***Course Syllabus***

**COUC 699 Online WebEx Spring 2020**

**Counseling internship (First Semester)**

**All WebEx sections follow the same course format**

I. ***COURSE DESCRIPTION***

This course involves an intensely supervised experience in the student’s designated program area at an approved site. Students are required to complete a total of 600 clock hours of counseling and related services, 240 of which are direct client contact hours. While gaining direct service experience with clients, students regularly meet with an approved supervisor. Student counseling performance is evaluated throughout the internship. Written and oral presentations are a basic part of the group supervisory process with a Liberty faculty member via technology. The student’s professional development along with the dynamics of the counseling relationship, diagnosis, treatment, and legal/ethical issues are primary areas of focus.

II**. *RATIONALE***

This Counseling Internship course involves participation in a planned clinical experience in an approved agency or other setting under an approved supervisor. The internship is the culminating experience of the MA licensure programs. The purpose of the Counseling Internship is to provide a supervised, field-based, work experience that allows students to:

* + Further continue to integrate and synthesize counseling theories and techniques
  + Develop more fully the personal qualities, characteristics, and behavior of a professional counselor;
  + Develop more advanced clinical reasoning and conceptualization skills.

**Method of Instruction:**This course is delivered using synchronous technology. Students attend 1.5 hours of weekly group supervision delivered via WebEx over the entire duration of this 16-week course.

III. ***PREREQUISITES***

1. COUC 500, 501, 502, 504, 505, 510, 512, 515, 521, 522, 546, 667, 698\*.

* Please note, COUC 546 was previously listed as COUC 646

1. Good standing academically, 3.0 cumulative GPA or above
2. Approval from the Director of Clinical Training in order to register for the course.
3. Students must submit all of the following required paperwork for approval:

* Fieldwork contract
* Supervisor and Site information form
* Copy of student liability insurance
* Student photo
* Affiliation agreement
* Copy of supervisor’s license verification from state board website
* Copy of Background Check receipt from Castle Branch
* Degree Completion Plan Audit

1. Students enrolled on the 2016-2017 DCP, please note the Internship will be split into 2 required semesters worth 3 credit hours each. Students enrolled in a DCP prior to 2016-2017 will be permitted to enroll in 3 consecutive semesters of Internship.

IV. ***REQUIRED RESOURCE PURCHASE(S)***

Jungers, C. M., & Scott, J. (2019). *Practicum and internship: Textbook and resource*

*guide for counseling and psychotherapy.* New York, NY: Routledge.

ISBN: 978-1138492608. (Provided as an E-book in the course)

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental*

*disorders* (5th ed.). Washington, DC: Author.

Thomas, J. C. (Ed.) (2018). *Counseling techniques: A comprehensive resource for*

*Christian counselors.* Grand Rapids, MI: Zondervan.

*ISBN-10: 9780310529446*

*ISBN-13: 978-0310529446*

LiveText

LiveText is a web-based data management system that the Department of Counselor Education and Family Studies uses to collect data for the purpose of assessment, evaluation and accreditation. LiveText is an integral part of all fieldwork courses within the Department of Counselor Education and Family Studies. Initial and advanced fieldwork candidates are expected to have an activated LiveText account. Throughout the Practicum & Internship coursework, candidates will complete assignments, assessments & time logs, which require an activated account. There are no exceptions to this policy.

\* Students on the 60-hour Professional Counseling degree completion plan are required to purchase and activate LiveText with Field Experience as part of their materials for COUC 698 Practicum. LiveText is used for students to log their hours and for approved supervisors to complete evaluations of the students’ counseling skills.

LiveText is a one-timeonly purchase thatis good for 5 years.  Once purchased, LiveText must be activatedto ensure placement. Students **DO NOT** need to purchase and activate LiveText a second time for COUC 699 Internship if they have purchased it for COUC 698 Practicum. Please understand there will be negative implications if students do not purchase LiveText.

**Email:** [COUNlivetext@liberty.edu](mailto:COUNlivetext@liberty.edu)

**Website:** <http://www.liberty.edu/index.cfm?PID=33372>

**\*\*See Appendix C about Logging Hours in LiveText**

Internship Manual (Available in Blackboard)

Download the following articles from the library database for required reading for the quizzes (Go to www.liberty.edu > click Quick links drop down menu > click on “Library” > click on “Academic Search Complete” add the search terms to the appropriate field).

**Quiz 1: Ethics Quiz** (ASSESSMENT BENCHMARK**):**

American Counseling Association (2014). ACA Code of Ethics. Alexandria, VA: http://www.counseling.org/Resources/aca-code-of-ethics.pdf

Ponton, R. F., & Duba, J. D. (2009). The ACA Code of Ethics: Articulating Counseling's Professional Covenant. *Journal of Counseling & Development*, *87*(1), 117-121.

