Graduate Counseling Program
Texas Wesleyan University

COU 6324
PRACTICUM FORMS PACKET

Texas Wesleyan University

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:

- **Case Guidelines Form** – You will be asked in this course to present a video of mock counseling sessions (see the Syllabus). When it is your time to present, you’ll be required to present this Form to your professor. Be sure to type it, and to include the Video Grading Form, which is the professor’s feedback for your video presentation.

- **Handout for Class Case Presentation Template and Form** – 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.

- **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. 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 and Practicum Completion Totals Worksheet** – 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. Your professor will instruct you as to which form is preferred.

- **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).
Case Guidelines Form

Needs to be typed!

Date:_________________

Client First Name:______________________Age:_________Sex:_________Race:_________

Others present:________________________________________________________________________

Counselor Name:________________________________________________________________________

Counseling or Family Therapy model used by Therapist:________________________________________

Presenting Problem: (Reason for seeking help according to the client):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Draw Genogram- On back of this form.

Goal of Therapy:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Strategies developed during the session:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Task for client:
_____________________________________________________________________________________
_____________________________________________________________________________________

What client found useful from the session today:
_____________________________________________________________________________________
_____________________________________________________________________________________

Suggestions needed by therapist:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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: ____________________________

<table>
<thead>
<tr>
<th>Contextual Material</th>
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<tbody>
<tr>
<td><strong>Presenting Problem</strong></td>
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<tr>
<td><strong>Personal History</strong></td>
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<tr>
<td><strong>Familial History</strong></td>
</tr>
<tr>
<td><strong>Current Situation</strong></td>
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<table>
<thead>
<tr>
<th>Case Formulation</th>
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<tbody>
<tr>
<td><strong>Theoretical Model</strong></td>
</tr>
<tr>
<td><strong>Factors Contributing to Case</strong></td>
</tr>
<tr>
<td><strong>Symptoms, Behaviors, cognition</strong></td>
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<tr>
<td><strong>Family and Interpersonal Relations</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Course of Treatment</th>
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<tbody>
<tr>
<td><strong>Sessions, Frequency, Type</strong></td>
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<tr>
<td><strong>Diagnosis</strong></td>
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<tr>
<td><strong>Structure of Treatment</strong></td>
</tr>
<tr>
<td><strong>Client/therapist relationship issue</strong></td>
</tr>
<tr>
<td><strong>Themes and Interventions</strong></td>
</tr>
</tbody>
</table>
Handout for Class Case Presentation
Fill out this form for each of your classmates

Session Date: __________________________

Client Initials: __________________________ Age: ______ Sex: ______ Race: ______

Counselor Name: ____________________________________________

<table>
<thead>
<tr>
<th>Contextual Material</th>
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<tbody>
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</tr>
<tr>
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</tr>
</tbody>
</table>
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  
Marriage and Family Therapy  
SKILLS EVALUATION  
(Mid-Term)  
Texas Wesleyan University  
Graduate Program in Counseling

*Adapted from the Counseling Skills Evaluation Form, University of Wyoming, Department of Counselor Education

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

Date: _______/_______/________

Student Name: _______________________________  Degree Plan:  LMFT

Practicum:  6324 (practicum I)  6324 (practicum II)  6324 (practicum III)

Off-site place ___________________________  Off site supervisor ___________________________

Off-site supervisor contact information: phone: ___________ email: __________________________

Class:  Instructor for Pre-Practicum: ___________________________

Instructor for Practicum I: ___________________________

Instructor for Practicum II: ___________________________

Instructor for Practicum III: ___________________________

Practicum Term Start Date:  Fall  Spring  Summer  Year: _______

________________________

To be completed by the site Field Supervisor

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

*Please discuss this evaluation with the MFT student at the Mid-Term point of their practicum experience at your site.

FIELD/FACULTY SUPERVISOR ________________________________

MFT STUDENT ________________________________

Indicate the number that best evaluates the graduate counseling student’s behavior:

1 – Does not meet criteria for program level competency and needs improvement
2 – Meets criteria marginally and/or inconsistently for program level competency
3 – Meets criteria accurately for program level competency
4 – Exceeds criteria for program level competency
**Professionalism**

___ Personal and public demeanor conveys a genuine concern for professional development.
___ Communication with peers and supervisor is clear, open and honest.
___ Recognizes own competencies and deficiencies and discusses these with peers and supervisor.
___ Accepts constructive critique for developing and evaluating therapy skills.
___ Actively participates in learning activities during practicum classes.
___ Provides feedback to peers in a respectful manner, within a systemic framework.

**Therapy Process**

___ Properly deals with feelings related to transference and countertransference.
___ Uses therapeutic silence effectively when appropriate.
___ Reinforces the clients’ ability to self-determine directions for life.
___ Maintains consistency with the chosen family therapy model that may enhance clients’ ability to change.
___ Plans with the clients ways to implement action through evaluation of relational goals.
___ Encourages and invites relational and family involvement for maximum change.
___ Practices a family therapy model consistently and can explain theory behind strategies used.
___ Demonstrates sound ethical behavior with clients.
___ Demonstrates a systemic theoretical view when discussing a case with a supervisor and in class.
___ Designs a treatment plan or strategy with a systemic framework in mind.

**Fitness for Counseling**

___ Is punctual for appointments.
___ Explains aspects of the therapy process, confidentiality, and answers any questions in the initial session.
___ Exercises unconditional positive regard for the client.
___ Effectively conceptualizes each case for developing an appropriate, systemic plan for treatment.
___ Demonstrates understanding of DSM-5 in clinical application.
___ Appropriately handles risk management for self-harm, suicidal or homicidal ideation.
___ Understands treatment protocol for various forms of abuse as it relates to family therapy.
___ Demonstrates ability to accurately and appropriately record case notes in a timely fashion.

