



**NORTHERN
ARIZONA
UNIVERSITY**

COLLEGE OF EDUCATION

EDUCATIONAL PSYCHOLOGY

**PRACTICUM LABORATORY
MANUAL**

Revised: Fall 2014

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
P.O. Box 5774 Flagstaff, AZ 86011-5774
928.523.7103 eps@nau.edu

EPS PRACTICUM LABORATORY MANUAL

TABLE OF CONTENTS

	PAGE
Procedures and Guideline for all Students in Practicum	1
PREREQUISITES	1
CONFIDENTIALITY	1
COUNSELING PEOPLE YOU KNOW	2
PROCEDURES FOR SCHEDULING COUNSELING SESSIONS	2
RECORDING CLIENT SESSIONS	3
CLIENTS WHO ARE POTENTIALLY SUICIDAL OR HARMFUL TO OTHERS	3
REFERRAL FOR PSYCHIATRIC CONSULTATION	3
PROCEDURES FOR REFERRAL OF CASES	3
CONSULTATION	4
EMERGENCY PROCEDURES	4
ENDANGERMENT	5
QUALITY ASSURANCE	5
END OF PRACTICUM PROCEDURES	5
GENERAL APPEARANCE	6
HOUSEKEEPING RULES	6
TELEPHONE USAGE AND MESSAGE SERVICE	6
LABORATORY HOURS	6
FACULTY CONSULTATION CONTACT INFORMATION	6
MISCELLANEOUS	7
Procedures for Maintaining Client Files and Records	7
Helpful Suggestions for Practicum Students	10
Description of Counseling Services	11
What	11
Why	11
Who	11
Where	11
When	11
When to Seek Counseling	12
Signs that Indicate a Need for Help	12
The First Interview	13
Some Myths about Counseling	13
What Happens in Counseling	13

	PAGE
Rights and Responsibilities	13
Client	13
Counselor	14
Confidentiality	14
Fundamentals of Counseling	15
Components of Counseling	15
Relationship Skills	15
Case Conceptualization Skills	15
Conducting Counseling	15
A Good Counselor Has	15
General Suggestions	15
The Egan Model of Counseling Processes	16
Stage One: Helping Clients Tell Their Story	16
Formula Statements	16
Stage Two: Helping Clients Construct the Future	16
Possibilities	16
Agenda: Set the Goal	16
Commitment	17
Stage Three: Linking Preferred Scenarios to Action	17
Value of Feedback	18
Practicum Student Evaluation	19
Reflective Case Staffing Outline	20
Case Staffing Reflection Paper Rubric	22
Homework after the First Class Meeting	24
Ideas for Recruiting Clients for the Counseling Practicum Lab	25
EPS 692: Master’s Counseling Practicum – Proposal for a Group	26
Rationale	26
Practical Considerations	26
Structure	26
Supervision	26
EPS 692: Master’s Counseling Practicum	27
How to Research Client Problems	27
How to Use the Library	27
How to Use Professional Web Sites	27
How to Find Empirically Supported Treatments	28
Books on Empirically Supported Treatments	28
Treatment Planning Resources	29

	PAGE
Treatment Guides and Workbooks on Specific Problems	29
EPS 692: Master’s Counseling Practicum – Suggestions for Being Successful in Practicum	31
AMCD Multicultural Counseling Competencies	32
Counselor Awareness of Own Cultural Values and Biases	32
Attitudes and Beliefs	32
Knowledge	32
Skills	32
Counselor Awareness of Client’s Worldview	33
Attitudes and Beliefs	33
Knowledge	33
Skills	33
Culturally Appropriate Intervention Strategies	33
Beliefs and Attitudes	33
Knowledge	34
Skills	34
Guide to Obtain Volunteer Clients from NAU Classes	36
Initial Steps for New Clients	37
Professional Disclosure Statement	38
Intake Interview Report	40
Suggested Procedures for the First Counseling Interview	41
Potential Topics for the Intake Interview	43
Brief Guide for Intake Interview	45
Flow Chart for the First Interview	46
Guide for a Brief Mental Status Examination	47
Working with Clients Who do not Identify Specific Problems	48
Learning from Counseling Session Transcript	50
Guidelines for Filling Out Counseling Supervision Log	51
Progress Notes	52
Progress Notes Form	53
Guidelines for Filling Out Progress Notes Form	54
Treatment Planning Form	55
Guidelines for Filling Out Treatment Planning Form	56
Guidelines for Filling Out Termination Summary Form	57
Quality Assurance (QA)	58
Points to Remember Regarding QA	58
Interview Guide for Depressed Clients (by Dr. Timothy Thomason)	59

	PAGE
Procedures for Handling Suicide Threats	61
Decision Tree for Handling Suicidal/Homicidal Threat or Ideation	64
Procedures for Handling Adult Suicidal Clients	65
Procedures for Handling Suspected Child Abuse/Neglect Cases	67
Decision Tree for Handling Suspected Child Abuse/Neglect	68
The Sad Person’s Scale and Guidelines for Action	69
Tarasoff Decision Chart	70
Grading Philosophy in Master’s Practicum (EPS 692)	71
Guidelines for Master’s Practicum Hours Conducted Off-Site	72
Objectives of the Practicum Hours Conducted Off-Site	72
Responsibilities of the Student	72
The Role of the Off-Site setting	73
Procedure to Become an Off-Site Supervisor	73
The Role of the Off- Site Supervisor	74
The Role and Responsibilities of the Practicum Instructor	74
Procedure for Arranging and Participating in Off-Site Practicum Experiences	75
Semester Preceding the Practicum	75
Semester of the Practicum	75
Practicum Lab On-Line Resources	76

PROCEDURES AND GUIDELINES FOR ALL STUDENTS IN PRACTICUM

PLEASE NOTE THAT THESE PROCEDURES AND POLICES APPLY TO ALL MASTER'S AND DOCTORAL STUDENTS ENROLLED IN PRACTICUM CLASS AND MUST BE FOLLOWED WHEN SEEING CLIENTS IN AN NAU PRACTICUM LAB.

ELECTRONIC VERSIONS

Electronic versions of this manual and all practicum forms are available at NAU.edu/eps.

OFF-SITE vs ON-SITE

“On-Site” refers to the on campus practicum lab and “Off-Site” refers to hours earned in the field (e.g., Mental health facilities or Public schools). See Guidelines for Master’s Practicum Hours Conducted Off-Site section of this manual.

PREREQUISITES

Prerequisites for the masters' practicum include EPS 601, EPS 660 and EPS 670 and admission to the EPS graduate program, for which the course is required. Prerequisites for the doctoral practicum include EPS 670, EPS 692, and EPS 737, and admission to the doctoral program in Educational Psychology. Prior to seeing clients, each practicum student should re-read and familiarize themselves with the latest APA and ACA and other relevant ethical guidelines.

CONFIDENTIALITY

You are practicing professional skills in a university clinic. This means that there is a wide range of university students and members of the public who use the lab. Please respect their privacy and be considerate of their needs. Be careful to avoid even the appearance of indiscretions in you conversations or demeanor. The university policies of confidentiality are applicable in the Practicum Lab. However, several items need special emphasis.

Viewing Clinical Sessions: No unauthorized faculty member or student is allowed to observe clinical sessions without the written consent of the parties. Such consents are to be maintained by the professors or GA's involved.

Inspections of Records: No unauthorized faculty member or student is allowed to inspect records maintained on clients without the written consent of the parties. Such consents are to be maintained by the professors or graduate assistants involved.

Conversations with/about Clients: No faculty member of practicum student is to discuss any client outside of the formal teaching-learning environment. It is especially important to watch for open doors, and to avoid even teaching-learning discussions which might be overheard by others. Telephone conversations with or about students should be confidential and private. Be careful you cannot be overheard.

Session Recordings and Client Records: The Practicum Lab makes wide use of Session Recordings and Client Records. Sessions Recordings involving clients must be protected in the same way as other confidential records and materials. Such records must be used only for teaching and learning and they should be erased immediately after use in the teaching-learning process. Under no circumstances should any student or faculty member take client records with them when they leave the university. Please ensure that the cabinet is locked at all times to ensure confidentiality of records.

CONFIDENTIALITY AND ONLINE RECORDINGS

The Flagstaff lab uses “online recording” of client sessions. All students and lab instructors will receive in-class instruction about this system early on in the semester. All students are required to complete the “confidentiality statement” that the lab instructors will distribute on the first day of class.

CASE FILES MUST REMAIN IN THE BUILDING AT ALL TIMES. FILES MUST BE PLACED BACK IN YOUR FOLDER IN THE LOCKED FILE CABINET IMMEDIATELY AFTER YOU FINISH USING THEM. COUNSELING SESSION RECORDINGS ARE ALSO CONFIDENTIAL AND MUST BE KEPT SECURE.

Requirements for Clients seen Off-Site: The requirements of the On-Site prevail.

COUNSELING PEOPLE YOU KNOW

Since some of the clients in Practicum come from courses in Educational Psychology, you may know some potential clients and wonder whether it is ethical for you to counsel them. Other questions may come up regarding seeing relatives of people you know or relatives of clients you have in a group. To resolve such issues, refer to the APA and/or ACA Ethical Standards, and if you still have any questions or are unsure how to proceed, be sure to consult with your supervisor.

PROCEDURES FOR SCHEDULING COUNSELING SESSIONS

Clients will be scheduled for 45 minute sessions. Longer sessions may be scheduled occasionally for therapeutic reasons if a room is available. Be sure to finish each session by 10 minutes till the hour. The remaining 10 minutes are for you to write your notes on the session, take a quick break if necessary, and prepare for your next client. Clients must be greeted promptly at the beginning of the hour. Counselors will be monitored, and chronic lateness to sessions will be considered unprofessional behavior.

When a client does not come on time for an appointment, wait at least 10 minutes. After that make a case note of the no-show, and return the client file to the filing cabinet. You are encouraged to call clients who no-show to invite them to set another appointment. After two no-shows, terminate the case. You can re-open it later if the client decides to come in. Double-booking of clients is not allowed (scheduling two clients to see one counselor during the same hour).

Be aware that Practicum is more time-consuming than a lecture course. You will need to allocate time each week for attending class and supervision sessions, seeing clients, preparing to see clients, record keeping, observing sessions, preparing case presentations, etc. Procrastination is likely to result in an inability to complete the course on time. In-Progress grades are highly discouraged, since providing for your supervision in the next semester requires special arrangements. Practicum is a pass/fail course. A student who does not obtain the required number of hours for practicum may receive a grade of "Fail." To get credit for practicum, the student must repeat the entire course.

RECORDING CLIENT SESSIONS

ALL counseling sessions in the practicum lab must be recorded without exception. Applicants for counseling who refuse to be recorded must be referred to other mental health facilities. Sessions which are not recorded do not count toward direct hours.

At the end of the semester all recording sessions must be erased. Sessions which are not recorded due to equipment malfunction must be documented as usual but will not count toward direct counseling hours. Make sure the equipment is working at the start of each session.

Students will be trained in proper administration of session recordings at the beginning of each semester. Complete guidelines regarding this process are in the practicum lab. Students should have session recordings ready for their instructor during weekly individual supervision.

CLIENTS WHO ARE POTENTIALLY SUICIDAL OR HARMFUL TO OTHERS

In cases of **potential suicide or harm to others**, consult the emergency procedures listed in this manual, guidelines and flow charts in the Practicum Manual (see table of contents for page numbers), and consider using the No-Suicide contract. As appropriate and with the instructor's consultation, the student counselor may administer optional assessment instruments such as the Beck Depression Inventory and the Substance Abuse Subtle Screening Inventory.

REFERRAL FOR PSYCHIATRIC CONSULTATION

If you feel that a client may have a severe mental disorder, or if you think a client may benefit from a psychoactive medication, be sure to discuss the case with your supervisor. If both of you agree that a psychiatric consultation is indicated, discuss the case with the practicum instructor. With the instructor's approval, you may refer the client to a psychiatrist. NAU's Campus Health Services can be used for student clients located in Flagstaff. Never refer a client to a psychiatrist without consulting your supervisor and/or your instructor. It is best not to discuss medications with clients unless you have received training in psychopharmacology; even then, you must not prescribe or recommend that the client take or stop taking any prescription medications.

PROCEDURES FOR REFERRAL OF CASES

1. Referral of a case is in order when the client's problem or needs do not seem appropriate or amenable to the services provided in the Practicum Lab. Referral may also be appropriate when it is the legal and ethical responsibility of the Practicum Lab staff to report specific information. See the *ACA Code of Ethics and Standards of Practice* and the *APA Code of Ethics and Professional Standards*.

2. The student counselor **must** consult with the practicum instructor for information concerning referral sources and **must** have their consent before initiating any action. If the practicum instructor is not available, the student must contact another faculty member. Campus Health Services is for NAU students only. A private practitioner or referral to a local mental health agency is needed if the client is not a university student or if you are located at a site away from Flagstaff.
3. Local telephone books and Web sites also list counselors, physicians, psychologists and other referral services.
4. When possible, three referral sources should be provided to a client. Referral should be made with the advice of the practicum instructor.

CONSULTATION

Sometimes it is important for a practicum student to seek consultation with a physician, make a direct referral to a physician, warn potential victims of threats of harm, or notify proper authorities. The counselor **must** notify the practicum course instructor of these situations immediately and implement an appropriate plan of action under the instructor's guidance.

Included in this category are:

1. The client who is experiencing such extreme emotionality that the client cannot function well enough to care for his/her basic needs, or who is psychotic, severely anxious, or extremely depressed.
2. The client who is suicidal that there is immediate danger to the individual.
3. The client who is homicidal and there is a clear and immediate threat to one or more other identifiable persons (either implied or direct intent to do harm).
4. The client who reports or implies abuse or neglect of a child, and elderly person, or a person with a disability.
5. The client who is taking medications that appear to have an adverse effect on emotions, or who appears to have toxic reactions.
6. The client who is taking psychotropic medicines and is not under the direct supervision of a physician.
7. The client who has been taking psychotropic medicines and is considering discontinuing or has discontinued their use without the physician approval.

EMERGENCY PROCEDURES

If you are seeing a client and an emergency develops (such as clients who say they are planning to harm themselves or someone else) ask the client to wait in the counseling room while you consult with your supervisor. Then call the practicum instructor or go to his/her office and discuss the situation. If you cannot reach the practicum instructor, call or contact one of the members of the counseling faculty. Faculty telephone numbers will be posted in the practicum lab. If your practicum site is in Flagstaff and you cannot reach any of these people, call the NAU Counseling Services at 928.523.2261, explain that you are a counselor at the Practicum Lab and have an emergency situation, and ask for consultation with the psychologist on call. If the client

is a statewide student or is not an NAU student, call 911, and explain the nature of the emergency. Practicum coordinators will also provide students in practicum with a list of emergency numbers at each site. You should also notify your doctoral student supervisor, if you have one.

NAU Practicum Labs do not offer after-hour services or services when a practicum class is not in session. It is also recommended that practicum students and clients have an escort when leaving the building after dark. Should an emergency arise in which you need the police, fire department or an ambulance, the first number in Flagstaff to call is **928.523.3000** which is the NAU Police Department. Students in practicum labs at statewide sites will be given emergency contact numbers. If you need emergency consultation outside regular working hours, the NAU Police Department will contact the staff member on call from NAU's Counseling Services, or you can call Counseling Services directly at 928.523.2261. Practicum Coordinators at statewide sites will provide emergency consultation for students seeing clients at these sites.

ENDANGERMENT

No practicum student or faculty member is expected to be in a position of endangerment as a function of teaching or learning in the Practicum Lab. Any faculty member or student who believes there is eminent danger should take immediate steps to remove themselves from the situation. The individual should report the situation and attendant circumstances to their immediate supervisor and Practicum Instructor.

In the event that a student threatens significant harm to themselves or others, the event should be reported to the immediate supervisor or Practicum Instructor. The event should be documented in writing at the earliest possible moment. In such instances, proactive measures are pursued to provide assistance to the student.

