

Revised Summer , 2015

Neumann University
Department of Pastoral Care and Counseling
Policy Covering Clinical Placements
Pastoral Clinical Mental Health Counseling Sequence

In January 2008 the *Council for Accreditation of Counseling and Related Educational Programs (CACREP)*, a specialized accrediting body recognized by the *Council for Higher Education Accreditation (CHEA)*, and the *American Association of Pastoral Counselors (AAPC)*, granted accreditation to Neumann University Master's in Pastoral Clinical Mental Health Counseling program under the standards in *Community Counseling*. With the revised standards now in place by CACREP, the program will be moving forward to accreditation in January, 2016 in the category of Clinical Mental Health Counseling.

Basically, *CACREP* and *AAPC* promote a standard of excellence in counseling education and training set by the counseling profession. What this means for our students is that being enrolled in the Master's in Pastoral Clinical Mental Health Counseling program indicates receiving a higher quality counseling education. *AAPC* promotes a professional integration of psychotherapy and spirituality to help individuals achieve healing and personal growth.

The Clinical Policy of the Master's in Pastoral Clinical Mental Health Counseling program adheres to both the current CACREP and AAPC Standards, which are written to ensure that students develop a professional counselor identity and also master the knowledge and skills to practice effectively. The Learning Outcomes developed for the program represent evidence based goals and objectives for the most effective personal and professional growth.

Graduates of CACREP and AAPC accredited programs use their education and preparation as paths to careers in community mental health and human service agencies, pastoral agencies, educational institutions, private practice, government, business and industrial settings. However, no professional preparation program is ever complete, and advances in knowledge, skills and technology within the profession require life-long continuing education for counselors as well as monitoring and review of professional standards.

Students are encouraged to join professional counseling organizations in order to build a network of resources and formulate their pastoral counselor identity. *AAPC* and the *American Counseling Association (ACA)* facilitate student memberships. For more information see: www.cacrep.org, www.counseling.org and www.aapc.org. Memberships include: quarterly newsletters, journal articles, ethical codes, student discount rates for conferences and professional liability insurance.

Beth Toler, M.Div., Th.D., LMFT
Clinical coordinator for the M.S. in Pastoral Clinical Mental Health Counseling

Pastoral Clinical Mental Health Counseling

Initial Requirements:

A: Prerequisite Courses

Prior to a student's undertaking work in a clinical site, all courses basic to the skills and understanding necessary for such work need to be completed.* These courses include:

- PCC 500: Introduction to Pastoral Counseling
- PCC 505: Theological Foundations
- PCC 510: Psychological Foundations
- PCC 700: Psychopathology
- PCC 710: Marriage and Family Counseling
- PCC 720: Personality
- PCC 730: Ethics and Professional Issues
- PCC 740: Pre-clinical preparation and orientation

*Exceptions made to allow concomitant course work and clinical practice must be cleared with the clinical coordinator prior to securing a placement.

After completing the necessary prerequisite courses, the student interviews and secures his/her clinical site with assistance from the clinical coordinator. Settings may include counseling agencies, private practices, short and long term mental health facilities, residential and partial programs, pastoral counseling centers, prisons, hospitals, hospices, private practices, and other approved settings (see list of Clinical Sites, Appendix 1).

Individual supervision is provided by an appointed on-site supervisor, while small-group supervision is provided by a Neumann University faculty supervisor. Clinical courses are taken in the following sequence:

Preclinical Preparation and Orientation: PCC 740

This course, which is taken following most/all of the pre-requisite courses, must be completed with B or better grade before registration into the clinical sequence (PCC 750, 770, and 771) can be initiated. The course focuses on skills needed to begin clinical work, including doing intakes, establishing a therapeutic frame and relationship, clinical assessment, and formulating clinical notes and evaluation. By the end of the course, students are expected to have secured a clinical site for 750, have obtained personal liability insurance, and completed or continue personal therapy (minimum of 12 sessions).

Clinical Practicum: PCC 750

This course requires a clinical placement with a case load totaling 100 clinical hours in one semester, 40 of which need to be direct client contact. Along with the clinical work, the student meets with a faculty led group class to process clinical work and refine other necessary skills such as clinical notes and treatment planning. Particular attention will also be paid to the integration of multicultural competencies in clinical practice. Audio and/or video recording of clinical work is a requirement.

Internship I and II: PCC 770/771

These courses involve an advanced placement with a caseload totaling 600 clinical hours across the two semesters, 240 of which equal direct client service. The first course focuses on the integration of spirituality (770) and the second, on integrating psychodynamic processes (771) into clinical assessment and work. Along with the class meeting and weekly on-site supervision, the student also meets with an individual programmatic supervisor within the program for the equivalent of 13 weeks across the two semesters. Video or audio recording is a required element of the courses.

B: Required Course Enrollment:

Throughout the entire time of clinical practice, both Clinical Practicum and Internship, the student must be enrolled in a Pastoral Clinical Mental Health Counseling clinical course, providing supervisory oversight. With the approval of the clinical coordinator, students may continue at their clinical placement in between the fall and spring semesters as long as a faculty supervisor continues to oversee the student's work. If at any time a student withdraws from or leaves a clinical course (as in taking an incomplete for the course) the student is required to begin the course again in the successive semester to remain part of the clinical sequence.

