



**COLLEGE OF EDUCATION
EDUCATIONAL PSYCHOLOGY**

COMBINED COUNSELING/SCHOOL PSYCHOLOGY, PHD

DOCTORAL PRACTICUM HANDBOOK

Spring 2017

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EPS DOCTORAL PRACTICUM MANUAL

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OVERVIEW OF PRACTICAL EXPERIENCES IN THE COMBINED PHD COUNSELING/SCHOOL PSYCHOLOGY PROGRAM

Students may complete their initial practicum in counseling psychology (EPS 692) as well as their initial practicum in school psychology (EPS 675) in the second year of the program. All practicum experiences are supervised professional experiences that are faculty-directed, organized, sequential series of supervised experiences that increase in complexity and followed required coursework for each experience and ultimately prepares a student for internship.

The initial counseling psychology practicum is primarily fulfilled in the program's clinical practicum laboratory though some group counseling experience may occur at community settings based on the student's interest. This experience provides initial counseling experiences with real clients. The clients come from the NAU student community, Coconino Community College student community, and local Flagstaff community. The age range is generally 18 and older though children may be seen as well. Clients are typically seen individually though family/couples counseling may also be part of this experience. All students are required to complete 40 hours of direct service and 60 hours of indirect service. Of the direct service hours, it is recommended that 30 hours be individual counseling and 10 hours be group counseling. The group counseling experience is often completed in a community-based setting as a co-therapist with a credentialed professional. Community settings are approved by the faculty supervisor and evaluations of the student are completed by the off-site supervisor. Settings in the community may include schools, community colleges, hospital bariatric or other specialty clinics, and community mental health centers. Students may experience intake, career assessment and counseling, crisis risk assessment, psycho-education, consultation, testing and assessment, as well as the counseling activities listed above. Close supervision in the practicum laboratory is completed by advanced doctoral students and the university faculty supervisor. Individual and group supervision is provided weekly for clinical casework. All sessions completed in the practicum laboratory are video recorded for supervision purposes. Bug-in-the-ear supervision technology is also often utilized during live sessions. Students maintain an hourly log that is revised and signed each month by the student and supervisor. Students are evaluated by their clinical supervisor at the midterm and final points in the semester using the corresponding forms. Students are expected to score in the "adequate/satisfactory" level on rated skill items.

Students may complete their initial school psychology practicum (EPS 675) in the second year of the program. This practicum is located in a local school with a certified practitioner as field supervisor. The field supervisor holds clinical responsibility for all direct service work provided by the practicum student. Additionally, students receive supervision with advanced doctoral students in the program as well as group supervision and didactic training with the university faculty supervisor. The school setting may be traditional elementary, middle, or high schools as well as alternative middle and high schools for high-risk students. Field placements may also be made in local public charter schools with unique educational philosophies such as Waldorf or Montessori. Students focus on direct service in psychoeducational assessment, consultation, school-based counseling and psychoeducation, and direct intervention targeting behavioral or academic needs. The client population includes preschool through grade 12. Students conduct their field experience in a multidisciplinary setting, often conducting evaluations in concert with physical therapist, occupational therapist, and speech language pathologist providers. Students complete a minimum of 150 hours during this semester of school-based practicum. Students complete self-evaluations and are evaluated by their field supervisors at the end of the practicum. University faculty visit students and field supervisors during the semester and conduct an

observation of the student engaged in a direct service activity. Students are expected to achieve a rating of “adequate” on the *Clinical Evaluation of Field Experience* by the end of EPS 675 School Psychology Practicum.

Following successful completion of each of the prior described practica, students become eligible for enrollment in doctoral practicum and supervision in counseling psychology (EPS 740) and/or school psychology (EPS 741). Doctoral students at this level in the program may pursue two semesters in a counseling psychology doctoral practicum or a school-psychology doctoral practicum or one semester of each. Doctoral practicum provides training and supervised practice experience in clinical supervision. Doctoral practicum students provide supervision to students in the master’s program in counseling and the educational specialist program in school psychology as well as to doctoral students who are enrolled at the beginning practicum level. Additionally, doctoral students enrolled in doctoral practicum in school psychology and supervision gain experience with broader age ranges for psychoeducational assessment and increased complexity with clinical cases. Doctoral practicum in counseling psychology and supervision (EPS 740) requires students to complete a minimum of 40 hours of direct client contact and 20 hours of supervision of a master’s level trainee. Students who are completing EPS 740 in the community may be located at NAU’s Counseling Services, The Guidance Center, or Flagstaff Medical Center. Doctoral practicum in school psychology and supervision (EPS 741) requires students to complete a minimum of 200 hours over the course of the semester (25% direct service minimum) while doctoral practicum in counseling psychology and supervision requires 150 total hours of the course of the semester. Of the 150 hours of experience, at least 60 hours must involve direct service to clients. The hours in both courses include supervision of beginning practicum students as well as direct client service, professional supervision, and case research and preparation.

For example, doctoral students enrolled in EPS 741 Doctoral Practicum in School Psychology and Supervision engage in a multidisciplinary Developmental Pediatric Clinic managed through the Institute for Human Development-Arizona University Center on Disabilities (IHD-AzUCD) and is a collaboration with the Arizona Leadership Education in Neurodevelopmental Disabilities multi-university fellowship program (ArizonaLEND). The clinic appointments are located in that IHD clinic on campus. This particular clinic includes a Developmental Pediatrician and faculty from the University of Arizona Medical School, Speech-Language Pathologist, Psychologist, Doctoral level special educator, and Occupational and Physical Therapists as needed. The Developmental Pediatric Clinic is conducted as an arena assessment for the very youngest children and children with severe disabilities. With older children, assessment may be conducted in an arena format or serially on the clinic visit date. Each doctoral student is paired with a supervising licensed psychologist who is on-site and either in the same room during the evaluation or behind a two-way mirror. The doctoral student joins in the pre-appointment staffing to review and discuss the case with colleagues and supervisors from disciplines participating in the case. The doctoral student is then responsible for developing and submitting an assessment plan for the case that is discussed in professional supervision and then approved prior to the client’s clinic visit. Typical cases include infants, toddlers, and children with autism, complex genetic syndromes or medical conditions, and low incidence developmental disabilities. Doctoral students provide direct services in the form of evaluation and consultation. These clinics occur once or twice per semester. Doctoral students who are ready for a higher complexity of casework and who have interest in advanced experience with children are offered this opportunity.

Students enrolled in doctoral practicum in school psychology and supervision may also be placed in schools or tribal Headstart programs where they can meet individual goals based on their interests and learning needs. For example, students may gain depth of experience with evaluation and intervention of students with severe emotional and behavioral problems by being placed with the psychologist who provides those services at local district's separate public day school for students with emotional disability or at the alternative middle or high school. When doctoral students have interests focused on young children with learning or behavioral needs and the opportunity to interface with primary providers and teachers they may be placed at a Hopi Headstart Center on the Hopi Nation. These placements focus intensely on class wide and individual behavioral consultation with parents and teachers, social-emotional psycho-educational activities with children, and training for teachers and parents.

All doctoral students in advanced doctoral practicum in school psychology and supervision are offered opportunities to complete psycho-education and psychological evaluations of adults referred for academic or learning problems through a partnership with the Coconino Community College Disability Resources. These evaluations are conducted in the department's practicum laboratory under the direct supervision of a licensed psychologist on faculty. These cases may involve assessment, consultation, and/or academic intervention. All doctoral students in advanced doctoral practicum in counseling psychology and supervision may also work with CCC-DR referred clients for and psychological evaluation and psychotherapeutic intervention. These individuals are referred following meeting with the CCC DR Officer. These cases tend to include higher level therapeutic needs.

TRAINING AND EVALUATION PLAN/FORMS

Students must complete the Practicum and Supervision Training Plan with their Practicum Supervisor prior to the start of any practicum or fieldwork experience. The Doctoral Training Director must approve this plan. In addition, students must use the respective evaluation forms for their Counseling Psychology or School Psychology Practicum. The Faculty Supervisor Contact Form must be maintained for practicums conducted off-site. Supervision Notes must be documented by the Supervisor. All forms are available in Appendices B-F.

MAINTAIN A LOG OF YOUR PRACTICUM ACTIVITIES

You are required to keep two logs. One logs hours and case demographics and the other is a narrative log of your activities. You will be required to keep a log of your practicum activities and the amount of time in the activity categories delineated on the excel log provided to each student. The log is to be maintained weekly and time is recorded to the quarter hour (example, .25 = 15 minutes, .50 = 30 minutes, .75 = 45 minutes, 1.00 = 60 minutes). You will also be required to keep a record of all of the students you work with regarding their demographics, type of activity and information relevant to tracking their diversity. This information is captured on the "demographics" worksheet in the Excel log. The candidate will turn in this electronic practicum log at the end of each month via email in Bb Learn and the final log at the end of the practicum year. Candidates are also required to keep an appointment calendar of their time at the practicum site with events recorded on the calendar and this can be recorded as your narrative log. Practicum class time will be recorded on the Excel log as "group supervision" when the class is discussing practicum cases. Individual time with your field supervisor and faculty supervisors discussing cases will be recorded as 1:1 professional supervision. Time spent writing reports, researching the literature regarding intervention, or other activities outside of practicum class and the practicum site may be recorded in the Excel log if approved by the university supervisor. There

is a glossary for log time coding that is available in the practicum forms in the Bb Learn course shell (also see Appendix A: Practicum and Internship Log Glossary). The Excel logs are also located there. Students will print their log each month and submit original copies to the practicum instructor. Those will be housed in the student's EPS department file at the end of practicum. You should keep organized copies of the signed logs throughout your experience as you may need to produce those at some point in the future when pursuing certification or licensure. Ultimately, you are responsible for maintaining records of all supervised practicum hours for your time during the training program and after graduation.

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 or hospital facilities or public schools). See Guidelines for Master’s Practicum Hours Conducted Off-Site section of this manual.

PREREQUISITES

Prerequisites for the initial counseling practicum (EPS 692) include EPS 601, EPS 660, and EPS 670 and admission to the EPS graduate program, for which the course is required. Prerequisites for the initial School Psychology Practicum (EPS 675) includes EPS 670, EPS 601, EPS 606, EPS 660, EPS 673, EPS 674, and EPS 738. Prerequisites for Doctoral Practicum in Counseling Psychology and Supervision (EPS 740) include EPS 670, EPS 692, and EPS 737. Prerequisites for the Doctoral Practicum in School Psychology and Supervision (EPS 741) includes EPS 670, EPS 601, EPS 606, EPS 660, EPS 673, EPS 674, EPS 675, and EPS 738. Students may also take Fieldwork (EPS 608) at any time after EPS 692 though Fieldwork is most often taken after the four required practica have been completed. Prior to seeing clients, each practicum student should re-read and familiarize themselves with the latest APA, ACA, and NASP 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 or 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 ARE FINISHED USING THEM.**
- **PSYCHOTHERAPY SESSION RECORDINGS ARE ALSO CONFIDENTIAL AND MUST BE KEPT SECURE.**

REQUIREMENTS FOR CLIENTS SEEN OFF-SITE: Confidentiality regarding all records applies to off-site locations. Students must also follow all additional confidentiality requirements of the off-site agency or school.

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 [NASP 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 PSYCHOTHERAPY SESSIONS

Clients will be scheduled for 45-50 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 end of the scheduled hour with the client. 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 scheduled hour. Trainees 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. Be sure to inform your supervisor of the two no-shows and that you are terminating 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 student 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 client sessions in the practicum lab must be recorded without exception. Applicants for psychotherapy who refuse to be recorded must be referred to other mental health facilities. Sessions which are not recorded do not count toward direct hours. Students will receive a video viewing account, which allows them to view their own videos with clients only. Students can obtain a username and password by talking with their supervisor, or speaking with the Practicum Lab staff.

At the end of the semester all recording sessions will be erased. Sessions which are not recorded due to equipment malfunction must be documented as usual but will not count toward direct treatment 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.

When viewing a recording of a client, students must ensure that they are in a secluded and private setting, as any unauthorized viewing of the recording is a violation of confidentiality. Students are not to share video recordings with family, friends, or any other individuals not described on the informed consent form, or approved by the client in writing.