QUALITY ASSURANCE

The goal of Quality Assurance (QA) is to enhance the ability of clinicians and the agencies with which they are affiliated to provide clients with the best possible services available. To assure that this goal is being met in the Counseling Practicum Laboratory, frequent QA audits (at least 2 files per practicum student) will be conducted throughout the semester by the practicum instructor, practicum coordinator and/or doctoral supervisors, all who have the right to view clinical files and are listed on the client consent form. All QA audits will reflect the minimum standards of client care as defined in the Practicum Laboratory Manual. Forms for this audit are available later on in this manual. Once an audit is completed, recommendations must be carried out by the student in a timely manner.

END OF PRACTICUM PROCEDURES

After you have conducted the last session with all your clients and your off-site hours, review all your case files to be sure they are complete. Be sure you have all necessary signatures, including your supervisor's signature on each Termination Summary. Be sure to also write a final note in your progress notes for each client stating that the case was terminated as of a certain date. Complete your log forms for Direct and Indirect Contact Hours and the List of Clients. If you have completed hours off-site, please be sure to incorporate those hours into these log forms. Be sure to fill out these forms in ink. Take these three forms and any files needing signatures to

your last individual supervision session during the last week of classes. Give the practicum instructor a copy of the three forms and put the originals on top of your case files with a rubber band around them all. You may keep a copy of the two log forms for your records, but do not keep a copy of the List of Clients, since that information is confidential.

Practicum instructors need to be sure to turn in all log forms, evaluation forms, off-site practicum experiences contract and evaluation of site and off-site supervisors forms to the Practicum Coordinator (for statewide sites) or directly to EPS department office to be maintained in the student permanent file. List of Clients form should remain with the client files at the practicum lab site.

GENERAL APPEARANCE

The Practicum Lab users are involved in professional preparation programs and are expected to dress like a professional when meeting with the public. Personal conduct and dress should conform to professional standards reasonably expected of individuals offering counseling services. Items of clothing considered inappropriate include but are not limited to the following: sweatshirts, t-shirts, shorts, flip-flops, etc. Excessive use of perfume or lotions that are heavily scented may be distracting, especially in the small counseling offices, and some clients may have allergic reactions to strong scents.

HOUSEKEEPING RULES

PLEASE help us keep the Practicum Lab clean and orderly. Pick up your own trash and return the furniture to the standard configuration. Turn off all of the electrical equipment, close the windows, clean the chalkboards, and turn off the lights. If you are the last person to leave the lab at the end of the day, lock the door.

TELEPHONE USAGE AND MESSAGE SERVICE

Telephones will be made available for student or faculty use. It is to be used exclusively for practicum related calls, such as contacting clients or calling parents of clients. Parents, clients, and children will occasionally call with messages for their testers, student counselors, or tutors. We are happy to take such messages, greet clients, and deliver messages for authorized practicum users. Long-distance calls may not be made unless the call is to a client.

Students are not permitted to give out their cell phone numbers to clients.

LABORATORY HOURS

Please check posted schedule.

FACULTY CONSULTATION CONTACT INFORMATION

Please check with the Practicum Lab for the most current contact information – including faculty contacts, emergency numbers, and practicum lab contact numbers.

MISCELLANEOUS

- Never discuss a client within the hearing range of people who do not have written permission to discuss the case.
- Client files and session recordings must be kept confidential at all times.
- Please maintain a quiet and professional atmosphere in the Practicum Lab. It is not a place for casual conversation in the halls, eating meals, doing your homework, etc. However, since confidential case files should not leave the Lab, the conference room and counseling rooms may be used for writing your progress notes, watching recordings, and other practicum-related work.
- Whenever you notice something in the lab that needs attention, either do what needs to be done or write a note about it and put the note in the instructor's mail slot. Since the university only provides a minimum of maintenance, feel free to pick up trash from the floor, dust the tables and equipment, etc. as needed. If equipment malfunctions, light bulbs burn out, you run out of tissues, etc., please contact your practicum coordinator.

PROCEDURES FOR MAINTAINING CLIENT FILES AND RECORDS

The following are the procedures to be followed for maintaining client files and records:

1. Manila folders with case numbers will be prepared for individual clients. Additional progress notes should be added as needed. Extra forms are available in the practicum laboratory. If you notice the supply of forms is getting low or there are no manila folders available, please inform your practicum coordinator. Please note that all case folders will have an identifying case number. Please do not make up your own numbers.
2. Maintain individual case folders for each member in a group. Remove those forms that are not relevant (i.e., treatment plan). All other forms need to be filled out for each member in the group (Request for Services; Client Consent Agreement; Intake Interview Report; Progress Notes). Progress notes can be done in various ways but an entry needs to be made in each file for each member of the group. Conduct an intake interview with each potential group member.
3. For families/couples, please use the pre-made folders with a case number, however you will have to remove from the folder those forms (i.e., intake interview form) that are not applicable and add forms (e.g., you would need two consent forms for couples) that are relevant to families/couples. Forms for families/couples and other forms are available in the practicum lab.
4. Items to be included in the client's file folder should appear in the following order:
Intake Side (left side of folder - green colored forms)
 - i. Request for services (to be filled out by the client in the waiting room)
 - ii. Volunteer form (if applicable)
 - iii. Consent form (to be filled out at the beginning of the first session of each semester)

- iv. Intake Interview form (to be completed on all new clients during the first session)
- v. Release of Information form (if applicable)
- vi. Information obtained from other agencies (if applicable)

Treatment Side (right side of folder - tan colored forms)

- i. Termination/Case summary (to be completed when case is terminated or at the end of semester)
 - ii. Counseling Supervision Log Forms
 - iii. Progress notes (the latest session should be the topmost page)
 - iv. Treatment Plan (to be completed by the end of the second session)
 - v. Testing protocols and reports (if applicable)
 - vi. Other treatment material (e.g., homework assignments returned by clients, etc.)
5. Counselors are to keep accurate case records for each session, completing pertinent forms and progress notes after each session, but no later than 24 hours after each session. Telephone and other contacts with clients and others regarding the client's case (including consultations with supervisors and instructors) are to be noted in the progress notes. Please follow the guide "Minimum Standards for Progress Notes" for completing progress notes. At the end of the semester, at termination, or at referral, a Case Summary Form/Termination Form should be prepared for each client who you saw. This includes your clients in groups as well.
6. If tests are administered, this information should be documented in your progress notes, and results of the test should be translated into a test report as far as possible. In the event of a test report not being prepared, the results should be included in your progress notes. Test results should be shared with your client. Administer only tests that you have received training in.
7. Treatment plans should be prepared for each client and preferably by the end of the second session.
8. All items described in point #4 must be completed for cases terminated during a semester. If a client is seen for less than two times, a treatment plan may not be required. For those counselors continuing a case into the next semester, the case summary/termination sheet should indicate that they will be seeing the client as part of the next practicum course that they are registering for and the name of the instructor of that course. If they are transferring the case to a new student counselor who will be registering for practicum the following semester, the name of the student should be mentioned, the date the student was contacted and her/his willingness to provide the necessary counseling services. If the student plans on continuing to counsel the client, and registering for independent study, he/she should indicate the name of the faculty member who will be supervising their case(s).
9. If the case is a carryover from a previous semester practicum, all forms must be completed with the exception of the Request for Services form.

10. Please ensure that the cabinet is locked at all times to ensure confidentiality of records.
11. **CASE FILES BELONG TO THE EPS DEPARTMENT AND MUST REMAIN IN THE BUILDING AT ALL TIMES. FILES MUST BE PLACED BACK IN YOUR FOLDER IN THE LOCKED FILE CABINET IMMEDIATELY AFTER YOU FINISH USING THEM. CLENT RECORDED SESSIONS ARE ALSO CONFIDENTIAL AND MUST BE KEPT SECURE.**

HELPFUL SUGGESTIONS FOR PRACTICUM STUDENTS

Behave Ethically

Know the professional ethical standards.

When issues arise, consult if you are unsure of what to do.

Maintain confidentiality.

Behave Professionally

Be prompt (to class, to appointments with clients, etc.) dress appropriately.

Be aware of how you talk within the hearing range of clients and members of the public, especially in the practicum lab.

Behave Responsibly

Do not miss an appointment; if an emergency prevents you being at an appointment, you are responsible for notifying the client.

Do your paperwork properly and on time.

Seek Feedback

Be open to feedback on your work and actively seek it out; that's how you learn what you do well and what needs improvement.

Experiment

Go beyond your comfort zone; try new attitudes and new techniques.

Be willing to make mistakes.

Go Beyond the Minimum Requirements

Don't just do enough to get by; be above average; seek excellence.

Manage Your Concerns

Take care of yourself; seek help from other people; maintain your own physical and psychological health.

Have reasonable expectations for what you can accomplish.

Stretch yourself, but not to the breaking point.

Utilize Resources

Talk to instructors and other students; read books; watch videotapes; listen to audio tapes; attend workshops and conferences; search the internet; etc.

Focus on the Fundamentals

When unsure of what to do in counseling, remember the fundamentals: nonverbal communication; joining; reflection; active listening; brainstorming; determining steps to get from where the client is to where the client wants to be; etc.

DESCRIPTION OF COUNSELING SERVICES *(HANDOUT FOR POTENTIAL CLIENTS)*

WHAT

Counseling is a formal relationship between a client and a counselor entered into with the hope of its leading to a desired change. The student counselor has had special training to become a facilitator of change.

The Practicum Lab at Northern Arizona University provides counseling services with the help of counselors or psychologists in training without charge to members of the community as well as to students, faculty and staff at NAU.

WHY

Some people come to the facility because they need help in dealing with stress in their lives. Others have specific problems they want to work on such as career planning, problems with parents, roommates, or friends, anxiety, anger, loneliness, depression, weight control, phobias, etc. Some people come to the facility because they want to understand themselves better or learn skills to help them cope better with future concerns. Many needs are met through individual counseling and some needs are met through group counseling.

WHO

Counselors in the Practicum Lab are graduate students in master's programs in counseling or doctoral programs in counseling psychology and work under the close supervision of certified counselors or licensed psychologists. Because the facility is a training facility all sessions will be taped or observed. The identity of clients is protected and confidentiality is protected. Please note that there are exceptions to confidentiality which will be discussed further by your student counselor. Personal information about clients is not released to anyone; including university personnel, without your request and signed release (certain legally-required exceptions will be explained before you begin any counseling).

WHERE

The Practicum Lab is located in the College of Education, Eastburn Building 27, Room 169, Flagstaff, Arizona. Practicum is also available during certain semesters at select sites across Arizona. For details on site locations, please contact the EPS office or visit our website.

EPS Office: 928.523.7103, website: <http://nau.edu/COE/Ed-Psych/>

WHEN

You can reach us via email or telephone if you have questions or wish to schedule an appointment. Please visit our website for more info.

WHEN TO SEEK COUNSELING

Sometimes the reason for seeking help is indicated by obvious, severe problems in living. More often, the person's difficulties are less extreme and yet cause them a great deal of stress. At other times, the reason is of a more subtle nature in which the person simply wants to learn more about him/herself. Common to each is the desire to make a change. Here are some instances when counseling might be helpful:

- to satisfy a curiosity about counseling
- to gain professional assistance in your search for personal growth
- to get career counseling
- to feel better about yourself or make changes in your lifestyle
- to get help in making decisions or solving a problem
- to improve your social skills
- to improve your relationships with other people
- to change some of your attitudes toward yourself or others
- to feel better emotionally by alleviating depression, anxiety, or guilt
- to receive help for a personal crisis or stressful life situation
- to alter a specific problem like shyness, overweight, a sex problem, etc.
- to receive help in coping with your day-to-day life
- adjustment to academic and social aspects to college

SIGNS THAT INDICATE A NEED FOR HELP

The earlier you receive help, the more effective that help will be. So it is very important that you not wait until the problem reaches a crisis. Some signs that indicate you should get professional assistance are the following:

- persisting depression
- wide mood swings from one extreme to the other
- inability to concentrate or deal with minor decisions or problems
- severe tension or anxiety
- sudden inability to get along with other people
- feelings of hopelessness or suicidal thoughts
- distortions of reality such as hallucinations

These are problems that many people experience at one time or another, but if these symptoms are persistent and on-going, concern is justified. If you are hesitant about starting counseling, you may want to try one session to see whether you really need counseling in the opinion of the student counselor you see.

THE FIRST INTERVIEW

After your first session with a student counselor you will probably know whether you can benefit from counseling. You may be referred to another student counselor within the practicum lab or in the university or community who may be more appropriate or have the right expertise to help you. You may also be referred to a group that deals specifically with your concern (e.g., stress management).

SOME MYTHS ABOUT COUNSELING

MYTH: "Counseling means going once a week for a very long time."

Actually, counseling does not have to long-term to be effective. Some concerns may be improved in one or just a few sessions.

MYTH: "A client meets with a counselor for one hour each week."

Actually, this is just a tradition. The frequency and length of sessions should be discussed with your counselor and special arrangements can be made based on your needs.

Do not be afraid to ask questions at the first interview. You may need more information to make a final decision about whether to enter counseling.

WHAT HAPPENS IN COUNSELING

People who enter counseling should have reasonable expectations. Counselors cannot guarantee that your problems will be solved; counselors are not miracle workers. You have the responsibility to put forth effort and to not expect the counselor to "fix" everything. Counseling is a cooperative effort in which both the counselor and the client participate in setting the goal and working to reach it. Instead of solving all your problems, the counselor should encourage you to develop the ability to cope on your own.

Only you will be able to decide whether counseling is helpful for you. There are usually ups and downs in counseling, but you should have an overall sense of progress toward your goal. Once you have reached your goal you can end counseling, unless you wish to set some new goals to work on. It is also up to you to request a change of counselors if the one you have been seeing has not helped you. But give the counselor a fair chance, since it usually takes time for a positive relationship to form and results to show.

RIGHTS AND RESPONSIBILITIES

Each participant in a counseling relationship has rights and responsibilities.

CLIENT

Clients should have realistic expectations and take an active role in the relationship. This will happen when you:

- work toward a clear understanding of what you want from counseling
- share your reasons for starting and ending counseling
- communicate about how you feel about the counselor
- tell the counselor whether you think counseling is helping

- arrive promptly and actively participate in the counseling process

COUNSELOR

Your counselor should focus the interaction on you and behave in a professional and ethical manner. To accomplish this he or she needs to:

- truthfully represent him/herself to you
- help you understand the counseling process
- refer you to someone else when necessary
- demonstrate a willingness to listen
- listen in a non-judgmental, empathic, and attentive fashion
- be prompt and responsible in all counseling interactions
- make only professionally acceptable demands on you (if in doubt, ask to see the counselor's supervisor and discuss it with him or her)

CONFIDENTIALITY

Counselors are bound to confidentiality by their personal and professional codes of ethics. As a training facility, sessions will be taped or observed by the supervising psychologist or counselors in training. The identity of the client and any personal information is not revealed to anyone without the written request and signed consent of the client (certain legal exceptions will be explained to you before any counseling takes place).

If you feel you have been mistreated by or received inadequate services from a student counselor, you should first discuss the problem with your student counselor's supervisor. You may be assigned a different student counselor or referred to a more appropriate agency.

FUNDAMENTALS OF COUNSELING

COMPONENTS OF COUNSELING

RELATIONSHIP SKILLS

- Establishing rapport; making the client comfortable
- Attending skills; empathic and active listening

CASE CONCEPTUALIZATION SKILLS

- Presenting problem; other potential concerns
- Why now? How motivated is the client to change?
- Solution attempts; client resources; barriers
- Negotiating a solvable problem; setting the goal

CONDUCTING COUNSELING

- Theoretical orientation as a foundation
- Choosing and implementing a general strategy
- Choosing and using specific interventions
- Facilitating decision making and problem solving
- Using the client's personality style
- Effective homework assignments
- Termination

A GOOD COUNSELOR HAS

Certain qualities: interest, caring, sincerity, genuineness, accurate empathy, non-judgment attitude, objectivity, etc.

