical activities under direct/live supervision, and they also receive a minimum of one hour per week of individual supervision and one and a half hours of group supervision, where they can discuss cases, ethical issues, and professional development. While most student counselors enter their clinic experience with limited clinical exposure, the support and constant feedback allows them to meet ACA and AAMFT Ethical standards associated with practicing within one's scope and clinical expertise.

The supervisors and student counselors are well versed on multiple ethical decision making models and are also well versed on the codes of ethics of several professional organizations, including the American Counseling Association, the American Association of Marriage and Family Therapy, the American School Counseling Association and the American Psychological Association.

The clinic supervisors are all either masters or doctoral level professionals who are licensed in the State of Colorado as Professional Counselors, Marriage and Family Therapists or Psychologists. Each supervisor has years of experience as a clinician and as a clinical supervisor, and several supervisors are AAMFT Approved Supervisors or Approved Supervisor Candidates. All supervisors meet the Colorado Mental Health Statutes' requirements and qualifications to perform

supervision duties and responsibilities. Each supervisor has been integrally involved in the planning and development of this new treatment philosophy and will provide supervision that is consistent with the model.

MULTICULTURAL CONSIDERATIONS

The CU Denver Student and Community Counseling Center Model embraces a cultural understanding of client challenges, strengths and resources. All counselors/therapists will demonstrate the following skills in the delivery of all mental health services:

- Utilize clinical interview and appropriate continued questioning to ascertain the worldview of each client.
- Adapt techniques, theory and personal style to meet the client at client's phenomenological reality.
- Treatment goals and plan reflect an understanding of the client in their cultural context.
- Demonstrate comfort level with discussing differences with client.
- Demonstrate a strong commitment to continued personal growth in multicultural competence.
- Bring diversity discussions into supervision.
- Demonstrate awareness of how ones' own diverse background impacts therapist-client interactions.
- Demonstrate awareness of personal, ethnic, racial identity development.
- Awareness of racism and oppression as possible factors in the client's presenting problem.

TRAINING CONSIDERATIONS

The clinic is a joint venture between the CU Denver Student Affairs Department and Counseling Program within the CU Denver School of Education and Human Development. While the clinic is managed, maintained and staffed under the auspices of the Department of Student Affairs, the Counseling Program provides the student counselors/therapists, funding for honorarium faculty supervisors, facilitation of practicum seminar classes, and is involved in the development and facilitation of clinical training to insure that the student counselors/therapists are prepared to participate in this new clinical model.

As was stated above, all student counselors/therapists will participate in an orientation program that includes strengths-based counseling and systemic models, the practice of brief psychotherapy and ethical issues related to practicing brief psychotherapy. This training program not only prepares students to work effectively within the new clinic model, it also prepares counselors/therapists to work within a professional market that is, in part, controlled by insurance and managed care companies that limit the number of sessions covered. This specific brief, strengths-based model prepares student to practice in a way that respects the needs and wishes of the client(s), while engaging present personal and/or systemic resources in the process of solving problems and developing additional resources needed to continue success after the termination of therapy.

Given the fact that many students will leave this academic setting and seek employment within more traditional, medical model community mental health agencies, it is imperative that the student counselors/therapists also receive training in diagnosis, case management, and advanced case conceptualization skills that is inclusive of multicultural responsiveness. CFT students will also center their practice on systemic theory and application. The practicum seminar classes will assist students to learn to function in both strengths-based and disorder based treatment environments.

Within these practicum seminars, students will be expected to attend all class meetings and complete a variety of assignments that will insure that they are prepared to meet the needs of a variety of treatment/employment environments.

EVALUATION AND OUTCOME RESEARCH

Research activities will focus on the effectiveness of this new treatment philosophy, the impact of the various components of a holistic model, and new treatment protocols as an effective training vehicle. Research will focus on the effectiveness of the treatment methodology in meeting the emotional, social, and behavioral needs of a college counseling center population, as well as individuals, couples, and families from the community. This investigation will include the study of service utilization, outcome measures of client satisfaction, etc. and demonstrate attending to the needs and welfare of our communities of interest.

