

## Houston Graduate School of Theology

COU 751 Counseling Practicum

Spring 2019, Mondays 6:00-7:30 pm

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*Houston Graduate School of Theology equips women and men to be ministers and messengers of God's mission of reconciliation through academic excellence, personal transformation, and leadership development*

### I. Course Description

#### COU 751 Counseling Practicum

One hundred fifty clock hours of supervised experience in counseling with an approved supervisor in an approved clinical or counseling center setting. The course includes meetings with a campus supervisor and peer group. Prerequisites COU 500, 510, 522, 530, 540, 600, 611, 620, 630, 663, 665, and 674, plus at least 12 sessions of professional individual counseling with a licensed provider (LPC, LMFT, or psychologist) the semester prior to the start of the practicum experience (Pass/Fail). For additional requirements related to practicum, see Counseling Practicum Manual.

### II. Student Learning Outcomes

Upon completion of the practicum, the student will be able to:

- A. Develop a professional perspective and theoretical orientation aligned with client and facility needs. MAC-2
- B. Adhere to and comply with facility policy. MAC-3
- C. Understand and utilize on site instruction, training, and information to assist with providing counseling to the population served. MAC-3, 5

Upon completion of the practicum classroom requirement, the student will be able to:

- A. Present clinical cases in a case conference format. MAC-3
- B. Be competent in relationship building within the peer-to-peer supervision model.
- C. Articulate matters of ethical, moral, and spiritual concerns as they apply to the practicum experience. MAC-3, 4
- D. Provide professional peer emotional support during the practicum experience. MAC-3
- E. Review documentation, legal, and practice issues as per the rules of the Texas State Board of Examiners of Professional Counselors. MAC-3
- F. Integrate theories, experiences, and scripture to form a theological model of the counseling process and spiritual care in later life. MAC-4

### III. No required textbook. Recommended texts:

1. Erford, B. T., Hays, D. G., Crockett, S., Miller, E. M. (2011). *Mastering the National Counselor Exam and the Counselor Preparation Comprehensive Exam*. Upper Saddle River, N. J.: Pearson Education, Inc. ISBN 13: 978-0-13-701750.8
2. *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5* by American Psychiatric Association (May 27, 2013)

## Useful Information

Students may request information from the LPC Board as follows:

**Texas State Board of Examiners of Professional Counselors**  
**Texas Department of Health**  
**1100 West 49<sup>th</sup> Street**  
Austin, Texas 78756-3183, USA

E-mail: [lpc@tdh.state.tx.us](mailto:lpc@tdh.state.tx.us)  
Telephone: (512) 834-6658  
Fax: (512) 8.34-6789  
Website: <http://www.tdh.state.tx.us/hcqs/plc/lpc.htm>

To obtain an application packet or for any other information or inquiries, please contact the LMFT board at:  
Texas State Board of Examiners of Marriage and Family Therapists  
Texas Department of Health  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756-3183

E-mail: [mft@tdh.state.tx.us](mailto:mft@tdh.state.tx.us)  
Telephone: (512) 834-6657  
Fax: (512) 834-6677  
Website: <http://www.tdh.state.tx.us/hcqs/plc/mft.thm>

## IV. Course Requirements

1. Assignments consist of 5 case summaries; and
2. One case conceptualization presentation.
3. Two recorded counseling sessions and transcripts. Students will receive instructions in class.
4. The final site supervisor evaluations need to be received by mail by instructor on due date;
5. The final time log with completion of required 150 practicum hours.
6. Papers written in anything but Times New Roman, 12-point type, will not be graded. Please do not double-double space or use additional spacing between paragraphs. Use citations as necessary and third-person writing throughout.

## V. Grading Scale

A final grade of Pass or Fail grade will be granted based on mid and final evaluations, attendance to class, and completion of assignments.