C: Policy on Incompletes

The grade of incomplete (I) should be given only for serious reasons as deemed acceptable by the clinical coordinator. On receiving the clinical coordinator's permission, a contract for the Incomplete (separate from the form required by the University) will be completed and signed by the student, the small group/course instructor and the clinical coordinator with the specific that are underlying the granting of the Incomplete and the details for removing this grade. All clinical policies must be followed in the terms of the contract.

Selection of Placement Sites

A: Arranging for Placement:

In discovering and choosing a placement site, each pastoral counseling student is responsible for determining his/her own personal and professional needs. Final decision for placement is made under the guidance of the clinical coordinator after a thorough evaluation of future directions, placement availabilities and suitability of site to program goals is assessed. The instructor of PCC 740 will assist in overseeing the site selection.

1: The clinical coordinator has available information on sites and will offer suggestions to help the student investigate possibilities. The responsibility for contact and setting up specifics is that of the student.

2: In order to meet the requirements for a full semester's work with clients, each student is required to finalize site placement before the beginning of the semester in which clinical work is taken. This is most typically achieved before the conclusion of PCC 740.

3: Counseling placements must be in a setting that provides qualified supervision as defined in CACREP 2016 standards:

- **An individual/supervisor who is available to oversee the work of the student must --**
 - **Hold at least a Master's degree in counseling or some other closely related field and have at least two years' experience;**
 - **Provide at least one hour/week supervisory time;**
 - **Be aware of program requirements and policies;**
 - **As much as possible, attend the supervisor gatherings;**
 - **Complete an evaluation form required by the program at the end of each semester.**

- **Any question about supervisor suitability should be cleared with the clinical coordinator before placement begins.**

4: Counseling placements should offer new learning for the student. Except in extraordinary circumstances, and only with full clearance by the clinical coordinator, a student should not have a placement in a setting in which he/she is currently employed. If approval is given, different responsibilities and different supervision oversight from work experience is required.

5: Along with an adequate number of clients to allow for the minimum of direct client contact, students need to be able to tape with audio or video equipment client sessions for presentation.

6: Contracts, evaluations and other forms required by the program are the co-responsibility of the on-site supervisor and the student. Any difficulty in completing these in a timely manner must be reported to the Clinical coordinator after the student has made every effort to finalize these and still been unsuccessful.

7: Before the placement site is determined, the supervisor must be made aware of these policies and must sign off on the Clinical/Practicum Internship, Learning Contract (Form A) that he/she has read. The supervisor and student will make every effort to maintain these policies throughout the course of the placement.

B. Change of Placement:

In some instances a student may find a placement site too limiting and may consider changing placement before the completion of the semester(s). This change may be initiated after discussion of this with the clinical coordinator. If this happens, the process for determination of placement as outlined in Section A is followed once again.

C. Requirements for Placement Site:

If the student considers working in a placement site other than those offered as possibilities by the clinical coordinator, the following requirements must be met:

- The site must provide counseling services by qualified professionals [licensed and/or credentialed];
- The site must provide adequate client hours to the student during the semester;

- The site must have on-site a qualified professional who agrees to provide supervision to the student, according to the criteria stated in A, #3 above. Because pre-degree hours are not counted toward licensure, the professional need not be state licensed;
- The site must facilitate the student in obtaining tapes, either video or audio, for use in the clinical classes;
- The site must be willing to provide the required evaluations of the student as the program stipulates.

D. Student Evaluation of On-Site Supervisors:

In keeping with the terms of the Learning Contract, and to ensure that students in the PCMHC program are receiving quality supervision at their clinical placements, each student, at the end of the semester, is required to complete an evaluation of his/her on-site supervisor (Form F). This form will be reviewed by the clinical coordinator as a means of evaluating the effectiveness of the clinical experience, and toward future recommendations regarding using a clinical site in the future.

E. Grievance Procedures:

If a difficulty arises within a clinical placement, the student should make every effort in collaboration with the on-site supervisor to address the situation. The clinical coordinator should be apprised of the difficulty as soon as it appears beyond the student's remediation. The clinical coordinator will then work with the on-site supervisor, agency/institution director (or equivalent) to address the situation. A meeting with these individuals will be arranged to determine the resolution of the problem and its impact on the student's placement. If the student is not satisfied with the resolution agreed to among the parties involved, he/she has recourse to the Graduate Student Academic Grievance Policy as stated in the Graduate Catalogue.

Required Documentation through the Clinical Process

A: Professional Liability Insurance:

Each student is expected and required to have professional liability insurance coverage **prior** to the first counseling session at the clinical site. Insurance can be obtained without cost through the American Counseling Association with student membership or from the American Association of Pastoral Counselors at a reasonable rate. Membership forms are available online at: www.counseling.org and www.aapc.org. Certification of insurance coverage, including dates of coverage, must be made available for department records before the semester begins. Copies are submitted to the clinical seminar instructor before the semester.

B: Necessary Clearances:

Since a number of institutions and affiliated agencies have required criminal background checks and child abuse clearance, students are advised to secure these prior to entering the clinical sequence. For example, for clinical sites in PA, the student may go online to: epatch.state.pa.us -- for criminal background check, and [Pennsylvania Department of Public Welfare](http://www.dhs.pa.gov) -- for child abuse clearance.

C: Various Forms and Information:

Although specific requirements for the clinical internship and practicum courses may vary with the instructor, involvement in the clinical experience has its own requirements. Failure to complete and submit these forms may delay the beginning of the clinical work.