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 Appendix Q and Appendix R), and consider using the No-Suicide contract (see Appendix P). 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 [APA Code of Ethics and Professional Standards](#) and the [NASP Code of Ethics and Professional Standards](#).
2. The student **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 psychologists, counselors, physicians, psychiatrists, and other referral services.
4. When possible, three referral sources should be provided to a client. Referrals 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 student **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 psychology doctoral trainee 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.

NAU Practicum Labs do not offer after-hour services, crisis 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 client 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.

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, treatment plan, and intake assessment. 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 professionals when meeting with the public. Personal conduct and dress should conform to professional standards reasonably expected of individuals offering psychological 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 treatment 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 whiteboards, and turn off the lights. Be sure to leave the practicum lab before the assigned closing time. Practicum Lab staff will be responsible for lock up, and closure of the Practicum Lab for the day. If you are unable to find a staff member at closing time, please contact a faculty member and ensure you lock the door before you leave.

TELEPHONE USAGE AND MESSAGE SERVICE

Telephones will be made available for student or faculty use. They are 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, psychology trainees, 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.

If a client or family member calls to cancel their session or assessment time, the Practicum Lab staff will contact you using the chosen contact format you have requested, either via phone call, text message, or email.

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

LABORATORY HOURS

Practicum Lab hours change due to semester needs and availability. 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.

PROFESSIONAL CODE OF ETHICS

Students in this graduate program should follow the professional code of ethics, licensure statutes and rules, and certification guidelines established by the following three organizations:

State of Arizona Department of Education 1535 West Jefferson Phoenix, Arizona 85007 (602) 542-4361 http://www.azed.gov/educator-certification/	American Psychological Association 750 First Street, NE Washington, D.C. 20002-4242 (202) 336-5500 www.apa.org
National Association of School Psychologists 4340 East West Highway, Suite 402 Bethesda, MD 20814 (301)657-0270 http://www.nasponline.org/index.aspx	Arizona Board of Psychologist Examiners 1400 West Washington Street Suite 240 Phoenix, Arizona 85007 https://psychboard.az.gov/statutes-rules

MISCELLANEOUS

- 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 inform the Practicum Lab staff or the instructor. 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 lab staff or the practicum lab coordinator.

FIELDWORK EXPERIENCES

Students have the option to complete additional field work to focus practical experiences with specific populations and health service psychology activities of interest to them. Field work credits may be electives in the program and generally follow the core required practica experiences. The specific field activities are developed for each student based on needs and professional goals of the student. The number of hours of field experience varies based on student needs and goals. Field work experience always entails a licensed university supervisor and may also include field supervisors. The Clinical Evaluation of Field Experience is used to evaluate student performance in these elective field work experiences.

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.) and 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 from 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 is 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

- Do not 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.

VALUE OF FEEDBACK

Feedback is a way of helping another person to either strengthen or consider changing behavior. It is communication to a person, persons, or group which gives information about the effect of their behavior on others. Feedback helps an individual keep behavior “on target” and moving in the right direction to achieve training goals.

Useful feedback is:

1. 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. 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. Considerate of 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. Directed toward behavior, which the receiver can do something about. In particular, frustration is only increased when a person is reminded of some shortcoming over which he has no control.
5. 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. 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. 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. Checked to ensure 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. Checked for accuracy 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.

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 (at least two files per practicum student) will be conducted throughout the semester by the practicum instructor, practicum coordinator, and/or doctoral student 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, the student must carry out recommendations in a timely manner.

It is the responsibility for all students 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 student's responsibility to ensure that all 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.

IDEAS FOR RECRUITING CLIENTS FOR COUNSELING PRACTICUM AND SCHOOL PSYCHOLOGY PRACTICUM

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. Ask the department to post the notice on faculty listservs to forward to anyone they think may benefit from this free treatment resource.
11. Remember to revisit bulletin boards to post new brochures periodically during the semester.

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. In the event that a minor is being seen during practica, please ask the Practicum Lab staff for a blue folder, so that these cases can be easily identified during storage of the file, after sessions have ceased with the client. Minors' case files should only be organized within the blue folder, no exceptions.
3. 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. It is also pertinent for you to conduct an intake interview with each potential group member.
4. 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.
5. 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.)

6. Students 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.
7. 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.
8. Treatment plans should be prepared for each client and preferably by the end of the second session.
9. 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 students 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 who will be registering for practicum the following semester, the name of the new student should be mentioned, the date the student was contacted and the new student's willingness to provide the necessary counseling services. If the student plans on continuing to counsel the client, and registering for independent study, the student should indicate the name of the faculty member who will be supervising the case(s).
10. 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.
11. Please ensure that the cabinet is locked at all times to ensure confidentiality of records.
12. **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 ARE FINISHED USING THEM. CLIENT RECORDED SESSIONS ARE ALSO CONFIDENTIAL AND MUST BE KEPT SECURE.**

INTAKE INTERVIEW GUIDE

INITIAL STEPS FOR NEW CLIENTS

PRIOR TO THE FIRST SESSION WITH THE CLIENT:

Once a client has been assigned to the student, the student is responsible for scheduling an allotted time with the client, as well as the space that the treatment will be taking place in. All treatment sessions with clients, must take place in the Practicum Lab and be recorded. The student will reserve a room, by obtaining the schedule from the Practicum Lab and signing up for a space. Students cannot reserve rooms more than two weeks out.

WHEN THE CLIENT ARRIVES:

- It is recommended that students arrive at least 10 minutes prior to their scheduled appointment with the client. This ensures that the student will have time to open the scheduled room, check and start the recording equipment, and gather the client's needed file and forms.
- These forms are to be filled out for each new client who request services at the Practicum Laboratory.
- Select the appropriate form for your client. Generally, if it is an individual or a child, use the individual form. When the client is a minor, the parent must complete the request for services form with the child, as well as sign the informed consent form. If services are being requested for a family or a couple, use the family/couples form.
- It is also recommended that you give the client the informed consent form and professional disclosure statement (see Appendix D) to read and review.
- The client completes the forms in the Waiting Area. Following completion of the forms, the student reads them and signs both forms. Be sure to date the forms.
- The student then escorts the client back to the treatment 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 closes the door and begins the recorded session.
- If the client is an incoming freshman student 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 student clients 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 were attended using NAU ID to the NAU Office of Orientation, Transition, and Retention Services.

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 student fills out this form, not the client. If the client has attended the Practicum Lab in the past, you still need to complete an intake, to add to their file any changes in the presenting problem, family, etc. 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.
2. On all forms, be sure to indicate whether this person is referred for individual and/or group treatment.
3. All doctoral students are encouraged to make a diagnosis as soon as possible. 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, as well as in formatting your treatment plan for the client. If you need assistance with diagnosis, consult with your supervisor.
4. Sign and date all forms.

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.

SUGGESTED PROCEDURE FOR THE FIRST INTERVIEW WITH A NEW CLIENT

1. Before the session, the student should arrive at least five-ten 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, Appendix F and Appendix L; Decision Tree for Suicidal Threats, Appendix R; MSE).
2. Remove the Client Consent Agreement and the Request for Services Form from the new file and put them on a clipboard, along with the professional disclosure statement (see Appendix D). Then begin to mentally relax and prepare yourself to meet the client.

3. Greet the client; for example, “Are you Reynaldo? Great, I’m Valerie Begay, 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.

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, and 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.

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

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.

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).

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.

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 the NAU faculty supervisor receives documentation materials, 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 Practicum 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 a 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

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.

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.

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.

BEING SUPERVISED AND SUPERVISION OF OTHERS

BEING SUPERVISED IN PRACTICUM

The requirement for at least two hours of direct observation via in-person observation, live video-streaming or video recording is written into practicum lab syllabi and community-based experience contracts and are verified by the faculty supervisor. Evaluation forms including the *Practicum and Supervision Training Plan* and the *Clinical Evaluation of Field Experience Form* clearly specify this requirement under the Supervision section. Items are clearly linked to the professional competencies. Typically, practicum students placed with a field supervisor are visited for the purposes of direct observation and evaluation of student skills. Field supervisors in these contexts directly observe students each day the student in the field setting. University supervisors observe at least two hours on site during the placement. Counseling psychology practica students placed in the Practicum Lab are observed by the university supervisor either live, via live video feed, or via video recording at least two hours during the placement.

DEVELOPING SUPERVISION SKILLS

During your time in Practicum, you may be asked to supervise master's level counseling students in NAU's Clinical Mental Health Program. This relationship between the doctoral student and a master's level student is designed to give you experience in training and supervising colleagues in a safe and feedback oriented environment. Students will be expected to watch several videos of their supervisee, recommend treatment plans, provide resources, and give feedback to the master level student/s.

Each doctoral student will be expected to meet with the master level student at least once a week, for a total of 45-50 minutes. This meeting is to be recorded in the Practicum Lab, and reviewed by the doctoral student's supervisor, in order to obtain feedback and any needed instruction. Doctoral students may use handouts, books, and other resources to assist the supervisee, and must remain in contact with the master level student's Practicum Instructor. The doctoral student will also be required to fill out the supervision logs for each client discussed, as well as maintain a personal log of each supervision session, using only client initials to indicate clients discussed.

In the event of an emergency, if the doctoral student is contacted by their supervisee, the student is required to contact their direct practicum supervisor, as well as the supervisee's course instructor, and advise any contact with the NAU police Department, or other emergency contacts as needed. If the emergency is within the building, contacting an available and licensed faculty member may be necessary. For these contact numbers, please see the Practicum Lab staff.

GUIDELINES FOR FILLING OUT SUPERVISION LOG

The supervision log form is to be used to record supervisors' comments on all types of supervision sessions and must be entered in the Supervision Log.

The student must complete supervision notes 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 videotape when the student is not present in the room.

TELESUPERVISION POLICY

Telesupervision is not currently being done but the method is consistent with NAU's Combined Counseling/School Psychology PhD Program's overall model of training in that it best approximates the in-person format of supervision and can ensure continuity in the supervisory experience. Telesupervision is integral to the program's mission to provide training in the practice of psychology in rural areas.

The Combined Counseling/School PhD Program at Northern Arizona University allows students in or beyond doctoral level practicum training in community-based settings to obtain 50% or fewer supervision hours offered in a synchronous video format as an adjunct to regularly scheduled supervision. Telesupervision should only be utilized when in-person supervision is not possible. The off-site supervisor holds full professional responsibility for the cases under the care of the trainee unless arrangements are made with at least one other licensed psychologist to cover for non-scheduled consultations and emergencies. Arrangements must be made by both the trainee and supervising psychologist to assure both privacy and confidentiality for both the patient and trainee. Telesupervision can only be viewed as a legitimate form of supervision if it is determined by both the professional supervisor and the trainee that both the audio and video quality of the connection is adequate for the proper conduction of supervision.

The program adheres to the Arizona Board of Psychologist Examiner's Proposed Rule R4-26-111 *Providing Supervision Through Telepractice* below, which has been adapted below for doctoral trainees.

- A. Not more the 50% of required in-person supervision may be completed using telepractice supervision. Telesupervision must use secure*, confidential, real-time visual telecommunication. Before providing supervision by telepractice, a supervisor shall conduct a risk analysis as clinically indicated and document the conditions indicating the telesupervision is compliant with best practices in supervision:
 1. Is appropriate for the issue presented by the trainee's client or patient involved in the supervisory process,
 2. Is consistent with the trainee's knowledge and skill regarding use of the technology involved in supervision by telepractice, and
 3. Is in the best interest of both the trainee and the trainee's client or patient involved in the supervisory process.
- B. A supervisor shall not provide supervision by telepractice unless all conditions of the risk analysis conducted under subsection (A) are met.
- C. Before providing supervision by telepractice, a supervisor shall:
 1. Enter a written agreement with the trainee, using language that is clear and understandable and consistent with accepted professional and legal requirements. The supervisor shall ensure the written agreement addresses the following and a copy is provided to the trainee.
 - a. The manner in which the supervisor will identify the trainee for each supervisory contact (e.g., email, telephone) that does not involve video.
 - b. Limitations and innovative nature of using technology to provide supervision;

- c. Potential risk of technology failure that disrupts provision of supervision and how to re-establish communication if disruption occurs;
 - d. When and how the supervisor will respond to routine electronic communications from the trainee;
 - e. The circumstances under which the supervisor and trainee will use an alternative means of communication; and
 - f. The type of secure electronic technology that the supervisor will use to communicate with the trainee;
2. Obtain information about an alternative means of contacting the trainee; and
 3. Provide the trainee with information about an alternative means of contacting the supervisor.