**COU 751 Counseling Practicum  
Class and Reading Schedule**

*\*Due Dates for Assignments are Marked by Asterisks*

**Jan. 14** - Introductions, syllabus. Turn in any outstanding practicum documents.  
Introduce Fitness to Practice policy.  
Review ACA code of ethics

**Jan. 28** – Case consultations.  
Read articles on documentation, clinical note taking.

**Feb. 4** – Case consultations. **Case summary #1 due\***  
Review of theories and techniques.

**Feb. 11**– Case consultations.  
Review of DSM 5 information: How to write up a DSM-5 diagnosis, see a two-part YouTube video that covers this topic as well as general issues with writing a clinical assessment: <http://www.youtube.com/watch?v=BjnPfFS4-yo>

**Feb. 18** - consultations. **Case summary #2 due\***  
Review Texas State Board of Examiners of Professional Counselors – Licensing requirements.  
Website: <http://www.tdh.state.tx.us/hcqs/plc/lpc.htm>

**Feb. 25** – Case consultations.  
**First recording and transcript of counseling session – due\***  
Review Self-Care power point and Mindfulness techniques.

**March 4** – Case consultations – **Case summary #3 due\***  
Review SADPERSONS suicide assessment scale.  
CAGE substance abuse assessment scale and other assessments.

**March 18** - Case consultations – **Presentations of Case Conceptualization Assignment\***  
Review Psychopharmacology. **Midterm Evaluation Due\***

**March 25** - Case consultations  
**Second recording and transcript of counseling session – due\***

**April 1** – Case consultations - **Case summary #4 due\***  
Review Mental Health Association of Greater Houston: [www.mhahouston.org](http://www.mhahouston.org) – resources

**April 8** – Case consultations.

**April 15** – Case consultations – **Case summary #5 due\***

**April 22**– Case consultations - Review Texas State Board of Examiners of Professional Counselors – Licensing requirements. Website: <http://www.tdh.state.tx.us/hcqs/plc/lpc.htm>  
And Board of Licensed Marriage and Family Therapists <http://www.dshs.state.tx.us/mft/>

**April 29** –Case consultations

**May 6 – Final Time Log and Final Evaluation Due**

*The professor of record reserves the right to adjust classroom topics as the course develops.*

## **VI. Classroom-related Academic Policies**

- A. Regular attendance and regular submission of assignments on due dates in the syllabus is expected. The following guidelines have been approved for inclusion in all HGST syllabi and reflect standards for all courses:
- Fall/Spring semester 15-session course – 3-absence maximum
  - Summer term 8-session course – 1-absence maximum (equals 4 hours).
  - 6-session hybrid – 1-absence maximum
  - 4-session hybrid – 0-absence maximum
- If a student reaches the designated number of absences, the student will no longer be allowed to stay in the class. The student does have the opportunity to appeal to the Academic Dean and should assume responsibility for scheduling that meeting as soon as possible.
- B. Work is expected on the due date. Students should expect a grade reduction of up to one letter grade on late papers.
- C. Turnitin.com
1. All written assignments are subject to required submission to [www.turnitin.com](http://www.turnitin.com) to check for originality and style. The assignments that are required for submission will be described in the syllabus.
  2. Students will create an account at [www.turnitin.com](http://www.turnitin.com). After doing so, the student will join the course page with the code and password supplied by the instructor. A list of assignments and due dates will be available on the course page.
  3. Students will submit assignments by the due date and time and will be required to submit the assignments in a hard copy format as well.
- D. Electronic Equipment Usage in Classrooms
- It is expected that students will use technology (cell phones, laptop computers, iPads, etc.) during classes only for the purposes of class work. Therefore, students should turn off cell phones and refrain from texting and using laptop computers during classes except for the purposes of taking notes or doing research specifically authorized by the course instructor. Students who have emergency needs not covered by this policy must ask for an exception from the course instructor.
- E. Please review the Academic Catalog for policies regarding Incompletes and Plagiarism. For more information on HGST and area Library Services, please download the Library Handbook from the HGST website.

## VII. Notes for Writing Assignments

APA formatting is accepted as prescribed in the *Publication Manual of the American Psychological Association, 6<sup>th</sup> edition*.

All students shall utilize 12-point Times New Roman font throughout. The instructor prefers that the student **not** use presentation or report binders or folders. She prefers submission of papers with staples or binder clips.