**Quiz 2: Suicide Risk Assessment**

Granello, D. (2010). The process of suicide risk assessment: Twelve core principles. *Journal of Counseling & Development*, *88*, 363-370.

*Disclaimer: The above texts provide information consistent with that required by state licensing boards in the class subject area. Liberty University does not necessarily endorse specific religious, philosophical, or political positions found in these texts.*

V. **REQUIRED MATERIALS FOR LEARNING**

1. Microsoft Office Word (preferred; Microsoft Office is available at a special discount to Liberty University students)
2. Video Recording Device – Please ensure that the device is operating properly and test it before hand- if students do not have this equipment (or a web cam) then you can contact mediaservices@liberty.edu regarding checking out a video camera.

VI. **MEASURABLE LEARNING OUTCOMES**

Upon successful completion of this course, the student should be able to:

1. Demonstrate the skill of establishing rapport and effective working relationships with client(s). Measured by supervisor evaluations.
2. Demonstrate the ability to conduct a psychosocial history that includes client background information, behavioral observations, and current functioning, quality of relationships, and resources and challenges. Measured by supervisor evaluations.
3. Develop client case conceptualizations that lead to accurate diagnosis using the DSM. Measured by supervisor evaluations.
4. Develop treatment plans that will motivate clients through the use of evidence-based strategies for clients’ identified problem(s). Measured by supervisor evaluations.
5. Maintain an effective counseling process and relationship until the client(s)’ problem(s) have been resolved. Measured by supervisor evaluations.
6. Utilize feedback, direction, and constructive criticism from supervision and consultation in order to enhance professionalism in counseling. Measured by supervisor evaluations.
7. Document clinical work in a way that meets the standards of the counseling site, third-party payers, and the state in which the student is working. Measured by supervisor evaluations.
8. Demonstrate and apply the American Counseling Association’s Code of Ethics. Measured by quiz and supervisor evaluations.

|  |  |  |
| --- | --- | --- |
| **Standards** | **Performance Assessment** | |
| ***Foundations: Skills and Practice*** | | |
| B.1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling | | Quiz 1 (VI.D)  Case Presentation Ethics Section (VI.E)  Mid-term and Final Evaluations (VI.C) |
| ***Counseling, Prevention, Intervention: Skills and Practice*** | | |
| D.1 Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling | | Case Presentation-Treatment plan section (VI.E). |
| D.2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders | | Case Presentation-Multi-cultural section (VI.E). |
| D.3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities | | Case Presentation-Wellness section (VI.E). |
| D.4. Applies effective strategies to promote client understanding of and access to a variety of community resources. | | Case Presentation-Referral/Resource section (VI.E). |
| D.5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling. | | Case Presentation- Treatment Plan (VI.C). |
| D.6. Demonstrates the ability to use procedures for assessing and managing suicide risk. | | Quiz 2 (VI.D). |
| D.7. Applies current record-keeping standards related to clinical mental health counseling. | | Case Presentation- See SOAP note section (VI.E) |
| D.8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders. | | Case Presentation- See Addictions section (VI.E). |
| D.9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate. | | Mid-term and Final Evaluations (VI.C). |
| ***Diversity & Advocacy- Skills and Practices*** | | |
| COUC F.1. Maintains information regarding community resources to make appropriate referrals. | Case Presentation- Referral Section (VI.E). | |
| F.3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. | Case Presentation- Multicultural Section (VI.E). | |
| ***Assessment- Skills & Practices*** | | |
| H.1. 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. | Case Presentation Assessment Section (VI.E). | |
| H.2. 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. | Case Presentation-Treatment Plan section (VI.E) | |
| H.3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. | Case Presentation- Assessment Section (VI.E). | |
| H.4. 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. | Case Presentation- Assessment Section (VI.E). | |
| ***Research & Program Evaluation- Skills and Practices*** | | |
| J.1. Applies relevant research findings to inform the practice of clinical mental health counseling. | Case Presentations- Research & Evidence Based Practice Section (VI.E). | |
| J.2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments. | Case Presentations- Treatment Plan Section (VI.E). | |
| J.3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs. | Case Presentations-Diagnosis and Treatment Plan (VI.E).  Case Presentations Assessment Plan (VI.E). | |
| ***Diagnosis- Skills and Practices*** | | |
| L.1. Demonstrates appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments. | Case Presentation- Diagnosis and Treatment Plan Section (VI.E) | |
| L.2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals. | Case Presentation- Diagnosis and Treatment Plan Section (VI.E). | |

VII. COURSE REQUIREMENTS AND ASSIGNMENTS

COURSE REQUIREMENTS:

1. Log 240 clock hours of direct client contact
2. Weekly individual and/or triadic supervision with the approved site supervision of one hour/week
3. 1 1/2 hours per week of faculty group supervision via WebEx during internship (as measured by attendance and participation in weekly classes).
4. Participation in a variety of professional activities and resources (e.g., record keeping, assessment evaluation, information, and referral, in-service, and staff meetings.
5. Develop program-appropriate audio/video recordings for feedback during site and/or faculty supervision or live supervision during a client session. Students will submit two recorded sessions for feedback during supervision and faculty group supervision as well as to present case presentations during supervision.
6. Evaluation of the students’ counseling performance (as measured by midterm, and final evaluations by the site and faculty supervisor.