These include:

1: **Learning Contract (Form A):** A separate form for Clinical Case Practicum and each Internship semester is available. The complete and signed contract is to be submitted to the clinical seminar instructor initially at the close of PCC 740 and thereafter at the outset of the next semester.

2: **Field Education Data Form (Form B):** This form, listing the information about the clinical site, supervisor and counseling experience is to be submitted to the clinical seminar instructor initially at the close of PCC 740; and thereafter at the outset of the each semester in which a new site is involved.

3: **Summary of Hours Time Log (Form C):** A record of both client and clinical hours is to be kept throughout the semester. This completed record signed by the various supervisors is to be filed in the student's folder at the end of each semester. Copies are submitted to the clinical seminar instructor at the end of each semester who will in turn give them to the clinical coordinator.

- Client hours (Direct hours): Include time spent in direct contact with clients with whom the counseling student holds a contractual relationship (that is, an agreement on both parts to pursue ongoing treatment/therapy).
- Clinical hours (Indirect hours): Include the time spent in other than direct client contact, such as observation of others, preparation for counseling sessions, intake interviews, writing reports, staff meetings/team interaction, and other related activities relevant to the work of the counseling setting.

4: **Final Evaluation Matrix (Form G):** A consultative process of evaluation is a valued part of the clinical process. The on-site supervisor is asked to complete, in discussion with the student, a form sent from the department at the end of the semester. These need to be returned to the clinical coordinator in a timely fashion [that is, before marks are due into Registrar]. Others involved in the supervisory process, seminar instructors, programmatic supervisors, as well as the student him/herself, also complete the final evaluations.

5: **Personal Counseling Requirement (Form E):**

The well-known dictum that each counselor can take a client only as far as he or she has already gone is eminently true. Since personal insight and growth is essential to all counselors, holistic development is especially necessary for pastoral counselors. With this in mind, and as a preventative to any difficulty that might arise because of lack of personal insight or oversight, being engaged in personal counseling is mandated. While being in personal counseling is a strong encouragement throughout the program to support the personal introspection, integration and intrapsychic processing necessary, it is required for before entering into the clinical sequence. Students will complete 12-15 hours of personal counseling therapy. A student's previous

participation in counseling/therapy will be considered, as long as it is no more than one or two years from the start of the clinical placement. Form E which indicates the counselor the student has seen and dates of sessions will be submitted to the instructor of PCC 740 before the close of the semester. If an extension is needed to finish, this must be approved by the clinical coordinator.

6: **Permission to Record (Form D)**: For the benefit of small group case presentations and feedback, please consult with your on-site supervisors regarding permission to audio/videotape clients. Use the Permission to Record Form (Form D) to obtain signatures and attach the form to your specific case presentation for clinical coordinator. [See A-5 regarding student requirement for this.]

7: PCC 740 Relationship Contract (Form H): For those in the Pre-Clinical Course (PCC 740), in order to comply the course requirements, students will be meeting and recording individuals on a periodic basis in order to learn and become familiar and comfortable with recording and establishing a potential therapeutic relationship. Use this permission form (Form H) to obtain signatures and inform individuals of the nature of the meeting time and the purpose for recording.

**Pastoral Clinical Mental Health Counseling
Clinical/Practicum Internship
Learning Contract**

Original Form to clinical coordinator (via Clinical instructor)**1 Copy to agency supervisor****1 Copy for student**

Both the Clinical Case Practicum and the Internships require onsite practice within an approved clinical placement for the Master of Science in Pastoral Clinical Mental Health Counseling at Neumann University. Students must be registered in a Neumann clinical course for the full time of work at their placement.

For the Clinical Case Practicum (PCC 750), students are expected to acquire 100 clinical hours, 40 of which are to be completed as direct client hours.

For the Internships (PCC 770-771), students are expected to complete a total of 600 clinical hours, 240 of which are to be direct client hours. The internships cannot be begun before the clinical practicum is completed.

Students are to obtain written permission to audio or video tape sessions for supervisory purposes. The student's weekly internship at Neumann University is for educational purposes and is not intended to substitute for regular on-site supervision. Students carry their own personal malpractice insurance. During the semester, the on-site supervisor is sent a Student Evaluation Form to be completed and returned to the University.

STUDENT NAME: _____ SEMESTER/YEAR: _____

For the current year, this is a

Please Check: Clinical Practicum _____
Internship I _____

Internship II _____

1. Student Address: _____

Work Phone: _____ Home Phone: _____

E-Mail: _____

2. Name of Placement Site: _____

Address: _____

Phone: _____ Fax: _____

3. Person Responsible for On-site Supervision of Student: _____

Clinical Degree & Specialty: _____(please attach resume if first time)

Address (if different from placement site): _____

Phone and E-mail: _____

4. Learning Contract (to be developed by student and on-site supervisor)

- What are the student's specific responsibilities and learning goals during this placement?

- In what ways will on-site supervision and other training be provided?

