Northwest Missouri State University

Guidance and Counseling 68-629/68-630 Field Practicum Handbook

Instructor: Michele Veasey
Email: mveasey@nwmissouri.edu
Phone: 660-562-1732
Dear Practicum Student:

Welcome to Field Practicum!!! This is an important time in your Guidance and Counseling Master’s Program. You have earned the opportunity to apply all of the skills that you have learned and have the chance to learn from a professional practicing in the field. Congratulations!!!

Before you begin your work at the school of your choosing, there are some important requirements to which you must attend. The following list details the items that must be submitted:

1. **Background Check**- All students enrolled in Practicum are required to follow the background check procedures prescribed by NWMSU. Directions for applying can be found under the Background Check link under the General Forms Heading on the eCompanion site.

2. **Internship Agreement**- Upon registration you should receive an email from Career Services regarding the NWMSU internship agreement. Please follow the directions provided and submit to Career Services.

3. **Liability Insurance**- You are required to obtain Professional Liability Insurance (Student Coverage) from the American Counseling Association Insurance Trust or similar coverage while in the practicum course. You will submit proof of insurance to your instructor.

4. **Verification of Practicum**- Students are required to complete the Verification of Practicum form (p.3) and obtain signatures from the on-site supervisor, as well as the school administrator. You will submit this to your instructor.

A letter (p. ) and evaluation instruments will be sent to your site supervisor. Please direct all questions to your instructor: mveasey@nwmissouri.edu

Wishing you a wonderful, rewarding experience!!!

Mrs. Veasey
Practicum in School Counseling
Verification of Practicum

This form should be returned by the date outlined on the Requirement Checklist. Please also include directions for how to get to your school from Maryville. (Note: Please make sure you write legibly.)

Name: _______________________________ Date: __________________

Address: ____________________________________________________________

__________________________________________  _______________________
Street    City    State    Zip

Home Phone: (     ) _______________ School Phone: (     ) _______________

E-mail: ______________________________________________________________

Practicum Assignment: __________________________________________________

(School)

____________________________________________________________________
(Location)

Course No.: _______________ Course Title: _________________________________

Beginning Date: _______ Ending Date: ________ Hours Per Day: _____________

(Describe Schedule of Assignment)

___ Proof of Liability Insurance should accompany this form.

__________________________________________  _______________________
Student’s Signature    Date

__________________________________________  _______________________
Public School On-Site Supervisor’s Signature    Date

__________________________________________  _______________________
Building Principal’s or Superintendent’s Signature    Date

Consent for Videotaping:

I am aware that __________________________ (practicum student) will be videotaping counseling activities with individual students, as well as activities with small and large groups of students. I give my consent for this student to video tape these counseling activities to meet the requirements of this practicum experience. I am aware that in addition to my consent, parental consent will also be required for individual and small group counseling activities.

__________________________________________  _______________________
School Administrator    Date

RETURN TO: Michele Veasey
Northwest Missouri State University
2335 Colden Hall
Maryville, MO 64468
Practicum Requirement Overview

Copies of all required documents/assignments are available on the eCompanion site under the corresponding headings.

As a practicum student you are responsible for spending a minimum of 300 clock hours during the semester (15 weeks for a regular semester) at an approved practicum site that enables you to develop counseling skills and practices.

Meeting regularly with your on-site supervisor for planning, learning, and supervision activities will help you to develop competencies in each of the following areas: individual counseling, group counseling, group guidance, record keeping and accountability, and consultation. Adhering to all practicum site policies and following legal and ethical standards of professional counselors is a critical requirement.

If the practicum site does not afford the direct opportunity for all of the above activities, consult the practicum instructor to identify alternative means to develop the needed skills. Discuss any internship problems with the university supervisor. Engage in phone/e-mail consultation and/or additional visits with the university supervisor.

Hour Requirements:

Students will discuss with the on-site supervisor the opportunities available for guidance and counseling experiences. The practicum will include 300 logged hours for 6 hours academic credit.

Hours logged will be cataloged into each of the four areas of Model Guidance:

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>E-55-120</td>
</tr>
<tr>
<td></td>
<td>S-20-65</td>
</tr>
<tr>
<td>Individual Planning</td>
<td>E-10-30</td>
</tr>
<tr>
<td></td>
<td>S-55-90</td>
</tr>
<tr>
<td>Responsive Services</td>
<td>E-70-200</td>
</tr>
<tr>
<td></td>
<td>S-60-90</td>
</tr>
<tr>
<td>System Support</td>
<td>E-15-60</td>
</tr>
<tr>
<td></td>
<td>S-15-60</td>
</tr>
</tbody>
</table>

*Specific hour requirements are detailed on the individual logs (p. 34, 35, 36)
Individual Program Component Assignment Requirements

Curriculum

Standard: Demonstrate the ability to provide a developmentally based comprehensive guidance curriculum to all students in your level.