Another area of study will be the effectiveness of this new model for training counseling/therapy students. This research will focus on requisite skills acquisition, Counselor/therapist satisfaction, supervisor assessment, feedback from internship site supervisors of students matriculating from the clinic to community based internship sites, etc. Both quantitative and qualitative methodologies will be utilized.

CONCLUSION

The clinical faculty of the CU Denver Student and Community Counseling Center, the academic faculty of the Counseling Program, and the Division of Student Affairs are excited to launch the strength-based service model at the University of Colorado Denver. As the model is implemented and assessed, appropriate changes will be made in the spirit of continuous improvement. We enter this transition with confidence and anticipation that the strength-based approach will increase the ability to support our clients, to facilitate their growth and to assist them in finding solutions. Through recognizing and utilizing their strengths, our clients will be helped to reach their goals and maximize their ability to construct a satisfying and purposeful life for themselves and others.



Name: _____

Supervisor: _____

Date: _____

YES/NO - Initial Review

YES/NO - Midterm Evaluation

YES/NO - Final Evaluation

SECTION 1: PROFESSIONAL RESPONSIBILITIES

- 1) Individual Supervision
- 2) Group Supervision
- 3) Record Management
- 4) Professional Behavior
- 5) Ethical Behavior

SECTION 2: CLINICAL SKILLS AND RESPONSIBILITIES

- 6) Initial Intakes
- 7) Therapeutic Structure, Treatment Planning, and Goal Setting
- 8) Counseling Theories and Case Conceptualization
- 9) Therapeutic Alliance
- 10) Core Counseling Skills and Techniques
- 11) Multicultural and Diversity Integration

SECTION 3: COUNSELOR IDENTITY DEVELOPMENT

- 12) Evaluation of Self as Professional Counselor
- 13) Self-Knowledge

SECTION 4: SPECIALIZED COUNSELING SKILLS

- 14) Couple and Family Skills and Techniques
- 15) Play Therapy

SECTION 1: PROFESSIONAL RESPONSIBILITIES

1) Individual Supervision

Rating (1-4)

Y/N Is punctual.

Y/N Is prepared for each meeting (as directed by individual supervisor).

Y/N Identifies supervision needs and goals to achieve.

Y/N Initiates interactive dialogue with supervisor.

Y/N Informs supervisor of potential crises, safety concerns, or unfamiliar situations.

Y/N Maintains openness to new or different clinical procedures, techniques, and concepts.

Y/N Is willing to receive and use feedback.

Comments:

2) Group Supervision (based on feedback from group supervisor)

Rating (1-4)

Y/N Gives specific and informative feedback to group members.

Y/N Receives and integrates feedback in a non-defensive manner.

Y/N Values and utilizes group supervision as a venue for meaningful self-disclosure and self-reflection.

Y/N Demonstrates effective skills in case presentation.

Y/N Formulates diagnostic impressions using the DSM-IV multiaxial classification system.

Y/N Completes all course assignments and requirements.

Comments:

3) Record Management

Rating (1-4)

Y/N Accurately completes all required paperwork in neat, readable, concise manner.

Y/N Completes paperwork in a timely manner without reminders.

Y/N Expresses information clearly and effectively, including intakes, progress notes, treatment plans, and termination summaries.

Y/N Keeps records confidential.

Comments:

4) Professional Behavior

Rating (1-4)

Y/N presents professional appearance.

Effectively communicates needs and concerns.

Y/N Is respectful of others' time.

Y/N Exhibits respectful and courteous behavior.

Y/N Understands and maintains appropriate interactions and boundaries with clients and colleagues.

Y/N Respectful of others' values and preferences.

Y/N Furthers professional development through workshops, seminars, readings, etc.

Y/N Demonstrates a commitment and adherence to the operation and mission of the Center.

Comments:

5) Ethical Behavior

Rating (1-4)

Y/N Demonstrates an awareness and understanding of ethical practice as outlined by all relevant ethical codes (e.g., ACA, AAMFT) and Center policies and procedures.

Y/N Demonstrates awareness of and compliance with all state and federal laws related to mental health practice.

Y/N Understands the importance of ethical behavior.