*For NAU students and faculty, “secure” means that official NAU email accounts (not personal accounts) are used for confidential communication.

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 are 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 using either the A-Z list or the Search box
- Search by name or theme (e.g., "cognitive therapy")

Great CBT charts

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

RESOURCES FOR STUDENTS

- 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

APPENDIX A: PRACTICUM AND INTERNSHIP LOG GLOSSARY

Use this glossary to help determine where to record your hours in the Excel Log. Keep a narrative log of your activities (without full names) so that you will be able to recall the number with and type of assessments given, consultation foci, counseling foci, and demographics of each type for use when you apply for internships and license (if doctoral).

Log Category **ACTIVITIES**

Assessment Related Activities. Activities having as a primary focus the gathering of information to answer specific referral questions for both regular and / or special education. These may include administration and scoring of formal and informal tests. Four categories under assessment are:

- Review files** – record time here when you review a student cumulative file (paper or electronic), educational records, outside reports, physician notes, report cards, test history, etc.; also include scoring of tests here.
- Interviews** – record time here when you interview individuals as part of an assessment process for an evaluation or FBA – interviews may be in person or via telephone.
- Observation** – record time here when doing direct observation of the student for assessment/evaluation purposes including psychoeducational evaluation and/or FBA.
- Formal testing** – record time here reflecting your time spent giving tests to students and progress monitoring (WISC-IV etc., as well as CBMs) students (direct assessment time only)

Writing includes report writing for assessment cases, academic and behavioral intervention cases, observations, program evaluation reports. Behavioral observations, review of cumulative records, interviews with parents, staff, agencies, teachers, and data analysis and integration. There are three categories under writing:

- Form Completion**- record your time here filling in forms such as IEPpro or Medicaid forms or other district software where student data is captured.
- Reports/notes**- use the category to record time spent writing case notes such as for consultation/counseling cases, meeting minutes, etc.
- Other writing** – use this category to capture other writing that you do as part of your practicum/internship that is not captured in the prior two categories. Make sure you note what it is in your narrative log.

Intervention Activities include Prevention and Indirect Intervention. Activities of a non-assessment nature include but are not limited to primary prevention activities (e.g., prevention of bullying, suicide, substance abuse, etc.), development of intervention strategies, other prevention / intervention activities, and counseling which includes direct intervention. Activities of a non-assessment nature, which have the focus of affecting, change. These may include but are not limited to group counseling, individual counseling or therapy, remediation of learning difficulties, direct instruction (social skills, affective education, etc.) or feedback to student(s). This section has five categories:

- Academic** – use this to record time spent in direct academic intervention activities with a student or group of students including delivering intervention, or monitoring the fidelity of an intervention that someone else is running.
- Behavioral**- use this to record time spent in direct behavioral intervention activities with a student or group of students including modeling behavior plan implementation, observation of student(s) to facilitate behavior plan implementation/fidelity; time spent with student(s) as reinforcement for part of a BIP procedure.
- Individual Counseling**-record time spent in direct individual counseling sessions with students.
- Group Counseling**-record time spent in direct group counseling sessions with students
- Career Counseling**-record time spent in direct counseling sessions with individuals needing assistance with life, education, and career decisions
- Family Therapy**-record time spent in direct counseling sessions with families
- Couples Therapy**-record time spent in direct counseling with couples
- Sports Psychology/Perf Enh**-record time spent in direct counseling with individuals interested in receiving counseling related to sports, exercise, and its psychological effects
- Medical/Health Related**-record time spent in direct counseling with individuals seeking counseling related to health and medical issues
- Intake Int/Structured Int**-record time spent in direct intake interviews with clients
- Substance Abuse**-record time spent in direct counseling with individuals seeking counseling with substance related issues
- Crisis Intervention**-record times spent in direct crisis assessment and intervention activities with students.
- Other Direct Interventions**-any other recording time spent in direct contact with individuals not mentioned above

Consultation and Collaboration. Consultation and collaboration with teachers and other school personnel on an individual basis and system-level consultation efforts (e.g., consult with principal regarding discipline referral process). Work with parents and families for assessment, consultation, intervention, etc. May also include home visits and parent training. [Home/School Community Collaboration.] There are four categories in this section:

- Teacher consultation**- use this category to record time spent in face-to-face consultation with teachers
- School Staff Consultation**- use this category to record time spent in face-to-face consultation with school staff including administrators, speech pathologists, OTs, PTs, VI/HI specialists, RTI Specialists, Reading coaches, instructional coaches, office personnel, monitors, etc. Also, record coaching of classroom personnel on behavior plan implementation and/or teaching classroom personnel how to implement behavioral strategies.
- Parent Consultation** –use this category to record time spent in face-to-face consultation with parents/families to help them problem-solve more effective ways of working with their child

-Other- use this category to record consultation time with someone else such as outside medical providers, mental health providers, behavior coaches, etc.

Outcome Activities includes travel between sites, materials and equipment ordering, and other organization activities. This category also includes the use of statistics, research, and evaluation methods that improve services for children and families. This category can also include evaluation of research, translation of research into practice, program evaluation, and conducting a specific literature review to plan for casework. There are five categories:

-Scheduling contacts-use this category to record time spent contacting people for scheduling your fieldwork such as calling the supervisor to schedule your time at the school, calling a parent to schedule a meeting, or calling a teacher to schedule an interview. Email work in this area is also entered here.

-Complete Log – use this category to record time spent filling in your practicum/internship log forms and your narrative log.

-Evidence-Based Case Research – use this category to record time spent in program evaluation or other research activities at the school/field site. This may include preparation and analysis of data for administrative decisions, program observations for evaluation such as PBIS implementation observations, RTI systems implementation observations, etc. It is important to note that Arizona Revised Statutes do not allow the counting of dissertation/thesis hours toward the pre-doctoral internship total of 1,500 hours for licensure as a Psychologist in Arizona. Specifically pertaining to doctoral students: “That time spent fulfilling academic degree requirements such as course work applied to the doctoral degree, practicum, field laboratory, dissertation, or thesis credit is not credited toward the 1,500 hours of professional experience hours required by A.R.S. § 32-2071(D). This rule does not restrict a student from participating in activities designed to fulfill other doctoral degree requirements; however, the Board shall not credit such time toward the hours required by A.R.S. § 32-2071(D)”

-Case Study Preparation – use this category to record time spent doing specific, targeted literature reviews and reading to formulate a case plan. Be sure your narrative log provides explanation of time logged here.

-Other – use this section to capture other time spent organizing your materials or time in the field experience such as travel between sites on the same day, going to pick up a test kit from the district office or a colleague, traveling to the district office to attend a meeting, etc.

Meetings. This category includes consultation and collaboration with teachers and other school personnel on a group basis, participation in team meetings (pre-referral –child study, student assistance team, teacher assistance team, instructional, etc.), IEP meetings, Review of Existing Data meetings, eligibility determination meetings, problem-solving meetings, individual and group data meetings, manifestation determination meetings, or grade level team meetings. There are four categories of meetings here:

-Child Study Team/ Student Assistance Team/ Teacher Assistance Team/ Data Team meetings
- includes any meeting during which information about a specific child is discussed and decisions are made about interventions, or a referral to special education. These are not special education meetings, but are general education meetings that are oriented toward problem-solving for learning or behavioral difficulties for specific children.

-IEP meeting – use the category record your participation in official IEP team meetings where an IEP is being developed, revised or discussed.

-Interpretation to parents – use this category to record time spent in meetings where you are interpreting information for parents such as multidisciplinary evaluation team meetings and review of existing data meetings.

-Other meetings – use this category to record other meetings not listed in the prior categories (e.g., School-wide PBIS team meeting). Be sure these are described in the narrative log.

Training Received: (Professional Development). Specific activities which focus on the development of professional skills, including but not limited to attendance at local, state, national conferences, in-service training, professional reading, etc. Note. The number of PD hours that can be applied to the total is limited and must be negotiated with the university supervisor. There are three categories:

-Training at NAU – use this category to record specific training events hosted by NAU such as conferences, round tables, brown bag discussions (this is not class time but IS a formal training event sponsored by the university).

-Training at PEA (public education agency) – use this category to record time spent in district in-services or training events held at a district location for which the district provides attendance certificates to personnel.

-Other workshop – use this category to record time spent in other professional conferences and workshops such as AASP convention, NASP convention, APA convention – these are paid professional workshops where continuing professional development is offered to practitioners.

Training Provided: This category includes training you provide by yourself or in collaboration with others. There are two categories:

-In-service – use this to record the amount of time spent in delivering an in-service to parents, teachers, and other school personnel. This includes the face-to-face time spent delivering training.

-Other presentation – use this to record the amount of time spent giving other presentations such as oral or poster presentations at state, regional or national conferences.

Supervision includes all supervision related activities including class and/or group supervision with university supervisor as well as **Field Supervision**. Includes formal supervision provided by an appropriately credentialed professional (e.g., Certified School Psychologist, Nationally Certified School Psychologist, Counselors, Social Workers, etc.). Note. The field supervisor's signature is required on the log to verify the other activities performed and listed. There are four categories:

-Professional supervision – use this category to record supervision in a face-to-face setting with a licensed or certified field supervisor. This includes 1:1 face-to-face hours receiving professional supervision on activities in your field experience. This may include 1:1 with your field supervisor and/or 1:1 with your university supervisor.

- Peer supervision** – use this to record time spent with doctoral student supervisors, peers/colleagues consulting on cases, may also include district psychologist meetings if the meeting is not an official in-service. This time would include you serving as a peer mentor to another such as checking and correcting another’s protocol, reviewing and providing constructive feedback to peer on a report, etc.
- LEA supervision**- use this to record supervision with district or school leadership on administrative functions and issues (not case specific as that supervision comes from the field supervisor). You may not have any hours in this area as a practicum student.
- **Other** – use this to record group supervision activities such as practicum class time spent discussing cases and field work practices to guide your practicum work activities. Use this to record site visit meetings by your university supervisor.

Practicum and Supervision Training Plan
Combined Counseling/School Psychology, PhD

Student Name (Last, First, MI): _____ NAU ID: _____

Address: _____

Phone Number (include area code): _____ Email: _____

NAU Faculty Supervisor Name: _____

Faculty Supervisor Phone Number: _____

NAU Faculty Supervisor Email: _____

NAU Faculty Supervisor Degree/License: _____

Name of Practicum Site and Address:

On-Site Supervisor's Name: _____ On-Site Supervisor Phone Number: _____

On-Site Supervisor Email: _____ On-Site Supervisor Degree/License: _____

Course Enrolled: _____ Semester/Year Enrolled: _____ Credit Hours: _____

Course Title: _____ Practicum Experience Dates: _____

1. Student Learning Outcomes: Following this practicum experience, the student will know and be able to:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Clinical Experiences - Total Hours (Practicum; Fieldwork): _____
Include all experiences and percent of time devoted to each experience (e.g., Psychotherapy, Psychological Assessment, Report Writing, Consultation, etc.)

- a. _____
- b. _____
- c. _____
- d. _____

3. Supervision and Evaluation Plan (must include at least two hour of direct observation that inform midpoint and final evaluations; also specify points of contact between on-site supervisor, faculty supervisor and student for off-campus experiences): _____

Ethics training must be provided throughout each practicum experience (Student initials____; On-site supervisor initials: _____)

Student Signature and Date

Supervising Faculty Signature and Date

On-Site Supervisor and Date

Training Director Signature and Date

General Guidelines for Practicum and Supervision Training Plan

Practicum Experiences

All practicum experiences are supervised professional experiences that are faculty-directed, organized, sequential series of supervised experiences that increase in complexity and followed required coursework for each experience and ultimately prepares a student for internship. At least 25% of the total supervised experience for practicum should be direct client contact hours. A minimum of 40 hours is required for every three credits of practicum credit. Additional direct hours beyond 40 hours is ideal. Students must seek a variety of direct experiences including individual and group counseling, assessment, and participate in case consultation, staff meetings and didactic training. Students completing the EPS 740/741 Doctoral Practicum are required to also provide supervision to master-level trainees (20 hours required).