Student's Signature: _____

On-Site Supervisor's Signature: _____

Date: _____

Pastoral Clinical Mental Health Counseling
FIELD EDUCATION DATA FORM
(please print or type clearly)

Original to clinical coordinator (via clinical instructor)
1 Copy for student records

STUDENT NAME: _____ SEMESTER/YEAR: _____

Please Check: Clinical Practicum II _____
Internship I _____ Internship II _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Full Name of Placement Agency: _____

Mailing Address: _____

Agency Phone: _____ Agency web-site: _____

Full Name of Agency Director: (include titles and credentials) _____

Mailing Address of Agency Director: _____

E-mail: _____

Full Name of Agency Supervisor: (include titles and credentials) _____

Mailing Address of Agency Supervisor: _____

E-mail: _____

Full Name of your Neumann Clinical Seminar Supervisor: (include titles and credentials)

Neumann University
Pastoral Clinical Mental Health Counseling
Clinical Summary of Hours

Student's Name: _____

Placement/Agency Name: _____

Address/Phone #: _____

Semester/Year: _____ Please check one for the clinical sequence in which your are currently:
Clinical Practicum _____
Internship _____ Internship II _____

Client Contact Hours:
For individual counseling _____ For group counseling _____
For couples counseling _____ For family counseling _____
Total client hours _____

Clinical Hours [paperwork, staff meetings, intake, phone calls, etc.]
Total clinical hours _____

Supervised Hours:

On site supervision

By supervisor: _____ Credentials _____ Hours _____

Neumann seminar supervision

By supervisor: _____ Credentials _____ Hours _____

Independent program supervisor [if PCC-770 or 771]

By supervisor: _____ Credentials _____ Hours _____

TOTAL SUPERVISED HOURS _____

TOTAL CLINICAL + CLIENT HOURS _____

Summary of semester hours _____

Agency supervisor Date

Neumann clinical coordinator Dat

**Pastoral Clinical Mental Health Counseling Program at Neumann University
Clinical Record—Permission to Record—Observe Counseling Session**

I (we) _____, hereby, authorize
_____ to make audio, audio-video recordings
and/or live observations of counseling sessions involving myself or members of my family.

I (we) understand that these procedures will be used for professional purposes only, i.e., for
consultation, educational, counselor-certification and/or supervisory purposes.

I (we) understand that a strict policy of professional confidentiality will be adhered to at all times.

I (we) understand that any recordings done will be erased/destroyed immediately following
supervision requirements.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Student Signature: _____ Date: _____

Neumann University
Pastoral Clinical Mental Health Counseling Program
Personal Counseling Requirement Form

All students who will be enrolling in **Clinical Internship** are required to have completed **12-15 hours** of personal counseling with a licensed therapist either before or during the semester of PCC 740. **Please note:** While this is a requirement, it is understood that attending to personal issues in therapy is an on-going process throughout the pastoral counseling program. Make two copies of this form: One for your own records, one for the therapist, and give the original to the clinical coordinator.

* * * * *

Name of Student: _____

Address: _____

Phone and E-mail: _____

Name and Credentials of Therapist: _____

Address: _____

Phone and E-mail: _____

Number of Sessions Completed: _____ Date: _____

Signature of Student: _____

Signature of Therapist: _____

Comments: _____

PCMHC Student Evaluation of On-Site Supervisors

Please write the appropriate rating number for each question.
Return to **Clinical Director**.

Excellent = 4 Competent = 3 Unsatisfactory = 2 Seriously Deficient = 1

STUDENT'S NAME: _____ SEMESTER/YEAR: _____

Supervisor Name and Agency: _____

- _____ 1. Accepts student in a non-judgmental way.
- _____ 2. Enters into a frame of reference for student.
- _____ 3. Elicits essential data from student.
- _____ 4. Assesses the strengths of the student.
- _____ 5. Assess the "growing edges" of the student.
- _____ 6. Affirms student in relationship to their strengths.
- _____ 7. Identifies "growing edges" in a professional manner.
- _____ 8. Holds supervisory sessions in a consistent, punctual manner.
- _____ 9. Initiates pertinent discussion in the supervisory session.
- _____ 10. Helps students gain insight into transference and counter-transference issues as appropriate to their level of experience.
- _____ 11. Facilitates setting counseling/treatment goals with student.
- _____ 12. Facilitates understanding of clients' presenting problems/pathology.
- _____ 13. Assists student in dealing with termination and/or referral of clients (if necessary).
- _____ 14. Has sensitivity to ethical issues in counselor/client and student/supervisor interactions.
- _____ 15. Establishes and maintains professional boundaries with the student.
- _____ 16. In settings where appropriate, facilitates spiritual reflection on counseling experience.

Neumann University M. S. Pastoral Clinical Mental Health Counseling

Evaluation Matrix for Clinical Internship and Practicum Semester/Year: _____

Student: _____ Placement: _____

Check Appropriate Evaluation: _____ Small Group Supervisor _____ Agency Supervisor
 _____ Neumann Independent Supervisor _____ Student Self

1. Supervisory & Inter-Personal Skills: Exceeds Standards- 3, Meets Standards- 2, Does Not Meet Standards- 1, Non-Applicable- NA