Assignment Requirements:

1. Submit one videotape.

2. Using the guidelines outlined on the Large Groups Critique (p.8), write a brief summary of each session, including a self-critique. Relate the methods used to relevant counseling literature.

Individual Planning

Standard: Demonstrate the ability to work with students, parents and/or school personnel on behavioral IEP objectives, educational placements, transitioning issues, multiple year plans, career knowledge, career inventories, job shadowing, work habits, personal goal setting, behavioral plans, student assistance team activities/staffings, etc.

Assignment Requirements:

1. Submit the Student Assistance Team Conference Critique (p. 9) summarizing the conference and critiquing your contribution.

Responsive Services

Standard: Demonstrate the ability to provide facilitation skills in small group counseling, individual counseling, and consultation.

Assignment Requirements:

Small Group Counseling

1. Obtain small group informed consent forms (p. 10) for all participants Tapes received without a copy of the consent form will be returned

2. One video tape (not the first or last session)

3. Written Summary of Small Counseling Group (p. 11)

4. Small Group Tape Evaluation Scale (p. 12-14)
Individual Counseling

1. Obtain individual counseling informed consent form (p. 15) **Tapes received without a copy of the consent form will be returned**

2. One video tape (not the first or last session)

3. Individual Counseling Intake Form (p. 16)

4. Individual Counseling Evaluation Scale (p. 17-18)

Consultation

1. Parent/Teacher Conference Form (p. 19)

SYSTEM SUPPORT

**Standard:** Demonstrate the ability to perform tasks that benefit Students, the school as a whole, and one’s self.

**Assignment Requirements:**

1. Professional Development Summary (p. 20)

2. Guidance Model Presentation Summary (p. 21)

3. IIR (You will complete this with your site supervisor. Directions are available on the eCompanion site)

4. PRoBE (This can be completed with your large group or small group interventions. Directions with a link to training materials is available on the eCompanion site)

SITE VISIT

During the practicum, the university supervisor will visit you on-site. You will be required to present a classroom guidance activity. Visits cannot be scheduled until one of the self-critiqued tapes has been received.

SELF EVALUATION

At the beginning of the semester, students will complete a Competency Evaluation (p. 22-25). Based on self-ratings, students will identify 2-3 goals they plan to work on during the semester.
At the end of the semester, students will again complete the Competency Evaluation (p. 22-25), to help recognize professional growth during the semester.

**SUPERVISOR EVALUATION**
At the end of the semester, your on-site supervisor will complete the Competency Evaluation Form (p. 26-29) and the Disposition Evaluation (p. 30-31). These will be mailed to your instructor with the Initial Introductory Letter (p. 32). It is your responsibility to remind your supervisor to mail the forms to your instructor.

**ACADEMIC DISHONESTY**
The instructor will comply with the academic dishonesty policies stated in the Graduate Student Handbook (e.g. cheating, plagiarism, misrepresenting facts). All tapes must be filmed during the practicum semester. Previously recorded tapes are not acceptable.

Any questions regarding grading, confidentiality, ethical considerations, or your status in this course need to be discussed with the instructor early to avoid or prevent miscommunication or liability issues.

* A checklist to help you keep track of assignments is provided on p. 37-38 and is also available on eCompanion
Identify the following for your lesson:
- Time (duration)
- Grade level

Discuss the effectiveness of the following components of your large group lesson:
- purpose and objectives
- lesson plan
- classroom management (proximity control, limit setting, etc.)
- overall organization
- personalization of lesson
- activities
- verbal communication (use of reinforcement, paraphrasing, etc.)
- nonverbal communication (eye contact, smiles, etc.)
- evaluation procedures
Professional School Counselor in Training:

Attendees: Mother    Father    Student    Teacher    Other(s)

Conference Topic or Purpose:

Critique of Conference:

Additional Comments:

Critique and/or Evaluative Comments from Supervisor (if applicable):
Master of Science in Guidance and Counseling

INFORMED CONSENT/DISCLOSURE STATEMENT

Participants Name: _______________________________________________

Description: You are being asked to participate in a 6-8 session small group activity with a Psychology Department graduate student enrolled in a graduate level practicum course (#68-629) in school counseling. Each lesson will last about 30-45 minutes. A videotape of the sessions will be made and reviewed by Michele Veasey, the instructor for the course (#68-629). The instructor of the course understands the importance of privacy and agrees to keep the content of the tapes confidential.** Except for your first name (or a nickname) and a general description of you (approximate age, gender, year in school, etc.), no specific identifying information will be (or needs to be) given.