Certain skills: attending, responding, joining, motivating, negotiating, re-framing, brainstorming, goal setting, etc.

GENERAL SUGGESTIONS

Most clients feel better just by talking about their concerns with a sincere, empathic listener. You may not need to use any special techniques. If you feel stuck, remember the three-step bridge model. First, get a clear picture of where the client is now. Then help the client envision a future without the problem; what will the client be doing differently when the problem no longer exists? Finally, brainstorm how to break the journey from where the client is now to where they want to be into steps. End the session with homework: a small step the client can take this week toward the goal. Get a commitment from the client to do the homework and set an appointment to meet again. Reassure the client that positive change is possible. Normalize the client's feelings when appropriate. Make an effort to lift the client's mood if they are sad, or calm them if they are anxious. Remember that you are a role model for the client. Utilize the client's personality style to frame your ideas. Emphasize that the goal is achievable if it is broken into small steps. Let clients know you are available to support them along the way.

THE EGAN MODEL OF COUNSELING PROCESSES

(OUR STUDENTS ARE EXPECTED TO USE THE BASIC COUNSELING MODELS TAUGHT IN EPS 660 SUCH AS IVEY AND EAGEN IN CONJUNCTION WITH EVIDENCE BASED PRACTICES AS PER ACA AND APA)

STAGE ONE: HELPING CLIENTS TELL THEIR STORY

- Clarity; be specific; be concrete; focus on the present; help the client frame the problems in such a way that it is solvable.
- What resources does the client have which you can utilize?
- Advanced empathy: make the implicit explicit.
- Summarizing: identify themes and patterns.
- Self-disclosure: use very brief stories from your life, when appropriate.
- Immediacy: what is happening here and now?
- Challenging: discrepancies
- Asocial and paradoxical responses

FORMULA STATEMENTS:

1. You feel _____.
2. You feel _____ because _____.
3. You feel _____ because _____ and you want to _____.

STAGE TWO: HELPING CLIENTS CONSTRUCT THE FUTURE

POSSIBILITIES

- Ask future-oriented questions
- Help the client find models
- Review better times
- Get the client involved in new experiences
- Use fantasy and guided imagery

AGENDA: SET THE GOAL

- State goals as accomplishments
- Make the goals clear and specific
- Make the goals measurable and verifiable
- Make the goals realistic

COMMITMENT

- Help the client commit to the agenda
- Consider issues of ownership; appeal; options; details; challenging; manage disincentives; make a contract

STAGE THREE: LINKING PREFERRED SCENARIOS TO ACTION

- Develop strategies; e.g., using brainstorming
- Help the client choose the best strategies and pick one to try first
- Help the client formulate goals and sub-goals; identify activities the client will do; develop a time frame for the activities; develop a Plan B

VALUE OF FEEDBACK

Feedback is a way of helping another person to either strengthen or consider changing his/her behavior. It is communication to a person (or group) which gives that person information about how (s)he affects others. As in a guided missile system, feedback helps an individual keep his/her behavior “on target” and thus better achieve his/her goals.

Some criteria for useful feedback:

1. It is descriptive rather than evaluative. By describing one’s own reactions, it leaves the individual free to use the feedback as (s)he sees fit. By avoiding evaluative language, it reduces the need for the individual to react defensively.
2. It is specific rather than general. To be told that one is “reliable” may have less impact than being told, “In the months we’ve worked together, you have met every deadline we’ve faced. I really appreciate being able to count on you.” Likewise, to be told that one is “dominating” will probably not be as useful as being told that “just now when we were deciding the issue you did not listen to what others said and I felt forced to accept your arguments or face attack from you.”
3. It takes into account the needs of both receiver and giver of feedback. Feedback can be destructive when it serves only our own needs and fails to consider the needs of the person on the receiving end.
4. It is directed toward behavior which the receiver can do something about. In particular, frustration is only increased when a person is reminded of some short-coming over which he has no control.
5. It is solicited, rather than imposed. Feedback is most useful when the receiver him/herself has formulated the kind of question which those observing can answer.
6. It is well-timed. In general, feedback is most useful at the earliest opportunity after the given behavior (depending, of course, on the person’s readiness to hear it, support available from others, etc.).
7. It is best received if begun with area(s) of strength followed, if appropriate, by area(s) for improvement or growth. Feedback that focuses perpetually on the negative can foster defensiveness, discouragement, or hostility rather than openness to the information.
8. It is checked to insure clear communication. One way of doing this is to have the receiver try to rephrase the feedback received to see if it corresponds to what the sender had in mind.
9. When feedback is given in a training group, both giver and receiver have the opportunity to check the accuracy of the feedback with others in the group. Is this one person’s impression or an impression shared by others?

Feedback, then, is a way of giving help; it is reinforcing of constructive behavior; it is a corrective mechanism for the individual who wants to learn how well his/her behavior matches his/her intentions; it is a means for establishing and/or strengthening one’s identity.

PRACTICUM STUDENT EVALUATION

Steps

1. Your direct practicum supervisor is responsible for filling out the evaluation forms.
2. The forms will to be completed at two times during the semester--midterm and final.
3. You need to take responsibility for scheduling a meeting with your supervisor and instructor at mid-term and during the final week for feedback on your performance in practicum.
4. During these meetings, you will receive specific feedback on your strengths and weaknesses and suggestions will be made for areas of growth. At the final feedback session, you will also be evaluated in terms of the progress made in the recommended areas.

Please keep a copy of all your evaluation forms for your records.

REFLECTIVE CASE STAFFING OUTLINE

Please complete two reflective case staffings during your practicum.

- Your instructor will provide you with due dates.
- Both case staffings will be orally reported to your Practicum Lab instructor and peers in group supervision.
- Complete both papers using APA formatting.
- One Case Staffing paper will be considered your “Signature Assignment”.
- The rubric shown herein will be used to evaluate your paper. It is recommended that you use the rubric as a guide for writing your paper. The case study must include the following elements:

Title page should include: Case Staffing #1 (or #2); Date; Student Name; Location (Which NAU campus); Client Pseudonym or Case #.

CASE STAFFINGS SHOULD INCLUDE THE FOLLOWING INFORMATION, USING THESE HEADINGS:

1. **Identifying Data**: Client’s age, gender, marital status, ethnicity, current living situation, education, job, etc.
2. **Presenting Problem**: Client’s description of the problem or situation that brought them to counseling.
3. **Background Information**: Information relevant to the presenting problem.
4. **Assessment**: Description of formal and informal assessment conducted, including mental status exam (if needed), psychological tests, etc. with test results and interpretations.
5. **Case Conceptualization**: Describe your view of the client’s problem, based on the background information, your assessments, and your theoretical approach. What is the client’s problem, in your view (it may differ from the client’s presenting problem). Why does the client have this problem? Why have they had difficulty resolving it? Be sure to include a strengths-based perspective.
6. **Diagnostic Impression**: The diagnosis must be DSM-IV-TR for community counseling students.
7. **Treatment Plan**: Integrate your treatment plan (issues, goals, objectives, counseling methods).
8. **Evaluation**: What data was collected to determine whether the treatment goals were reached?
9. **Literature Review**: What key words or phrases did you use to define the client’s problem? Summarize the recommended treatments that you found in at least three recent counseling journal articles, including evidence-based treatments.

10. **Intervention**: Describe your treatment approach in detail. What counseling theories/approaches and techniques did you use? What techniques do you intend to use in upcoming sessions? If you modified techniques for this client, describe how.
11. **Rationale**: Why did you use the treatment approach you used?
12. **Outcome**: To what extent did the client improve? What changes occurred?
13. **Consultations**: With whom did you consult regarding this case?
14. **Diversity Issues**: How did you deal with diversity issues in this case? Address the ways that you have used ACA multicultural competencies in order to adapt your approach to this particular client.
15. **Technology**: Describe your use of video equipment, computers, e-mail, etc.
16. **Ethical and Legal Standards**: Describe ethical or legal issues that were relevant to this case, the relevant ACA standards, and how the issues were resolved.
17. **Summary**: Provide a brief summary of your conceptualization of the client's problem, the diagnosis and prognosis, the treatment plan, and the outcome of counseling.
18. **References**: in APA style.

CASE STAFFING REFLECTION PAPER RUBRIC

	Inadequate Value: 1	Satisfactory Value: 2	Good Value: 3	Excellent Value: 4	Score/ Level
Reflective thinking & professional maturity CAEP Unit Level Standard 1, 3	Demonstrates little to no awareness of problems, and used some skills to increase client effectiveness	Demonstrates basic awareness of problems, and used skills appropriately increase client effectiveness	Demonstrates thoughtful awareness of problems and used relevant counseling skills to increase client effectiveness	Demonstrates exceptional insightful and a thorough understanding and exceptional use of counseling skills used to increase client effectiveness	
Integration of Counseling Theory in Case Conceptualization CAEP Unit Level Standard 1, 3	Link to theory incomplete or vague with little or no supporting details or link to presenting problem	Discusses at least one theoretical construct and makes some link to presenting problem	Discusses two or more theoretical constructs and clear link to presenting problem	Discusses two or more related theoretical constructs exceptionally well and strong links made to presenting problem	
Diagnosis/ Assessment of Presenting Problem CAEP Unit Level Standard 3	Inaccurate and based on minimal evidence; poorly presented	Adequate and based on some evidence; presentation is weak	Adequate and based on some evidence; well presented	Accurate and based on considerable evidence; well presented	
Literature Search CAEP Unit Level Standard 1	No evidence of literature search	Three sources included; but not relevant or recent	Sources included are relevant and recent	Sources included are relevant, recent, and related to evidence-based practice	
Use of data in decision-making (e.g., treatment, assessment, evaluation, etc.) CAEP Unit Level Standard 1, 3	Does not use data in decision-making	Uses data but may not be related to decision-making	Good use of data in decision-making	Uses data effectively in decision-making	
Treatment Goals CAEP Unit Level Standard 3	No treatment goals identified	Few if any goals identified; some connection to presenting problem and evidence based treatment	Short and long-term goals; vaguely tied to evidence based treatment	Short and Long-term goals clearly tied to presenting problem, and evidence based treatment	
Ethical and Legal Issues and Professional Standards CAEP Unit Level Standard 1	Little or no understanding and awareness of ethical/legal issues and professional standards	Some understanding and awareness of ethical/legal issues and professional standards	Demonstrates understanding and awareness of ethical /legal issues and professional standards	Demonstrates excellent knowledge and awareness of ethical/legal issues and professional standards	

CASE STAFFING REFLECTION PAPER RUBRIC, CONTINUED

	Inadequate Value: 1	Satisfactory Value: 2	Good Value: 3	Excellent Value: 4	Score/ Level
Openness to Diversity Issue and Ability to Work with Diverse Populations CAEP Unit Level Standard 4	No evidence of openness, understanding and ability to work with diverse populations	Limited evidence of openness, understanding and ability to work with diverse populations	Some evidence of openness and/or understanding and ability to work with diverse populations	Strong evidence of openness, understanding and ability to work with diverse populations	
Technological Skills CAPE Unit Level Standard 1	Limited or no evidence of ability and experience with technological skills	Some evidence of ability and experience with technological skills	Provides good evidence of ability and experience with technology	Strong evidence of ability and experience with technology	
Writing Skills	References do not follow the proper format (APA style) and Frequent errors in spelling, grammar, and punctuation	References do not follow the proper format (APA style) or Errors in grammar and punctuation, but spelling has been proofread	References are prepared in the proper format (APA style); Occasional grammatical errors and questionable word choice	References are prepared in the proper format (APA style); Nearly error-free which reflects clear understanding and thorough proofreading	

HOMework AFTER THE FIRST CLASS MEETING

Read the Practicum Manual. Make notes about any questions you may have and bring your questions to the second class meeting. At the second class meeting you will have a chance to have your questions answered.

Take some flyers and some referral forms from the practicum office before you leave.

Begin recruiting clients by helping to advertise that free counseling is available.

- Post some flyers on bulletin boards in buildings on campus and off campus.
- Note that some places require that you get permission to post flyers.
- Visit two or three classes in the Education building to recruit clients.
- Visit two or three classes in other NAU classroom buildings to recruit clients.
- Find at least one student group or dorm or school you can visit to recruit clients.
- Do not post flyers at other counseling centers (we don't want to steal their clients).

You can begin seeing clients as soon as you have a referral. Contact the client to set up an appointment. Review the procedure for the first session in the Manual.

Order your professional liability insurance by mail, phone, or on-line.

Label a file holder in the top drawer of the filing cabinet in the office with your name.

Memorize the contribution of the lock on the filing cabinet in the office.

Read the *Code of Ethics* (2005) of the American Counseling Association (available at www.counseling.org). You must follow all the ACA ethical standards.

You may want to buy an appointment book to keep track of your appointments.

Review the fundamentals of counseling processes to prepare for your first session.

Start thinking about what kind of group you want to lead this semester.

IDEAS FOR RECRUITING CLIENTS FOR THE COUNSELING PRACTICUM LAB

1. Go to classes where the teachers offer extra credit for counseling (NAU 100, and several counseling courses such as Theories of Counseling).
2. Go to other counseling courses, starting with the largest courses. When recruiting at a class, always contact the teacher to ask permission first.
3. Go to any large courses in the College of Education (ask the teacher for permission to make the announcement).
4. Go to any large courses in the Psychology Department on south campus (ask the teacher for permission to make the announcement).
5. Go to any large courses anywhere on the NAU campus (ask the teacher for permission to make the announcement).
6. Go to NAU student organizations and groups such as multicultural students, Disabled Students Services, Panhellenic Council, IFC Council, Prism, Associated Women Students, Residence hall councils, Career Services, NAU's Campus Health Services, etc.
7. Post flyers or brochures on campus on bulletin boards in any campus buildings, dorms, family housing, Note that you may need to get permission to post flyers on some bulletin boards.
8. Post brochures at community agencies, clinics, hospitals, Northland Health Center, Alternatives Center, Native Americans for Community Action, elementary and high schools, etc. Do not post flyers at community agencies that offer counseling services. Post flyers at grocery stores, laundromats, the public library, and anywhere there is a bulletin board for public notices.
9. Go to recruit at social or recreational clubs or groups in the community.
10. Remember to revisit bulletin boards to post new brochures periodically during the semester.

EPS 692: MASTER'S COUNSELING PRACTICUM PROPOSAL FOR A GROUP

RATIONALE

- What is the name of the group?
- For whom is the group intended?
- Why is this group needed?
- What is the cultural mix of the group (or, how will you ensure a mix)?
- Describe your experience and/or skills in the content area of the group.
- What are the goals and purposes of the group?
- What topics will be explored in the group?

PRACTICAL CONSIDERATIONS

- How will group members be recruited?
- What screening and selection procedures will be used?
- How many members will be in the group?
- Will the group be closed or open?
- Where will the group meet (city, agency, building, room)?
- What is the date of the first group meeting?
- How often will the group meet, and for how long each time?
- Who will be doing the documentation for the group?

STRUCTURE

- What ground rules will be established for the group?
- Describe the structure of the entire group and techniques to be used.
- Describe the structure of each group meeting.
- What are the policies regarding confidentiality?
- What evaluation procedures do you plan to use?

SUPERVISION

- If you will be co-leading a group, who is your co-leader?
- Who will be your supervisor for the group?
- List the counseling credentials of the supervisor (if not at NAU).
- Will supervision be provided live, by videotape, or both?
- How often will you meet with your supervisor for supervision?

For information on group leadership see the books *Theory and Practice of Group Counseling* by Corey and *Groups: Process and Practice* by Corey & Corey.