	PCC 771	PCC 770	PCC 750	PCC 740	Score
Receptive to feedback from supervisor and peers.	<i>Uses feedback that engages group discussion</i>	<i>Uses feedback as a means toward professional growth</i>	<i>Uses feedback as a means toward professional growth</i>	<i>Receives feedback</i>	
Initiates pertinent discussion in supervision.	<i>Actively seeks feedback to engage peers, desire to seek integration for personal growth</i>	<i>Asks questions that allow group to draw parallels in life</i>	<i>Provides questions for group to explore further</i>	<i>Provides questions for group to explore further</i>	
Open to self-examination	<i>Actively requests group to assist in exploring self-exploration for personal and professional development</i>	<i>Willingness to examine personal and professional strengths and limitations</i>	<i>Willingness to receive instruction for further self-examination</i>	<i>Willingness to receive instruction for further self-examination</i>	
Exhibits appropriate boundaries with clients, peers, supervisors, & faculty	<i>Uses personal and professional boundaries as a means toward self-care</i>	<i>Uses personal and professional boundaries as a model for clients struggling with boundaries</i>	<i>Exhibits appropriate boundaries with clients, peers, supervisors and faculty</i>	<i>Exhibits appropriate boundaries with clients, peers, supervisors and faculty</i>	
Communicates clearly.	<i>Communicates openly/effectively with clients, peers, faculty & supervisors with sensitivity to diverse concerns.</i>	<i>Communicates routinely with clients, peers, faculty, and supervisors</i>	<i>Communicates clearly</i>	<i>Communicates clearly</i>	
Supervisor Comments					

2. Professional Identity & Ethical Behavior

Exceeds Standards- 3, Meets Standards- 2, Does Not Meet Standards- 1, Non-Applicable- NA

	PCC 771	PCC 770	PCC 750	PCC 740	Score
Uses own therapy for personal and professional growth	<i>Actively identifies connection between personal therapy and growth as a pastoral counselor</i>	<i>Able to identify connection between personal therapy issues and professionalism with some assistance</i>	<i>Acknowledges need for on-going personal therapy</i>	<i>Is involved in personal therapy or demonstrates a willingness to examine personal issues</i>	
Respects confidential nature of counseling	<i>Actively maintains confidentiality in written and verbal forms and initiates reports when it is breached</i>	<i>Maintains confidentiality between client and counselor</i>	<i>Recognizes confidential nature of client/counselor relationship</i>	<i>Is respectful of confidentiality</i>	
Recognizes and uses counter-transference	<i>Actively uses CT as a therapeutic tool to benefit client's growth.</i>	<i>Identifies CT issues and uses it for further personal and professional insight</i>	<i>Understands CT issues as they emerge in sessions</i>	<i>Does recognize counter-transference</i>	
Maintains professional boundaries	<i>Uses personal and professional boundaries as a means toward self-care</i>	<i>Actively reinforces boundaries by identifying them with clients</i>	<i>Maintains professional boundaries</i>	<i>Does maintain professional boundaries</i>	
Reacts to situations in a professional manner	<i>Actively provides resources for intervention or that are solution-focused</i>	<i>Reacts to situations in appropriate means to protect self, client, etc., from harm</i>	<i>Reacts to situations in a professional manner</i>	<i>Appropriate reactions, hostile, dismissive and defensive</i>	
Supervisor's Comments					

3. Clinical Assessment Skills:

Exceeds Standards- 3, Meets Standards- 2, Does Not Meet Standards- 1, Non-Applicable- NA

	PCC 771	PCC 770	PCC 750	PCC 740	Score
Formulates working diagnosis & treatment goals	<i>Notes client's progress, stagnation, or regression in meeting and maintaining treatment goals</i>	<i>Works with client to formulate, develop, and maintain short and long terms goals</i>	<i>Able to formulate diagnosis and attainable treatment goals</i>	<i>Provides diagnosis and treatment goals</i>	
Attends in empathic and non-judgmental way	<i>Uses attending skills to encourage clients to explore further feelings, issues, and behavioral patterns</i>	<i>Models empathy and attending skills that creates awareness in clients and deepens therapeutic relationship</i>	<i>Listens attentively in an empathic and non-judgmental way</i>	<i>Demonstrates empathy, judgmental</i>	
Knowledge and use of theoretical approach	<i>Demonstrates strengths and limitations of theoretical approach(es) with clients</i>	<i>Demonstrates competent knowledge of theoretical approach(es) with clients</i>	<i>Identifies and uses at least one theoretical approach with assistance</i>	<i>Has knowledge of the theoretical approach to the degree that it can be used in sessions.</i>	
Clinical skills consistent with student's level of training	<i>Demonstrates honed and effective clinical skills in both theory and technique</i>	<i>Demonstrates clinical skills with chosen theoretical approach, desire to improve</i>	<i>Clinical skills consistent with level of training and experience</i>	<i>Clinical skills consistent with level of training and experience</i>	
Identify presenting problem and underlying issues	<i>Relates underlying issues to clients' presenting problems that promotes clients' awareness</i>	<i>Clarifies presenting problem that address underlying issues.</i>	<i>Identifies presenting problem(s) and can address underlying issues</i>	<i>Identifies presenting and underlying issues with assistance</i>	
Supervisor's Comments					

4. Pastoral & Spiritual Issues

Exceeds Standards- 3, Meets Standards- 2, Does Not Meet Standards- 1, Non-Applicable- NA