Supervision

External practicum experiences are typically done under the supervision of a full-time licensed NAU faculty member, usually in conjunction with a licensed on-site supervisor. The experience is arranged directly between the student, the supervising faculty member and the onsite supervisor. No release time or payment is available to the faculty member for providing this experience. If a qualified part-time faculty member has agreed to provide the supervision, an email message or telephone call needs to be made by the faculty member to the training director indicating willingness to serve as the university supervisor. The student requesting this option must submit a written contract outlining the parameters and the goals, activities, and methods of evaluation for the practicum experience. **A minimum of two hours of contemporaneous supervision is required for every 20 hours of supervised experience.** One of these supervised hours may be group supervision. **At least two hours of visual observation** are required via in-person observation, live video-streaming, or video recording (audio recording alone is not sufficient).

Procedure

The written contract must include goals, objectives, activities, supervision plan, and evaluation methods, along with number of hours expected for each activity. A rule of thumb for off-campus experiences is that students participating in one semester of full time experience (e.g. 40 hours per week) should register for 6 credit hours and students registering for 20 hours per week for one semester should register for 3 credit hours. The plan needs to be approved by the supervising faculty member and the on-site supervisor, then submitted for approval to the Training Director who will give the original to the Chair of the department which will be on file in the department office. After these steps are completed, a permission number will be provided by the Chair so that the student can register for the class.

Evaluation

The student will facilitate meetings between the student, the on-site supervisor, and the faculty supervisor for off-site practicum experiences as specified in the plan. The student will also keep logs (please use logs [school or agency] provided by NAU) of all practicum activities signed by the on-site supervisor and submit the logs for weekly review by the faculty supervisor. The student will submit to the on-site and faculty supervisor's self-evaluations at the midpoint and end of the fieldwork experience. The on-site supervisor will submit a midpoint and final evaluation, which must be informed by direct observation, to the faculty supervisor. At the end of the semester the supervising faculty submits the logs and evaluations and will indicate the grade to the Chair who will assign the grade. The grade is typically a Pass/Fail. All written material submitted by the student will be kept in the student file for the duration of the program and at least three years post-graduation.

APPENDIX C: FACULTY SUPERVISOR CONTACT FORM

**DOCTORAL PRACTICUM/FIELD/INTERN EXPERIENCES
IN COUNSELING/SCHOOL PSYCHOLOGY**

Faculty Supervisor Contact Form

(Must be typed or legibly hand-written)

Directions: Use this form for each contact (i.e., agency, phone, college office visit) made with both the student and the agency/school supervisor following the contact. This form is used to document the three required faculty internship contacts. This completed form will be part of the student's formal internship file that is needed for verifying the student's experience for certification and/or license.

Agency Name: _____ **Site Supervisor's Name:** _____

Student Name (Last, First, MI): _____ **NAU ID:** _____

Beginning and End Dates of Clinical Experience: _____

First Contact:

Contact Date: _____ **Contact Time:** _____

Supervisor's Name: _____ **How Contacted; i.e., Phone, Email:** _____

Where Contacted: _____

Discussed Objectives of the Practicum/Field/Internship Experience: Yes No

Discussed Expected Activities of the Practicum/Field/Internship Experience: Yes No

Discussed Expectations or Special Considerations: Yes No

Summary of first contact conversation: _____

Faculty Supervisor Signature: _____ **Date:** _____

Second Contact/Mid-Point Evaluation:

Contact Date: _____

Contact Time: _____

Supervisor's Name: _____

How Contacted; i.e., Phone, Email: _____

Where Contacted: _____

Summary of progress related to evaluation criteria: _____

Summary of areas to improve: _____

Faculty Supervisor Signature: _____ **Date:** _____

Third Contact/Final Evaluation:

Contact Date: _____

Contact Time: _____

Supervisor's Name: _____

How Contacted; i.e., Phone, Email: _____

Where Contacted: _____

Summary of progress related to mid-point areas to improve: _____

Summary of intern's strengths: _____

Faculty Supervisor Signature: _____ **Date:** _____

APPENDIX E: CLINICAL EVALUATION OF PRACTICUM/FIELDWORK/INTERNSHIP EXPERIENCES IN COUNSELING PSYCHOLOGY

CLINICAL EVALUATION OF PRACTICUM/FIELD/INTERN EXPERIENCES IN COUNSELING PSYCHOLOGY

Student Name: _____ Fall/Spring (circle) Year _____

Field Supervisor: _____ NAU Supervisor _____

Field Experience EPS 608: _____ Doctoral Practicum EPS 740 _____

Fieldwork EPS 608 _____ Doctoral Internship EPS 796 _____

Name of Field Site Placement _____

Instructions

This evaluation aligns with the APA Standards of Accreditation (SOA) Professional Competency Domains and Program-Specific Domain. We strongly suggest using these statements to provide context for completing your evaluation. This form requires both the self-evaluation of the NAU trainee or intern and evaluation by the field-based supervisor.

Date of Evaluation _____

Time Period of Evaluation: From _____ to _____

_____ Initial Assessment of Baseline Competencies

_____ MidYear Performance Evaluation

_____ End of the Training Year Performance Evaluation

_____ MidYear of Second Year (Part-time Internship or Residency)

_____ End of the Second Year (Part-time Internship or Residency)

Training Activities during this Evaluation Period

Please check which activities were conducted during this training period. The number of hours should be reflected in the monthly training logs.

Psychotherapy:

_____ Individual

_____ Group

_____ Marital

_____ Family

_____ Crisis

_____ Other

Assessment:

_____ Interviewing

_____ Academic

_____ Cognitive

_____ Personality

_____ Projective

_____ Neuropsychological

Supervision

Supervision must include at least two hour of direct observation that inform midpoint and final evaluations

_____ Regularly Scheduled Primary Supervision

Provided by _____

_____ Regularly Scheduled Secondary Supervision

Provided by _____

_____ Group Supervision

_____ Supervision by Practicum/Intern/Post Doc Under Supervision

Didactic/Experiential Learning Activities

_____ Attendance at Training Events (at least 8 hours each month for internship) _____

_____ On-Site Didactic Activities: _____

_____ Pre-approved Conferences and Trainings: _____

Consultation and Research Activities

Other Activities

Training Hours Accrued

This Evaluation Period

Cumulative for Year(s)

_____ Direct Service to Clients

_____ Direct Service to Clients

_____ Primary Supervision

_____ Primary Supervision

_____ Secondary Supervision

_____ Secondary Supervision

_____ Mentoring

_____ Mentoring

_____ Didactic Training

_____ Didactic Training

_____ Total Hours for Period

_____ Total Hours for Year(s)

The total hour's categories should include all practicum, fieldwork, internship and residency experiences up to the date of the evaluation, not just a summation of the other categories.

Methods of Evaluation and Training Used this Evaluation Period

- _____ Direct Observation
- _____ Review of Videotapes
- _____ Review of Audiotapes
- _____ Case Presentations
- _____ Other Evaluation Methods _____
- _____ Review of Raw Data
- _____ Review of Case Notes
- _____ Review of Reports
- _____ Feedback from Other Staff

Assessment of Trainee Competencies and Training Goals

Please rate your practicum, student, intern or postdoctoral resident on each of the following categories using this rating scale:

N/A= Not Applicable or Not Assessed

1= Concerns Noted; Remedial work is needed

2= Beginning Competency; Intensive supervision needed

3= Intermediate Competency; Routine supervision needed

4= High Competency; Supervision needed for non-routine cases

5= Advanced Competency; Autonomous practice is expected after postdoctoral training is completed

Compare your trainee with others at the same level of training. It is assumed that the majority of trainees will perform at the Beginning Competency level, and interns and residents will perform at the intermediate level on most categories.

I. CLINICAL KNOWLEDGE AND SKILLS: Diagnostic
APA SOA Profession-Wide Competencies
II. B. (vi) Assessment and (vi) Intervention

A. Diagnostic Interviewing

- _____ 1. Develops rapport
- _____ 2. Gathers relevant background information
- _____ 3. Accurately assesses client's mental status
- _____ 4. Questions are sensitive to client dynamics
- _____ 5. Makes appropriate case disposition
- _____ 6. Demonstrates effective crisis intervention

B. Diagnostic Classification and Diagnosis

- ___ 7. Knowledge of DSM classification and diagnosis
- ___ 8. Develops sound DSM diagnostic formulations
- ___ 9. Knowledge and use of special education eligibility categories

C. Theoretical Classification and Diagnosis

- ___ 10. Knowledge of theoretical case conceptualizations
- ___ 11. Develops sound theoretical case conceptualizations

II. CLINICAL KNOWLEDGE AND SKILLS: Assessment

APA SOA Profession-Wide Competencies

II. B. (vi) Assessment

A. Test Selection

- ___ 12. Demonstrates knowledge of psychometric principles
- ___ 13. Effective test selection

B. Standardized Test Administration

- ___ 14. Demonstrates standardized test administration

C. Test Interpretation

- ___ 15. Makes accurate inferences from and interpretations of data
- ___ 16. Integrates background data appropriately
- ___ 17. Develops sound diagnostic formulations
- ___ 18. Builds recommendations on empirical and clinical data

D. Report Writing

- ___ 19. Report writing style is clear
- ___ 20. Written communications are sensitive to client dynamics
- ___ 21. Written communication is non-pejorative
- ___ 22. Reports reflect appropriate integration of test data

E. Feedback

- ___ 23. Provides feedback in a clear and understandable manner
- ___ 24. Presents and explains evaluations to parents and teachers
- ___ 25. Presents and explains evaluations to other professionals

III. CLINICAL KNOWLEDGE AND SKILLS: Psychotherapy

APA SOA Profession-Wide Competencies

II. B. (i) Research (v) Communication and Interpersonal Skills (vi) Intervention

A. Case Formulation

___ 26. Is able to articulate sound case formulation

B. Treatment Planning and Goals

___ 27. Is able to work with clients to establish realistic goals

___ 28. Is able to articulate sound treatment plans and goals

C. Therapeutic Alliance

___ 29. Establishes positive therapeutic alliance with clients

___ 30. Demonstrates good listening skills

D. Management of Clinical Boundaries

___ 31. Manages interpersonal boundaries with clients in individual, family, and group therapy

E. Therapeutic Interventions

___ 32. Technical decisions and applications are appropriate to client diagnosis (presenting problems and character structure)

___ 33. Attends to affective, cognitive, and behavioral manifestations in a thoughtful and sensitive manner

F. Integration of Theory

___ 34. Is able to articulate a preferred theoretical orientation

___ 35. Is able to articulate population relevant theoretical orientations

___ 36. Is able to articulate a rationale for modifying orientation

G. Integration of Research

___ 37. Integration of biopsychosocial research into practice

___ 38. Integration of psychotherapy research into practice

IV. CLINICAL KNOWLEDGE AND SKILLS: Integration of Advanced Concepts

APA SOA Profession-Wide Competencies

II. B. (iv) Professional values, attitudes and behaviors (v) Communication and interpersonal skills (vii) Intervention (ix) Consultation and Interprofessional/interdisciplinary skills

A. Use of Process

- ___ 39. Awareness and use of process/here-and-now re: Self
- ___ 40. Awareness and use of process/here-and-now re: Clients
- ___ 41. Understanding and effective use of group process concepts

B. Use of Self

- ___ 42. Awareness and use of subjectivity/presence re: Self
- ___ 43. Awareness and use of subjectivity/presence re: Clients

C. Intrapsychic Dynamics

- ___ 44. Awareness and use intrapsychic dynamics re: Self
- ___ 45. Awareness and use intrapsychic dynamics re: Clients

D. Use of Countertransference

- ___ 46. Demonstrates awareness of impact of own personal issues on the individual psychotherapy process
- ___ 47. Demonstrates awareness of impact of own personal issues on the group or family therapy process
- ___ 48. Demonstrates awareness of impact of own personal issues on the supervision process

E. Consultation

- ___ 49. Provides specialized expertise to other professionals
- ___ 50. Designs functional behavioral assessments
- ___ 51. Implements academic and behavior intervention plans
- ___ 52. Develops on-going consulting relationships with other professionals