ASSIGNMENTS:

1. **Complete 600 total hours of a supervised clinical training experience, with at least** **240 hours required for direct client service; 1 hour per week required for individual supervision (IS); 1.5 hours per week required for group supervision (GS) and all other hours counted as Related Activities (RA).** (L.O.: A-G)
   1. Individual Supervision is a time for students to meet and go over clients directly with their supervisor and only their approved supervisor.
   2. Faculty group supervision is a time for students to attend a 1.5 hour required weekly face-to-face (via the internet program WebEx) supervision session with the faculty supervisor. Attendance is mandatory. Day and time TBA. Students are allowed a maximum of 2 absences during the semester.
   3. Related Activities can be office work, telephone calls to clients, writing progress notes, and billing insurance companies. (L.O.: A-G).
   4. Note: Individual Supervision must be provided by their approved supervisor. Group supervision include both faculty supervision and group supervision with their approved supervisor and other colleagues at their site discussing clients. (L.O.: A-G).

Students will keep track of their hours each week using the LiveText Time Log and Summary of Hours Spreadsheet. If students do not finish the required hours, students must seek approval to register (and pay) for an additional semester of the course. Students may register for the course for up to three semesters.

1. **Pass one Midterm Counselor Competencies Scale and one Final Counselor Competencies Scale.** (ASSESSMENT BENCHMARK)

The approved supervisor will complete a Midterm Evaluation and a Final Evaluation in LiveText. Faculty Supervisors will also complete a Counselor Competencies Scale in LiveText. **Students who do not receive passing evaluations during the course will work with the supervisor(s) and Liberty University internship faculty to develop a plan to correct any deficits.** **An “NP” in the practicum/internship due to unethical or improper behavior at a site results in expulsion from the Department of Counselor Education and Family Studies**. (See Calendar tab in Blackboard for due dates).

1. **Pass two open book/note quizzes**

The purpose of the quizzes is to test the student’s knowledge of the Internship Manual and the American Counseling Association’s Code of Ethics. The exams are multiple-choice, true-false, open-book, timed exams.

1. **Case Presentations** (ASSESSMENT BENCHMARK)

Students will participate in Faculty Group Supervision via WebEx with Faculty Supervisor. Each student will complete two approximately 35 minute (with 10-15 minutes for discussion including time for questions, treatment plan, & diagnosis discussion) case presentations during (class time) group supervision. These case presentations will include a treatment plan, an ethics section, and a multi-cultural section. See the appendix for detailed instructions.

1. **Complete Course Requirements checklist located in Week 1 Module**
2. **Complete State Requirement checklist**
3. **Complete Student Evaluation of Site and Supervisor Form**
4. **Submit Copy of liability insurance at the beginning and end of the semester**
5. **Complete at least two taped counseling sessions with verbatim transcriptions**

This will involve getting informed consent from your site and client, recording and submitting a session to the professor, and transcribing and analyzing a 6-8 minute portion of the session. The transcription form is available via the blackboard courseroom.

For the purposes of faculty supervision and site supervision interns must record two counseling sessions to submit to site supervisors and two counseling sessions to be presented during WebEx Faculty Group Supervision.

The session due dates correspond with the student presentation date. The session is due the week of the students’ case presentation (see the case presentation schedule/course chart for exact dates; the schedule will be in alphabetical order). Students will also submit a verbatim form with a six to eight minute segment of the recorded session and an Informed Consent Confirmation form verifying that they have provided an Informed consent to the client and site.

*\*Students with a site that does not allow either video or audio taping of clients will need to work with supervisor(s) to complete Live Observations of client sessions and tapings of role-play sessions. Instructions for these can be found with the taped sessions instructions and documents in the Syllabus and Blackboard Classroom.*

1. **Peer Consultation**

The peer consultation may be accomplished by having 2 or 3 students set up a WebEx meeting, with one student being the host and inviting two other students. Peer Consultation is 90 minutes and should be divided equally amongst you and your classmates to share about a client(s) and your experience. Your Faculty Supervisor does not need to be present. Your Faculty Supervisor may change the date of the peer review to coincide with other things that they have planned. This time will be counted as Related Hours when adding it to the Time Log and Spreadsheet in LiveText.

**Caution:** Do not include your site’s information, nor identifying information about your clients during this time. You may meet via WebEx or telephone.