	PCC 771	PCC 770	PCC 750	PCC 740	Score
Ability to reflect theologically in counseling relationship	<i>Reflection that significantly helps clients' develop their own personal and theological understanding</i>	<i>Reflection provides insight into clients' presenting and underlying issues</i>	<i>Provides theological reflection of client</i>	<i>Provides theological reflection with some assistance</i>	
Demonstrates pastoral integration	<i>Integrates pastoral knowledge, resources, skills and personal experiences for personal and professional growth</i>	<i>Integrates personal theology with insight into clients' presenting and underlying issues</i>	<i>Demonstrates pastoral integration with some assistance</i>	<i>Demonstrates a pastoral integration with some assistance</i>	
Understands role as pastoral counselor	<i>Understands role as a vital part of a multidisciplinary health care system</i>	<i>Understands role as a pastoral clinician</i>	<i>Understands role as a pastoral counselor with some assistance</i>	<i>Understands role as a pastoral counselor with some assistance</i>	
Integration of Neumann's Core Values	<i>Integrates core values for personal and professional knowledge and skill</i>	<i>Integrates core values that develops pastoral insight</i>	<i>Identifies core values with some assistance</i>	<i>Identifies core values with some assistance.</i>	
Identifies religious and spiritual issues of client	<i>Identification assists in spiritual growth and holistic growth in clients</i>	<i>Identification of religious/spiritual values independent of help</i>	<i>Identifies religious and spiritual issues relevant to the case with some assistance</i>	<i>Identifies religious and spiritual issues relevant to the case with some assistance</i>	
Supervisor's Comments					

5. Documentation & Course Work

Exceeds Standards- 3, Meets Standards- 2, Does Not Meet Standards- 1, Non-Applicable- NA

	PCC 771	PCC 770	PCC 750	PCC 740	Score
Provides clearly written case studies, spelling, grammar	<i>Provides additional research of related case material for discussion</i>	<i>Provides additional material from agency procedure and policy</i>	<i>Provides clearly written case studies</i>	<i>Provides clearly written case studies</i>	
Provides verbatim or taped sessions	<i>Verbatim and taped sessions demonstrate counselor's skills</i>	<i>Verbatim and taped sessions enhance group participation</i>	<i>Provides verbatim and taped sessions</i>	<i>Provides verbatim and taped sessions</i>	
Follows case study outline	<i>Outline is thorough, detailed and contributes to class discussion</i>	<i>Outline is thorough and detailed</i>	<i>Follows case study outline</i>	<i>Follows case study outline</i>	
Attendance	<i>Present at all classes, arrives on time</i>	<i>Present at all classes, arrive on time</i>	<i>Present at all classes, arrive on time</i>	<i>Present at all classes, arrive on time</i>	
Incorporates feedback in response paper	<i>Incorporates feedback that integrates personal and professional development</i>	<i>Incorporates feedback that shows desire to grow as pastoral counselor</i>	<i>Incorporates feedback in completing response paper</i>	<i>Incorporates feedback in completing response paper</i>	
Supervisor's Comments					

Supervisor (please print)

Supervisor's signature

Student's signature

Return To:

Department of Pastoral Studies
 Neumann University,
 One Neumann Drive
 Aston, PA 19014-1298

**Pastoral Clinical Mental Health Counseling Program
Neumann University
PCC 740 Relationship Contract and Permission to Record Form**

I (we) _____, hereby,
authorize _____ to make audio, audio-video recordings and/or live observations of meetings involving myself or members of my family.

I (we) understand that these meetings are for partially fulfilling the requirements of an educational course (PCC 740) at Neumann University and are for educational purposes only, i.e., for educational growth, counselor education and training, and/or supervisory purposes.

I (we) understand that these meetings do not constitute a professional counseling relationship and that in the event it becomes clear that I need professional counseling or mental health services, I will seek out and find those services.

I (we) understand that a strict policy of professional confidentiality will be adhered to at all times.

I (we) understand that any recordings done will be erased/destroyed immediately following supervision requirements.

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Student Signature: _____ Date: _____

Pastoral Clinical Mental Health Counseling Program: Clinical Case Presentation Format

Use this format for all case presentations. Provide clear, complete paragraph descriptions for each section. The goal is to provide as accurate picture of your client as possible for all participants to suggest or offer appropriate feedback.

Student Name: _____ **Section:** _____

I. Service Rendered (CPT Codes used for billing/insurance purposes)

Choose one of the following:

- 90791 psychiatric diagnostic evaluation
- 90832 psychotherapy, 30 minutes with patient and/or family member
- 90834 psychotherapy, 45 minutes with patient and/or family member
- 90837 psychotherapy, 60 minutes with patient and/or family member
- 90846 family psychotherapy without the patient present
- 90847 family psychotherapy, couples therapy, conjoint psychotherapy with the patient present
- 90849 multiple family group psychotherapy
- 90853 group psychotherapy (other than of a multiple-family group)
- 90839 psychotherapy for crisis, first 60 minutes
- 90840 add-on code for each additional 30 minutes of psychotherapy for crisis, used in conjunction
with code 90839

II. Identifying Information

First initial, age, gender, culture/ethnicity, marital/relationship status

III. Personal History

A. Psychosocial/Developmental History

Description of childhood, adolescent, adulthood; including marriage, children, significant relationships employment history, financial status, major loss, transitions, crises (as in turning points) noted. Description of social support. Description of family, including outstanding medical and psychological issues or problems.

B. Substance Abuse History List any significant substance abuse/addiction issues here

C. Medical History List all significant illnesses, injuries, surgeries, and birth complications/defects.

IV. Past Psychiatric Treatment

A. Past Mental Health Treatment

Detail all past treatments, including substance abuse treatment. Chronology (with approximate dates), past diagnoses, type of treatment, where treated, compliance with treatment, and results.

B. Past Psychiatric Meds

Note any psychiatric meds used in the past and for what reason

C. Past Psychiatric Diagnosis (with DSM diagnostic codes included)

Note any previous psychiatric diagnosis, including dates/time frame of diagnosis

V. Current Encounter

A. Overall Chief Complaint/Presenting Issue

One or two sentence summary—preferably a quote from the client—regarding the reason treatment is being sought. The presenting problem may be, “My husband died.” The chief complaints may be, “I can’t sleep, and I have lost the will to live.”