V. DIVERSITY AND SOCIAL RESPONSIBILITY

APA SOA Profession-Wide Competencies

II. B. (iii) Individual and Cultural Diversity (iv) Professional values, attitudes and behaviors

Program-Specific Competency: Social Justice Advocacy

A. Diversity Awareness

___ 53. Awareness of impact of own individual and cultural differences on self, others, and professional relationships

___ 54. Awareness of impact of client's individual and cultural differences on self, others, and relationships

___ 55. Awareness of impact of interaction between own and client's individual and cultural differences

B. Social Awareness and Responsibility

___ 56. Awareness of current events in local and global community

___ 57. Awareness of state and national issues in psychology

___ 58. Advocates to address systemic issues

VI. SCHOLARLY ATTITUDE

APA SOA Profession-Wide Competencies

II. B. (i) Research

A. Critical Thinking

___ 59. Engages in reflective thinking before responding

___ 60. Considers alternative perspectives and sources of information

B. Scholarly Inquiry

___ 61. Actively seeks out scholarly information in clinical work

___ 62. Engages in reflective thinking and scholarly inquiry

___ 63. Participates in research and professional publication

VII. PROFESSIONAL BEHAVIOR AND DEVELOPMENT

APA SOA Profession-Wide Competencies

II. B. (ii) Ethical and Legal Standards (iv) Professional values, attitudes and behaviors (v) Communication and Interpersonal Skills (viii) Supervision

A. Ethical Reasoning and Behavior

- ___ 64. Awareness of and commitment to ethical practices
- ___ 65. Awareness of and commitment to legal standards
- ___ 66. Represents self as an intern or resident
- ___ 67. Integrates informed consent when orienting client to therapy
- ___ 68. Engages in sound ethical reasoning when faced with ethical dilemmas that are more subtle or complex
- ___ 69. Awareness of limits of own competency within the role of intern or resident

B. Professional and Administrative Responsibility

- ___ 70. Carries out assignments responsibly
- ___ 71. Is prompt for scheduled hours and appointments
- ___ 72. Maintains appropriate record keeping practices
- ___ 73. Writes client notes and reports in a timely manner
- ___ 74. Submits Consortium documentation in a timely manner
- ___ 75. Acts in accordance with agency or practice guidelines

C. Respectful and Professional Relationships

- ___ 76. Relates positively with other interns and residents
- ___ 77. Relates effectively with a co-therapist
- ___ 78. Relates positively with staff and interdisciplinary team

D. Interpersonal Boundaries and Awareness of Impact on Others

- ___ 79. Manages anxiety and stress effectively
- ___ 80. Is conscientious in maintaining boundaries with supervisors and other staff
- ___ 81. Is aware and respectful of impact of own behavior on others

E. Use of Supervision

- ___ 82. Takes an active role in planning for supervision
- ___ 83. Keeps supervisor apprised of relevant clinical issues
- ___ 84. Receptive to and integrates supervisor feedback
- ___ 85. Able to appropriately challenge supervisor formulations
- ___ 86. Follows directions and respects supervisor’s final judgments

VIII. Performance Evaluation Summary

Please summarize your observations and impressions of your intern or resident, including overall strengths and weaknesses. Include any competency or performance areas that were not covered elsewhere.

During this training period, the performance of the intern or resident was:

- ___ Unsatisfactory ___ Satisfactory

Supervisor	Date
Secondary Supervisor	Date

Trainee Performance Evaluation Response:

COMPETENCY EVALUATION OF PRACTICUM/FIELD/INTERN EXPERIENCES
IN SCHOOL PSYCHOLOGY

Practicum Candidate/Intern: _____ Fall/Spring (circle) Year _____

Field Supervisor: _____ NAU Supervisor _____

Field Experience: _____ Practicum EPS 675 _____ Internship EPS 693 _____ Fieldwork EPS 608 _____

Doctoral Practicum EPS 741 _____ Doctoral Internship EPS 796

Field Placement: District _____ School(s) _____

Instructions

This evaluation aligns with the APA Standards of Accreditation (SOA) Professional Competency Domains and the Domains of Practice from the National Association of School Psychologists. We strongly suggest using those statements to provide context for completing your evaluation. This form requires both the self-evaluation of the NAU trainee or intern and evaluation by the field-based supervisor.

Practicum Candidate/Intern Instructions:

1. Provide a brief summary of this semester's activities in each of the program areas.
2. Provide a self-evaluation of your competency development in each area, with commentary.
3. Discuss your self-evaluation with your field supervisor; obtain field supervisor's evaluation.
4. Enter the field supervisor evaluations into the online CEFE survey form to record your evaluation for NASP reporting. Obtain this link from your university supervisor.
5. Make copies for yourself, your field supervisor, and your university supervisor; Submit original to the Program Office to be placed in your cumulative file.

Field Supervisor Instructions

- Review the Practicum Candidate/intern self-evaluation and discuss with her/him.
- Provide your evaluation of the trainee/intern's competency development in each area.
- Please provide comments in support of your evaluation, especially if you have concerns or commendations, or if your evaluation differs from the trainee/intern's self-evaluation.
- Specific directions and information about the rating structure and meaning is noted on the next page.

We recognize that professional competencies are developed over time and across multiple settings. The rating is comparing the student to what you expect based on end of internship (End of the program) competency.

Evaluation of Competency Development compared to the END of the Program (End of Internship)

<u>Rating</u>	<u>Descriptor</u>	<u>Definition</u>
1	Minimal	little to no experience and is in need of direct supervised assistance
2	Emerging	requires some direct assistance in this area
3	Adequate	requires minimal supervision, but no direct assistance
4	Entry	requires occasional supervision/consultation
5	Professional	can independently demonstrate the skill with no supervision

A rating of “1” represents an area of significant concern suggesting that remediation is needed if the candidate is in the internship year. Ratings in this range are acceptable for beginning practicum. A specific plan for development of competency (at adequate) should be discussed and implemented. The possibility of a Professional Growth Plan should be discussed, however, an informal plan is more common. The area of concern should be discussed mid-semester in the Spring to determine if progress has been shown. A rating of “1” at the end of practicum or internship will be discussed with all supervisors and the candidate to determine how to effectively move student forward. Repeat of semester of field placement may be necessary in some cases if concerns are broad. Practicum students are expected to achieve level 2 by the end of practicum.

A rating of “2” during the Fall semester is an opportunity for growth for an intern. A rating of 2 in first semester of practicum for a practicum student is the target. The candidate skill level is considered to be likely to improve with additional experience and supervision. A rating of “2” should be discussed by the site supervisor, university supervisor and candidate if the candidate is an intern. An informal plan should be made to address areas of weakness or opportunities needed to achieve ratings of “3” by the end of internship.

A minimum average passing rating per section at the end of practicum is a “2” and by the end of internship is a “3.”

“No opportunities” should be rated sparingly as supervisors and students are encouraged to discuss issues within supervision to an extent that will allow supervisor to provide a judgement of student knowledge and skill.

These written evaluations are extremely important and must be submitted prior to obtaining a grade for the field experience this semester.

Date of Evaluation _____

Time Period of Evaluation : From _____ to _____

_____ Initial Assessment of Baseline Competencies

_____ MidYear Performance Evaluation

_____ End of the Training Year Performance Evaluation

_____ MidYear of Second Year (Part-time Internship or Residency)

_____ End of the Second Year (Part-time Internship or Residency)

Supervision

_____ Regularly Scheduled Primary Supervision

Provided by _____

_____ Regularly Scheduled Secondary Supervision

Provided by _____

_____ Group Supervision

_____ Supervision by Practicum/Intern/Post Doc Under Supervision

Didactic/Experiential Learning Activities

_____ Attendance at Training Events (at least 8 hours each month for internship)

_____ On-Site Didactic Activities:

_____ Pre-approved Conferences and Trainings:

NASP Domain 2.1
Data Based Decision Making & Accountability

Development of skills and habits in seeking and applying theoretical and research knowledge, including accessing and applying scientific knowledge bases

APA SOA Profession-Wide Competencies

II. B. (vi) Assessment and (vi) Intervention

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Briefly describe activities:

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Fluency with relevant theories of cognitive abilities and tests as evidenced in discussions and report writing	1 2 3 4 5 NO	1 2 3 4 5 NO
Administration & scoring of standardized achievement & IQ tests	1 2 3 4 5 NO	1 2 3 4 5 NO
Clearly and accurately defines student referral problems before conducting evaluations	1 2 3 4 5 NO	1 2 3 4 5 NO
Chooses appropriate assessment techniques relevant to a specific referral issue	1 2 3 4 5 NO	1 2 3 4 5 NO
Effectively communicates assessment results to consumers (teachers, staff, parents, outside agencies)	1 2 3 4 5 NO	1 2 3 4 5 NO
Considers social/academic/psychological/environmental/cultural factors when making diagnostic or intervention decisions	1 2 3 4 5 NO	1 2 3 4 5 NO
Interpretation of test data in professionally written format that integrates evaluation information	1 2 3 4 5 NO	1 2 3 4 5 NO
Behavioral assessment: Observation skills	1 2 3 4 5 NO	1 2 3 4 5 NO
Behavioral assessment: Behavior rating scales and social/emotional tests administered and scored	1 2 3 4 5 NO	1 2 3 4 5 NO
Adequately completes and interprets Functional Behavioral Assessments	1 2 3 4 5 NO	1 2 3 4 5 NO
Universal screening: CBM, DIBELS, other agency specific screenings	1 2 3 4 5 NO	1 2 3 4 5 NO
Integrates assessment data into well thought out recommendations linked to assessment results	1 2 3 4 5 NO	1 2 3 4 5 NO
Graphs progress monitoring data and makes decisions using research validated procedures	1 2 3 4 5 NO	1 2 3 4 5 NO

Comments (Trainee/Intern):

Supervisor's Comments:

**NASP Domain 2.2
Consultation & Collaboration**

APA SOA Profession-Wide Competencies

II. B. (ix) Consultation and Interprofessional

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Interpersonal communication skills related to the development and facilitation of consultative and collaborative relationships (listening, empathy, paraphrasing)	1 2 3 4 5 NO	1 2 3 4 5 NO
Works collaboratively with others for school-based problem-solving	1 2 3 4 5 NO	1 2 3 4 5 NO
Conveys information effectively in writing	1 2 3 4 5 NO	1 2 3 4 5 NO
Conveys information effectively in speaking	1 2 3 4 5 NO	1 2 3 4 5 NO
Works effectively with school teams	1 2 3 4 5 NO	1 2 3 4 5 NO
Is able to effectively use various consultation models and processes in school settings	1 2 3 4 5 NO	1 2 3 4 5 NO
Implements effective systematic consultation process in school settings	1 2 3 4 5 NO	1 2 3 4 5 NO

Briefly describe activities:

Comments (Trainee/Intern):

Supervisor’s Comments:

NASP Domain 2.3

Academic Interventions & Instruction
APA SOA Profession-Wide Competencies
 II. B. (vi) Intervention

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Articulates and is able to work within existing intervention systems in schools	1 2 3 4 5 NO	1 2 3 4 5 NO
Identifies research-based and evidence-based academic interventions	1 2 3 4 5 NO	1 2 3 4 5 NO
Evaluates instruction/intervention for effectiveness using data and graphing techniques	1 2 3 4 5 NO	1 2 3 4 5 NO
Evaluates effective instructional strategies for student engagement	1 2 3 4 5 NO	1 2 3 4 5 NO
Delivers and/or monitors instruction and intervention for fidelity	1 2 3 4 5 NO	1 2 3 4 5 NO
Is able to demonstrate effective assessment of motivational factors in CBM and academic performance	1 2 3 4 5 NO	1 2 3 4 5 NO
Communicates with school teams regarding effective instructional practices	1 2 3 4 5 NO	1 2 3 4 5 NO

Briefly describe activities:

Comments (Trainee/Intern):

Supervisor’s Comments:

NASP Domain 2.4
Interventions for Social, Behavior & Mental Health Services
APA SOA Profession-Wide Competencies
 II. B. (vi) Intervention

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Demonstrates effective communication with teams in recommendations of research-based and evidence-based social/behavioral interventions	1 2 3 4 5 NO	1 2 3 4 5 NO
Develops social and behavioral interventions based on FBA data	1 2 3 4 5 NO	1 2 3 4 5 NO
Evaluates social/behavioral intervention effectiveness using data and graphing techniques	1 2 3 4 5 NO	1 2 3 4 5 NO
Monitors social and behavioral interventions for fidelity	1 2 3 4 5 NO	1 2 3 4 5 NO
Models/implements social/behavioral interventions with integrity	1 2 3 4 5 NO	1 2 3 4 5 NO
Effectively communicates knowledge of typical and atypical development in various settings with staff and parents	1 2 3 4 5 NO	1 2 3 4 5 NO
Develops counseling plans to address student needs	1 2 3 4 5 NO	1 2 3 4 5 NO
Understands local resources available to meet student and family needs in the area of mental health	1 2 3 4 5 NO	1 2 3 4 5 NO

