

Graduate Counseling Program

Texas Wesleyan University

COU 6315
PRACTICUM FORMS PACKET



Updated Fall, 2019

Greetings from the Graduate Counseling Faculty!

This packet includes several forms that you are required to utilize in order to successfully complete this course. Some of them are to be turned in at some point throughout the term, while some may be used in subsequent coursework.

Here is a brief description of each form in this packet:

- **Front Desk Hours Form** – Use this form to record the required number of hours you log in staffing the Counseling Center Front Desk.
- **Handout for Class Case Presentation Forms** – This form provides the structure of what you will be presenting in your video cases in class. Fill out the information and have a copy for each class participant. There are two forms for this... one is a template for you to follow in filling out the blank Form.
- **Video Feedback Form** – You will present this form to your professor along with your video case presentation.
- **Clinical Progress Assessment Form** – This form is to be used at both the mid-term and final interviews with your professor. Have your off-site supervisor complete their part of the form, obtain their signature, and bring the form to your interview with your professor.
- **Practicum Experience Totals Form** – This form is a synopsis of the hours you've accumulated in your practicum experiences. The primary purpose of this form is to ensure that you've completed all the required hours for this practicum... if you have deficient hours, you'll receive an Incomplete for the course until those hours are accumulated. This form tracks those deficient hours for both yourself and your current and next practicum professor.
- **Practicum Completion Form** – You will use this form in all your Practicum courses while at Texas Wesleyan. You will fill this out at the end of the term with the total number of required hours. The professor's name should accompany this and should attest to the correctness of the hours. When you complete your last practicum course, you should retain this form and transfer the number of hours onto the State Board Form (either the LPC Board or LMFT Board) in order to meet the direct and indirect hours for state licensure. Do not turn this form in to the State Board; use the LPC Board and/or LMFT Board forms (which can be obtained from their website).



Front Desk Hours

Student Therapist Name: _____

Practicum Professor: _____

Every semester each student must work at the front desk for a total of 4 hours. These hours will be counted as Indirect Hours. At the front desk you will answer the phone, take messages and help clients in the checkout process. You will also be in charge of monitoring and responding to security and alarms.

This form should be turned in to your practicum professor.

Scott or Nick should sign after completion

Date: _____ Time: _____ Signature: _____

Handout for Class Case Presentation Template

Use this form as a guide to fill out the Blank Form handout for your classmates

Session Date: _____

Client Initials : _____ Age: _____ Sex: _____ Race: _____

Counselor Name: _____

Contextual Material	
Presenting Problem	How client was referred and self-reported symptoms and problems identified thoroughly
Personal History	Evaluation of important developmental milestones and key life markers examined. Substance/alcohol abuse history, physical/sexual/verbal abuse history, previous therapy, medication, medical concerns are all described
Familial History	History of abuse, substance use, losses, and interfamilial mental illness are discussed
Current Situation	Current influences on client's functioning, as well as current occupational and/or educational stressors are discussed. Interpersonal relationship status is discussed
Case Formulation	
Theoretical Model	Student's theoretical model is identified
Factors Contributing to Case	Developmental, interpersonal, cultural, biological and system influences are identified and discussed. Important intrapersonal and psychological influences are identified. Communication style is discussed
Symptoms, Behaviors, cognition	Feelings, behaviors, and cognitive patterns are identified and discussed
Family and Interpersonal Relations	Interpersonal relationship patterns and influences are identified and discussed
Course of Treatment	
Sessions, Frequency, Type	Number of sessions, frequency and type(s) of sessions are listed
Diagnosis	DSM-5 diagnosis
Structure of Treatment	Theoretical support for treatment approach, treatment goals and strategies, interventions, contracts, ethical/legal issues, ongoing evaluation and progress of outcomes are identified and discussed thoroughly
Client/therapist relationship issue	Typical client behavior, therapist's countertransference, client's "pulls" and "presses", and influencing cultural variables are identified and discussed
Themes and Interventions	Characteristics of interventions, major themes that emerged in the course of treatment, critical turning points or incidents, and termination issues are identified and discussed

Handout for Class Case Presentation

Fill out this form for each of your classmates

Session Date: _____

Client Initials : _____ Age: _____ Sex: _____ Race: _____

Counselor Name: _____

Contextual Material	
Presenting Problem	
Personal History	
Familial History	
Current Situation	
Case Formulation	
Theoretical Model	
Factors Contributing to Case	
Symptoms, Behaviors, cognition	
Family and Interpersonal Relations	
Course of Treatment	
Sessions, Frequency, Type	
Diagnosis	
Structure of Treatment	
Client/therapist relationship issue	
Themes and Interventions	

Video Feedback Form

Please complete this form and bring it and your video with you to your class/supervision session(s) and give to your supervisor.

Student Name: _____ Date of Class/Supervision: _____

Client Goals: _____ Session # _____

Student Counseling Model: _____ Practicum # _____

List 1-2 specific questions, concerns, or skills you want to address during this supervision session.

1.