EPS 692: MASTER'S COUNSELING PRACTICUM

HOW TO RESEARCH CLIENT PROBLEMS

It is essential for counselors to understand their clients' problems and know what treatments or approaches work best for various problems. The following are suggestions for where to look for information. These sources can be used for the literature review required to write the case studies in the counseling practicum.

HOW TO USE THE LIBRARY

Before you begin your search, you need to select some terms to concisely describe your client's problem. For example, you might use "test anxiety," "bulimia," or "dysthymia." If too many results are returned, add words to refine the search, such as "math test anxiety" or "bulimia college students." To find ideas on how best to counsel clients with specific problems, you could search for (for example) "bulimia treatment" or "bulimia treatment college students."

The single best source of information is the current counseling literature. Journal articles are usually better than books, since they tend to be more recent, but books should also be considered. Go to the Cline Library website and type in the keywords you have chosen to see if any recent books are available on the topic. If so you can read the books or book chapters at the library.

To search for journal articles, go to the Cline Library web page. Click on Find Articles; then, in the box, scroll down and click on Psychology. Click on PsycARTICLES and/or PsyINFO. Type in your keywords and see if any relevant articles are available. Read the abstracts to help you find the best articles, and then read them.

Avoid using articles from journals outside the field of counseling unless there is little available in the counseling literature. For example, articles in psychiatry and social work journals may have good information, but their treatment recommendations may not be appropriate for counselors.

HOW TO USE PROFESSIONAL WEB SITES

Avoid using web sites except those associated with professional psychology organizations or universities. The American Psychological Association website (www.apa.org/topics) has information on about 40 common client problems. Articles and resources for some client problems are available at the web site of the American Counseling Association (www.counseling.org). Type your keywords into the search box. The Internet Mental Health web site (www.mentalhealth.com) has information on many common mental health problems and concerns.

NAU's Counseling Services web site (nau.edu/counseling-services/) has links to several sources of information on common problems of college students. Some universities have sites with information on many common problems of college students (for example, try www.counseling.cam.ac.uk/leaflets.html or <http://counseling.uchicago.edu/vpc/virtulets.html> or www.ulifeline.com/main/factsheets

A couple of other web sites have generally reliable information on psychological problems: www.psychcentral.com and www.mentalhelp.net. However, be very cautious in using information from any non-professional web site.

DSM- 5 is on line at: “psychiatry online”.

HOW TO FIND EMPIRICALLY SUPPORTED TREATMENTS

- The following web site by APA Division 12 has guides to empirically supported treatments for 12 disorders, including anxiety, depression, childhood disorders, drug and alcohol abuse, eating disorders, and marital distress:
www.apa.org/divisions/div12/rev%5Fest
- The following article has the most recent APA Division 12 list of empirically validated treatments: Chambless, et al. (1998). An update on empirically validated therapies. *Clinical Psychologist*, 49, 5-18. It is available online at www.apa.org/divisions/div12/est/newrpt.pdf/ The list is on the last page of the article.
- The following APA Division 12 web site has a list of treatment guides and manuals for empirically validated treatments: <http://div12.org/est/MANUALSforevt.html> Several good articles on est’s are available at www.div12.org/est-publications/
- The following 2006 web site by the American Psychiatric Association has practice guidelines on 15 disorders, including stress and PTSD, bipolar disorder, eating disorders, depression, OCD, panic disorder, substance use disorders, and suicidal behaviors:
www.psych.org/psych_pract/treatg/pg/prac_guide.cfm/
- The following article lists and evaluates many empirically supported treatments: Chambless, D. L. & Ollendick, T. H. (2001). Empirically supported psychological interventions. *Annual Review of Psychology*, 52, 685-716.
- Expert consensus guidelines for the treatment of many psychiatric and psychological disorders are available at www.psychguides.com
- Note that if any of these web addresses do not work, you can find many articles and guides on evidence-based treatments by searching “empirically supported treatments,” “evidence-based treatments,” and “empirically validated treatments.”
- Hogrefe & Huber is publishing a series of books called *Advances in Psychotherapy - Evidence Based Practice*. So far, ten books have been published and more are forthcoming, including books on OCD, ADHD, gambling, alcohol abuse, social anxiety, eating disorders, suicidal behavior, and depression. For more information see the publisher's web site www.hhpub.com
- New Harbinger has a series of books on best practices for therapy based on research, including the books *Overcoming Depression*, *Overcoming Generalized Anxiety Disorder*, *Overcoming OCD*, *Overcoming PTSD*, *Overcoming Specific Phobia*, etc.
- Psychiatry online.
- Jongsma Treatment Planners are also available on-line as E-books: library.nau.edu

BOOKS ON EMPIRICALLY SUPPORTED TREATMENTS

- *Empirically Supported Therapies: Best Practice in Professional Psychology* by Dobson
- *A Guide to Treatments that Work* by Nathan & Gorman

- *Treatments that Work with Children: Empirically Supported Strategies* by Christophersen
- *Counseling Strategies That Work: Evidence-Based Interventions for School Counselors* by R. Parsons
- *Comparative Treatments of Depression* by Reinecke & Davison
- *Clinical Handbook of Psychological Disorders* by D. H. Barlow
- *Practitioner's Guide to Evidence Based Psychotherapy* by J. Fisher & W. O'Donohue
- *Evidence-Based Treatment* with Larry Beutler: DVD 2792 at Cline Library

TREATMENT PLANNING RESOURCES

- *Therapist's Guide to Clinical Intervention* by Sharon Johnson
- *Complete Psychotherapy Treatment Planner* by Jongsma and Peterson
- *College Student Counseling Treatment Planner* by Helkowski, Stout & Jongsma
- *Brief Therapy Homework Planner* by Schultheis
- *Complete Anxiety Treatment and Homework Planner* by Jongsma
- *Treatment Companion to the DSM-IV-TR Casebook* by Spitzer, First, & Gibbon
- *Essentials of Treatment Planning* by Mark Maruish
- *Diagnosis and Treatment Planning in Counseling* by Linda Seligman
- *Selecting Effective Treatments* by Linda Seligman
- *Case Conceptualization and Treatment Planning* by P. S. Berman
- *Treatment Planning in Psychotherapy* by Sheila Woody
- *Clinical Handbook of Psychological Disorders* by David Barlow
- *Child and Adolescent Psychotherapy Treatment Planner* by Jongsma, Peterson, & McInnis
- *School Counseling and School Social Work Treatment Planner* by Knapp & Jongsma
- *Play Therapy: Treatment Planning and Interventions* by O'Connor & Ammen
- *Child Psychotherapy Treatment Planner* by Jongsma, Peterson & McInnis

TREATMENT GUIDES AND WORKBOOKS ON SPECIFIC PROBLEMS

- *Anxiety and Phobia Workbook* by Edmund Bourne
- *Complete Anxiety Treatment and Homework Planner* by Jongsma
- *Complete Depression Treatment and Homework Planner* by Jongsma
- *Overcoming Depression: A Cognitive-Behavioral Protocol* by Gary Emery
- *The Feeling Good Handbook* by David Burns

- *Mind Over Mood* by Greenberger & Padesky
- *Thoughts and Feelings: Workbook of Cognitive Behavioral Techniques* by McKay, Davis & Fanning
- *Overcoming Depression* by Chris Williams
- *The OCD Workbook* by Hyman & Pedrick
- *The Habit Control Workbook* by N. Birkedahl
- *The Addiction Workbook* by Fanning & O'Neil
- *The LEARN Program for Weight Management* by Kelly Brownell
- *Get Out of Your Mind & Into Your Life: The New Acceptance and Commitment*
- *Therapy* by Steven Hayes

EPS 692: MASTER'S COUNSELING PRACTICUM SUGGESTIONS FOR BEING SUCCESSFUL IN PRACTICUM

1. Practicum is a time-consuming experience, requiring a minimum of 100 hours. You will need to be available for the weekly class meeting, the weekly supervision meeting, seeing your clients, leading your group, and doing all necessary paperwork. You will probably need to be on campus at least three days a week. Do not over-commit yourself with other classes or work during the semester you take Practicum.
2. Keep your case documentation up to date. Note that you must write your session notes within 24 hours of the session. Remember to make a note in the client's file for every client contact, including telephone and e-mail. For example, if a client e-mails you to cancel a session, note that in the progress notes. If you call a client and leave a message to remind them of an upcoming appointment, note that in the progress notes.
3. Turn your cell phone off whenever you are in the Practicum Lab, including the reception area, the office, the classroom, and the counseling rooms. In the first meeting with clients, tell them cell phones must be turned off, and you may need to remind them at each appointment. Clients should not take phone calls during counseling sessions.
4. During classes do not work on your case notes or other paperwork while the instructor is talking or while classmates are presenting their cases.
5. Do not bring meals to class, since it can be quite distracting. There will always be a break mid-way through the class if you need to grab a quick snack outside the Lab.
6. Please keep your voice down whenever you are in the Lab, since counselors in the counseling rooms sometimes complain of loud talking or laughing in the halls and reception area.
7. Please schedule your counseling sessions in the rooms around the central observation room (so your sessions can be observed). Use the other rooms (E or L) only if the main rooms are booked.
8. Do not put off seeing clients too long. If you have not seen your first client by the third week of class, increase your recruitment efforts. Plan your group early and start it by the fifth or sixth week of class. If you are having any difficulties talk to your instructor.
9. When writing the case reports on your clients, be sure to do a Cline Library literature search on the client's problem and how best to treat it in counseling. Be sure to select your search terms carefully. Your references should mainly be articles from counseling journals from the past five years. In the report you need to write a short (one to three pages) review of what the literature says on how best to treat the client's problem.
10. If at any time during the course you feel that you are not getting enough supervision contact your instructor. Additional supervision is available on request.

To be turned in to practicum instructor at conclusion of practicum experience.

- Include intake interviews, individual counseling, group counseling, career counseling, testing and psychoeducational/skill building activities. Each 50-60 minute session is approximately one hour of contact. If you are conducting a group session for one and a half hour, that will be recorded as 1.5 sessions.

AMCD MULTICULTURAL COUNSELING COMPETENCIES

I. COUNSELOR AWARENESS OF OWN CULTURAL VALUES AND BIASES

A. ATTITUDES AND BELIEFS

1. Culturally skilled counselors believe that cultural self-awareness and sensitivity to one's own cultural heritage is essential.
2. Culturally skilled counselors are aware of how their own cultural background and experiences have influenced attitudes, values, and biases about psychological processes.
3. Culturally skilled counselors are able to recognize the limits of their multicultural competency and expertise.
4. Culturally skilled counselors recognize their sources of discomfort with differences that exist between themselves and clients in terms of race, ethnicity and culture.

B. KNOWLEDGE

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality/abnormality and the process of counseling.
2. Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and in their work. This allows individuals to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism as outlined in White identity development models.
3. Culturally skilled counselors possess knowledge about their social impact upon others. They are knowledgeable about communication style differences, how their style may clash with or foster the counseling process with persons of color or others different from themselves based on the A, B and C, Dimensions, and how to anticipate the impact it may have on others.

C. SKILLS

1. Culturally skilled counselors seek out educational, consultative, and training experiences to improve their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these.
2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a non-racist identity.

II. COUNSELOR AWARENESS OF CLIENT'S WORLDVIEW

A. ATTITUDES AND BELIEFS

1. Culturally skilled counselors are aware of their negative and positive emotional reactions toward other racial and ethnic groups that may prove detrimental to the counseling relationship.
They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.
2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

B. KNOWLEDGE

1. Culturally skilled counselors possess specific knowledge and information about the particular group with which they are working. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the "minority identity development models" available in the literature.
2. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help seeking behavior, and the appropriateness or inappropriateness of counseling approaches.
3. Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness may impact self-esteem and self-concept in the counseling process.

C. SKILLS

1. Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders that affect various ethnic and racial groups. They should actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills for more effective counseling behavior.
2. Culturally skilled counselors become actively involved with minority individuals outside the counseling setting (e.g., community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

III. CULTURALLY APPROPRIATE INTERVENTION STRATEGIES

A. BELIEFS AND ATTITUDES

1. Culturally skilled counselors respect clients' religious and/ or spiritual beliefs and values, including attributions and taboos, because they affect worldview, psychosocial functioning, and expressions of distress.

2. Culturally skilled counselors respect indigenous helping practices and respect help~iving networks among communities of color.
3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).

B. KNOWLEDGE

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various cultural groups.
2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.
3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients.
4. Culturally skilled counselors have knowledge of family structures, hierarchies, values, and beliefs from various cultural perspectives. They are knowledgeable about the community where a particular cultural group may reside and the resources in the community.
5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

C. SKILLS

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to send and receive both verbal and nonverbal messages accurately and appropriately. They are not tied down to only one method or approach to helping, but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and modify it.
2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in others (the concept of healthy paranoia) so that clients do not inappropriately personalize problems.
3. Culturally skilled counselors are not averse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.
4. Culturally skilled counselors take responsibility for interacting in the language requested by the client and, if not feasible, make appropriate referrals. A serious problem arises when the linguistic skills of the counselor do not match the language of the client. This being the case, counselors should (a) seek a translator with cultural knowledge and appropriate professional background or (b) refer to a knowledgeable and competent bilingual counselor.

5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations. This allows them to use test instruments for the welfare of culturally different clients.
6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory contexts in conducting evaluations and providing interventions, and should develop sensitivity to issues of oppression, sexism, heterosexism, elitism and racism.
7. Culturally skilled counselors take responsibility for educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation.

Arredondo, P., Toporek, M. S., Brown, S., Jones, J., Locke, D. C., Sanchez, J. and Stadler, H. (1996) Operationalization of the Multicultural Counseling Competencies. AMCD: Alexandria, VA

GUIDE TO OBTAIN VOLUNTEER CLIENTS FROM NAU CLASSES

To help you know what to say when you visit NAU classes, you may want to refer to the follow script/outline. You don't have to follow it exactly, but it does cover many of the important points you need to cover. You must contact the instructor prior to your visit.

My name is _____ and I'm a graduate student in the counseling program here at NAU.

Let me tell you a little about myself. I completed a BA degree in _____ from _____ in _____.

I got interested in the field of counseling because _____.

When I'm finished with my program I'd like to _____.

One of our requirements is that we complete a counseling practicum.

A practicum is an experience in which we provide actual counseling experiences to members of the campus community and the greater Flagstaff community under supervision.

If you've never experienced counseling you may already be saying to yourself, "No thanks!" Before you decide that counseling isn't for you, let me tell you a little more about how I see the counseling process. Counseling can be beneficial for almost anyone at almost any time. You can learn more about yourself and about others....about what makes you tick....about what motivates you...about what you goals are and how to reach them. . . etc.

If you do have a specific concern or problem you want to work on, your concerns will be kept confidential...including from your instructor. That means you can speak freely without being concerned that what you share with your counselor is going to be repeated outside the Practicum Lab. There are some legal limits to the confidentiality, which will be explained.

All client sessions are recorded. Recordings are help the practicum students like me to improve our skills. Only other practicum students, supervisors, and instructors will see these recordings and all recordings will be erased at the end of the semester.

Let me also mention that while you don't have to have a problem before you come to see us, it is helpful if you have some idea of what you would like to talk about, because the sessions need to have a focus.

Please indicate on the forms whether you wish to receive counseling or not. If you wish to receive counseling, please complete all the information requested on the form and we will contact you as soon as possible.

Occasionally, we may have more students signing up for counseling than the number of counselors available to provide counseling, so be patient. We will contact first those who have more pressing concerns and then go down the list. You may not be called for a few weeks. We will also have options for group counseling that we will announce as the semester progresses. We appreciate your willingness to work with us. Thank you.