Briefly describe activities:

Comments (Trainee/Intern):

Supervisor’s Comments:

NASP Domain 2.5
School-wide Practices to Promote Learning
APA SOA Profession-Wide and Program Competencies
 II. B. (v) Communication and Interpersonal Skills
 (vi) Intervention

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Candidate utilizes knowledge of the school’s Multi-Tiered Support Systems in school-based service delivery	1 2 3 4 5 NO	1 2 3 4 5 NO
Problem solves with school teams regarding organizational/school-wide practices that enhance or impede student learning	1 2 3 4 5 NO	1 2 3 4 5 NO
Models and facilitates practices for positive school climate	1 2 3 4 5 NO	1 2 3 4 5 NO
Candidate consistently utilizes a PBIS philosophy in interactions and intervention planning	1 2 3 4 5 NO	1 2 3 4 5 NO
Develops and/or delivers training activities for staff and parents	1 2 3 4 5 NO	1 2 3 4 5 NO

Briefly describe activities:

Comments (Trainee/Intern):

Supervisor’s Comments:

**NASP Domain 2.6
Preventive & Responsive Services**

APA SOA Profession-Wide Competencies

II. B. (iii) Individual and Cultural Diversity (vi) Assessment and (vi) Intervention

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Effectively identifies typical or atypical features of child & adolescent development to facilitate case problem solving	1 2 3 4 5 NO	1 2 3 4 5 NO
Effectively identifies risk factors associated with conduct & other disorders and guide team discussion related to intervention	1 2 3 4 5 NO	1 2 3 4 5 NO
Identifies and/or recommends additional prevention and risk reduction programs to assist school teams (examples may be: Bully-Proofing your School, Second Step, Wilson Reading Programs)	1 2 3 4 5 NO	1 2 3 4 5 NO
Responds to crisis situations in the school setting (may rate as NO = no opportunity)	1 2 3 4 5 NO	1 2 3 4 5 NO
Identifies student needs (which Tier) for academic and behavioral and social-emotional support	1 2 3 4 5 NO	1 2 3 4 5 NO

Briefly describe activities:

Comments (Trainee/Intern):

Supervisor's Comments:

**NASP Domain 2.7
Family-School Collaboration**

APA SOA Profession-Wide Competencies

II. B. (iii) Individual and Cultural Diversity (v) Communication and Interpersonal Skills and (vi) Intervention

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Applies understanding of family characteristics and practices and their influence on development and behavior in case work	1 2 3 4 5 NO	1 2 3 4 5 NO
Promoting home-school collaboration permeates candidates school-based service delivery	1 2 3 4 5 NO	1 2 3 4 5 NO
Engages parents in interactions relative to children’s intervention needs and education process	1 2 3 4 5 NO	1 2 3 4 5 NO
Displays empathy and a supportive stance in interactions with families in the course of school-based service delivery	1 2 3 4 5 NO	1 2 3 4 5 NO
During supervision candidate effectively communicates how diversity may (or may not) influence their course of action in case work	1 2 3 4 5 NO	1 2 3 4 5 NO

Briefly describe activities:

Comments (Trainee/Intern):

Supervisor’s Comments:

NASP Domain 2.8
Student Diversity in Development and Learning

APA SOA Profession-Wide Competencies
 II. B. (iii) Individual and Cultural Diversity (vi) Assessment and (vi) Intervention

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Guides discussions of issues related to dimensions of diversity in school-team activities	1 2 3 4 5 NO	1 2 3 4 5 NO
Incorporates knowledge of second-language acquisition in case consultation and evaluation	1 2 3 4 5 NO	1 2 3 4 5 NO
Candidate affirms student’s racial, cultural, socio-economic status, gender, ethnic, sexual orientation, religious, ability, and disability identification	1 2 3 4 5 NO	1 2 3 4 5 NO
Accommodates diversity in assessment and intervention, interaction with students, staff, families	1 2 3 4 5 NO	1 2 3 4 5 NO
Demonstrates multicultural sensitivity/responsiveness to ethnically, culturally, and racially different individuals (for example, judgment of eye contact with Native American individuals)	1 2 3 4 5 NO	1 2 3 4 5 NO

Briefly describe activities:

Comments (Trainee/Intern):

Supervisor’s Comments:

**NASP Domain 2.9
Research and Program Evaluation**

APA SOA Profession-Wide Competencies

II. B. (i) Research

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Candidate reads and interprets peer-reviewed journal articles from the field	1 2 3 4 5 NO	1 2 3 4 5 NO
Candidate uses quantitative methods to evaluate research data	1 2 3 4 5 NO	1 2 3 4 5 NO
Implements research design methods for research in school psychology	1 2 3 4 5 NO	1 2 3 4 5 NO
Assists school staff apply methods of program evaluation	1 2 3 4 5 NO	1 2 3 4 5 NO
Utilizes single-subject design methods in school setting	1 2 3 4 5 NO	1 2 3 4 5 NO

Briefly describe activities:

Comments (Trainee/Intern):

Supervisor's Comments:

**NASP Domain 2.10
Legal, Ethical, & Professional Practice**

APA SOA Profession-Wide Competencies

II. B. (ii) Ethical and Legal Standards (iv) Professional values, attitudes and behaviors, (viii) Supervision

1 - Minimal; 2 -Emerging; 3 – Adequate; 4 – Entry; 5 – Professional; NO – No Opportunity

Briefly describe activities:

Competencies	Self-Evaluation	Supervisor Evaluation
	Circle rating	Circle rating
Engages in legal and ethical principles relevant to cases	1 2 3 4 5 NO	1 2 3 4 5 NO
Knows/is able to apply laws regarding special education	1 2 3 4 5 NO	1 2 3 4 5 NO
Participates in professional development activities	1 2 3 4 5 NO	1 2 3 4 5 NO
Persists in task completion with minimal oversight	1 2 3 4 5 NO	1 2 3 4 5 NO
Accepts responsibility for work and for choices	1 2 3 4 5 NO	1 2 3 4 5 NO
Adheres to institutional policies governing dress, attendance, punctuality, etc.	1 2 3 4 5 NO	1 2 3 4 5 NO
Candidate is organized in work	1 2 3 4 5 NO	1 2 3 4 5 NO
Awareness of personal strengths & weaknesses for example: actively uses self-evaluation and self-reflection to promote professional growth; seeks out training or feedback to ensure skill competency	1 2 3 4 5 NO	1 2 3 4 5 NO
Displays appropriate personal adjustment professionally & personally by reacting well and displaying patience in ambiguous or difficult situations	1 2 3 4 5 NO	1 2 3 4 5 NO
Ability to work cooperatively with others by actively expressing ideas and questions, listening with openness to ideas and thoughts expressed by others (Supervision)	1 2 3 4 5 NO	1 2 3 4 5 NO
Openness to Change, example: Responds well to feedback (Supervision)	1 2 3 4 5 NO	1 2 3 4 5 NO
Ability to work with individuals from diverse backgrounds	1 2 3 4 5 NO	1 2 3 4 5 NO
Candidate is timely with assignments and meetings	1 2 3 4 5 NO	1 2 3 4 5 NO
DOCTORAL PRACTICUM: Engages in supervision and mentoring activities with candidates from EPS675	1 2 3 4 5 NO	1 2 3 4 5 NO
DOCTORAL PRACTICUM: Forms productive relationship with supervisees and reflects on experiences during 741 supervision	1 2 3 4 5 NO	1 2 3 4 5 NO

Comments (Trainee/Intern):

Supervisor's Comments:

PROFESSIONAL INTERPERSONAL DISPOSITIONS

PLEASE RATE THE CANDIDATE’S PROFESSIONAL INTERPERSONAL DISPOSITIONS USING THE FOLLOWING SCALE:

RATINGS:

1	Unacceptable
2	Emerging Skill
3	Acceptable

Dispositions Critical to the Practice of School Psychology:

Disposition Rating	Self-Evaluation				Supervisor’s Evaluation			
	1	2	3		1	2	3	
Demonstrates positive interpersonal skills								
Establishes rapport and effectively interacts with students								
Establishes rapport and effectively interacts with parents								
Establishes rapport and effectively interacts with school staff								
Exhibits punctuality in all areas								
Uses sound, practical judgment								
Dresses appropriately								
Learns from feedback or criticism								
Candidate is organized in work								
Accepts and respects cultural diversity								
Assumes responsibility for personal/professional actions								
Aware of personal strengths and weaknesses								
Ability to work cooperatively with others by actively expressing ideas and questions, listening with openness to ideas and thoughts expressed by others.								
Openness to Change, example: Responds well to feedback								
Persists in task completion with minimal oversight								

Comments Intern/Trainee:

Supervisor’s Comments:

SUMMARY: OVERALL DEVELOPMENT

Trainee/Intern Self-Evaluation	Supervisor's Evaluation
<p>Areas of Strength</p>	<p>Areas of Strength</p>
<p>Areas to Target for Growth</p>	<p>Areas to Target for Growth</p>
<p>_____ Student Signature</p> <p>_____ Date</p>	<p>_____ Field Supervisor Signature</p> <p>_____ Date</p>

Supervisor: Please indicate your recommendation for this individual's next phase of experience:

Fall Semester [for Spring] _____

Spring Semester [for Next Year] _____

___ continue in this phase of field experience as planned

___ advance to next phase of field experience as planned

___ continue in internship as planned

___ ready to advance to full-time internship

___ ready to work as a credentialed school psychologist

___ OTHER: Please call, phone number(s) _____

Confidential Client Information

This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Date of Referral: _____ **Scheduled Appointment Date:** _____

Client Name: _____ Ethnicity: _____

Address: _____

City: _____ Prov/State: _____ Zip/Postal Code: _____

Home phone: _____ Daytime number: _____

Age: _____ Birthdate: _____ Birthplace: _____

Education (grade completed, any postsecondary): _____

Languages spoken at home: _____

Person to alert in the event of medical emergency: _____

Relationship to client: _____ Phone: _____

Family Doctor: _____ Phone: _____

Living situation (circle): with parents alone other: _____

Party with financial responsibility for services: _____

Relationship: parent other relative other

Reason for seeking services?

What do you hope will be the outcome of services?

Are you currently in counseling with another counselor or group? Y N
If yes, where and for what types of problems? _____

Is any member of your family already in counseling at NAU? _____

If the client is a child or a dependent adult, is the caller the client's legal custodian? Y N

Does the client prefer a ___ male ___ female ___ either gender counselor?

Is the situation urgent? Y N (circle one) If yes, how so? _____

Notify parent/client that we may email a few forms for them to fill out and bring to their appointment.

Practicum Student Assigned to Case: _____

Date Completed: _____

Completed by: _____

APPENDIX H: GUIDE TO OBTAINING VOLUNTEERS

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 your 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.

APPENDIX I: 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.

APPENDIX J: ADULT BACKGROUND QUESTIONNAIRE

Instruction: This questionnaire is designed to help you assist us in collecting information to provide the most accurate assessment. This information helps us in this effort. By providing this questionnaire prior to the session, you have the opportunity to have family members assist you with information you may not remember. Please complete as much of the questionnaire as possible. If you have problems with different sections, we can go over this information in the evaluation session. Thank you!

General Information

Name: _____ Birth Date: _____

Age: _____ Marital Status: _____ Phone Number: _____

Ethnic Background _____

Living arrangements: Alone With Spouse With Friends In Group Home

Other (specify: _____)

Problems you are currently experiencing & when you started having them:

Problem	Onset
_____	_____
_____	_____
_____	_____

Please state any specific questions you or the referring source has which need to be answered by this evaluation:

Background History:

At what point did you begin to experience problems related to your current concern? Note any events or changes that occurred

What emotional or psychological problems have you had in your past?

What psychotropic medications have you taken in the past?

Have you ever been hospitalized for mental or emotional problems? (If yes, where and when?)

Have you ever received Counseling in the past?

Have you had psychological testing in the past? Please state when and where?