2.

List 2-3 specific examples of skills you demonstrated well.

Notes:

1. Timestamp: _____

2. Timestamp: _____

3. Timestamp: _____

List 1-2 specific examples of skills or responses you would like to correct or have concerns about.

Notes:

1. Timestamp: _____

2. Timestamp: _____

Faculty Supervisor Notes:

**Clinical Progress Assessment Form (CPAF)
for Professional Counseling and School Counseling Tracks**

This part is filled out by the practicum student during the first class:

Student Name: _____ Degree Plan: LPC SC

Practicum: Practicum I Practicum II

Off-site location _____ Off-site supervisor _____

Off-site supervisor contact information: phone: _____ email: _____

Class: Instructor for Practicum I: _____
 Instructor for Practicum II: _____

Practicum Term Start Date: Fall Spring Summer Year: _____

This part is filled out by the Site Supervisor(s) for the midterm and final evaluation:

Evaluation based on (mark all that apply): live observations; recorded observations; case transcription;
 individual/triadic supervision; large group supervision; Other: _____

Instructions: Use the following scale to rate the students according to *expected* skill level:

- 1 = Far Below Expectations
- 2 = Below Expectations
- 3 = Meets Expectations Consistently
- 4 = Exceeds Expectations

	Midterm evaluation	Final evaluation
Session Management: Puts clients at ease; <u>New client:</u> demonstrates ability to establish rapport; introduce the process of counseling; explain/obtain informed consent; set up counseling contract; <u>All clients:</u> demonstrates ability to flow into/out of clinical material at the beginning/end of the session; maintain appropriate focus during the session; get your client at the start of the session; collect payment; carry out parent consultations in a consistent, effective manner	1 2 3 4	1 2 3 4

<p>Therapeutic Relationship: Ability to communicate to the client unconditional positive regard; genuineness and congruence; and to accurately communicate an empathic emotional response; ability to demonstrate joining skills with all present parties; ability to establish and maintain a relationship of trust which facilitates the counseling process.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Communication Skills: Ability to reflect content (paraphrasing--briefly restating content, summarizing, - linking together client material, asking for clarification); reflect client feelings; reflecting meaning underlying client statements/patterns; use of verbal and non-verbal encouragers; effective use of questions (open-ended, maximize client expression); non-verbal communication (posture, eye contact, gestures).</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Assessment: Ability to clarify the client's presenting problem (scope, dynamics, intensity, attempted solutions, client's view of etiology); ability to understand ecosystemic factors that may impact the presenting problem and client's ability to resolve it; ability to elicit client strengths and resources; ability to articulate client's assessment in a meaningful way.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Process Skills: Appropriate pacing and tracking; ability to recognize themes and patterns in clients' statements, behaviors, and experiences; ability to set realistic, objective therapeutic goals consistent with client's wishes and worldview; ability to plan and execute interventions consistent with client goals and worldview; ability to reflect on client progress, make appropriate adjustments; ability to plan for and effectively terminate with clients.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Respect for Context: Explores and attempts to understand client experience (events, emotions, meanings); respects clients' expertise on their own experience; avoids rushing to conclusions or premature assumptions of understanding; appropriately explores contextual issues such as values, background, culture, gender, spirituality, sexuality, and ethnicity; sensitive to issues of privilege, power, and marginalization.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Appropriate Use of Self: Appropriate and effective use of immediacy (relationship); appropriately balanced self-disclosure; willingness to address difficult issues in session; appropriate and effective use of confrontation.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>

<p>Knowledge Base: Has adequate understanding of counseling techniques, general client dynamics, and information related to a variety of presenting problems, diagnostic criteria, and potential interventions.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Theoretical Orientation: Has a sense of own approach to counseling, based on a sound rationale (rather than a hunt and peck approach); has sufficient understanding of other counseling theories to see how own approach interacts with them; demonstrates consistency between theoretical orientation and counseling style.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Case Conceptualization: Ability to make sense of client material, generate a variety of hypotheses about clients' concerns; can develop and articulate a plan for addressing client concerns based on sound counseling principles, and consistent with client's worldview.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Professional Conduct: Professional dress; punctual with clients (start and end sessions on time) punctual with other meetings (supervision, block, class); follows policies and procedures; presents self as a professional to others; contributes to the clinical team (regularly observes others' sessions, provides constructive, respectful feedback).</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Coordination of Care: Involves others as appropriate for client care (parent consultations; obtainment of medical or prior treatment records; inclusion of significant others in treatment; referrals for other services).</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Ethical Practice: Understands ethical codes and principles; identifies and addresses legal and ethical dilemmas; respects and maintains confidentiality; demonstrates basic respect for clients in session, while observing, and in other settings.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Supervision: Makes good use of individual supervision (arrives on-time, prepared); appropriately seeks supervision with difficult issues and risk situations; maintains regular contact with supervisors; is open to feedback and trying new things; provides appropriate feedback to supervisors.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Documentation: All client documentation is on-time, clear, concise, and well organized. Reports, letters, and other documentation leaving the clinic are professional in style; makes appropriate recommendations; follows HIPAA guidelines</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>