INITIAL STEPS FOR NEW CLIENTS

1. These forms are to be filled out for each new client who request services at the Practicum Laboratory.
2. Select the appropriate form for your client. Generally, if it an individual or a child, use the individual form. If services are being requested for a family or a couple, use the family/couples form.
3. The client completes the forms in the Waiting Area. Following completion of the forms, the student counselor reads them and signs both forms. Be sure to date the forms.
5. The student counselor then escorts the client back to the counseling room which has already been set up for the session and begins to discuss confidentiality and its limits. Once the client understands the limits to confidentiality and the necessity of recording sessions, and signs the informed consent of treatment form, the student counselor closes the door and begins the recorded session.
6. If the student is an incoming freshman at NAU and has completed the College Student Inventory (CSI) and is requesting services as part of the program to facilitate their success at NAU, **please have them complete the special authorization for release of information form**. Please inform students that if they give us permission, we will release only information regarding the number of sessions and type of sessions (for group counseling only) that he/she attended using NAU ID to the NAU Office of Orientation, Transition, and Retention Services.

PROFESSIONAL DISCLOSURE STATEMENT

Counselor's Qualifications: Your counselor is a graduate student in the Educational Psychology department at Northern Arizona University, and is working toward completion of a Master's degree in community counseling, school counseling, or student affairs, or a doctoral degree in counseling psychology. Your counselor provides counseling under the supervision of a faculty member who is a doctoral-level licensed mental health professional. Your counselor has completed courses in counseling theories, counseling processes, professional ethics and problems, and many other courses.

Counseling Relationship: During the time you get counseling, you will meet with the counselor for 45-minute sessions. Counseling is a professional relationship rather than a social one, so counseling sessions will focus on you and your concerns. Please do not invite your counselor to social gatherings, offer gifts, or request letters of recommendation. Counseling will only be available until the end of the semester. If you wish to continue counseling after that, you will be provided with some referral options, such as the NAU Counseling and Testing Center or your local mental health center.

Effects of Counseling: While benefits are expected from counseling, specific results are not guaranteed. Counseling may lead to changes in your view of your life, which may affect your relationships, your job, and your understanding of yourself. At any time, you may ask your counselor about the potential positive or negative effects of counseling.

Counselor's Rights and Responsibilities: Your counselor will be on time to sessions and will work with you in a professional manner consistent with accepted legal and ethical standards. Your counselor will describe his or her approach to counseling and will work with you to write a treatment plan by the end of your second session. If your counselor decides that he or she cannot help you, you will be referred to another counselor. Your counselor may recommend that you take a career or psychological inventory if the information is needed in order to help you. Your counselor may give you tasks to do between counseling sessions based on your particular needs.

Client's Rights and Responsibilities: You will be expected to present concerns or problems to address in counseling. You are responsible for being on time to sessions. If you cannot keep an appointment please call us to cancel at least 24 hours in advance, if possible. If you are absent two weeks in a row your appointment time will be released to new clients and your file will be closed. If you and your counselor agree on homework, you will be expected to complete it by the next session. You will be asked to fill out an anonymous evaluation form after each counseling session to assist your counselor in improving his or her skills.

You have the right to refuse any counseling suggestions or techniques that you think may be harmful. You have the right to receive services that respect your privacy and dignity and that respect your cultural and ethnic identity, religion, disability, gender, age, marital status, and sexual orientation. You have the right to participate in developing a treatment plan to meet your needs. You have the right to examine your records and have them explained to you. If at any time for any reason you are dissatisfied with the counselor's services, please discuss the issue with your counselor. If the counselor is not able to resolve your concern, ask to talk to the counselor's supervisor. You have the right to stop counseling at any time or to request a different counselor.

Postponement and Termination: The Practicum Lab reserves the right to postpone and/or terminate counseling of clients who come to their session under the influence of alcohol or drugs, and of clients who do not comply with the medication recommendations of their physician or psychiatrist.

Records and Confidentiality: All communications become part of the counseling record. Records are the property of the Practicum Lab. Adult client records are destroyed seven years after the file is closed. Client records of minors are destroyed seven years after the client's 18th birthday. All counseling sessions are recorded (or audio taped if videotaping is not possible). The recordings are used only for supervision and training purposes and are erased at the end of the semester. The limits of confidentiality of counseling are described in detail on the Informed Consent Agreement, which you must sign to participate in counseling. If you have any concerns about any aspect of counseling, your counselor will be happy to answer your questions.

INTAKE INTERVIEW REPORT

Instructions for Completing Intake Interview Report:

1. You can take this form along with you to the first session. It may be distracting to your client, if you continually glance at the form during the session, so familiarize yourself with the questions on the form. The counselor fills out this form, not the client. Even if the client came to counseling in a previous semester, it is a good idea to complete this form as presenting problems may change over time.
2. Complete the form immediately after the first session to ensure the accuracy of information recorded. If you are unsure about certain information, go back and review the videotape.
3. On all forms, be sure to indicate whether this person is referred for individual and/or group counseling.
4. All students, especially doctoral and 60-hour Master's Community Counseling students are encouraged to make a diagnosis. Many clients may not get a clinical diagnosis per se, however, you can give V codes. Giving a diagnosis will help you get some practice using the DSM - 5. If you need assistance with diagnosis, consult with your supervisor.
5. Sign and date all forms.

SUGGESTED PROCEDURE FOR THE FIRST COUNSELING INTERVIEW

1. Before the session: The counselor should arrive at least five minutes early for the appointment. Get a new case file from the top of the stack on top of the filing cabinet. Get a pen and a clipboard. You may want to have a copy of this sheet and your own clipboard with paper for note taking and copies of any guidelines you may need in the session (e.g., Brief Guide for Initial Interview; Decision Tree for Suicidal Threats; MSE).
2. Remove the Client Consent Agreement and the Request for Services Form from the new file and put them on a clipboard. Mentally relax and prepare yourself to meet the client.
3. Greet the client; for example, “Are you Joe? Great, I’m John Doe, and I’ll be meeting with you today. Would you mind filling out these forms before we start? You can sit here. Thanks, I’ll come back in a couple of minutes.” While the client completes the forms, turn on the recording equipment. Give the client a few minutes to complete the paperwork.
4. Collect the forms from the client, return the office clipboard and pen to the office, and lead the client to the room. For example, “All done? O.K., we’ll use this room right back here.”
5. Sit down with the client and say words to the effect of “This consent form says that we have record our sessions, and that what you say will be confidential, except for the special situations and people listed here on the form. Do you have any questions?” Discuss the client’s concerns, if any. Check to be sure the client signed the form and then sign and date the form.
6. Regarding the Request for Services form, say “This other form is for background information.” Look over the form quickly for any important information, and check to make sure the client signed it. Then sign and date the form yourself.
7. Begin the interview with an open-ended question such as “What would you like to work on?” or “What brings you in today?” or “Maybe you could tell me something about what’s going on with you.” If the client seems reluctant to talk, you can build rapport by asking if the client would like to know more about you, or you might describe what counseling is and how it works. Try to make the client feel as comfortable as possible.
8. In the middle phase of the session use mainly reflective responses and open-ended questions to get to know the client and understand the concern. Negotiate a solvable problem and help the client set a goal for counseling. If possible, begin work on the goal. Toward the end, think about assigning homework.
9. At the end of the session, summarize the client’s concern and the goal for counseling. If you cannot help the client, make a referral. Otherwise provide some encouragement that the problem can be solved. Discuss whether the client would like to return for another session. The client may be willing to contract for a certain number of weekly sessions. It is simplest to have the session at the same time each week. If the client is agreeable, set the appointment. Leave the room with the client, write the appointment in the book in the office, and give the client an appointment card with the date and time of the next appointment. “O.K., bye, have a good week.”

10. Clip the Client Consent Agreement and the Request for Services forms into the client file. Find an empty room in the Lab and write the Intake Interview Report and then put the file in the cabinet. Client files may not leave the Lab. You have 24 hours to write the report, but it is best to do it immediately while the information is fresh. Lock the file cabinet. Be sure to note the next appointment in your personal date book or calendar.

POTENTIAL TOPICS FOR THE INTAKE INTERVIEW

The problem: what is the client's problem, concern, or issue?

- History of the problem.
- Time of onset; duration; frequency; symptoms; precipitating stress.
- What, when, where, how, and with whom the problem occurs.
- What has the client done to try to solve the problem?
- Exceptions to the problem: where or when does the problem not occur?
- Why is the client seeking help now rather than some other time?

Personal information

- Marital status
- Children
- Living situation
- Year in school
- Employment
- Social life
- Health status

Background information

- Family history
- Marital or dating history
- Educational history
- Employment history
- Medical history
- Current medications
- Past counseling
- Substance use and abuse

Mental Status Examination

- Appearance: manner, grooming, posture, dress, speech, etc.
- Emotions: mood, affect, lability, inhibition, appropriateness.
- Intellect: thought process and content, orientation, memory, intelligence, judgment, insight.

- Any evidence of delusions, hallucinations, psychotic thinking?

Orienting the Client to Counseling

- Describe how you define counseling and what the responsibilities of both the client and the counselor are.
- Discuss reasonable expectations for counseling.
- Explain that counseling is goal-directed and discuss how progress will be measured.
- Describe the structure of counseling (for example, how often to meet, how to cancel appointments, homework).
- Describe the limits of confidentiality.
- Ask the client for a verbal commitment to counseling.
- See if the client has any questions.

BRIEF GUIDE FOR INTAKE INTERVIEW

Name:

Complaint

- History
- Details
- Attempted solutions
- Exceptions
- Why now?

Family history

- Nuclear family?
- Brothers/sisters
- Parents
- Abuse?

Residence

School history

Work or school

Work history

Living situation

- Marital status
- Significant other
- Children

Social history

Military

Culture

Recreation

Religion

Health status

- General health
- Illnesses
- Medications
- Appetite
- Sleep

Typical day

Stressors

Worries

Substance use

- Caffeine
- Tobacco
- Alcohol
- Drugs

Moods

Anxiety

Phobias

Loneliness

Depression

Suicidal?

Litigation

Goals

Past counseling

Motivation

Resources

- Social support
- Financial
- Physical
- Mental
- Spiritual

Orientation to counseling

- Responsibilities
- Expectations
- Structure
- Confidentiality
- Do something helpful
- Give inspiration
- Give homework

FLOW CHART FOR THE FIRST INTERVIEW

Client presents a problem.

Is the problem appropriate for counseling?

Yes

No

Client may need a physician, lawyer, financial counselor, etc.
Client may need the services of a center on campus (Academic Retention, Veterans Services, disabilities office, study skills, counseling groups at NAU's Counseling Services, etc.)

Refer to appropriate professional

Do you feel capable of helping the client with the presenting problem and qualified to do so?

Yes

If No:

Consult with supervisor; consider referral to another practicum counselor, or for example, the NAU Counseling Center, another mental health professional, a local mental health center, hospital, etc.

Explore the presenting problem with the client; determine whether it is the real problem the client wishes to address; whether it is the highest priority problem the client has, etc. Cover all the basic topics in the Brief Guide for the Initial Interview.

If you decide to work with the client on the presenting problem or another problem, negotiate how to define the problem with the client and set the goals and a timeline. Make sure the problem is stated in a solvable way and that progress can be measured. Suggest a certain number of sessions to address the problem and get a commitment from the client for counseling. Try to do something therapeutic to address the problem before the first session ends, or at least suggest some homework the client can do to get started on dealing with the problem. Set the appointment for the next session.

WORKING WITH CLIENTS WHO DO NOT IDENTIFY SPECIFIC PROBLEMS

In practicum, we sometimes have clients who present themselves for counseling but do not present specific problems or concerns to work on. Some are students who plan to become counselors, and they just want to see what counseling is like. Others are students who want to get extra credit in one of their classes. The following are some suggestions for how to help these clients become more specific about what they want from counseling.

At NAU, the counseling program includes a course on Theories of Counseling and a Counseling Processes course, which focuses on acquiring skills using an eclectic/integrative model. In practicum, you are expected to use the eclectic/integrative model which you learned in the processes class, although you are encouraged to experiment with additional methods as appropriate.

Most counseling is focused on specific concerns or problems because most clients are suffering and want relief as quickly as possible. A few traditional forms of counseling are appropriate for clients who wish to do self-exploration and focus on their own personal growth, such as person-centered counseling, gestalt therapy, and multi-modal therapy. Cognitive therapy methods are also useful to help clients identify habitual ways of thinking which are preventing them from reaching their full potential. You can experiment with these models if you feel familiar enough with them to provide adequate counseling for clients who are interested in self-exploration and development. The first stage of the eclectic/integrative model you learned in Counseling Processes is excellent for helping clients tell their story, clarify their feelings, and identify potential concerns.

It is safe to assume that no human being is perfect, fully self-actualized, or totally happy in all areas of their life. Help the client assess areas for potential improvement, prioritize them, and then get specific about how to make the specific improvements.

All clients complete the Request for Services form, and their answers to some of the questions can provide clues to their potential concerns. Has the client received prior counseling? Did the client identify any concerns? Did the client rate their life satisfaction as a 10? Any rating less than a 10 suggests the possibility of improvement in some area.

Keep in mind that some clients do have a concern, but may not be willing to tell you about it until they get to know you and trust that you will be able to help them. Provide a safe, accepting, and warm atmosphere in the intake interview, and deliberately build rapport with the client. Conduct the intake interview in an informal, non-threatening, and conversational style to get to know the client; orient them to counseling and encourage them to take advantage of counseling as an opportunity to address any areas of concern.

A thorough intake interview can also identify areas for improvement, including social life; living situation; school or work situation; relationships with parents, friends, and significant others; health; smoking; drug or alcohol use; weight management; exercise; stress management; time management, etc. Ask the client about their moods, their worries, their typical day, their goals for the future, etc. Observe their social interaction with you; their social skills; their mood; their appearance, etc. for clues to potential areas for improvement. Other potential areas of concern could include the current effects of past abuse; financial stress; legal problems; choosing a major or planning for employment; roommate conflict; spiritual concerns; appetite or sleeping problems; anxiety; phobias; loneliness; or depression.

In Practicum, we practice brief counseling, since we can only see clients for one semester at most. Many clients will only come for three to five sessions. This means it is important to identify a concern as soon as possible, to have the best chance of helping the client deal with a problem and make a real change in their life. If possible, write the treatment plan by the end of the intake interview, and then give the client a homework assignment based on addressing the highest-priority concern. Otherwise, be sure to complete the treatment plan by the end of the second session. If a client has not been able to identify a concern to work on by the end of the second session, counseling should be terminated. The client should be encouraged to return whenever they do have a concern.

LEARNING FROM COUNSELING SESSION TRANSCRIPT

There are several ways to work with a counseling session transcript to learn how to improve your counseling.

1. Read the transcript with the following questions in mind and write responses:
 - A. Does the session have a logical progression through the stages of counseling? Standard tasks in a counseling session include the following: building rapport; helping the client tell the story; covering the intake questions; getting enough information about the client's concern to make a diagnosis; helping the client clearly describe the goal; beginning work to help the client get from where he/she is to the goal; assigning homework.
 - B. Does the counselor pick up on the client's concerns and goals, get enough detail on them to write a treatment plan, instill hope in the client that he/she can improve, and do something therapeutic to start the client along the path to the solution?
 - C. How could some counselor statements have been phrased better?
 - D. If the session was an intake, did the counselor cover all the main topics?
 - E. Is a theoretical approach apparent from the counselor's statements? Are any theory-based techniques apparent? Is it possible to characterize the counselor's approach as non-directive or directive; past-focused vs. present-focused vs. future focused? How much of the session was spent discussing the problem vs. discussing the solution, or how the client's future would look without the problem?
 - F. Mark any statements which you think (in retrospect) were clearly inappropriate.
2. Another way to analyze the transcript is to classify each counselor comment as one of the following:

MP minimal prompt	R reflection/restatement	YF "you feel" statement
C Clarification	S summarization	CQ closed question
OQ open question	I interpretation	A advisement
IM Immediacy	SD self-disclosure	CN confrontation
T technique statement	IN providing information	H homework

Add up the number of times you used each type of comment. What types of comments do you use most often? What kinds of comments do you rarely use? What would you like to do more often? Do you use plenty of "you feels," clarifications, and reflections? Make a note of the kinds of comments you want to use more and those you want to use less.