Family Psychiatric/Psychological History

Please check any family history of emotional problems or mental disorders (both diagnosed and suspected):

x		Additional notes
	Depression	
	Mood swings	
	Explosive anger	
	Anxiety problems	
	Obsessive-compulsive disorder	
	Learning disorders	
	Schizophrenia	
	Attention-deficit hyperactivity disorder	
	Bipolar disorder	
	Paranoia	
	Seizures	
	Neurologic disorders	
	Insomnia	
	Eating disorders	
	PSTD	
	Alzheimer's Disease	
	Other:	

Birth History

Where were you born?

Did your mother take any medications during pregnancy?

During pregnancy did your mother use any of these? __ Alcohol __ Marijuana __ Amphetamines __ Tobacco __
other: _____

Any problems during pregnancy?

Any problems with delivery?

Birth Weight: _____ Was the birth premature?

Developmental History:

Briefly describe your childhood years? (Who you lived with, children in the home, deaths, etc.)

Describe what type of child you were when you were growing up:

What forms of discipline were used in the family you grew up in?

As a child how did you cope with conflict or stressful situations?

Family Member	Current age	Your relationship with

Major Changes (e.g., divorce or moving) during childhood?

Parent’s Employment during your childhood:

Mother’s Position

Father’s Position

Peer Groups: Childhood:

Current:

Hobbies/Activities: Childhood:

Current:

Education:

Highest grade completed: _____ Average GPA: _____

Name of Schools Attended:

Favorite Subject/s:

Least Favorite Subjects:

Extracurricular activities (e.g., sports, clubs, etc.);

x	Problems
	Truancy
	Absences because of illness
	Fights with student
	Oppositional behavior towards teachers
	Drug and/or alcohol use
	Acting out behavior
	Difficulty learning
	Emotional problems
	Social withdrawal
	Suicidal thoughts or gestures
	Other:

Classes Where You Had Problems:

Classes You Enjoyed:

Strengths:

History of Remedial Services (tutoring, speech therapy, etc.):

Employment:

Position	Employer	Length of Employment	Reason for Leaving	Problems Experienced

Current Career Goals:

Long Term Career Goals:

What do you do for stress relief?

What are your hobbies?

Physical, Medical, & Nutritional

Who is your physician (include address & telephone number)?

List any other physicians or health professionals that you currently see or have seen in the last year:

When was your last medical examination? _____ How frequently do you see your Physician?

Current medical issues:

Current medications you are taking:

Current herbal medications, supplements, and/or vitamins you are taking:

Chemical sensitivities or reactions to medications:

Have you ever had prolonged use or exposure to solvents/toxic chemicals? Yes__ No__ If yes, please list:

Check any medical problems you have had in the past:

Measles__ German measles__ Mumps__ Chicken Pox__ Whooping cough__
Diphtheria__ Scarlet fever__ Rheumatic fever__ Malaria__ Headaches__
Migraines__ Extreme tiredness/weakness__ High fever__ Meningitis__ Encephalitis__
Epilepsy (seizures__ Coma__ Tuberculosis__ Polio__ Fainting Spells__
High blood pressure__ Stroke__ Chest pain__ Heart disease__ Heart Attack__ Bone disease__
Joint disease__ Fibromyalgia__ Muscle disease__ bleeding problems__
Anemia__ Syphilis__ Chlamydia__ Herpes__ Other STD__
HIV infection__ Sunstroke__ Near drowning__ Altitude sickness__
Electrical shock__ Tumor__ Cancer__ Paralysis__ Vision problems__
Hearing problems__ Loss of sense of touch__ Tingling/numbness feelings__
Loss of sense of smell__ Loss of taste__ Difficulty with balance__
Eczema or hives__ Allergies__ Pulmonary (lung) disease__ Jaundice or hepatitis__
Kidney problems__ Chronic pain__ Dialysis__ Parkinson's disease__
Huntington's disease__ Multiple sclerosis__ Lupus__ Lead poisoning__
Nutritional deficiencies__ Alcoholism__ Broken bones__ Hospitalizations__
Hypothyroidism__ Hyperthyroidism__ Diabetes__ Hypoglycemia__
Endocrine disorders__ Gynecological problems__ Gallstones__ Gallbladder problems__
Other:

Do you have difficulty sleeping? Yes__ No__

If yes, explain: _____

APPENDIX K: 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

EDUCATIONAL PSYCHOLOGY CLINIC

INDIVIDUAL CONSENT

I, _____, agree to be administered a comprehensive psychoeducational evaluation by an advanced student in the School Psychology training program under the supervision of the School Psychology faculty. I understand that the fee for this service is \$200, payable to Northern Arizona University upon receipt of the bill.

The following have been explained to me:

(1) The practicum lab provides a clinical-diagnostic service to physicians, psychologists, agencies, schools, parents, and individuals. The extensive battery of tests and standardized procedures are used to reach diagnostic decisions.

(2) Information will be gathered from a variety of sources, including standardized tests, rating scales, school records, classroom observations for children under 18 years, and interviews with parents and teachers.

(3) The information gathered will be summarized and educationally relevant recommendations will be made in the form of a comprehensive psychoeducational report.

(4) I understand that this is a training clinic and NAU (Educational Psychology faculty and students may observe the testing session. In addition, case information will be discussed as part of case supervision within practicum (EPS 675, 741).

I UNDERSTAND THE ABOVE CONDITIONS AND GRANT MY CONSENT

_____ I agree for the results of this comprehensive psychoeducational evaluation to be faxed to Coconino Community College Disability Resources (CCCDR) and for information pertaining to the evaluation procedures to be shared between CCCDR and the NAU evaluation team.

Signature

Date

APPENDIX M: INFORMED CONSENT – INDIVIDUAL AND FAMILY

I, _____, agree to allow Lisa L. Persinger, Ph.D., licensed school psychologist AZPBE license number 3743, to perform the following services:

- Psychological testing, assessment, or evaluation
- Report writing
- Consultation with school personnel
- Consultation with lawyers
- Other (describe): _____

I understand that these services may include direct, face-to-face contact, interviewing, or testing. They may also include the psychologist's time required for the reading of records, consultations with other psychologists and professionals, scoring of tests, interpreting the results, and any other activities to support these services.

I understand that the fee for this (these) service(s) will be about \$800.00 to \$1500.00. I understand that I am fully responsible for payment of these services.

I also understand the psychologist agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association and other professional organizations.
2. Tests will be chosen that are suitable for the purposes described above. These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.
3. Tests and test results will be kept in a secure place to maintain their confidentiality.

Since counseling is based on a trusting relationship between the psychologist and client, the psychologist will keep the information shared by clients confidential except in certain situations where legal responsibility limits confidentiality. In the following circumstances, confidential information **MUST** be shared:

1. If the client reveals information about intent to harm self or others.
2. If the client reveals information indicating child abuse.
3. If the school psychologist's records are subpoenaed by the courts.
4. If you request the information be released to a certain party for specific purposes.
5. If you release the information.

By signing this form, I give my informed consent to participate in the assessment sessions with the Dr. Persinger. I understand that:

1. Anything shared in the sessions will be kept confidential by the psychologist except in the situations noted ABOVE.
2. This consent is active for the duration of the assessment period beginning _____ through _____.
3. Consent may be revoked at any time by REQUESTING TERMINATION IN WRITING.

Signature of client

Date

I, the school psychology practicum student, have discussed the issues above with the client. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Signature of psychologist

Date

*Dr. Persinger is licensed for independent practice in psychology in the state of Arizona by the Arizona Board of Psychologist Examiners. She practices under the adherence and guidance of the Code of Ethics of the American Psychological Association and National Association of School Psychologists.

APPENDIX N: PSYCHOLOGICAL SERVICES CONSENT FORM (ADULT)

I, _____, consent to participate in psychological/psychoeducational assessment activities in the Northern Arizona University Practicum Clinic/Laboratory. This NAU Clinic is a practicum laboratory for graduate students in school psychology and counseling psychology. As such, services will be conducted by an NAU graduate student and supervised by faculty who are certified as school psychologists and/or licensed as psychologists in the state of Arizona.

A psychological/psychoeducational assessment often involves the client completing rating scales, interviews about current as well as historical information, interview of school personnel or other treating professionals, observation in school, and individual testing with the individual to measure ability, achievement, adaptive and behavioral factors that may contribute to current educational or behavioral performance.

Since counseling and assessment is based on a trusting relationship between the evaluator and client, the NAU practicum student and clinical supervisor will keep the information shared by clients confidential except in certain situations where legal responsibility limits confidentiality. In the following circumstances, confidential information MUST be shared:

4. If the client reveals information about intent to harm self or others.
5. If the client reveals information indicating child abuse.
6. If the records are subpoenaed by the courts.
7. If you request the information be released to a certain party for specific purposes.
8. If you release the information.

By signing this form, I give my informed consent for me, _____ to participate in the assessment sessions with the NAU Graduate Student. I understand that:

4. Anything shared in the sessions will be kept confidential by the evaluator and faculty supervisor(s) except in the situations noted ABOVE.
5. This consent is active for the duration of the assessment period beginning _____ through _____.
6. Consent may be revoked at any time by REQUESTING TERMINATION IN WRITING.

Client: _____ Date: _____

Supervisors:

*Dr. Persinger and Dr. Mellott are licensed for independent practice in psychology in the state of Arizona by the Arizona Board of Psychologist Examiners. Both are also certified school psychologists by the Arizona Department of Education. These psychologists practice under the adherence and guidance of the Code of Ethics of the American Psychological Association and National Association of School Psychologists.

*Dr. Lena Gaddis is a certified school psychologist by the Arizona Department of Education. She practices under the adherence and guidance of the Code of Ethics of the American Psychological Association and National Association of School Psychologists.

APPENDIX O: PSYCHOLOGICAL SERVICES CONSENT FORM (CHILD)

Your permission is requested for your child, _____, to participate in psychological/psychoeducational assessment activities in the Northern Arizona University Practicum Clinic/Laboratory. This NAU Clinic is a practicum laboratory for graduate students in school psychology and counseling psychology. As such, services will be conducted by an NAU graduate student and supervised by faculty who are certified as school psychologists and/or licensed as psychologists in the state of Arizona.

A psychological/psychoeducational assessment often involves both child and parents completing rating scales, interviews about current as well as historical information, interview of school personnel or other treating professionals, observation in school, and individual testing with the child to measure ability, achievement, adaptive and behavioral factors that may contribute to current educational or behavioral performance.

Since counseling and assessment is based on a trusting relationship between the psychologist and student, the school psychologist will keep the information shared by students confidential except in certain situations where legal responsibility limits confidentiality. In the following circumstances, confidential information **MUST** be shared:

9. If the student reveals information about intent to harm self or others.
10. If the student reveals information indicating child abuse.
11. If the school psychologist's records are subpoenaed by the courts.
12. If you request the information be released to a certain party for specific purposes.
13. If you release the information.

By signing this form, I give my informed consent FOR MY CHILD _____ to participate in the assessment sessions with the NAU Graduate Student. I understand that:

7. Anything shared in the sessions will be kept confidential by the evaluator and faculty supervisor(s) except in the situations noted ABOVE.
8. This consent is active for the duration of the assessment period beginning _____ through _____.
9. Consent may be revoked at any time by REQUESTING TERMINATION IN WRITING.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student/Child: _____ Date: _____

Supervisors:

*Dr. Persinger and Dr. Mellott are licensed for independent practice in psychology in the state of Arizona by the Arizona Board of Psychologist Examiners. Both are also certified school psychologists by the Arizona Department of Education. These psychologists practice under the adherence and guidance of the Code of Ethics of the American Psychological Association and National Association of School Psychologists.

*Dr. Lena Gaddis is a certified school psychologist by the Arizona Department of Education. She practices under the adherence and guidance of the Code of Ethics of the American Psychological Association and National Association of School Psychologists.

APPENDIX P: PSYCHOLOGICAL SERVICES CONSENT FORM (HOPI HEADSTART)

I, _____, consent to participate in Mental Health Consultation activities provided by NAU School Psychology students. This service is part of the Mental Health Services provided as part of a consultation agreement between Hopi Head Start and the School Psychology Program at Northern Arizona University. As such, services will be conducted by NAU School Psychology graduate students and supervised by faculty who are certified as school psychologists and/or licensed as psychologists in the state of Arizona.