Purpose: The graduate student who has contacted you is a professional school counselor-in-training and will be learning to develop those skills needed to be an effective group leader. Your cooperation will permit the student to practice those skills, to be evaluated on those skills, and to perfect those skills.

Potential Risks to Participants: The risk to you is probably minimal. However, you may discuss some personal information with the counselor-in-training and other group members. You may experience some anxiety about talking in front of others and about being tape-recorded. You may have to plan in advance to participate in the group. You are completely free to withdraw your participation at any time.

Benefits to Participants: Assisting in the development of a professional counselor. Gaining some knowledge about some of the processes involved in group counseling. Possible increase in self-understanding and skill attainment.

CONSENT AGREEMENT:
I have fully explained to _________________________________________________________________
(subject and parent or guardian) the nature and purpose of this request for participation. I have pointed out the potential risks of participation. I have emphasized that he/she may withdraw at any time. I have answered (and will continue to answer) all questions to the best of my ability.

___________________________
(counselor-in-training)

Participant I have been informed to my satisfaction of the purpose and nature of my participation in this activity. I understand that my interviewer is a student school counselor-in-training counseling, has not yet completed the entire counselor training program, and is under the supervision of a qualified supervisor. I understand that all tapes will be destroyed at the completion of the 68-629 coursework. I understand the potential risks and benefits of participation. I have been made aware that I may contact the instructor of this course, Michele Veasey, at her office 2335 Colden Hall, 562-1732, or Chair of the Psychology Department for further information or to express concerns. I fully understand that I may withdraw my participation at any time, for any reason. (A copy of this agreement will be given to you.) I hereby give my consent to participate by signing this document.

___________________________
(Participant, Parent or Guardian)

___________________________
(Witness)

**The participant has the right to confidentiality. Information revealed will remain within the course classroom setting. There are, however, legal exceptions to this right: information must be divulged (a) when ordered by the court, (b) when the counselor and supervisor determine that an individual may present a threat to self or to others, (c) Missouri law requires the report of any known or suspected instance of child or adult abuse or neglect. It is understood that all information disclosed within these discussions will otherwise be kept confidential by the counselor-in-training.
Practicum in School Counseling  
Written Summary of Small Counseling Group

Professional School Counselor in Training: ________________________  Date: ____________

Fill out only once to describe the group you will use for tapings.

COUNSELOR:

1. Type of group - purpose for group (e.g., educational, remedial, support, skill building, etc.).

2. Population (focus, grade level, group selection and organization).

3. Size and composition of group.

4. Goals for group.

5. Need and rationale for forming group.

6. Structure for group (ground rules, contracts, ethical considerations).

7. Techniques and procedures used.


9. Follow-up planned.
Practicum in School Counseling
Small Group Tape Evaluation Scale – Page 12

Professional School Counselor in Training: _______________________   Date: __________   Tape #: __

Please comment on the following small group processes.

I. **Basic Small Group Process Skills:**
   1. Ice-breaker or review time (setting the stage)

   2. Working-time
      a. Introducing a new topic:

      b. Sharing:

      c. Discussion:

   3. Process time
      a. Cognition:

      b. Termination/Transition:

II. **Small Group Rules Discussed/Outlined:**
   1. Clearly stated and/or understood by students

   2. Enforced appropriately (i.e., “I” messages, nonverbal, etc.)

   3. Appropriate use of discipline (i.e., time-out, Glasser model)

III. **Leadership Skills:**
   1. Establishing/maintaining group norms

   2. Evidence of goal setting/pursuit

   3. Effective use of dyads/triads

   4. Go-arounds
5. Effective use of linking

6. Minimal prompts

7. Turn signals

8. Effective questioning

9. Processing

10. Cutting off appropriately

11. Drawing out skills applied as necessary

12. Focusing the group

IV. Interaction Techniques: (e.g., feedback, homework, role-playing, modeling, I statements, etc.)

V. Use of Problem Situations as Learning Experiences:

VI. Counselor Reinforcing Behaviors:
   1. Verbal
      a. Appropriate small talk
      b. Invitations to share
      c. Use of paraphrase
      d. Use of silence to promote disclosure
      e. Using "I" statements to reinforce the group
      f. Questioning strategies
      g. Reflection of content
      h. Reflection of feelings
i. Use of summarization
2. Nonverbal
   a. Eye contact
   b. Head nods
   c. Animation
   d. Body position
   e. Vocal characteristics
   f. Smiles and expressions
   g. Hand gestures