Critical, or formal, writing differs from colloquial writing or spoken English at several points. The student should note the following guidelines for critical writing. The instructor expects students to follow these guidelines strictly for academic-style assignments. Failure to do so will be penalized.

- Avoid first- or second-person references, both singular and plural (“I,” “we,” or “you”). Keep the written projects objective and professional. The student must remember that imperative forms are second person.
- Never use contractions.
- Avoid passive voice construction (i.e., The student should write “God chose Joshua” rather than “Joshua was chosen by God.”). Some exceptions are necessary, but limiting the use of passive voice is a good policy.
- Be sure that number and tense always agree (i.e., Do not write in one place that “Brueggemann argues . . .” and at another place “Brueggemann argued . . .”). Subject-verb agreement is imperative.
- Spellcheck! Spellcheck! Spellcheck!
- Grammar check works as well!
- All pronouns should have clear antecedents. Avoiding “it is” and “there is” in the paper removes much of the ambiguity of pronoun usage.
- Sentence fragments are unacceptable. Every sentence must have a subject and a predicate.

**VIII. Fitness to Practice Evaluation for Counseling Students** – Counselor educators are ethically obligated, through ongoing evaluation, to address the inability of some students to achieve counseling competencies. Fitness to Practice Evaluation is a process, which ensures that counseling students are:

- Meeting or exceeding program standards;
- Demonstrating the acquisition and effective application of ethical counseling skills to address a diverse population; and
- Exhibiting emotional and mental fitness in the interaction with clients, families, peers, and other professionals.

Counselor educators do the following:

- Assist students in securing remedial help when needed;
- Seek professional consultation and document their decision to dismiss or refer students for assistance; and

- Ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

All students will be evaluated during their enrollment in the MAC degree program and remediated, if necessary. The Fitness to Practice Evaluation Form is an instrument that is used to evaluate comportment of students enrolled in the Masters of Arts in Counseling (MAC) program. For MAC students, this instrument is used to assess students enrolled in COU 530 Theories in Counseling, COU 600 Counseling Skills and Techniques, and COU 751 Counseling Practicum I. The information that is gathered is aggregated by the Counseling Practicum Director who analyzes, stores, and reports the data to the Academic Office.

## ***Group Counseling Session Summary***

Student Counselor's Name \_\_\_\_\_ Date \_\_\_\_\_

Client's Ages \_\_\_\_\_ Session Number \_\_\_\_\_

Group Focus/Problem \_\_\_\_\_

1. What are your treatment goals for this group?
2. What were your goals for this group session?
3. Did anything happen during the group session that caused you to reconsider your goals?  
How did you resolve this?
4. What was the major theme of the session? Was there any major important content?
5. Describe the *interpersonal dynamics* between you and the clients/students during the session. Specifically address *your reactions* to the client and why.
6. What group *theory* and *techniques* were predominant in this session and why?
7. How successful was the session (explain why)?
8. What did you learn about the group helping process from the group session?
9. What are your plans/goals for the next group session?
10. What specific questions do you have for your supervisor regarding this and future sessions?

## *Individual Counseling Session Summary*

Student Counselor's Name \_\_\_\_\_ Date \_\_\_\_\_

Client's Initials \_\_\_\_\_ Client's Age \_\_\_\_\_ Session Number \_\_\_\_\_

Presenting Problem \_\_\_\_\_

1. What are your treatment goals for this client?
2. What were your goals for this session?
3. Did anything happen during the session that caused you to reconsider your goals? How did you resolve this?
4. What was the major theme of this session? Was there any major important content?
5. Describe the *interpersonal dynamics* between you and the client during the session. Specifically address *your reactions* to the client and why?
6. What *theory* and *techniques* were predominant in this session and why?
7. How successful was the session (explain why)?
8. What did you learn about the helping process from this session?
9. What are your plans/goals for the next session?
10. What specific questions do you have for your supervisor regarding this and/or future sessions?