1. **Jungers & Scott Textbook Quizzes**

The quizzes will cover chapters 4-7 of Jungers & Scott, et al. textbook. The student will have 30 minutes to choose the correct answer for 5 multiple-choice questions.

1. **Thomas Reading Quizzes**

The quizzes will cover chapters 1,3, and 4 of the Thomas, et al. textbook. The student will have 30 minutes to choose the correct answer for 5 multiple- choice questions.

VIII. ***COURSE GRADING AND POLICIES***

1. Scale:

**Letter Grade** **Requirement**

P (Pass) Must meet **all** ofthe requirements below.

* Completes assigned work:
  + **Must** complete **all** clinical work to pass:
    - All evaluations
    - Upload all hours to LiveText and all hours are approved
    - Proof of liability insurance
    - Completes required hours:
      * Internship:
        + Direct: 240 hours minimum
        + Individual Supervision: 1 per week (25 hours minimum)
        + Faculty Group Supervision: 1.5 hours per week
        + Related: Remaining hours
        + Total: 600 hours minimum
  + Should complete all academic work, but will only affect point total not final grade.
    - Peer Consultation reflection
    - Self-reflections
    - Case Presentations
    - Verbatim
    - Informed Consent Confirmation
    - Recordings and transcriptions
    - Quizzes
* Attended and participated in WebEx Faculty Group Supervision (no more than 2 absences permitted) and Peer Consultation.
* Received at least 800 points for the semester.

NP (No Pass) If you fail to meet any of the clinical requirements and/or do not earn a minimum of 800 total points for the semester.

1. Grade Scale Breakdown

P (Pass): 1010-800

NP (No Pass): 799-0

1. Weight:

|  |  |
| --- | --- |
| Assignment | Points |
| Quizzes | |
| Course Requirement Checklist | 10 |
| Site and Supervisor Information | Complete/Incomplete (0) |
| Policy Quiz | Complete/Incomplete (0) |
| Ethics Quiz | 50 |
| Suicide Risk Assessment Quiz | 50 |
| Jungers & Scott Reading Quizzes (4 @ 20 pts each) | 80 |
| Thomas Reading Quizzes (3 @ 10 pts each) | 30 |
| Blackboard Submissions | |
| Proof of Liability Insurance (2 @ 20 each) | 40 |
| State Requirement Checklist | 50 |
| Case Presentation Items | |
| * Case Presentations (2 @ 100 each) | 200 |
| * Verbatims and Videos (2 @ 75 each) | 150 |
| * HIPPA Privacy Authorization & Release Confirmation Form | Complete/Incomplete (0) |
| Peer Consultation | Complete/Incomplete (0) |
| Peer Consultation Reflection | 75 |
| Livetext Submissions | |
| Midterm Counselor Compentencies Scale (CCS) | 125 |
| Final Counselor Competencies Scale (CCS) | 125 |
| Student Evaluation of Site & Supervisor | 25 |
| Total | 1,010 |

\*Please note the video recordings of the sessions that correspond with the case presentations are also due at the start of class on the day of the case presentation.

\*All other assignments such as mid-term evaluations, quizzes, and final evaluations are due the assigned week on Sunday by midnight.

IX*.* ***Class Policies***

1. *Academic Misconduct :*

Academic misconduct is strictly prohibited. See the Graduate Catalog for specific definitions, penalties, and processes for reporting.

1. *Disability Statement :*

Online students with a documented disability may contact the LUO Office of Disability Academic Support (ODAS) at [luoodas@liberty.edu](mailto:luoodas@liberty.edu) to make arrangements for academic accommodations.

1. *Drop/Add Policy :*

Consult the Graduate Catalog for drop/add policies.

1. *FN Policy :*

Students who begin a course, but at some point in the semester cease attending, and do not provide official notification to withdraw, will be assigned a grade of “FN” at the discretion of the instructor, dated to the student’s last date of academic activity. A grade of “FN” will be assigned when a student stops attending and/or participating in a class for a period of 21 consecutive days or longer. “FN” indicates that the student ceased attendance and failed to complete the course objectives. The last date of attendance will be based upon the last date that a student submitted an academic assignment (such as an examination, written paper or project, discussion board post, or other academic event).

1. *Scheduling Policy:*

Internship students may not take more than one week off during the semester.

1. *Honor Code Policy :*

Students are expected to adhere to the Graduate Student Honor Code

1. *Late Assignment Policy :*

If the student is unable to complete an assignment on time, then he or she must contact the instructor immediately by email.

Assignments that are submitted after the due date without prior approval from the instructor will receive the following deductions:

* + 1. Late assignments submitted within one week of the due date will receive a 10% deduction.
    2. Assignments submitted more than one week late will receive a 20% deduction.
    3. Assignments submitted two weeks late or after the final date of the class will not be accepted.

Special circumstances (e.g. death in the family, personal health issues) will be reviewed by the instructor on a case-by-case basis.