VII. No-No’s of Counseling:
   1. Negative facial expressions, like frowning
   2. Teachy behavior (oververbalizing, directing)
   3. Interruptive behavior
   4. Taping without consent/approval
   5. Use of advice
   6. Lecturing
   7. Overuse of questions (especially why)
   8. Inappropriate storytelling/disclosure
   9. Distracting behavior – specify:
INFORMED CONSENT/DISCLOSURE STATEMENT

Participants Name: _______________________________________________

Description: You are being asked to participate in a series of individual counseling conversations with a Psychology Department graduate student enrolled in a graduate level practicum course (#68-629/630) in school counseling. Each session will last about 30-45 minutes. A videotape of the sessions will be recorded by the student and reviewed by Michele Veasey, the instructor for the course (#68-629/630). The instructor of the course understands the importance of privacy and agrees to keep the content of the tapes confidential.** Except for your first name (or a nickname) and a general description of you (approximate age, gender, year in school, etc.), no specific identifying information will be (or needs to be) given.

Purpose: The graduate student who has contacted you is a professional school counselor-in-training and will be learning to develop those skills needed to be an effective school counselor. Your cooperation will permit the student to practice those skills, to be evaluated on those skills, and to perfect those skills.

Potential Risks to Participants: The risk to you is minimal. You might discuss some personal information with the counselor-in-training, and you might experience some anxiety about being tape-recorded. You may have to plan in advance to participate in the experience. You are completely free to withdraw your participation at any time.

Benefits to Participants: Assisting in the development of a professional counselor. Gaining some knowledge about some of the processes involved in counseling. Some increase in self-understanding and academic, vocational, and/or personal skills.

CONSENT AGREEMENT:
I have fully explained to _________________________________________________________________
(subject and parent or guardian)
the nature and purpose of this request for participation. I have pointed out the potential risks of participation. I have emphasized that he/she may withdraw at any time. I have answered (and will continue to answer) all questions to the best of my ability.

______________________________________________________
(counselor-in-training)

Participant I have been informed to my satisfaction of the purpose and nature of my participation in this activity. I understand that my interviewer is a school counselor-in-training, and has not yet completed the entire counselor training program, and is under the supervision of a qualified supervisor. I understand that all tapes will be destroyed at the completion of the 68-628 coursework. I understand the potential risks and benefits of participation. I have been made aware that I may contact the instructor of this course, Michele Veasey, at her office 2335 Colden Hall, 562-1732, or Chair of the Psychology Department 562.1263 for further information or to express concerns. I fully understand that I may withdraw my participation at any time, for any reason. (A copy of this agreement will be given to you.) I hereby give my consent to participate by signing this document.

_______________________________________________________
(Participant, Parent or Guardian)

_______________________________________________________
(Witness)

**The participant has the right to confidentiality. Information revealed will remain within the course classroom setting. There are, however, legal exceptions to this right: information must be divulged (a) when ordered by the court, or (b) when the counselor and supervisor determine that an individual may present a threat to self or to others. Missouri law requires the report of any known or suspected instance of child or adult abuse or neglect. It is understood that all information disclosed within these discussions will otherwise be kept confidential by the counselor-in-training.
Practicum in School Counseling
Individual Session Intake Form

(Fill this out during your initial interview)

Professional School Counselor in Training: ____________________________
Student Initials: _______   Grade Level of Student: ______   Date: ___________

Nature of Client Problem:

Summary of Interviews:

Interview Outcome:

Additional Comments:
Practicum in School Counseling  
Individual Counseling Evaluation Scale  

Professional School Counselor in Training _______________________  
Date ____________  

Please rate yourself using the following 5-point scale, with 1 being “low”, 3 being “average”, and 5 being “high”.