<p>Tolerance and Openness: Respects the values, perspectives and opinions of others (both clients and colleagues); demonstrates understanding, awareness, and sensitivity related to cultural differences.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Appropriate Boundaries: Maintains appropriate personal and professional boundaries with clients and colleagues; does not use time with clients to meet own needs.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Self-Awareness & Growth: Recognizes own strengths and limitations; understands influence of own values, experiences and biases on session dynamics and case conceptualization; willing to continue exploring how self impacts clinical work; willing to self-confront and grow; open to feedback; willing to seek help for personal growth when appropriate.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Tolerance For Vulnerability & Risk: Able to be appropriately vulnerable with clients and colleagues; able to take risks with clients and colleagues; aware of and able to appropriately manage own affect in session, in class, in supervision.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>
<p>Appropriate Self Care: Recognizes own limits and needs; seeks healthy means for meeting own personal needs; makes self-care a reasonable priority; seeks help from others when appropriate.</p>	<p>1 2 3 4</p>	<p>1 2 3 4</p>

Midterm Comments

Clinician Strengths:

Additional Comments:

Clinician Growth Areas & Suggestions for Continued Growth:

Additional Comments

Counselor-in-Training

Date

Supervisor or Instructor

Date

Final comments

Clinician Strengths:

Additional Comments:

Clinician Growth Areas & Suggestions for Continued Growth:

Additional Comments:

Counselor-in-Training

Date

Supervisor or Instructor

Date

Off-Site Satisfaction Survey

Fill Out at the Completion of the Student Practicum

Thank you for taking the time to fill out this survey. All information will be kept confidential and will be used strictly for program improvement purposes. The survey is intended to assist Texas Wesleyan University for preparing students for the work environment.

Please check the box which best indicates your level of satisfaction demonstrated by your student's performance in each of the following areas:

Area	Very Satisfied	Satisfied	Dissatisfied
Overall Job Performance			
Job Specific Skills			
Clinical Skills			
Professionalism			

Would you consider hiring Texas Wesleyan University graduates in the future? Yes No

Based on your experience, how can Texas Wesleyan University improve our students' skills to meet your facility's/agency's needs?

Facility/Agency Name: _____

Person completing form: _____

Address: _____

Texas Wesleyan University
Graduate Counseling Program

PRACTICUM EXPERIENCE WORKSHEET

Name: _____ Degree: _____

TRACK	COURSE	DIRECT HOURS	RELATIONAL HOURS*	INDIRECT HOURS	SUPERVISION		Deficient Hours**
					Group	Indiv	
PC	Practicum I COU6315 D:75 R:0 I:100						
	Practicum II COU6316 D:75 R:0 I:100						
PC with MFT	Practicum III COU6324 D:75 R:75* I:100						
MFT Under 14-16 Catalog	Practicum I COU6324 D:75 R:25 I:100						
	Practicum II COU6324 D:75 R:25 I:100						
	Practicum III COU6324 D:75 R:25 I:100						
MFT Under 16-18 Catalog	Pre-Practicum COU 6314 D:50 R: 25						
	Practicum I COU6324 D:115 R:55 I:100						
	Practicum II COU6324 D:115 R:55 I:100						
	Practicum III COU6324 D:120 R:65 I:100						

* Relational hours can be obtained during 6315 and 6316 to count toward the total needed if seeking PC and MFT hours.

** Deficient hours can be completed in the next Practicum. There will be an Incomplete until those hours are met.



Professional Counseling Program

Practicum Completion Form

_____ has completed the following courses:
 Name of the student

	Semester	Instructor	HOURS				
			Direct	Ind	Rel	Supervision Indiv Grp	
<input type="checkbox"/> - COU 6314 Pre-Practicum _____	_____	_____					
<input type="checkbox"/> - COU 6315 Practicum I _____	_____	_____					
<input type="checkbox"/> - COU 6324 Practicum I _____	Semester	Instructor					
<input type="checkbox"/> - COU 6316 Practicum II _____	_____	_____					
<input type="checkbox"/> - COU 6324 Practicum II _____	Semester	Instructor					
<input type="checkbox"/> - COU 6324 Practicum III _____	_____	_____					
(optional)	Semester	Instructor					
<input type="checkbox"/> - COU 6319 Practicum _____	_____	_____					
(optional)	Semester	Instructor					

TOTAL HOURS: Direct _____ Indirect _____ Rel _____ | **Supervision:** Indiv _____ Group: _____

The evaluation of practicum performance:

- Completed successfully, recommended for graduation of the program.
- Insufficient completion; not recommended for graduation

Recommendations: _____

Signatures:

_____ Professor Printed Name	_____ Signature	_____ Date
_____ Professor Printed Name	_____ Signature	_____ Date
_____ Department Chair Printed Name	_____ Signature	_____ Date
_____ Student Printed Name	_____ Signature	_____ Date