B. History of Present Condition/Illness

Present as coherent (and accurate!) of a story as possible describing the development of the problems that have led to the current episode of care. This includes the chronology and context of symptom development, most relevant contributing or complicating environmental factors (family stress etc.), previous treatment already tried for the presenting problem, and the mechanism by which the client came to be here for treatment (referral, transfer from another hospital, admission from outpatient clinic, etc.).

C. Review of Current Psychological Symptoms

List current, active symptoms

D. Mental Status

Provide a detailed mental status assessment that includes all of the following:

Appearance: (neat, tidy, disheveled, clean, unkempt, etc.)
Attitude: (cooperative, good, guarded, argumentative, etc.)
Motor Activity: (agitated, steady, still, nervous, etc.)
Speech: (normal, slurred, stuttering, pressured, slowed, etc.)
Affect: (appropriate, inappropriate, etc.)
Mood: (anxious, depressed, normal, apathy, etc.)
Thought Process: (fluent, interrupted, limited insight, etc.)
Thought Content: (coherent, understanding, cloudy, etc.)
Presence of Hallucinations: (none, auditory, olfactory, visual, etc.)
Suicide Ideations: (none, plan, method, means, etc.)
Homicidal Ideations: (none, plan, method, means, etc.)
Presence of Delusions: (none, grandiose, paranoid, etc.)
Memory: (intact, fragmented, etc.)
Self-Perception: (distorted, normal, etc.)
Cognitive Function: (able to count backwards from 100, alphabet, etc.)
Judgment: (fair, good, poor, etc.)
Insight: (limited, good, etc.)
Orientation to Time, Place, Person: (x3 if yes)

E. Assessment/DSM Diagnosis

Use the DSM 5 to formulate a diagnosis; include differential diagnosis and other relevant symptoms/factors to support your diagnosis. Include with DSM 5 coding, ICD 10 diagnostic codes.

Initial Diagnosis:

Name(s): _____ Code(s): _____
DSM-5/ICD 10

Symptoms:

Specifier: (if applicable)

Differential Diagnosis:

Comorbidity (two diagnoses occurring simultaneously,
e.g., major depression and alcohol addiction):

General Medical Condition(s):

Other Conditions That May Be a Focus of Clinical Attention:

Cultural Formulation (p. 749 of DSM 5: This replaces Axis IV in the DSM-IV)

Description of client's cultural system of knowledge, concepts, rules, and practices. This includes race, ethnicity, resiliency, history of discrimination, religion/spirituality, language, sexual orientation, etc. Cultural consideration/impact for diagnosis

F. Treatment Plan

Problem/Behavioral Issue 1: (ex: Suicidal Ideation)

Long Term Goal 1:1: (stabilize current suicidal ideation)

Short Term Objective 1:1:1: (verbalize current level of suicidal intent)

Therapeutic Intervention 1:1:1:1: (Therapist will question the client directly/openly about the presence of suicidal ideation)

Therapeutic Intervention 1:1:1:2: (Therapist will perform a risk assessment of suicidal ideation, including the nature of the client's suicidal statement plans, and access to the means of suicide)

Therapeutic Intervention 1:1:1:3: (Therapist will obtain clinical supervision or feedback from peers regarding the necessary reaction to the client's current status)

Short Term Objective 1:1:2:

Therapeutic Intervention 1:1:2:1:

Therapeutic Intervention 1:1:2:2:

Therapeutic Intervention 1:1:2:3:

Problem/Behavioral Issue 2: (ex: Limited/Non-existent Social Support)

Long Term Goal 2:1: (Increase social interactions)

Short Term Objective 2:1:1: (Client will talk for a minimum of 30 seconds a day to 3 people who are not a member of his family, his therapist, or his psychiatrist)

Therapeutic Intervention 2:1:1:1: (Therapist will encourage client to speak and engage others in group therapy setting to promote social interaction with other people)

Therapeutic Intervention 2:1:1:2: (Therapist will assist client in identifying places and opportunities where engaging with others is possible)

Therapeutic Intervention 2:1:1:3:

Short Term Objective 2:1:2: (Client will seek out social opportunities/activities outside of familial and therapeutic venues)

Therapeutic Intervention 2:1:2:1: (Therapist will work with client to identify interests and hobbies)

Therapeutic Intervention 2:1:2:2: (Therapist will work with client to identify volunteer opportunities)

Therapeutic Intervention 2:1:2:3: (Therapist will work with client to identify social groups)

If this is a second or third presentation on the same client, assess and amend the current treatment plan based on current work and therapeutic needs. Also note and explain changes here in a separate paragraph.

G. SOAP Note (If clinical site uses another structured treatment/progress note format such as DART or DAP, then please use the site's format here)

Subjective Information about the client's present situation from the client's subjective position; i.e. client's actual description of how he/she is doing or feeling, description of needs/desires, or stated theme/issue. "S stated she feels sad"

Objective External data such as appearance, affect, and mannerisms that is observed by you, the therapist; i.e. "S was disheveled and teary as she talked about the death of her father" or "S's affect was flat as she talked about the anger she has towards God."

Assessment How do you as a therapist understand, integrate, and evaluate the meaning of the client's subjective report and the objective data in light of all other information known about the client? i.e. "S continues to deal with grief issues over death of father."