<table>
<thead>
<tr>
<th>Counselor's verbal reinforcing behaviors:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of small talk</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Unstructured invitations</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Paced and concise responses</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Restatements (paraphrase)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Use of silence</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Interactive counselor pattern</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Use of “I” statements (disclosure)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Indirect questions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Reflection of content</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Reflection of feelings</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Probes (effectively and timely)</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Comments on overall use of verbal reinforcing behaviors:

<table>
<thead>
<tr>
<th>Counselor nonverbal reinforcing behaviors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye contact</td>
</tr>
<tr>
<td>Head nod</td>
</tr>
<tr>
<td>Animation</td>
</tr>
<tr>
<td>Body positioning (relaxed, open)</td>
</tr>
<tr>
<td>Vocal characteristics</td>
</tr>
<tr>
<td>One word vocalizations</td>
</tr>
<tr>
<td>Smiles</td>
</tr>
</tbody>
</table>
Hand gestures 1 2 3 4 5

Comments on overall use of nonverbal reinforcing behaviors:

Using the 5-point scale (1=low, 3=average, 5=high), rate the appropriateness of the following procedures:

Other counseling procedures:

Process of counseling session:
1 Greeting/small talk

2 Reflection of feelings (Getting at the heart of the issue)

3 Counseling exercise
   (Specify: Gestalt, Behavior mod, Adlerian, Reality therapy, RET, TA)

4 Closing (summary, commitment, homework, etc.)

5 Small talk

Comments on the process of the counseling session:

Used the no-no’s of counseling: Comments:

1 Negative facial expression

2 Fidgeting with object – specify:

3 Other distracting behavior

4 Interrupting behavior

5 Taping without approval

6 Use of advice

7 Lecturing

8 Overuse of questions

9 Personal storytelling
Parent/Teacher Conference Form

Professional School Counselor in Training:

Attendees: Mother Father Student Teacher Other(s)

Conference Topic or Purpose:

Critique of Conference:

Additional Comments:

Critique and/or Evaluative Comments from Supervisor (if applicable):
Professional Development Critique

Professional School Counselor in Training:

Topic:

Presenter(s):

Date:

Summarize the knowledge gained from this professional development experience:

How will you be able to use this information in your role as a professional school counselor?
Comprehensive Guidance Model Presentation

Professional School Counselor in Training: _______________________________

Presentation Location/Group: ________________________________

Presentation Date: ______________________

Discuss what things went well and what things you would change regarding your presentation.
Thank you for agreeing to be the on-site supervisor for a practicum student this year. I have had several students ask if a stipend is available for practicum supervisors. Unfortunately, the answer is no. However, your willingness to contribute to the development of effective counselors is greatly appreciated.

Although University practicum coordinators will assume increased responsibility for supervision this year, the on-going assistance and supervision must remain with you. You are the person that the practicum student will be able to consult with on at least a weekly basis, and the one who will be the primary instructor for the tasks that are not included in any of the courses taught in a university setting.

I will also be relying on you for evaluation input. An evaluation instrument which provides a format for evaluation of specific guidance and counseling functions and an evaluation specific to the candidates dispositions have been included. I would appreciate you completing these instruments for the practicum student near the end of the semester. An envelope with the appropriate return address has been provided.

The practicum student should have shared with you the requirements for practicum. Your help in allowing the student to complete as many of these tasks as possible is appreciated.

If you have questions or concerns about the practicum, please do not hesitate to call (660) 562-1732 or e-mail me at mveasey@nwmissouri.edu

Sincerely,

Michele Veasey
Instructor
Behavioral Sciences
Northwest Missouri State University
Maryville, Missouri 64468
Phone: 660-562-1732
Practicum in School Counseling
Requirement Checklist

Name_____________________________________

Type of Certification__________________________

Site______________________________________

On-Site Supervisor___________________________

___1. Verification Form: Due____

___2. Self-Evaluation

    ___A. Initial: Due____

    ___B. Final Evaluation: Due____

___3. Proof of Insurance: Due____

___4. Competency Evaluation by Site Supervisor: Due____

___5. Disposition Evaluation by Site Supervisor: Due____

___6. Parent/Teacher Conference Form: Due____

___7. Professional Development Summary: Due____

___8. Model Guidance Presentation: Due____

___9. Student Assistance Team Conference Critique: Due____

  10. Portfolio

      ___A. Portfolio Review: Due____

___11. On Site Visit

___12. IIR Due____

___13. PRoBE Due____

___14. Hour Logs
15. Videos and Critiques

___Large Group Tape 1
___Large Group Critique

___Written Summary of Small Counseling Group
___Tape 1
___Informed Consent Forms
___Small Group Tape 1 Evaluation Scale

___Individual Counseling Tape 1
___Informed Consent Form
___Individual Counseling Intake Form
___Individual Counseling Evaluation Scale, Session 1