Y/N Demonstrates critical thinking in ethical decision-making.

Y/N Readily seeks consultation for unique or unusual situations.

Y/N Effectively practices ethical decision-making and intervention (e.g., child abuse reporting, domestic violence, suicidal assessment and intervention, understanding dual relationships).

Comments:

SECTION 2: CLINICAL SKILLS AND RESPONSIBILITIES

6) Initial Intakes

Rating (1-4)

Y/N Orients client to center policies and procedures.

Y/N Demonstrates ability to easily develop rapport with new clients, communicating authentic caring versus being a "technician."

Y/N Develops a connection for the client with the Center rather than to the intake therapist as an individual.

Y/N Uses clinical judgment and clarifying questions to thoroughly cover all areas of client history and functioning that are associated with the presenting problem.

Y/N Thoroughly assesses risk factors such as homicide, suicide, domestic violence, and ability to manage tasks of daily living.

Y/N Follows clinic intake protocols and completes the full intake assessment within a 50-minute session.

Comments:

7) Therapeutic Structure, Treatment Planning, and Goal Setting **Rating (1-4)**

Y/N Assists client in identifying salient treatment issues and themes.

Y/N Formulates collaborative treatment plan with client, including long-term goals, short-term goals and objectives as well as interventions.

Y/N Assess client progress towards treatment goals.

Y/N Continuously evaluates and resets therapy goals.

Y/N Directs the focus of session towards discussion and interventions related to treatment goals and objectives.

Y/N Monitors counseling expectations and agreements (e.g., session time, fee for service, scheduling appointments).

Y/N Recognizes the need for referral and collaboration with outside resources.

Comments:

8) Counseling Theories and Case Conceptualization **Rating (1-4)**

Y/N Applies counseling theories and techniques appropriate to each client and clinical situation.

Y/N Demonstrates an ability to use a pluralistic and integrated approach to clinical work.

Y/N Assesses client readiness for change.

Y/N Uses case conceptualization to direct interventions.

Y/N Designs and delivers affective, cognitive, and behavioral interventions.

Comments:

9) Therapeutic Alliance **Rating (1-4)**

Y/N Employs core conditions of the counseling relationship: empathy, unconditional positive regard and authenticity.

Y/N Shows acceptance of client ambivalence about counseling and change.

- Y/N Recognizes value of processing client-therapist relationship including differences, conflicts, And empathic failures.
- Y/N Facilitates stages of counseling process—engagement, working, consolidation, termination.

Comments:

10) Core Counseling Skills and Techniques

Rating (1-4)

Demonstrates competent use of the following:

- Y/N Attending behavior
- Y/N Display of warmth, genuineness, and caring
- Y/N Amplifying client strengths
- Y/N Minimal encouragers
- Y/N Normalizing
- Y/N Open-ended questions
- Y/N Succinct language
- Y/N Pacing/Timing
- Y/N Reflections of thought and feeling
- Y/N Summarizing
- Y/N Tolerating silence
- Y/N (Re)focusing
- Y/N Self-disclosure
- Y/N Underlining
- Y/N Highlighting inconsistencies

Comments:

11) Multicultural and Diversity Integration

Rating (1-4)

- Y/N Utilizes suitable questioning to ascertain client worldview and level of acculturation.
- Y/N Demonstrates comfort level discussing and processing differences with clients initially and throughout the stages of therapy.
- Y/N Adapts treatment goals, techniques, style, and interventions to reflect an understanding of client in his or her cultural context.
- Y/N Brings diversity issues into supervision, including discussion of personal reactions to client-therapist differences.

- Y/N Understands biases in the larger system around mental health diagnosis, ability to access services and overall oppression.
- Y/N Understands how oppression may impact client.
- Y/N Demonstrates awareness of sexual orientation, gender and racial identity development.
- Y/N Demonstrates ability to work within client's respective belief system, value system, and worldview while recognizing personal beliefs, values, and worldview.
- Y/N Displays a strong commitment to continued personal growth in multicultural competence.