1. *Tests/Exams :*
2. For timed tests/exams students are required to complete the exam within the assigned time. For students who exceed this time limit a penalty of 5 points will be deducted for each minute they exceed the assigned time limit.
3. Students must take the exam during the assigned module. A 5 % deduction from the tests final grade will be assigned for each day the test is late.
4. No test will be accepted 7 days after original due date without written approval from the professor. This approval must be sought prior to tests due date.
5. *Additional Semesters:*
6. Students enrolled on a 2015-2016 DCP Audit and Prior may complete the required Internship hours in 1-3 semesters.
7. Students enrolled on a 2016-2017 DCP Audit and later will be required to complete two semesters of Internship. These students will be expected to earn all required hours by the end of the second semester. All students are expected to stay updated with their state’s hours requirements and complete these within the two required semesters.
8. **Other Policies**
9. *Conflict Resolution:*

Periodically, students may develop a concern regarding the class, an individual in the class, or the instructor. Students are expected to behave in a respectful and professional manner in their interactions with fellow students, and the professor. If a concern arises, you are encouraged to first address the concern with the individual involved. If this does not resolve the issue, then you are expected to voice your concerns to your instructor. If this does not resolve the concern, you will be given the name and email of the appropriate program director.

1. *Email Netiquette:*

During this final phase of your graduate program, you are training to become a professional in the field and are seeing clients in a clinical setting. You are expected to communicate in a professional manner at all times whenever emailing your classmates, professor, or any employee of Liberty University. Because there is no accompanying tone of voice, facial expressions, or body language, email communication is more easily misinterpreted than face-to-face. Your emails should be courteous and well thought out to avoid knee-jerk responses that will be interpreted as “flaming” or sarcasm. Communicate complaints directly to the individual involved. Do not send a blanket email to everyone in the class or to administrative personnel until you have communicated your concerns directly to the person involved and allowed them time to respond. Do not post a message to the class on BB that is more appropriate for an individual. Avoid offensive language of any kind. It is important that you adopt a demeanor consistent with a professional counselor—using full sentences, proper grammar, and giving thought to your communication before writing, speaking, or sending an email We live in a fast-paced world with text messaging which encourages short and abbreviated communication.  However, since you are in a counseling program, you are encouraged and expected to use full sentences and good grammar when communicating with other students and faculty. It is also an expectation that your electronic communication is pleasing to God. Being courteous and polite to peers and professors demonstrates dignity and respect, "And as you wish that others would do to you, do so to them" (Luke 6:31, ESV).

1. *Dual Relationships:*

The faculty is responsible to interact with counseling students in an instructor/supervisory capacity/role. As such, faculty may provide students professional principles, guidance, and recommendations as it relates to the academic matters and student-client setting. The faculty is responsible to avoid dual relationships with students such as entering the student-professional counselor or student-pastoral counselor role. Thus, the faculty does not provide personal counseling addressing students’ personal problems. If a faculty member perceives that a student is in need of professional or pastoral counseling, then the faculty member will recommend that the student pursue either pastoral or professional assistance from a professional counselor or pastor from their community.

1. *Limits of Confidentiality*

**In the event of a student’s disclosure, either verbally or in writing, of threat of serious or foreseeable harm to self or others, abuse or neglect of a minor, elderly or disabled person, or current involvement in criminal activity, the faculty, staff, administrator, or supervisor will take immediate action. This action may include, but is not limited to, immediate notification of appropriate state law enforcement or social services personnel, emergency contacts, and notification of the appropriate program chair or online dean. The incident and action taken will become part of the student’s permanent record.**

**XI. BIBLIOGRAPHY**

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Urofsky, R. I., Engels, D. W., & Engebretson, K. (2008). Kitchener's Principle Ethics: Implications for Counseling Practice and Research. *Counseling & Values*, *53*(1), 67-78.

Ziomek-Daigle, J., & Christensen, T. M. (2010). An emergent theory of gatekeeping practices in counselor education. *Journal of Counseling and Development, 88*(4), 407-415.

**Appendix A**

Note: *Students should have an Informed Consent with any client they are completing taped sessions with. This is a sample informed consent. Students may use this template, or a template provided by their site. This document should NOT be uploaded to Blackboard as it contains client information, but should be kept on file by the student, their site, and the client. Students will submit the HIPPA Privacy and Authorization and Release* *Confirmation Form with their Case Presentations.*

**HIPPA Privacy Authorization and Release Confirmation Form**

*This form provides a client’s informed authorization for use and disclosure of his/her protected health information, including personally identifiable information. This form is required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164 (HIPAA) to be completed, signed, and dated by the client prior to the use and disclosure of the client’s protected health information, as described below.*

*Attention Counselor/Student: Do* ***NOT*** *upload this form to Blackboard, WebEx Teams, or any similar platform used in connection with a Liberty University course. This form must be maintained securely by both the healthcare provider and the student named below. Remember to also give the client a copy for his/her records.*

**Section I – Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name), understand that my counselor is a graduate student in the master’s degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program and that my counselor is providing my counseling session(s) as a required part of his/her practicum, internship, or externship course requirement for that program.