GUIDELINES FOR FILLING OUT COUNSELING SUPERVISION LOG

This form (supervision log) is to be used to record supervisors' comments on all types of supervision session must be entered in the Counseling Supervision Log.

Supervision notes must be completed by the student during or immediately after each supervision session. Supervisors/Practicum Instructors can also record their observations and/or comments in this log. This is generally done when conducting live observation or reviewing a video-tape when the student is not present in the room.

Examples for filling out the log are as follows:

Date	Type of Supervision*	Comments and Initial of Recorder (completed by supervisor or practicum student)	Supervisor's Initials
5/21/04	G	Continue to focus on current relationships within the group, as well as assessing client John Doe for depression. JD ^c	RM ^a
5/24/04	I	Supervisor Recommendation: Next session, help client explore boundaries. JD	TD ^b
5/25/04	I	Client missed several appt. without calling. Supervisor recommends email follow-up. JD	TD
5/27/04	R	I reviewed session on tape, found client and counselor relationship to be therapeutic and progressing well, next session develop a treatment plan to help client with time management. TD	TD
5/29/05	L	Observed you in session with client. You really helped client stay on track. I especially liked the way you helped client view things from different perspectives. Continue to help client..... RM	RM

*I= Individual/Dyadic

G= Group Supervision

L= Live Supervision, in-vivo, live observation

R= Review of transcripts, videotapes

^aRM-Practicum Instructor

^bTD – Doctoral Student Supervisor

^cJD – Practicum Student

PROGRESS NOTES

Minimum Standards for Progress Notes

A progress note is to be written in the client's chart following each contact. Progress notes written after each counseling session are to include the following elements:

1. session number
2. date of session
3. length of session in minutes
4. brief description of what occurred during session
5. indication that progress was made/not made toward identifying treatment goals

OR

indication that the client made progress/failed to make progress toward achieving treatment goals

6. plans for future sessions

OR

indication that the case was terminated

NOTE: Clients must be seen at least every two weeks (with appropriate entries in progress notes) unless less frequent contact is approved by your supervisor. If these requirements are not observed, counselors may receive written feedback to that effect. If a client continually cancels appointments or fails to show up, please document that information in your progress notes. Also, telephone contacts should be documented in progress notes, even those calls where you get no reply or only leave a message. Progress notes must be completed on the tan sheet included in the file. Once both sides of the page are completely filled, additional sheets can be added. These are available in the Practicum Lab office. Do not start each note on a separate sheet. Each session entry should begin on the next line. Write the notes in ink, and do not erase. If you make a mistake, strike through the mistake with one line.

PROGRESS NOTES FORM

All progress notes should be written in a standardized format, such as SOAP. The counselor must be certain to include observations about the client's current status, progress of counseling, and the problems that are being addressed. If you use another format for documenting program notes, be sure to include all the relevant information listed above.

- S Subjective.** Include here any significant statements by the client about how they are doing. Direct statements are especially meaningful. Use quotations if possible.
- O Objective.** Include any observations you have about the status of the client. Observations might include the client's appearance, non-verbal behavior, indicators of depression, anxiety, and the like.
- A Assessment.** Include your assessment of progress and treatment; any new impression you might have about the client, and changes in the circumstances of the client which may have altered the situation, etc.
- P Plan.** The plan should correlate not only with the treatment plan made after the intake, but also with the diagnosis. If the plan diverges significantly from the treatment plan, the rationale for such a diversion should be stated.

GUIDELINES FOR FILLING OUT PROGRESS NOTES FORM

Each progress note should include:

1. A brief description of what occurred during the session.
2. Indication that progress was made/not made toward identifying treatment goals OR indication that the client made/failed to make progress toward achieving goals.
3. Plans for future sessions OR indication that case was terminated.
4. Counselor's signature.

Session #: Date: # of mins.:	PROGRESS NOTES <i>(Examples of Progress Notes)</i>
#1	This was our first session and an intake form was completed after explaining the
1-18-05	confidentiality procedures. Client appeared to understand and signed the form willingly.
9:00 - 9:45	Client was well-dressed and spoke freely throughout the session. Main concern that she
45 minutes	would like to feel better about school and do well in classes. She appears to be
	somewhat depressed as indicated by self-report of frequent crying spells. No evidence
	of suicidal ideation. Next session will focus on obtaining more information on her
	depressed moods. Will set Tx goals and write Tx Plan next session. John Doe (<i>signature</i>)
1/20/05	Discussed case with my supervisor. Supervisor suggested that I administer the BDI and
	read the DSM-IV criteria for Major Depression and Dysthymia. John Doe (<i>signature</i>)
#2 -1/25/05	S: Client described her concern about feeling depressed and described her bad moods in
9:00 - 9:45	more detail.. Said she cries daily since she broke up with her boyfriend last week.
45 minutes	O: Client cried when talking about her boyfriend. Client took BDI; scored 18 (mild-mod).
	A: Client is experiencing depressed mood due to a relationship breakup. She denied
	suicidal ideation and denied alcohol or drug use and appears to have good social support.
	She is motivated to work on her concern in counseling and her prognosis is good.
	We wrote the Tx Plan together and agreed to talk about her negative thoughts about
	Herself and her relationship may contribute to her depressed mood. Gave homework.
	P: Next session I will facilitate her exploration of the relationship breakup using
	active listening. We will discuss how the negative thoughts she identifies could be
	modified. If she is receptive we will work on the objectives in the Tx Plan.
	John Doe (<i>signature</i>)

Counselor : JD

Client #: 05-001

(please use back of page)

TREATMENT PLANNING FORM

Instructions for Completing Treatment Planning Form:

1. Treatment planning forms are a common practice in most agencies, so become familiar with the procedure and gain practice in filling out these forms.
2. A treatment planning form must be filled out for each client that you see during each semester.
3. The goals and objectives section of the form are usually completed during session in the presence of your client and generally at the end of the first session or, at the latest, during the second session. Your client needs to sign the form after you and he/she have discussed it and come up with suitable goals to work on for the rest of the sessions. The section on the methods to be used to accomplish the goals can be completed after the session is over.
4. This form is helpful in giving some direction to your session, especially if you have a class credit client who is functioning well or has no admitted problems.
5. Goals set should be realistic and attainable by the end of a few sessions.
6. You do not have to complete this form for clients in group. However, occasionally you may have goals for the entire group. In that case, complete one form and photocopy it and place a copy in each individual case folder.

GUIDELINES FOR TERMINATION SUMMARY FORM

Client's Name: John Doe Counselor: Ramona Mellott
Intake Date: 1/18/12 First Appointment: 1/25/12
Final Appointment: 3/31/12 Number of Sessions: 5

PRESENTING PROBLEMS AND ADDITIONAL PROBLEMS:

Sadness and confusion due to the break-up of relationship with boyfriend; lack of appetite; not getting enough sleep; fatigue.

Concern about grades; poor study skills.

COURSE OF COUNSELING

(SPECIFY PROGRESS MADE TOWARDS GOALS AND TREATMENT USED):

Client made considerable progress with her depressed mood. At the time of termination, she was sleeping well at nights, and her appetite was back to normal. She was in a new relationship that appeared to be going well. She responded well to study skills techniques and was incorporating them daily. She did well on all her mid-term tests and made 3 B's and 2 A's.

DISPOSITION

(TYPE OF TERMINATION, RECOMMENDATIONS, REFERRAL, FOLLOW-UP):

Counseling with this client was terminated. There appears to be no need for a referral or follow-up services at this point. Client was given the number of Counseling Services and was told to contact them if she wants counseling in the future.

Counselor's Signature

Date

Supervisor's Signature

Date

QUALITY ASSURANCE (QA)

The goal of Quality Assurance (QA) is to enhance the ability of clinicians and the agencies with which they are affiliated to provide clients with the best possible services available. To assure that this goal is being met in the Counseling Practicum Laboratory; frequent QA audits will be conducted throughout the semester. All QA audits will reflect the minimum standards of client care as defined in the Counseling Practicum Laboratory Manual.

It is the responsibility for all counselors in the laboratory to adhere to these standards. Practicum supervisors will provide training in policies, procedures and proper case records management which are fully explained in the lab manual for all labs. However, it remains the counselor's responsibility to assure that all his/her case records meet those minimum standards.

POINTS TO REMEMBER REGARDING QA

1. That QA is a part of clinical training in the Practicum Laboratory.
2. That QA is a fact of life. All community agencies, both private and non-private have QA audits.
3. That the Practicum Laboratory Manual is considered the policy and procedure manual for the Practicum and answers to questions regarding minimum standards can be found in the current edition.
4. That each counselor is responsible for his/her case records and correcting all deficiencies. Additions and corrections are recorded in the case progress notes using the current date and should refer to the item corrected and date of original entry.

INTERVIEW GUIDE FOR DEPRESSED CLIENTS

TIMOTHY C. THOMASON, ED.D.

At some point in your initial interview of a client, you may get the sense that the client is severely depressed. When this is the case, it becomes important to assess the client for suicidal potential.

As part of collecting background information, be sure to ask the client about their living situation, marital status, and children. Inquire as to their general health, current illnesses, medications, and their typical use of alcohol and recreational drugs. Get an idea of their sleep patterns, appetite, and how they spend a typical day. Ask about past counseling, hospitalizations, social supports, financial situation, religious or spiritual beliefs, and history of abuse, if any. Pay special attention to the client's worries and moods. If the client admits to a problem in any specific area, explore the topic more thoroughly. For example, if the client drinks a lot, try to determine their pattern and amount of drinking, the typical situation, the history, and results.

If the client is severely depressed, be sure to ask if they feel suicidal, or have felt suicidal in the past. If yes, ask if they have ever attempted suicide, and if so, get the details. Several other questions can be used to help you determine the current suicidal potential: Has anyone in your family committed suicide? Do you have a specific plan to kill yourself? How would you do it? Do you have the means to kill yourself (pills, gun, etc.)? Do your relatives/spouse/friends know how depressed you are? Do you feel that your situation is hopeless? Of the people in your life, who are you angry at? Have you done anything to prepare for your death (e.g., writing your will, giving away your possessions)?

Obviously, if a client admits to feeling suicidal and has a specific plan to commit suicide, immediate consultation with a supervisor is indicated. If a client admits to thinking about suicide and is very depressed, but has no specific plan, consultation with a supervisor is also indicated. If the client denies being suicidal but you think the client may be suicidal, consultation with a supervisor is indicated.

Suicide potential is especially high if the client has attempted suicide in the past; has recently lost a loved one or broken up a relationship; has access to a gun or other highly lethal means; and/or has a tendency to get intoxicated.

Often it can be difficult to decide whether a client is suicidal or not. Reviewing guides in the Practicum Manual and scales such as the Sad Persons Scale can help you decide. If you cannot decide, or if the situation is unclear for some reason, the best course is always to consult with a supervisor. In matters of life and death it is always better to be safe than sorry. You will never be faulted for seeking consultation with a supervisor regarding a client.

If you decide the client is depressed but is clearly not currently suicidal, continue counseling. You may find some of the following questions useful in counseling depressed clients:

How do you usually get yourself out of a bad mood? What works best to lift your mood? What would you need to do to prevent falling into a bad mood? How have you helped other people get out of their bad moods? Watch yourself over the next few days to see what works to prevent bad moods and get yourself out of bad moods.

What keeps you going from day to day? What are you looking forward to in the future? What would you like to be doing next month? Next year? In five years? What motivates you? What goals are you looking forward to? Try to orient the client to the future.

How have you managed to keep going? What thoughts, images, or actions help you stay at it day after day? What do you tell yourself to help you get up in the morning? What prevents you from just staying in bed all day?

Who is there in your life that can provide you with support? What can they do to be most helpful to you? Can you tell them what you need from them? What keeps you from reaching out to them for support? What could you do to get more support from the people in your life? What small step could you make this week?

What would you be doing differently in your daily life if you were not depressed? How would you appear differently to other people?

How would your spouse/friend know you were not depressed just by looking at you? How is your nonverbal behavior different?

When you are feeling depressed, what are your thoughts? What are you saying to yourself? Is what you are saying to yourself true, or is it an exaggeration? Do your thoughts make you feel better or worse? What works to help you stop the negative thoughts? What specific positive thoughts help you feel better?

Is your mood usually better when you are physically active or inactive? Alone or with people? Indoors or outdoors? When you sleep in or get up early? When you shower or skip it? When you eat well or eat junk food? When you dress well or dress down? When you do some housework or let it go? When you go to work or school or stay home? When you eat alone or with other people? When you talk to your relatives/spouse/friends about how you feel or when you keep it inside? Use the answers to these questions to construct homework. Be sure to prescribe small steps toward the goal and get the client's commitment to do the homework.

PROCEDURES FOR HANDLING SUICIDE THREATS

DEFINITION

A suicide threat is an expression that life is hopeless and a desire to end one's life.

PREVALENCE

Threats are not common in the Laboratory; however, one or two may occur each semester.

DESCRIPTION

A suicide threat may range from a casual reference to death, usually with disgust about the conditions of one's life, to a specific planned method, time, and place for the event to occur.

TREATMENT PROCEDURE

ASSESSMENT PHASE

With the possible exception of one item, i.e., having a very lethal and specific plan for suicide, no single criterion should be alarming. Rather the evaluation of the suicidal potential should be based on the general pattern within the framework of the fourteen criteria which follow:

Step #1: Age and Sex. Suicidal communications from males are usually more dangerous than from females. The older the person, the higher the probability of suicide intention. Both age and sex should be considered. A communication from an older woman is more dangerous than one from a younger boy. Note, however, that younger people do make attempts, even if the aim is to manipulate and control people.

Step #2: Mood. If the person sounds tired, depressed, or "washed out," then the suicide risk is higher than if he/she seems to be in control. Exuberance, flight of ideas, screaming and yelling are to be considered danger signs, also. Strong denial of suicidal intention can sometimes be considered a danger signal. If the person's mood undergoes dramatic change for the better during the conversation, this can also be a danger signal.

Step #3: Prior attempts or threats. Studies show that in about 75% of actual suicides, there have been previous attempts.

Step #4: Acute or chronic situations. An acute situation is a sign of greater immediate danger than would be chronic recurring situations. An acute event, although a sign of immediate danger, has a better prognosis for improvement (once the crisis has been death with) than is true of chronic, recurring situations. When did the problem develop?

Step #5: Means of possible self-destruction: The most deadly means are shooting, hanging, and jumping. If the caller has used or is threatening to use any of these methods, and the means are available, you must consider the threat to be serious and that the suicidal danger is high. Other methods can be lethal and should not be discounted because they appear to be slower and less dangerous, such as barbiturate ingestion, carbon-monoxide poisoning, and wrist cutting.

Step #6: Specific detail of the method: If the caller not only has specifically named the method he/she intends to use, but also goes on to describe details about time and place, he/she should be considered to be in danger.

Step #7: Recent loss or separation from loved one: If death of a loved one and/or divorce and separation come into the picture, the danger goes up. The separation need not have already taken place, but he/she may feel that it is impending and he/she is therefore depressed. If there is any actual or pending loss of a loved one, danger rises.

Step #8: Medical symptoms: If such facts as unsuccessful surgery, chronic debilitation, cancer or fear of cancer, asthma, fatigue, impotence, loss of sexual desire or any medical symptom come into the picture, the suicidal danger goes up. This is especially true in an older person who may be fearful they will never be well again. They may be lonely and feel that nobody cares for them, which will help to exaggerate the importance of their physical ailments.

Step #9: Diagnostic impressions: Making a psychiatric diagnosis is a professional task; however, record any symptoms given to you so that a professional evaluation may be made later. Obvious signs such as hallucinations, delusions, or loss of contact with reality, will reveal a disoriented state. If such states as depression, anxiety, alcoholism, or homosexuality enter into the picture, then the suicidal danger increases.

