

**Department of Counseling & Student Affairs
Clinical Mental Health / Marriage, Couple, & Family
Practicum Counseling Skills Scale**

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| **Student’s Name** |  | **Term & Year** |  |
| **Faculty Supervisor** |  | **Dates of Evaluation** |  |
| **Directions:** Please rate yourself on the following skills and abilities according to the following scale: |
| (1) Need continued practice: no skill, unhelpful or not well-timed skills (2) Developing skill: somewhat helpful, missed many opportunities (3) Well developed: helpful and well-timed skill when performed, but not consistently smooth (4) Highly developed: helpful, well-timed, and consistently well-performed skill(NA) Insufficient experience to judge |

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| Attending | 1 | 2 | 3 | 4 | NA |
|  | **Body Language & Appearance.** Maintain open, relaxed, attentive, confident posture. Wears professional attire. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Eye Contact.** Maintain appropriate eye contact. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Vocal Tone.** Use vocal tone that communicates caring and connection | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Minimal Encouragers.** Use verbal (e.g., uh huh, okay, right, yes) and nonverbal (e.g., nods and body gestures) skills to let the client know you heard them.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Appropriate Silence.** Use silence in a helpful way to encourage client to talk and process their thoughts. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Verbal Tracking.** Stay on topic that client presents. Repeats key words or phrases. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Selective Attending.** Selectively attend to key aspects of client’s communication. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Focusing.** Stay with topic as long as productive. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Observation Skills.** Notice nonverbal language and gestures. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
| Basic Listening |  |  |  |  |  |
|  | **Directions and Encouraging Client to Talk.** Use statements (e.g., describe… tell me more about…, say more about…, etc.) that direct the client to talk about the specific aspects of his/her communication. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Reflection – Basic Empathy.** Use statements to selectively attend to expressed emotions. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Reflection – Advanced Empathy.** Use statements to identify emotion implied in client’s statements; demonstrate empathy to generate reflections. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Paraphrasing (Reflection of Content).** Engage in brief, accurate, & clear rephrasing of content expressed by client. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Summarizing.** Make statements at key moments in the session that capture the overall sense of what the client has been expressing (includes both content and affect discussed over time). |[ ] [ ] [ ] [ ] [ ]

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| Deepening the Session | 1 | 2 | 3 | 4 | NA |
|  | **Immediacy.** Make statements describing here-and-now feelings and experiences of the client and/or myself. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Challenging/Pointing out Discrepancies.** Express observations of discrepancies between non-verbals and verbals, plans and behavior, desires and actions, etc.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Observing Themes and Patterns.** Identify more overarching patterns of client acting, thinking, or behavingthat may be related to the problem (“In \_\_\_\_\_\_ situations, you regularly do \_\_\_\_\_ [or think\_\_\_\_\_\_ or feel \_\_\_\_\_] which seems to lead to \_\_\_\_\_\_\_\_\_\_\_\_\_ which causes you problems.") | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Exploring Meaning and Values.** Use questions to explore meanings; use statements to highlight key meaning and value words of the client. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  | **Utilizes Counseling Theory.** Clearly demonstrate the application of a counseling theory; use skills and conceptualizations consistent with that theory. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |

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| What are your areas of strength?  |
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| In what areas do you need to continue growing? |
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| What is your plan for improving on your areas for needed growth? |
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| Student Counselor Signature |  | Date |  |

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| Faculty Supervisor Signature |  | Date |  |