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (healthcare provider) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (counselor/student) to video record all or part of my counseling session(s) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) and to use and disclose the video recording, including my name and all of my protected health information contained in the video recording, to the counselor/student’s practicum, internship, or externship course instructor and students in that course at Liberty University.

**Section II – Extent of Authorization**

I understand that the purpose of the video recording is for the above-named counselor/student to receive professional training and constructive feedback on his/her counseling skills to improve the quality of counseling services that I (and future clients of the counselor/student) receive. To be specific, once I complete and sign this form, I understand that the above-named counselor/student will upload the video recording of my counseling session(s) to Kaltura and/or WebEx Teams, both of which are password-protected platforms used by Liberty University for educational purposes. The video recording (and a written transcript of the video recording) will be disclosed to and used by the counselor/student’s practicum, internship, or externship course instructor and the students in that course for educational and professional training purposes, including a course presentation, a case conceptualization, and a verbatim paper. I understand that my personally identifiable information (e.g., my name) will be redacted from the written transcript and other written assignments, but not redacted from the video recording. I further understand that neither the video recording nor any written assignment will be used for any other purpose or disclosed to any persons outside of the counselor/student’s course, as described herein, without my additional written consent, except as permitted or required by law (see Section IV below).

**Section III – Effective Period**

This HIPAA Privacy Authorization and Release Form is valid and remains in effect until the end of the counselor/student’s practicum, internship, or externship course. I understand that the video recording and the written transcript will be deleted at that time. If there is a desire to keep either the video recording or the written transcript for a longer period of time, my additional written consent will be required before doing so.

**Section IV – Acknowledgements and Disclosures**

I understand that the above-named healthcare provider and counselor/student, as well as the course instructor and students will be required to maintain the same confidentiality as that required by members of the counseling profession. However, I acknowledge that there are certain exceptions to such confidentiality that require disclosure even without my authorization. Such exceptions that may require disclosure include: (1) my threat or act of serious harm to myself or another, (2) my disclosure of abuse of a minor, an elder, or an incapacitated adult, and/or (3) the issuance of a lawful subpoena, search warrant, or judicial court order that requires disclosure.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that my revocation will not be effective to the extent that any person or entity has already acted on my authorization. In other words, a revocation of my authorization cannot be retroactive and it will become effective only when my written revocation is received and processed. My written revocation of this authorization must be sent to:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be subject to or conditioned on whether I sign this authorization. I understand that my decision to sign this form, and therefore to release my protected health information, is completely voluntary.

I understand that, although my information used and disclosed pursuant to this form will be kept confidential and only used as described above, such information may no longer be protected by state or federal law, including HIPAA. Moreover, even though the video recording and the written transcript of my counseling session(s) will be deleted, I understand that written assignments, feedback, reviews, and grades based on them may be education records of the counselor/student that are maintained by Liberty University beyond completion of the course described in Section III above. In such event, my personally identifiable information will not be part of any such education records.

**Section V – Agreement and Signature**

By signing below, I (or, if the client is a minor or is incapacitated, I on behalf of the client) agree that I have carefully read and fully understand all of this HIPAA Privacy Authorization and Release Form, and I voluntarily agree to release my (or the client’s) protected health information, as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client (or Parent/Legal Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness

|  |
| --- |
| **Acknowledgement of Receipt of HIPAA Privacy Authorization and Release Form**  I acknowledge that I received a copy of the above completed and signed HIPAA Privacy Authorization and Release Form from the above-named counselor/student and I agree to maintain a copy for my (or my entity’s) records.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Client (or Parent/Legal Guardian)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Site Supervisor / Site Director |

**Client Session Options**

Below are options for students to fulfill case presentations and verbatim assignments for 698/699 WebEx:

* **Option 1**: Videotaped sessions with client.
  + This is the preferred option, if clients are willing, as it is much better to see the client in the session as well as the therapist.
* **Option 2**: Videotaped sessions with camera on student only.
* **Option 3**: If options 1-2 are not approved by the student’s site, then the student may opt to audio record a client’s session.
* **Option 4:** If options 1-3 are not possible, students may use Live Observation of their supervisor’s session with a client (see page 2 of this document).
* **Option 5**: If none of the above options are possible, then your site supervisor may act as a pseudo client to fulfill the requirements for the class.

**Appendix B:**

**Instructions for Sites That Do Not Allow Video or Audio Taping**

Students will need to role play with one of the following individuals:

* Approved site supervisor
* Fellow practicum or internship student
* Any licensed counselor at the site

The individual listed above will role-play a client that is familiar to them

* + - A current or past client
      * This will allow the individual doing the role-play to present a client history useful for the student’s development of a case conceptualization, diagnosis, and treatment plan.
      * This will allow the student to meet the videotaping and verbatim assignment required for the faculty supervision class.