### Case Conceptualization:

Case conceptualizations provide a framework for counselors to present a client's concerns. It allows for a systematic approach to articulating the client's concerns including demographic information, background information on the client and their concern(s). It allows the counselor to articulate their hypotheses of client's problem and counselor's intervention strategies.

A case conceptualization can be very simple or very detailed. It depends on complexity of client problems, counselor's personal style, as well as what the counselor feels is relevant.

By providing a case conceptualization, the counselor is able to consult or staff a case.

However simple or detailed the case conceptualization is, it should include the following;

- *Background data*
- *Presenting concerns*
- *Test data and supporting materials*
- *Inferences and assumptions*
- *Goals of treatment*
- *Interventions*
- *Any other information that may be relevant*

#### Background data

CG is a 26 y/o male. This was initial session. His mood is unremarkable, his affect is somewhat flat. He is dressed casually. His hygiene is unremarkable. He maintains good eye contact and responds appropriately to the interview questions. He has been married for the past five years. They have a two-year-old son. He reports his marriage as being "fine." CG is an auto mechanic. He has been employed at this shop for the past 14 months. He enjoys his job and has had a raise recently. He graduated from high school and attended trade school. He has no medical problems. He relates that he drinks occasionally; about three to five times a month; usually two to four beers. He denies any other substances. He denies any psychiatric history and has never seen a mental health professional until today.

#### Presenting concerns

CG presented to you because he is having trouble sleeping. He is having increasing insomnia. He relates he is having trouble falling asleep. He then wakes up multiple times during the night. This has been going on for about six weeks. He has tried over the counter sleep aids. While is has not affected his work, he has overslept on numerous occasions. The only reason he has not gotten into trouble is that the owner does not come in until late morning and the other mechanics have covered for him. He also relates that his appetite has dropped markedly. He has lost about 15 pounds in the past month. He relates that he has also been quite uninterested in being intimate with his wife.

#### Test date and supporting materials:

None at this time.

Inferences and assumptions

CG relates insomnia as his primary concern. He also relates other symptoms; decrease in appetite, weight loss, and decrease in libido. His insomnia is beginning to cause occupational problems. He does not articulate any depressive symptoms; however, his symptoms as well as his affect may indicate depression.

Goals of treatment

Goal one: gather more information on his symptoms.

Goal two: if client is amenable, meet with wife for collateral information

Goal three: to test for depression (Beck Depression Scale)

Interventions

Refer to urologist for libido/impotence

Possibly refer to Primary Care Physician for decreased appetite and weight loss

Continue to process concerns and symptoms

Any other information that may be relevant

None at this time.



### SITE SUPERVISOR'S FINAL EVALUATION OF STUDENT COUNSELOR'S PERFORMANCE

Name of student counselor \_\_\_\_\_

Period covered by the evaluation \_\_\_\_\_

Site setting \_\_\_\_\_

**Directions:** Please your level of agreement with each of the following statements regarding the student counselor's capabilities and performance by circling 1-2 (poor or marginal performance), 3-4 (adequate or average performance), 5-6 (good to excellent overall performance), NA/NO (not applicable or not observed).

**\*NOTE: Students will be graded on their performance at each evaluation (midterm and final). In addition, growth between these two evaluation periods is given the most weight. Therefore, supervisors please keep in mind that conducting a candid and frank evaluation at mid semester allows for growth to be reflected in the numbers at the second evaluation (i.e., giving 1's to 4's on the first evaluation and giving 3's to 6's on the second evaluation represents growth by the student). As well, it is important for the numbers to reflect if little or no growth has occurred, or if there has been a regression in skills or abilities.**

<b>General Supervision Comments</b>	<b>Poor</b>		<b>Adequate</b>		<b>Good</b>		<b>NA/NO</b>
1. Demonstrates a personal commitment to developing professional competencies.	1	2	3	4	5	6	___
2. Invests time and energy in becoming a counselor.	1	2	3	4	5	6	___
3. Accepts and uses constructive criticism to enhance self-development and counseling skills.	1	2	3	4	5	6	___
4. Engages in open, comfortable, and clear communication with peers and supervisors.	1	2	3	4	5	6	___
5. Recognizes own competencies and skills and shares these with peers and supervisors	1	2	3	4	5	6	___
6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors	1	2	3	4	5	6	___
7. Completes case reports and records punctually and conscientiously	1	2	3	4	5	6	___
8. Is dependable and efficient in time management	1	2	3	4	5	6	___