Step #10: Resources: If the caller is under financial stress, if he/ she has no friends, or if he/she is all alone and has few or no social contacts, then the suicidal danger is higher.

Step #11: Living arrangements: The greater the satisfaction of the client in this area, the lower the risk. Four questions are useful: Who is the person the client is living with in the same dwelling at the present time? What is the quality and nature of their relationship? Is the client satisfied? Are these arrangements economically, emotionally, and socially adequate and supportive for the client at the present time? Clients who live alone, have few friends or other support systems or are unhappy in their living arrangements are greater risks.

Step #12: The client's perception of his problem. The client who feels his/her situation is hopeless and/or he/she is helpless to deal with the problem is a higher risk. How realistic are the client's perceptions of the situation? Are they accurate, distorted, or confused? Remember: Suicide is almost always an emotional decision, not a rational one!

Step #13: Disruptive of daily living patterns. The client who is not going to work, who is not eating well, who has lost weight and who is not able to carry on daily routine is a higher risk than one who is not so affected.

Step #14: Coping strategies and devices: How has the client dealt with crisis in the past? Have formerly used coping methods been tried? If so, and they have proven ineffective, why are they not working now? Is the client impulsive? Does the client habitually return to excessive drinking or misuse of drugs or violent acting out against self or others?

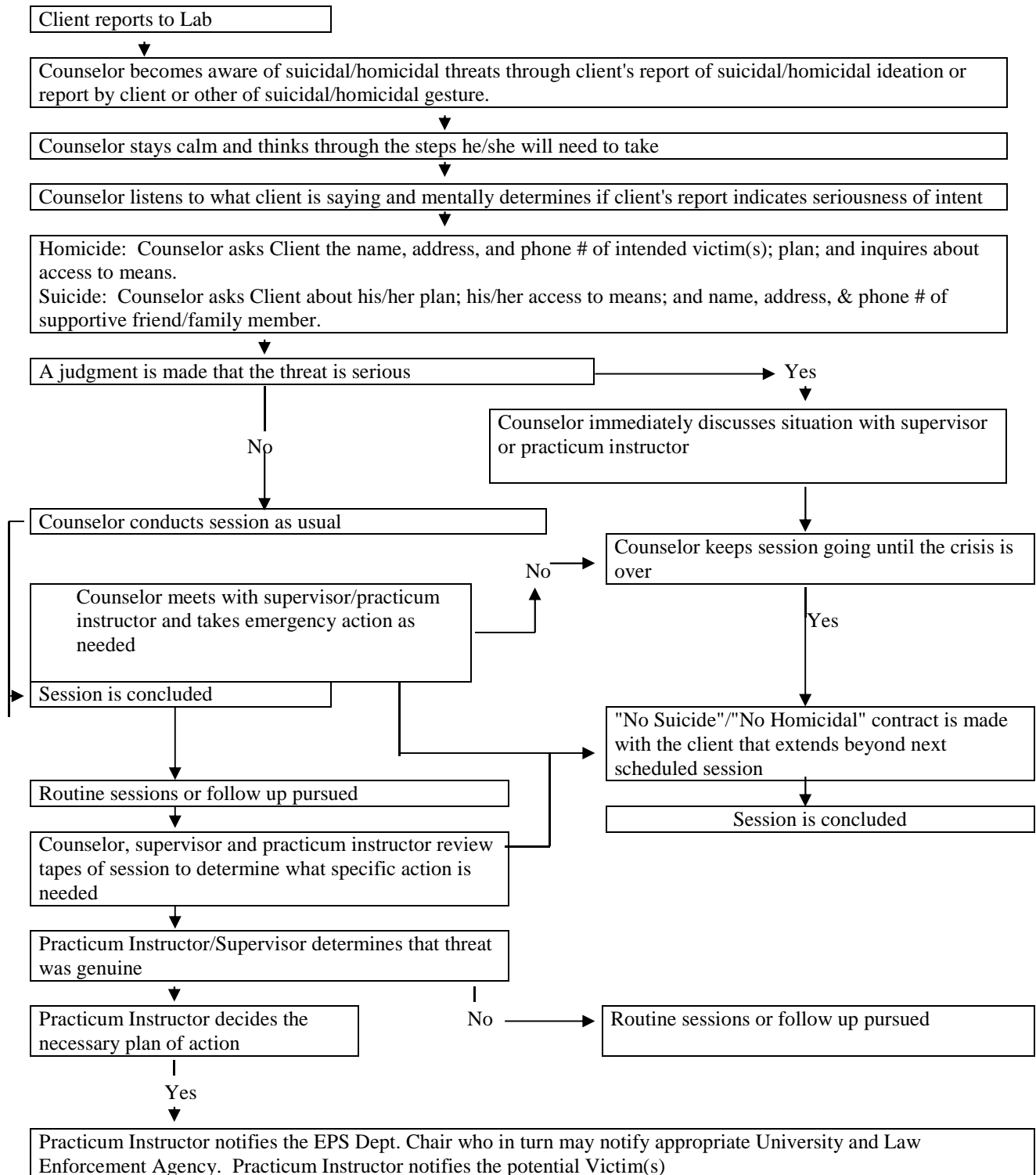
TREATMENT PHASE

- Step #1:** The counselor becomes aware of the steps to take in working with and in assessing of suicidal potential.
- Step #2:** The counselor remains calm during the session in which the threat occurs. The counselor does not become distressed or excited by the threat.
- Step #3:** The counselor listens to what the client is saying, asks questions appropriate to determine the lethality of the threat, and reviews the criteria for the assessment of suicide potential in his/her own mind, during the session, to determine if the threat is serious.
- Step #4:** Prior to the client leaving the Laboratory, if possible, the counselor discusses the situation with their supervisor. The supervisor helps the counselor determine if there is a need for specific action at this time while the client is still in the Laboratory. (a) The counselor (or in some cases the supervisor) continues the session until such a time as it is felt that the danger of suicide is no longer present. (b) The counselor enters into a "No-Suicide Contract" with the client to extend beyond the next scheduled counseling session. Have the client repeat "I promise not to do anything self-destructive intentionally or unintentionally until _____ "(specific limited time). (c) If it is determined that the threat made by the client is serious, the practicum instructor is informed as soon as possible. (d) The counselor and supervisor decide whether to refer the client to another agency immediately. (This action is taken upon consultation with the Practicum Instructor.). (e) If an outside referral is made, the practicum instructor informs the Educational Psychology Department Chair of the decision.
- Step #5:** If the threat was not serious, upon completion of the session, the counselor gets in touch with his/her supervisor as soon as possible and reviews the video tape with the supervisor to determine whether assessment was accurate and the action taken was appropriate.
- Step #6:** If it is felt that there was a "real" threat, the EPS Department Chairperson follows the appropriate chain of notification. (Two possible chains of notification are as follows:
1. Department Chairperson, Vice President for Student Affairs, Campus Security, Police or
 2. Department Chairperson, Dean of College, Vice-President for Academic Affairs, Police).

SOURCE

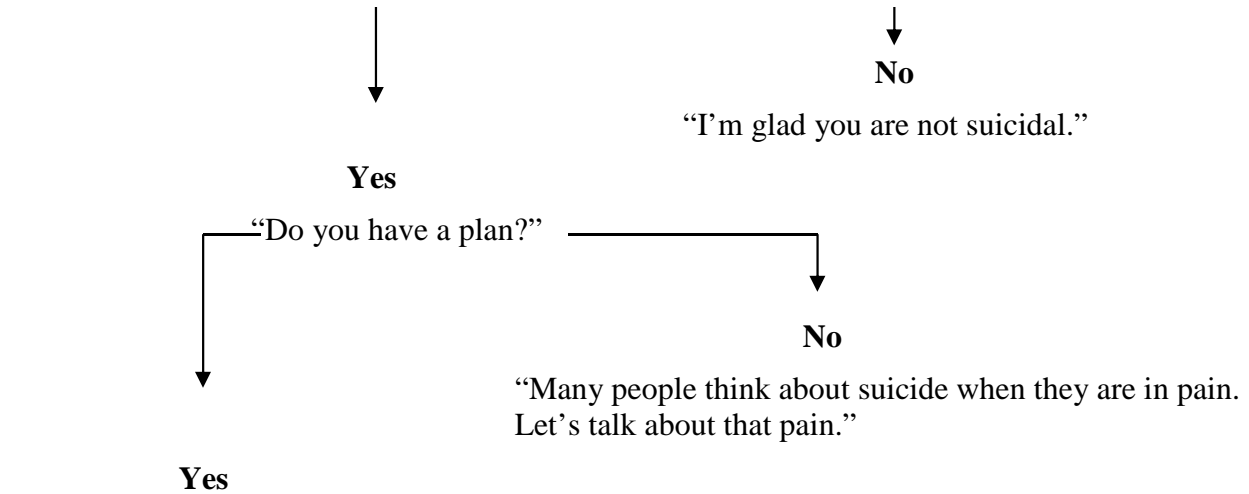
"Criteria for Assessment of Suicidal Potentiality" (adapted from Sliaken, 1979, and Hatton, Valente, & Rink, 1977).

DECISION TREE FOR HANDLING SUICIDAL/HOMICIDAL THREAT OR IDEATION



PROCEDURES FOR HANDLING ADULT SUICIDAL CLIENTS

INQUIRE DIRECTLY: “ARE YOU IN SO MUCH PAIN THAT YOU ARE THINKING ABOUT SUICIDE?”



“How are you going to kill yourself?”

“Do you have the gun available?” or “Do you have any pills?” [or questions as appropriate]

“When are you planning to do this?” [How likely is it the person will be rescued?]

“Have you attempted suicide before?” [If yes, get details]

“How did you feel about not dying in that attempt?”

Most often embarrassed.

If angry at being saved, the client is a high risk for suicide: “Tell me about that.”

“Is there a history of suicide in your family?”

[Be sensitive to the client’s feelings, but get this information from them. Ask yourself how much protection this person needs. What does your intuition tell you? The client may be telling you the “right” answers but the client may not believe what they are telling you.]

QUESTIONS TO ASK YOURSELF ABOUT THE CLIENT:

- Does the client have the physical energy to commit the act?
- How secretive are they in terms of responding to your questions?
- How willing are they to work with you to solve the problem or to at least look at their alternatives to handle their pain?
- How willing are they to seek social support?

IF YOU DECIDE THE CLIENT'S SUICIDE THREAT IS SERIOUS:

1. Ask the client to sign a no-suicide contract and get a commitment from them for other preventive actions (e.g., getting the gun out of the house; seeking support from a friend or family member; coming in for counseling).
2. If the client refuses to sign the contract, excuse yourself, ask the client to wait in the room, and find a supervisor, practicum instructor, or other instructor. If none of these people are available, call NAU's Counseling Services at 3-2261.
3. Describe the situation and follow the supervisor's instructions. At the supervisor's discretion, it may be necessary to detain the client and contact the police (3-3000 or 911). At that point the police will decide what to do next.

PROCEDURE FOR HANDLING SUSPECTED CHILD ABUSE / NEGLECT CASES

ASSESSMENT

When the client reports to the practicum laboratory, and the counselor, whether by report of the parents or caregiver or by observation of the child, suspects abuse or neglect, steps must be taken immediately to report the suspected abuse/neglect. Observation of the child might reveal cuts, bruises, abrasions or other injuries that may appear out of the ordinary for a child of that age. The counselor may observe a "failure to thrive" or excessive fear, withdrawal or "helpless" attitude in the child which may suggest abuse or neglect. The reports of the parent or caregiver may indicate excessive physical or psychological punishment or discipline.

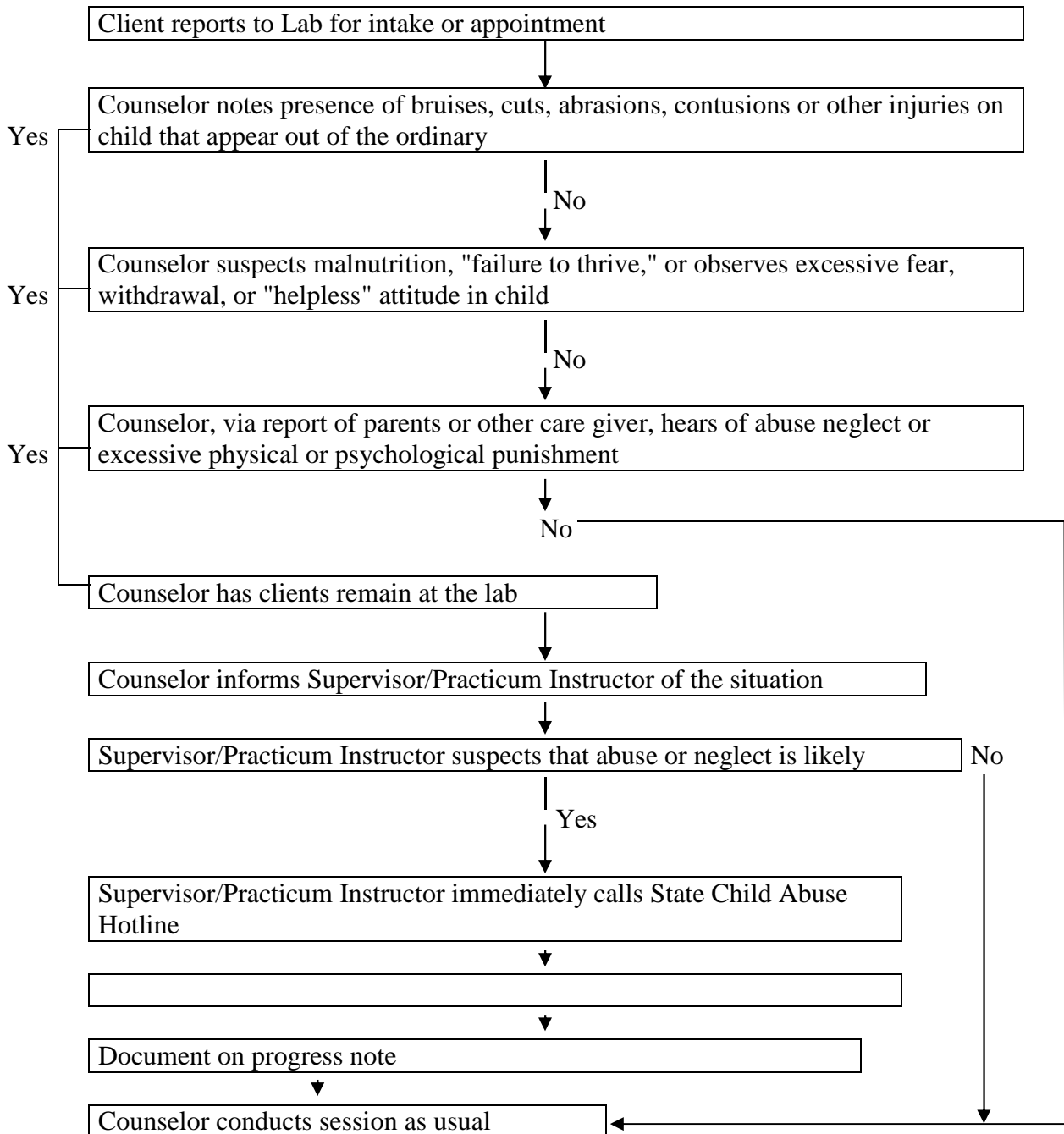
INTERVENTION

Once abuse or neglect is suspected, the counselor is required by law to enact a series of steps to report the suspected abuse/neglect.