***\*\*Please note this is to be accompanied with Live Observation (see below).***

Live Observation

If a site does not permit video/audio recording of client sessions, students may use Live Observation in lieu of video/audio recording.

For sites that choose to use Live Observation, students will need to provide the Live Observation Form, located in the course manual, to their site supervisor to utilize during his/her observation.

Site supervisor(s) will be responsible for assessing the student’s clinical skills during Live Observation. Such skills include:

* Identification and focus the therapy needed
* How self-aware is the student of their client’s way of understanding their presenting problem?
* Establishment of a therapeutic/alliance

Students utilizing Live Observation will also be required to record a taped session with a pseudo client in order to complete the verbatim assignment.

**Site Supervisor LIVE OBSERVATION Suggested Guidelines**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum/Internship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day and Time of Observation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the student accomplish the following therapy characteristics with clients? Please be thorough and specific with examples where applicable:

Establish a therapeutic/alliance:

Identify and focus the therapy needed:

How self-aware is the student of their client’s way of understanding their presenting problem?

Handle resistance?

Handle conflict:

Does the intern present a particular theoretical orientation, and is this appropriate for the client?

Please comment on any developmental needs of the student as well as observed strengths.

Thank you for your contributions to this student’s development.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Directions for use of Kaltura for Video Presentations

* Upload your recorded video to LU my media.  Here is a video that may be of help to you.  <https://watch.liberty.edu/media/t/1_6a5y6704>
* Click on watch.liberty.edu, log in to your LU account
* Click on “my media” and upload the video by clicking “add new”
* Be sure to open the video to the public so that anyone can view the video with the url link (our class). This is done through the actions button (choose unlisted)
* During class, add your url link in the chat section.  We will play the video on our own computer with the sound muted and this should help with the bandwidth issues.  Remember that if you are using a hotspot webex will have trouble, and you will experience glitches during class. Please remove the video from lumedia after class or set back to private.
* You are responsible for this video, and it may only be shared with your site supervisor and/or during class.

**Video Recording Instructions**

For the purposes of faculty supervision and site supervision interns must record two counseling sessions to submit to site supervisors and two counseling sessions to be presented during WebEx Faculty Group Supervision. The session due dates correspond with the student presentation date. The session is due the week of the students’ case presentation (see the case presentation schedule/course chart for exact dates; the schedule will be in alphabetical order). Students will submit a verbatim form with an eight to ten minute segment of the recorded session. Faculty will provide feedback on this portion of the session.

Check and make sure the sound quality is acceptable prior to presenting your video to the class.

Interns may introduce this exercise with a statement similar to the following, “As you know, I am an intern and counseling student at Liberty University completing my training to become a Licensed Professional Counselor (LPC), as a part of this training my professors would need to review my counseling skills in session via video recording to give me feedback and to assist me in providing the best care and support possible, therefore I need for you to acknowledge you have been informed about how these recordings will be used and provide your permission and consent…”

1. The verbatim form should be submitted, through Blackboard as indicated on the presentation schedule. Please remember to de-identify client information in all written documentation and indicate that the contents are confidential and are to be opened only by the recipient/professor.
2. The sessions should evidence the demonstration of strong basic skills and when appropriate an advanced technique (e.g. empty chair, use of REBT (using chart), etc.). The technique must be appropriate to the treatment goals described in the case conceptualization treatment plan section.
3. Faces of the counselor must be **easily** seen. Seating for these recordings should be arranged in a comfortable manner for both counselor and client, but with the preferred option of being able to see both client and counselor in the session