<b>The Counseling Professionalism</b>	<b>Poor</b>		<b>Adequate</b>		<b>Good</b>		<b>NA/NO</b>
1. Keeps appointments on time.	1	2	3	4	5	6	___
2. Begins the interview smoothly.	1	2	3	4	5	6	___
3. Explains the nature and objectives of counseling, when appropriate.	1	2	3	4	5	6	___
4. Is relaxed and comfortable in the interview.	1	2	3	4	5	6	___

<b>The Counseling Process</b>	<b>Poor</b>		<b>Adequate</b>		<b>Good</b>		<b>NA/NO</b>
1. Communicates interest in and acceptance of the client.	1	2	3	4	5	6	___
2. Facilitates client expression of concerns and feelings.	1	2	3	4	5	6	___
3. Focuses on the content of the client's problem.	1	2	3	4	5	6	___
4. Recognizes and resists manipulation by the client.	1	2	3	4	5	6	___
5. Recognizes and deals with positive affect of the client.	1	2	3	4	5	6	___
6. Recognizes and deals with negative affect of the client.	1	2	3	4	5	6	___
7. Is spontaneous in the interview.	1	2	3	4	5	6	___

8. Uses silence effectively in the interview.	1	2	3	4	5	6	—
9. Is aware of own feelings in the counseling session.	1	2	3	4	5	6	—
10. Communicates own feelings to the client when appropriate.	1	2	3	4	5	6	—
11. Recognizes and skillfully interprets the client's covert messages.	1	2	3	4	5	6	—
12. Facilitates realistic goal setting with the client.	1	2	3	4	5	6	—
13. Encourages appropriate action-step training with the client.	1	2	3	4	5	6	—
14. Employs judgment in the timing and use of different techniques.	1	2	3	4	5	6	—
15. Initiates periodic evaluation of goals, action-steps, and process during counseling.	1	2	3	4	5	6	—
16. Explains, administers, and interprets tests correctly.	1	2	3	4	5	6	—
17. Terminates the interview smoothly.	1	2	3	4	5	6	—
18. Assists clients with personal problems in individual sessions.	1	2	3	4	5	6	—
19. Conducts small group counseling sessions.	1	2	3	4	5	6	—
20. Consults with other professionals and makes effective use of referral sources to help clients.	1	2	3	4	5	6	—
21. Demonstrates knowledge of and sensitivity to minority needs.	1	2	3	4	5	6	—
22. Presents in-service training and/or community education activities.	1	2	3	4	5	6	—

<b>The Conceptualization Process</b>	<b>Poor</b>	<b>Adequate</b>	<b>Good</b>	<b>NA/NO</b>
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1. Focuses on specific behaviors and their consequences.	1	2	3	4	5	6	—
2. Recognizes and pursues discrepancies and meaning of inconsistent information.	1	2	3	4	5	6	—
3. Uses relevant case data in planning immediate and long-range goals.	1	2	3	4	5	6	—
4. Uses relevant case data in considering various strategies and their implications.	1	2	3	4	5	6	—
5. Bases decisions on theoretically sound and consistent rationale of human behavior.	1	2	3	4	5	6	—
6. Is perceptive in evaluating the effects of own counseling techniques.	1	2	3	4	5	6	—
7. Demonstrates ethical behavior in the counseling activity and case management.	1	2	3	4	5	6	—

Additional comments and/or suggestions:

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EVALUATOR'S SIGNATURE

TITLE

DATE

I have discussed this evaluation with the evaluator and have received a copy. If I do not agree with this evaluation, I understand that I may submit a letter in duplicate stating my position. A copy is to be retained by the evaluator and the original is to be given to the Counseling Faculty to be placed in my student practicum course file.