- A. The counselor has the client remain at the Lab while the subsequent steps are undertaken.
- B. The counselor informs the supervisor/are instructor of the situation and the reasons why abuse or neglect are suspected. If the supervisor is not available at the time, the usual chain of notification is followed until the person serving in place of the supervisor is alerted and action can be taken.
- C. The supervisor/practicum instructor then determines whether or not the counselor's suspicion is likely. If he or she feels that it is not, then the counselor conducts the session as usual. If, on the other hand, he or she feels that the suspicion is warranted, he or she immediately calls the State Child Abuse Hotline to report the case.
- D. The counselor then conducts the session as usual. Of course this may be difficult if the client feels that trust has been broken by the reporting of the incident. In many cases, however, the client can be convinced that he or she has done the right thing and that remaining in therapy can be helpful to both the suspected abuser and the child.
- E. Document information, consultations, and outcome in progress note.

Regardless of how difficult or uncomfortable it may be to report child abuse, ALL states require by law that we do.

DECISION TREE FOR HANDLING SUSPECTED CHILD ABUSE/NEGLECT



THE SAD PERSON'S SCALE AND GUIDELINES FOR ACTION

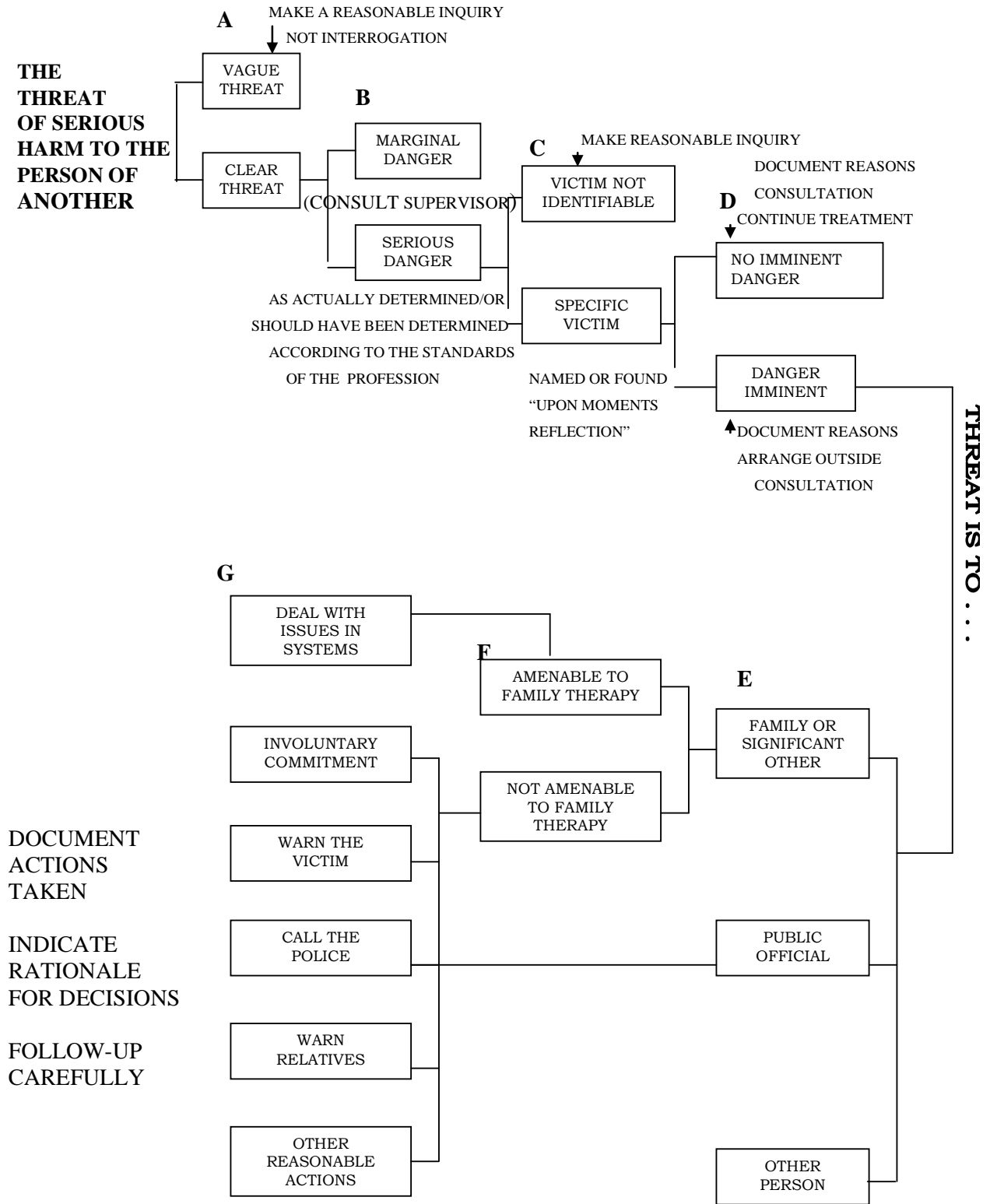
TABLE 1: THE SAD PERSON'S SCALE

S – Sex	1 point for Male
A – Age	1 point if 19 or younger – 45 or older
D – Depression	1 point
P – Previous Attempt	1 point
E – Ethanol Use	1 point
R – Rational Thinking Loss	1 point
S – Social Support Lacking	1 point
O – Organized Plan	1 point
N – No Spouse	1 point
S – Sickness	1 point

TABLE 2: GUIDELINES FOR ACTION

Total Points	Proposed Clinical Action
0 to 2	Send home with follow-up
3 to 4	Close follow-up consider hospitalization
5 to 6	Consider strongly hospitalization
7 to 10	Hospitalize or commit

TARASOFF DECISION CHART



MASTER'S PRACTICUM (EPS 692) GRADING PHILOSOPHY

At midterm students should be advised as to where they stand on the A, B, In- Progress, or C, D, F continuum so that remedial action can be taken, if warranted.

A final grade of "Pass" shall be indicative of "A" or "B" work.

A grade of "In Progress" shall be interpreted in the following two ways:

- 1) the student is making satisfactory progress toward completion of course requirements, but has not completed all requirements at this time. This student, if enrolled in practicum, shall be allowed to begin his/her internship if both the practicum and internship supervisor agree. Again, if the student cannot realistically complete course requirements in eight weeks, he or she should register to repeat the entire course.
- 2) the student is making progress toward completion of course client contact requirements, but there is doubt about the student's ultimate ability to demonstrate knowledge and/or skill requirements. This student, if enrolled in practicum, shall not be allowed to begin his/her internship experience until such time as all practicum requirements have been successfully completed.

Incomplete – may be earned when a student is unable to complete requirements due to circumstances, such as serious illness, beyond their control.

A final grade of "Fail" shall be interpreted as a "C", "D", or "F" in the schema outlined above and should be so explained by the instructor at the exit interview.

GUIDELINES FOR MASTER'S PRACTICUM HOURS CONDUCTED OFF-SITE MASTER'S PRACTICUM (EPS 692)

The purpose of these guidelines is to clarify the Off-Site Practicum procedure.

The Off-Site Practicum provides students the opportunity to apply the theoretical concepts and skills learned thus far in their academic program and supplement the knowledge and skills with practical experience. The Off-Site Practicum also allows students to gain direct service skills in working with individuals and groups.

OBJECTIVES OF THE PRACTICUM HOURS CONDUCTED OFF-SITE

1. To provide additional experiences to complement the practicum lab experiences to assist in the development of counseling skills which enhances their knowledge and skills in the following areas: (a) human growth and development, (b) social and cultural foundations, (c) helping relationships, (d) group work, (e) career and lifestyle development, (f) appraisal, (g) research and program evaluation, (h) professional orientation and (i) foundations, contextual dimensions, and knowledge.
2. To provide experience in group work and skills for the practice of counseling.
3. To learn how to establish and maintain effective working relationships with supervisors, coworkers, and clients of different ethnic and racial backgrounds.

RESPONSIBILITIES OF THE STUDENT

1. Obtain a minimum of 20 hours (25 hours for Flagstaff students) of individual counseling at NAU's Practicum Lab. Up to 15 Group hours and up to 60 indirect hours may be obtained at an approved off-site location as per signed Off-Site contract. Flagstaff students, please check with your practicum instructor before proceeding.
2. Complete activity log sheets weekly and submit them to the Faculty Supervisor/Instructor monthly during supervision and at a minimum during the midterm and final meetings. The activities must include:
 - a. a maximum of 15 group hours.
 - b. weekly individual supervision by the site supervisor.
3. Understand and practice the procedures, policies, and regulations established by the site.
4. Ask for assistance and supervision when needed to assure the client(s) receives adequate services.
5. Seek the assistance of appropriate staff members to address problems and register complaints.
6. Attend conferences, staff meetings, and training sessions that are assigned by the Site Supervisor.
7. Conform to the dress code of the agency.
8. Inform the Off-Site Supervisor when she/he will be late or absent.

9. Complete the student self-evaluation forms and review them with the Off-Site Supervisor before discussing them with the Faculty Supervisor.
10. Complete and submit the Off-Site Supervisor and Off-Site Evaluation Forms to the Practicum Instructor.
11. Provide the Off-Site Supervisor with a copy of these guidelines and the EPS 692 course syllabus.

THE ROLE OF THE OFF-SITE

1. Provide the student with an opportunity to learn group counseling skills.
2. Provide opportunities to integrate knowledge with practice in the following areas: (a) human growth and development, (b) social and cultural foundations, (c) helping relationships, (d) groups, (e) career and lifestyle development, (f) appraisal, (g) research and program evaluation, (h) professional orientation, and (i) foundations, contextual dimensions and practice of community mental health counseling.
3. Provide best practice models of counseling services.
4. Provide the students with the opportunity to interact with professional role models.
5. Provide students with the opportunities to develop audio and video recordings of the student's interactions with clients appropriate to the specialization for use in supervision.

PROCEDURE TO BECOME AN OFF- SITE SUPERVISOR

QUALIFICATIONS

School Counseling students: Site supervisors must have a minimum of a master's degree in Counseling or related field and have one of the following credentials: (a) School Counselor with a K-12 Guidance Counselor Certification by the Arizona Department of Education;

Clinical Mental Health Counseling students: Site supervisors must have a minimum of a master's degree in Counseling or related field and have one of the following credentials: (a) Arizona Licensed Professional Counselor, or (b) Certified Rehabilitation Counselor.

Other credentialed professionals will also be considered including: (a) Licensed Psychologist, (b) Licensed Psychiatrist, (c) Registered Psychiatric Nurse, (d) Licensed Clinical Social Worker, and (e) Licensed Marriage and Family Therapist.

DOCUMENTATION

- (1) current copy of vita/resume
- (2) current copy of credentials

PROCESS

Once documentation materials are received by the NAU faculty supervisor, the Off-Site supervisor will receive notification within 2-4 weeks informing him or her that they are eligible to provide supervision to NAU counseling students. Periodic re-updates will be requested of the Off-Site supervisor when necessary (e.g., current copy of renewed credentials).

THE ROLE OF THE OFF-SITE SUPERVISOR

1. To orient the student to the program.
2. To provide 10-15 group counseling hours so students can continue to enhance their skills.
3. To provide the student with written materials describing the policies and procedures of the site.
4. To sensitize the student to broad issues, trends, and dilemmas in the profession, so that she or he may gain some perspective as to the macrosystem in which the program operates.
5. To help the student in planning, organizing, and implementing her or his duties.
6. To set up learning situations such as interviews, staff meetings and consultations in which the student is a participant which may be used as all or part of the 60 Indirect hour requirement.
7. To provide formal and informal supervision in which policies, roles, activities, and concerns can be discussed.
8. To inform the student of steps he or she should take to improve weakness and further develop strengths in job performance.
9. To review with the student her or his evaluations prior to submitting them to the Faculty Supervisor.

THE ROLES AND RESPONSIBILITIES OF NAU PRACTICUM INSTRUCTOR

1. To provide an opportunity for students to discuss their provision of counseling experiences with Practicum Faculty.
2. To ensure students and site personnel that the University and Program remains involved and interested in their progress and studies.
3. To address any academic or clinical practice problems that may develop between the student and the site.
4. To evaluate the student's progress and professional potential and provide the student with feedback relative to professional development.
5. To function as a liaison between the university and site.
6. To conduct a formal evaluation of the student's performance in consultation with the Off-Site supervisor.

PROCEDURE FOR ARRANGING AND PARTICIPATING IN OFF-SITE PRACTICUM EXPERIENCES

SEMESTER PRECEDING THE PRACTICUM

1. During the semester preceding the beginning of the Practicum, the student will obtain the EPS 692: Practicum-Masters Guidelines Manual and read it. Then, the student will arrange an appointment (in person or telephone) with his/her advisor to discuss appropriate Practicum off-sites based upon the student's interests and needs. If students are only completing group work hours in a regular semester, they can begin this process at the beginning of the semester they plan to complete practicum.
2. Following the meeting with the advisor, the student investigates advisor-approved Practicum site possibilities by visiting and interviewing with supervisory personnel at the various agencies. When the student has tentatively decided upon an Practicum site, he/she will complete the Practicum contract form including appropriate signatures, obtain the Off-Site supervisor's credentials and resume, and return these documents to his/her advisor for final approval.
3. Students are required to obtain student professional liability insurance to cover the period that he/she is completing the Practicum.

SEMESTER OF THE PRACTICUM

1. **Weeks 1-2:** The Practicum begins during the first week of the designated semester unless other arrangements have been approved by the Site and Faculty Supervisors.
2. **Week 5 or 6:** The Student completes the first five-six weeks on the log form. The mid-term evaluation is also completed. The forms are signed by the Site Supervisor and given to the Faculty Supervisor. Information will be used in the mid-term evaluation.
3. **Weeks 10-12:** The Student and Site Supervisor should each complete the final student evaluation form and then discuss each other's evaluations together. A formal evaluation is also conducted with the Site Supervisor, and the Practicum supervisor with the student present. The Student completes the final log forms. The forms are signed by the Site Supervisor and given to the Faculty Supervisor. Hours completed off-site are integrated into the Practicum Direct and Indirect Log Hour Forms.

PRACTICUM LAB – ONLINE RESOURCES

Over 1,300 streaming Counseling/Therapy videos available at [Vast: Academic Video Online](#) (Alexander Street Press):

- <http://library.nau.edu>
- Use the Search Box
- See “**Counseling and Therapy**” Videos - bottom left side box of “Fields of Interest”
- 1,300+ Videos, over 500 session demonstrations
- Topics (Multicultural Counseling, CBT, Marital, Narrative & Neurobio, on and on...)

Streaming Videos on **Motivational Interviewing** are available at [Psychotherapy.net](#):

- <http://library.nau.edu>
- Select “P” in the **A-Z list (Alphabet)**
- Select Psychotherapy.net

DSM-5 Online (DSM Library) and TONS of resources about evidence-based treatments (see **Gabbard's Treatments of Psychiatric Disorders, 4th Edition**) in the **BOOKS tab**), including case analyses see **DSM-5™ Clinical Cases (DSM Library)** are available thru [PsychiatryOnline](#)

- <http://library.nau.edu>
- in SHOW DATABASES, select & click Psychology, Social Work, Sociology
- Select PSYCHIATRYONLINE & you're in!

Treatment Planners, Progress Planners, and Homework Planner Guides by Jongsma:

<http://library.nau.edu>

- **Books tab:** Hard copies and electronic books (eBooks) - you are searching the Library Online Catalog.
- How do you tell the difference between a print book and an eBook – for the eBook it will state to click on the electronic resource; Print books will only have catalog numbers and are located in the Library book stacks.
- Then just type in JONGSMA in the search box for the Online Catalog
 - Includes many e-books (Jongsma's Treatment Planner for School Counselors and School Social Work;
- For e-books, also try **Ebrary** using your search of JONGSMA.

Mental Measurements Yearbook with Tests in Print (to help figure out a test's “test-worthiness”MMY is like a “warehouse” of psych/ed/counseling tests that have been reviewed & critiqued by psychometrists):

- <http://library.nau.edu>
- Click on SEARCH TAB useg either the A-Z list or the Search box
- Search by name or theme (eg., “cognitive therapy”)

Great CBT charts

- <http://getselfhelp.co.uk/freedownloads2.htm>

rb 8/22/2014