Services to Hopi Head Start may include:

- ___ Classroom Observations
- ___ Consultation with Teachers
- ___ Consultation with Parents
- ___ Group or Individual Counseling
- ___ Completion of a Functional Behavioral Assessment or Behavior Intervention Plan

Since counseling and assessment is based on a trusting relationship between the evaluator and client, the NAU practicum student and clinical supervisor will keep the information shared by clients confidential except in certain situations where legal responsibility limits confidentiality. In the following circumstances, confidential information MUST be shared:

- 14. If the client reveals information about intent to harm self or others.
- 15. If the client reveals information indicating child abuse.
- 16. If the records are subpoenaed by the courts.
- 17. If you request the information be released to a certain party for specific purposes.
- 18. If you release the information.

By signing this form, I give my informed consent for my child, _____ to participate in the services identified above.

I understand that:

- 10. Anything shared in the sessions will be kept confidential by the evaluator and faculty supervisor(s) except in the situations noted ABOVE.
- 11. This consent is active for the duration of the assessment period beginning _____ through _____.
- 12. Consent may be revoked at any time by REQUESTING TERMINATION IN WRITING.

Client: _____

Parent: _____ Date: _____

Supervisors:

*Dr. Persinger and Dr. Mellott are licensed for independent practice in psychology in the state of Arizona by the Arizona Board of Psychologist Examiners. Both are also certified school psychologists by the Arizona Department of Education. These psychologists practice under the adherence and guidance of the Code of Ethics of the American Psychological Association and National Association of School Psychologists.

*Dr. Lena Gaddis is a certified school psychologist by the Arizona Department of Education. She practices under the adherence and guidance of the Code of Ethics of the American Psychological Association and National Association of School Psychologists.

APPENDIX Q: FLOW CHART FOR INTAKE

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.

APPENDIX R: PROGRESS NOTE EXAMPLE

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
1-18-16	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>)
1/20/16	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 -1/25/16	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 #: 16-001

APPENDIX U: NO SUICIDE CONTRACT

I _____ agree not to kill myself, attempt to kill myself, or cause harm to myself during the period from _____ to _____, the time of my next schedule appointment.

I also agree not to harm anyone else during this same period.

I agree to take care of myself and get enough sleep and eat well.

I agree that I will not become intoxicated through the use of alcohol or drugs.

I agree to get rid of things that I could use to harm myself, such as guns or pills.

I agree that if I have a bad time and feel that I might hurt myself, I will call my counselor at

Phone Number: _____ or the following Counseling Center.

Counseling Center: _____

Name: _____

I agree that these conditions are part of my counseling contract with

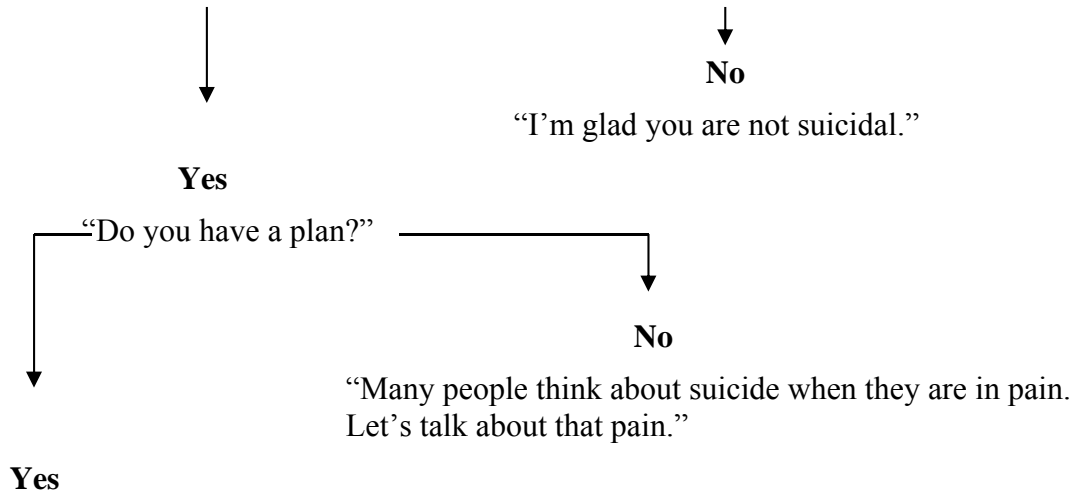
Client Signature

Witness Signature

Date and Time

APPENDIX V: PROCEDURES FOR HANDLING SUICIDAL CLIENTS

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



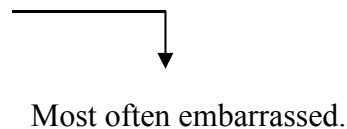
"How are you going to kill yourself?"

"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?"

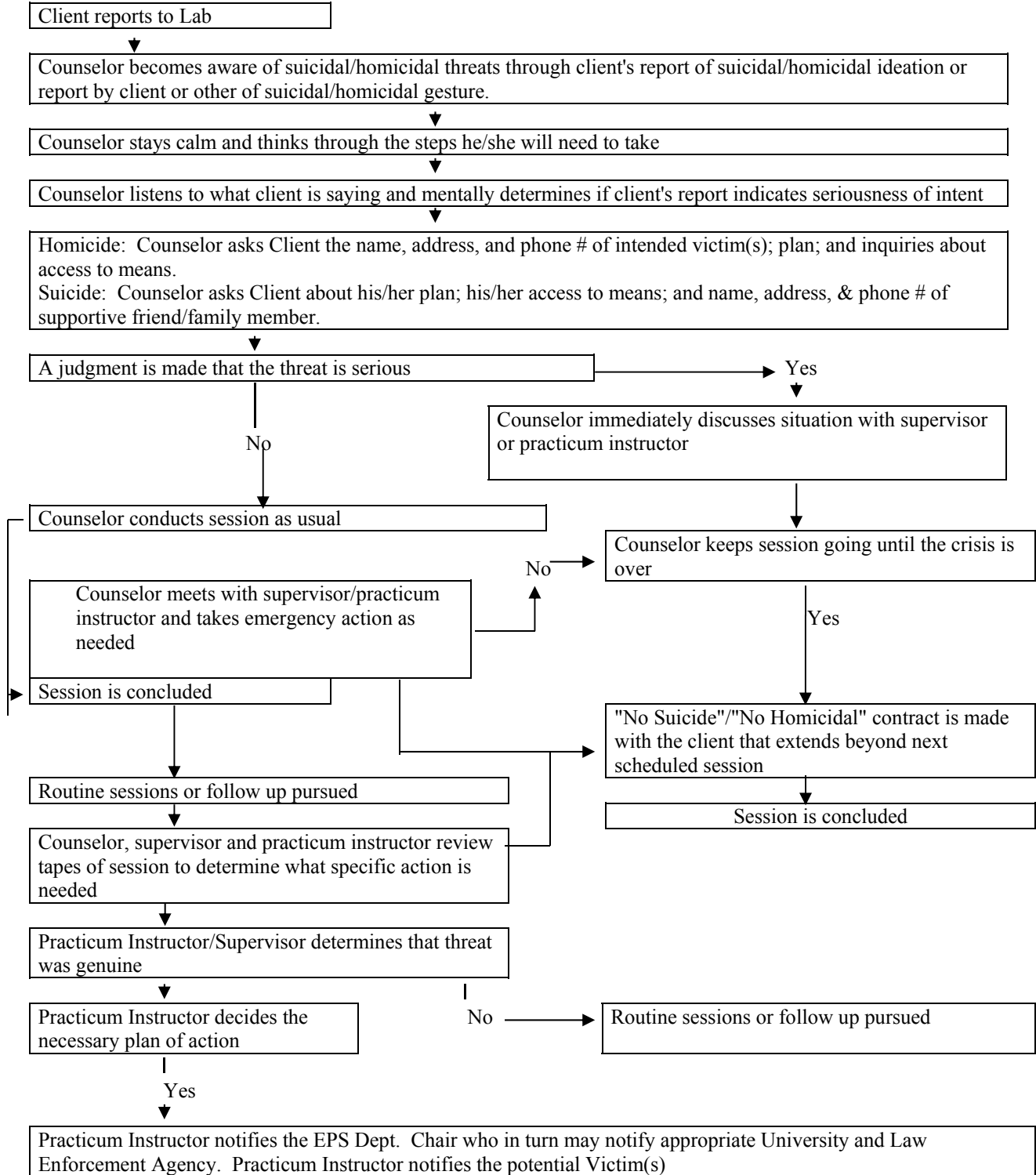


If angry at being saved, the client is a high risk for suicide: "Tell me about that."

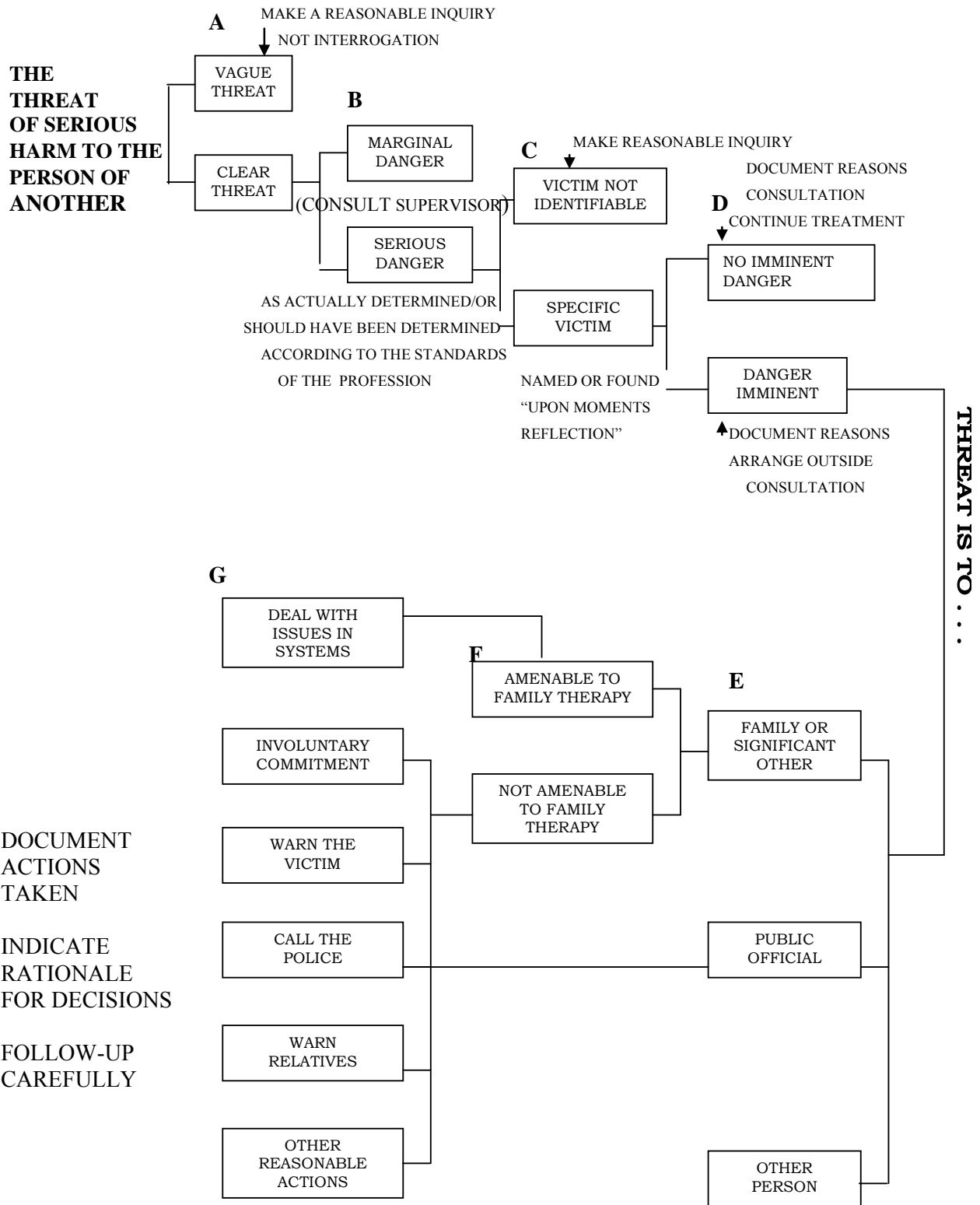
"Is there a history of suicide in your family?"

[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.]

APPENDIX W: DECISION TREE FOR HANDLING SUICIDAL/HOMICIDAL



APPENDIX X: TARASOFF DECISION TREE



APPENDIX Y: DECISION TREE FOR REPORTING ABUSE/NEGLECT