Comments:

SECTION 3: COUNSELOR IDENTITY DEVELOPMENT

12) Evaluation of Self as Professional Counselor

Rating (1-4)

- Y/N Demonstrates interest in improving counseling skills through reviewing videotapes and utilizing professional resources including supervisors, peers, texts and journals.
- Y/N Assesses level of consonance and dissonance with client.
- Y/N Demonstrates awareness of impact on others and shows ability to use flexibility and non-defensiveness in addressing issues and/or conflicts.
- Y/N Shows awareness of transference and counter-transference issues with clients and is willing to examine them.

Comments:

13) Self-Knowledge

Rating (1-4)

- Y/N Demonstrates knowledge and introspection regarding personal background and belief system in regard to culture, ethnicity, and diversity, and recognizes how these may influence counseling process.
- Y/N Demonstrates openness to self-reflection and growth through seeking feedback and engaging in personal therapies such as art therapy, music therapy, and psychotherapy.
- Y/N Demonstrates tolerance for fallibility in self and others.
- Y/N Shows healthy boundaries between professional and personal life, including emphasis on self-care.

Comments:

SECTION 4: SPECIALIZED COUNSELING SKILLS

14) Couple and Family Skills and Techniques

Rating (1-4)

Conceptualization

- Y/N Conceptualizes clients in a systemic rather than individualistic fashion.
- Y/N Understands how differences in client background may impact their beliefs around relationship dynamics.
- Y/N Empowers clients and their relational systems to establish effective support structure.
- Y/N Recognizes strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.

Comments:

Skills and Techniques

- Y/N Works towards joining with all the people in the counseling room.
- Y/N Engages each member through treatment process and balances participation as appropriate.
- Y/N Defuses intense and chaotic situations to enhance emotional safety of all participants.
- Y/N Utilizes co-therapist relationship as a model for effective communication.
- Y/N Facilitates client communication with each other instead of through therapist as suitable.
- Y/N Keeps emphasis away from "problem of the week" and focus on underlying themes.
Assesses risk of domestic violence and takes appropriate action (e.g., safety plan, consult with supervisor).

Comments:

15) Play Therapy

Rating (1-4)

Conceptualization

- Y/N Assess child's social and cognitive development and designs suitable interventions.
- Y/N Views the child in a full systemic context, including academic, family, social, cultural..
- Y/N Articulates difference in direct and nondirective play therapy styles.
- Y/N Works toward understanding underlying feelings/cognitions behind behaviors.
- Y/N Understands role as play therapist with child.

Comments:

Skills & Techniques

- Y/N Joins successfully with child.
- Y/N Uses developmentally suitable child-friendly language.
- Y/N Demonstrates ability to be playful.
- Y/N Utilizes metaphor through play.
- Y/N Designs and implements techniques as appropriate (e.g., puppets, sand tray, art).
- Y/N Includes other systems as appropriate (e.g., family, school, community, mentors).

Comments:

SCORING CRITERIA AND GUIDELINES

The final rating for practicum performance will be based on the student's performance level at the conclusion of the course (rather than based on an average of all of the student's performances during the semester). Thus, the two earlier ratings (i.e., initial review and midterm evaluation) are considered formative in purpose. For the final overall rating, the supervisor will make a holistic judgment using the individual category scores (e.g., group supervision) as a guide.

CATEGORY RATING FOR INITIAL AND MIDTERM EVALUATION

5. Advanced: Student demonstrates consistent and insightful mastery in all areas.
4. Proficient: Student demonstrates consistent mastery in all key areas.
3. Developing: Student demonstrates inconsistent mastery across areas.
2. Needs Improvement: Student does not demonstrate mastery of many key areas.
1. Unacceptable: Student does not demonstrate mastery in most areas.

OVERALL RATING FOR FINAL EVALUATION

- 5 Advanced (Green Light to Internship)
- 4 Proficient (Green Light to Internship, with areas identified for development)
- 3 Developing (Yellow Light to Internship, pending completion of improvement plan)
- 2 Needs Improvement (Red light for Internship, probationary status)
- 1 Unacceptable (or does not provide evidence)

General Comments:

Student Name: _____

Student Signature: _____ **Date** _____

Supervisor Name _____

Supervisor Signature: _____ **Date** _____