**Sensitivity to Diversity in Clients**

___ Is sensitive to cultural, religious, racial and sexual orientation in treatment planning.
___ Demonstrates acceptable and sensitive behavior toward diverse clients of cultural, religious, racial and sexual orientation.
___ Is capable of forming a therapeutic relationship with clients of diverse cultural, religious, racial and sexual orientation so that clients are consistent in attending and are invested in therapy.
___ Respects diversity of individual differences in families.

_________ TOTAL. _________ AVERAGE (total divided by 28)
Summary of MFT Student strengths:
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Summary of areas that need more attention for this MFT Student:
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(Supervisor name PRINT) ____________________________ / ________/ ________ (Date)

(Supervisor SIGNATURE) ____________________________ / ________/ ________ (Date)

(MFT student name PRINT) ____________________________ / ________/ ________ (Date)

(MFT student SIGNATURE) ____________________________ / ________/ ________ (Date)
Clinical Progress Assessment Form
Marriage and Family Therapy
SKILLS EVALUATION
(Final)
Texas Wesleyan University
Graduate Program in Counseling

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Off-site supervisor ___________________________

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

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Practicum Term Start Date:  Fall  Spring  Summer  Year:________
______________________________________________________________________________

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____________________________________________________________________________________________________
____________________________________________________________________________________________________

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(Supervisor name PRINT) / / (Date)

(Supervisor SIGNATURE) / / (Date)

(MFT student name PRINT) / / (Date)

(MFT student SIGNATURE) / / (Date)
<table>
<thead>
<tr>
<th>Practicum Diversity Experience Matrix</th>
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<tbody>
<tr>
<td>Couple</td>
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<tr>
<td>Family</td>
</tr>
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<td>Individual</td>
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<tr>
<td>Group</td>
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<td>Adults</td>
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<td>Children</td>
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<td>Adolescents</td>
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<td>Racial</td>
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<td>Cultural</td>
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<tr>
<td>Sexual Orientation</td>
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<td>Family Composition</td>
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<td>Religion</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Physical Ability</td>
</tr>
<tr>
<td>SES</td>
</tr>
<tr>
<td>Presenting Issue (DSM)</td>
</tr>
</tbody>
</table>

Please mark the boxes that indicate areas in which you've had experiences working this semester. Beginning with "Racial" column, please mark the boxes in which you've had experiences in working with a diversity of clients in each of these areas.

FILL THIS OUT AND BRING TO YOUR FINAL EVALUATION MEETING WITH YOUR PROFESSOR.
## PRACTICUM EXPERIENCE WORKSHEET

Name: ___________________________ Degree: ___________________________

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<thead>
<tr>
<th>TRACK</th>
<th>COURSE</th>
<th>DIRECT HOURS</th>
<th>RELATIONAL HOURS*</th>
<th>INDIRECT HOURS</th>
<th>SUPERVISION Group</th>
<th>Indiv</th>
<th>Deficient Hours**</th>
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<tr>
<td></td>
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<td></td>
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* 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.
# PRACTICUM LOG TOTALS

**TEXAS WESLEYAN UNIVERSITY**  
GRADUATE PROGRAM IN MARRIAGE AND FAMILY THERAPY  

**LMFT**

(check one)  
I (6324)  
II (6324)  
III (6324)

Name: ___________________________  
Dates: ___/___/___ to ___/___/___

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<thead>
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<tr>
<th>SEMESTER SUBTOTAL</th>
<th>SEMESTER SUBTOTAL</th>
<th>SEMESTER SUBTOTAL</th>
<th>SEMESTER GRAND TOTAL</th>
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</thead>
</table>

Hours between semesters may be accrued *only* when those hours are supervised by a counseling professional who meets field supervisor approval requirements:

Possess a Master degree in Social Work OR Master degree in the clinical counseling field (M.ED, M.S, M.A), OR Doctorate in the clinical counseling field; AND possess Texas licensure (LPC, LCSW, LMSW, LMFT, Licensed Psychologist); Psychiatrists and LCDC’s are ineligible as field supervisors. Have at least two years of postgraduate experience in supervision OR have been in social work or counseling practice for three years following completion of the Master/Doctorate degree; Have training AND/OR significant experience in direct practice to supervise/direct practicum graduate counseling students.
# PRACTICUM COMPLETION TOTALS

TEXAS WESLEYAN UNIVERSITY  
GRADUATE PROGRAM IN MARRIAGE & FAMILY THERAPY

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<thead>
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<th></th>
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<th>DIRECT HOURS</th>
<th>RELATIONAL HOURS</th>
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<tr>
<td>PRACTICUM I</td>
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Pre-Practicum (6314)
PRACTICUM I (6324)
PRACTICUM II (6324)
PRACTICUM III (6324)
# PRACTICUM COMPLETION TOTALS

**Texas Wesleyan University**  
Graduate Program in Marriage & Family Therapy

<table>
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<td>II (6324)</td>
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16
Practicum Completion Form

_________________________ has completed the following courses:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Semester</th>
<th>Instructor</th>
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</thead>
<tbody>
<tr>
<td>COU 6314</td>
<td>Pre-Practicum</td>
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<td>COU 6315</td>
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<td>COU 6319</td>
<td>Practicum (optional)</td>
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<td>COU 6324</td>
<td>Practicum II</td>
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HOURS

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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: ______________