**Appendix C: LiveText Verification of Hours Procedure**

|  |  |  |
| --- | --- | --- |
|  | LiveText Time Log | Summary and Verification of Hours Spreadsheet |
| Loaction: | On the right side of your Placement page under the Field Experience Tab | The spreadsheet is available in your Blackboard class, as an assignment on the Dashboard in LiveText, and on our LiveText Webpage. At the Midterm and Final the spreadsheet will need to be uploaded to the Attachments workspace at the bottom of the Placement page under the Field Experience tab |
| How to Log Hours: | At the end of each Quarter students should make 1 entry for all hours earned during that quarter for each category of hours. (each quarter is color-coded on the spreadsheet) | Weekly |
| Categories of Hours: | Approved by Site-Supervisor:  • Direct Hours (Direct Client Contact with a client) • Individual Supervision (Approved site supervisor – can be triadic) • Indirect Hours (Related activities associated with your clinical duties) | |
| The Hours Format: | All hours for both the Time Log and the Verification of Hours Spreadsheet must be logged in an hours and minutes format. Every entry must have a number in both the hours and minutes places with a colon in between. For example:   |  |  | | --- | --- | | **Hours of Supervision** | **How to Enter into Spreadsheet** | | Two hours and fifty-eight minutes | 2:58 | | Twenty-one minutes | 0:21 | | Half an hour | 0:30 | | Four hours and forty-five minutes | 4:45 | | One hour and fifteen minutes | 1:15 | | Three hours | 3:00 | | |
| Approval | The supervisor must check off and approve each entry in LiveText. | The supervisor will approve the uploaded spreadsheet at the Mid Term and Final through the corresponding assessments. |
| Other Information: | Activity and Time: Select one of the following: Only use the below descriptors:   * First Q (Hours accumulated during the first quarter) * Midterm (Hours accumulated during the second quarter) * Third Q (Hours accumulated during the third quarter) * Final (Hours accumulated during the fourth quarter)   If a students has 2 sites hours for each site should be logged separately in the corresponding placement. | The Summay and Verification of Hours Spreadsheet has **3** tabs which must **ALL** be completed by the end of the semester.   * Time Log – Hours entered weekly according to the above directions. If a student has 2 sites this tab should only show the hours logged for the site they are completing it for. * Verification of Hours – Log the Total Hours accumulated at ALL sites and for All semesters. * Sites – Document information for All Sites and All semesters. |

**Appendix D: Case Presentation Instructions**

**Confidentiality-**To protect the confidentiality of your client please refer to them by a pseudo-name in your case presentation.

The case presentation is an opportunity to integrate all learning from the counseling curriculum and will include the following sections/sub-headings:

**Demographic Information**- this includes family, age, ethnicity, gender, work history, health history.

**Presenting Problem-** this section includes the problem the client brought to the first session or the problem reported in the intake (sometimes the problem changes or is modified as therapy progresses, however what is reported here is the original presenting problem).

**Observational Data** (to include pertinent MSE information)**-** this information should include information on the client’s cognitive function such as memory capacity, distorted though process, etc.

**Client History**

*History of the Presenting Problem***-** this section includes other pertinent information about the client and the problems presented. This will include previous counseling and/or solutions attempted to resolve the issues.

*Biopscyhosocial History***-** this section includes background information about the client such as age, family, previous counseling experience, hobbies, etc.

*Psychiatric history of self and family*

*Social relationship history*

*Academic/Work history*

*Medical/Developmental history*

*Addiction Screening***-** this section should include information about screening for addictions such as alcohol addiction, etc.

*Risk Assessment***-** this section should include screening information about harm to self or to others

**Diagnosis-** this section should include a diagnosis consistent with the DSM-5 criteria and should include primary, secondary and tertiary diagnoses (and all other components as appropriate, see the DSM-5 for more information).

*Problem List*

*Medication List*

**Case Conceptualization Summary Statement-** this section should include your understanding of how you would ‘pull together’ the different aspects of the client’s presentation, along with the theoretical model that would benefit the client based on your understanding of the client’s presenting problems at this time. Please see the Sperry article and the Case Conceptualization PowerPoint posted in your Bb course. These documents expand on the Integrative Model (Scott et.al, 2015). The Sperry article and PowerPoint provides a more detailed explanation of how to implement this Integrative Model in the development of your case conceptualization summary statement.

**Theoretical Orientation and Research/Evidence-based treatment-** describe the theoretical orientation you are using to guide your work with this client. Support your theoretical selection with evidence-based research as well as how this theory informs your treatment planning (5-7 citations from peer-reviewed literature should be listed in the reference section).

**Treatment Planning** This section should be integrated with the research/evidence based Theoretical Orientation section. This should include short term goals, long-term goals, and interventions (see Sample Case Presentation form). Treatment goals and interventions should correspond with your case conceptualization summary statement and informed by your theoretical orientation.

|  |  |  |  |
| --- | --- | --- | --- |
| Dx/Problem | Long Term Goal(s) | Short Term Goal(s) | Evidence Based Interventions |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Ethical Issues-** What ethical considerations were addressed or considered in this client’s case?

**Multi-cultural Factors**- this section should include multi-cultural considerations. Discuss cautions or perspectives that this culture might have. Provide information that indicates that you recognize the cultural diversity.

**Assessment-** This should include baseline data from scaling during session one on the presenting problem and a chart including the level on the scale in subsequent sessions, clients attributions of improvements and/or and the various treatment interventions used and content from assessments (such as a genogram, Beck Depression Inventory, etc.) if they are used.

(Note: Helpful online assessments for your consideration include the Cross-Cutting Symptom Survey (Level One and Two); <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures> and WHODAS <http://www.who.int/classifications/icf/whodasii/en/> )

termination and even during counseling such as community resources for housing, etc.

**Referral/Access-** this section should include additional resources for the client after

**Prognosis-** what is your prediction of the likely course, duration, severity, and outcome with or without treatment. Your prognosis may range from excellent, good, fair, guarded, to poor.