Plan In light of themes presented in session and in light of client's overall goals, what is your plan for future treatment of client? i.e. "This writer/therapist will continue to support S as she processes the grief over death of father." Or "For the next session, in an attempt to continue to address S's unresolved grief, she will bring in a completed letter to deceased father to discover, express and process emotions towards father." Also, if referrals for other forms of treatment are needed and made, or will be, indicate them here. (i.e family therapy, medical doctors, legal advice, psychiatrists, anger management, etc)

VI. Psychodynamic Formulation

A. Initial Clinical Impressions

Description of client's appearance, behavior, speech, etc. With a family, you will need to do this for each member and for the family unit (where they sit, how they act, etc.) Include how client processes information, handles emotional reactions, uses defense mechanisms, navigated developmental issues, views himself/herself, interacts with counselor and others.

B. Transference How does client see you and relate to you? What role do you play for client (parent, friend, intimate relationship, sibling, etc) What patterns of interpersonal interactions do you notice between you and client and how may these reflect patterns of relating to others in the client's life and relationship history outside of therapeutic relationship?

C. Counter-transference What thoughts, feelings, and associations get stirred for you as you sit with client in this session and in others? How may these thoughts, feelings, and associations reflect the way others also see and experience client? How may these thoughts, feelings, and associations reflect the way the client sees/experiences him./herself? What ways do you see yourself or some of your own history and experiences in this client? Based on the above reflections of transference and counter-transference, are there any therapeutic shifts in approach and/or behavior that are needed?

D. Based on answers A-C and other clinical data, are there primary personality traits/cluster you would consider (schizoid, anti-social, autism spectrum, dependent, borderline, obsessive, narcissism)?

E. Impact cultural formulation has on psychodynamic formulation?

F. What psychological theories are you drawing on to engage client and why? How do you specifically employ them in the current session?

VII. Pastoral/Spiritual/Theological Assessment and Reflection

A. Overall Clinical Spiritual Assessment

1. Client's current engagement with religion/spirituality/meaning making practices:

- a. Marginal b. Secondary c. Foundational

Provide description of level of engagement.

2. Spiritual Assessment (Anandarajah & Hight, 2001)

Sources of hope, meaning, comfort, strength, peace, love, and compassion: What is there in client's life that gives her/him internal support? What are the sources of hope, strength, comfort, and peace? What does the client hold onto during difficult times? What sustains client and keeps client going?

B. Theological Reflection on Current Clinical Case (Adapted from Doehring, 2006)

(If client does not explicitly express spiritual/theological themes, then please complete section 1. If client explicitly expresses spiritual/theological themes, then please complete section 2.)

1.
 - a. Review verbatim/tape and note any implicit existential/spiritual/theological themes and identify statements that point to these themes (i.e. suffering – grief, anger, violence, etc; questions of identity and purpose; forgiveness; sin; guilt/shame; despair/hope; death/afterlife; etc).
 - b. Are the themes expressed in the session part of an embedded/non-examined personal belief system of the client or have these beliefs been critically examined and adopted by client?
 - c. What are the practical consequences of the themes being expressed?
 - d. Are the beliefs/themes currently expressed helping the client cope with current condition or exacerbating current condition?
 - e. How are the beliefs, practices, experiences, themes expressed in the session connected to client's socio-economic/cultural context?
 - f. Based on the above reflection, what kind of treatment plans/goals arise?
2. Assess the client's beliefs, practices, and experiences of God/sacred by answering the following questions:
 - a. Review verbatim/tape and identify anything the client explicitly says about religious or spiritual beliefs/practices/images of God. Is there a common theme? If not, what are the multiple themes?
 - b. How are the beliefs, practices, experiences, themes expressed in the session connected to client's socio-economic/cultural context?
 - c. Are the beliefs, practices, experiences, themes expressed in the session part of an embedded/non-examined personal theology of the client or have these beliefs been critically examined and adopted by client?
 - d. Does the client seem to have the capacity to deliberate or reflect critically on his/her religious beliefs, practices, experiences, and symbols of God?
 - e. Are the beliefs/themes currently expressed helping the client cope with current condition or exacerbating current condition?
 - f. What are the practical consequences of the beliefs/practices/themes being expressed?
 - g. Does the client's overall beliefs/theology connect her with a compassionate and loving God/Higher Power? How?
 - h. Does the client's overall beliefs/theology fully call him/her to account for the ways in which he/she affects, impacts, hurts others? Self? How?

- i. Based on the above reflection, what kind of treatment plans/goals arise?

3. Theological Reflection for Clinician's Growing Pastoral Awareness and Identity (based on Cooper-White, 2004 and Flanagan/Neumann's CPTR)

- a. What theological, spiritual, religious thoughts, feelings and images pop into your mind as you sit with this session? (These can include biblical, musical, poetic, visual artistic images)
- b. Moving back and forth between your thoughts/feelings/images and the actual session, how might your thought/image help illuminate the inner experience of the client or provide a window of greater empathy/understanding about the client?
- c. Moving back and forth between your thoughts/feelings/images and the session, what ways do you feel invited to further explore your own faith, beliefs and assumptions?

VIII. Critique of Counseling to Date

IX. Specific Questions for Feedback

Tape Provide a ten minute section of a taped session that you wish to receive feedback on and that captures your work with this client. If you have previous approval, you may attach a two page verbatim in lieu of a taped session.