

EPS Practicum Manual

EPS 692

Table of Contents

INTRODUCTION.....	3
LAB vs FIELD/FIELD-BASED/SITE	3
PREREQUISITES.....	3
ARRANGING FOR A PRACTICUM SITE	3
STUDENT LIABILITY INSURANCE	3
COUNSELING PEOPLE YOU KNOW.....	3
MASTER'S PRACTICUM (EPS 692) GRADING PHILOSOPHY	4
CACREP 2016 Standards	5
<i>GUIDELINES FOR MASTER'S PRACTICUM HOURS CONDUCTED ON SITE/ FIELD MASTER'S PRACTICUM (EPS 692).....</i>	<i>8</i>
OBJECTIVES OF THE PRACTICUM HOURS CONDUCTED ON SITE	8
RESPONSIBILITIES OF THE COUNSELOR-IN-TRAINING.....	8
THE ROLE OF SITE SUPERVISOR.....	10
SITE SUPERVISOR QUALIFICATIONS.....	10
DOCUMENTATION NEEDED BY COE OFFICE (1) current copy of vita/resume (2) current copy of credentials	10
<i>GUIDELINES FOR MASTER'S PRACTICUM HOURS CONDUCTED IN LAB MASTER'S PRACTICUM (EPS 692).....</i>	<i>11</i>
CONFIDENTIALITY	11
RECORDING CLIENT SESSIONS	12
CLIENT NO-SHOW POLICY.....	12
GENERAL APPEARANCE AND BEHAVIOR.....	12
TELEPHONE USAGE AND MESSAGE SERVICE.....	12
CONFIDENTIALITY AND ONLINE RECORDINGS	12
MAINTAINING CLIENT FILES.....	13
REFERRALS AND CONSULTATION.....	13
EMERGENCY PROCEDURES.....	14
CLIENTS WHO ARE POTENTIALLY SUICIDAL OR HARMFUL TO OTHERS	15
ENDANGERMENT.....	15
PRACTICUM DOCUMENTATION	15
<i>GUIDELINES FOR WORKING WITH CLIENTS AND COMPLETING REQUIRED FORMS</i>	<i>17</i>
INITIAL STEPS FOR NEW CLIENTS	17
GUIDELINES FOR INTAKE INTERVIEW REPORT	18

GUIDELINES FOR COMPLETING COUNSELING SUPERVISION LOG 18
GUIDELINES FOR COMPLETING TREATMENT PLANNING FORM..... 18
GUIDELINES FOR PSYCHOTHERAPY TERMINATION NOTE..... 19
Practicum Manual Appendices 20
Appendix A: Confidentiality Statement..... 21
Appendix B: Informed Consent..... 22
Appendix C: Case staffing outline..... 26
Appendix D: Case Staffing Rubric..... 28
Appendix E: Supervision Log 31

INTRODUCTION

PLEASE NOTE THAT THESE POLICIES APPLY TO ALL MASTER'S AND DOCTORAL COUNSELORS-IN-TRAINING ENROLLED IN PRACTICUM CLASS AND MUST BE FOLLOWED WHEN SEEING CLIENTS IN AN NAU PRACTICUM LAB

Electronic Version of this Manual can be found at:
<https://nau.edu/ed-psych/forms-checklists-manuals/>

LAB vs FIELD/FIELD-BASED/SITE

For clarification purposes, "Lab" refers to the NAU Practicum Lab, whereas "Field/Field-Based" and/or "Site" pertain to the counselor-in-trainings' experiences in other locations (i.e., schools and behavioral health agencies, etc.) See Guidelines for master's Practicum Hours Conducted in the Field section of this manual.

PREREQUISITES

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

ARRANGING FOR A PRACTICUM SITE

Upon completion of the pre-requisites, students should start looking for sites they are interested in completing their Practicum. Students should discuss with their faculty members areas they are interested in working and agencies they can contact.

STUDENT LIABILITY INSURANCE

To enroll in and practice as a Practicum student and intern, students are required to have their own professional liability insurance. Students are not allowed to see clients unless they have submitted a proof of their insurance. Students can obtain liability insurance through their professional organization:

- 1- American Counseling Association
- 2- American School Counselor Association
- 3- HPSO

COUNSELING PEOPLE YOU KNOW

Since some of the clients in Practicum come from courses in Educational Psychology, you may know some potential clients and wonder whether it is ethical for you to counsel them. Other questions may come up regarding seeing relatives of people you know or relatives of clients you

have in a group. To resolve such issues, refer to the APA and/or ACA Ethical Standards, and if you still have any questions or are unsure how to proceed, be sure to consult with your supervisor.

MASTER'S PRACTICUM (EPS 692) GRADING PHILOSOPHY

At midterm counselors-in-training should be advised as to where they stand regarding their practicum skills and obligations.

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

In the event that the student not complete the practicum obligations a grade of "In Progress" may be given: A grade of In-Progress can be interpreted in two ways:

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

Incomplete - may be earned when a counselor-in-training is unable to complete requirements due to circumstances, such as serious illness, beyond their control.

A final grade of "Fail" shall necessitate a professional growth plan and a requirement for the student to repeat the course. Failure a second time - necessitate removal from the program???

CACREP 2016 Standards

	GENERAL COURSE OBJECTIVES	CACREP	MEASURE
1	professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues	(2G-1g)	Supervision meetings
2	ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling	(2G-1i)	Case conceptualizations KPI
3	technology's impact on the counseling profession	(2g-1j)	Supervision meetings
4	strategies for personal and professional self-evaluation and implications for practice	(2G-1k)	Supervision meetings
5	the role of counseling supervision in the profession	(2G-1m)	Supervision meetings
6	multicultural and pluralistic characteristics within and among diverse groups nationally and internationally	(2G-2a)	Supervision meetings
7	theories and models of multicultural counseling, cultural identity development, and social justice and advocacy	(2G-2b)	Supervision meetings
8	multicultural counseling competencies	(2G-2c)	Supervision meetings
9	the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others	(2G-2d)	Case conceptualizations KPI
10	the effects of power and privilege for counselors and clients	(2G-2e)	Supervision meetings
11	help-seeking behaviors of diverse clients	(2G-2f)	Supervision meetings
12	the impact of spiritual beliefs on clients' and counselors' worldviews	(2G-2g)	Supervision meetings
13	strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination	(2G-2h)	Supervision meetings
14	Theories of individual and family development across the lifespan	(2G-3a)	Case conceptualizations KPI
15	theories and models of counseling	(2G-5a)	Supervision meetings
16	a systems approach to conceptualizing clients	(2G-5b)	Supervision meetings
17	theories, models, and strategies for understanding and practicing consultation	(2G-5c)	Supervision meetings

18	ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships	(2G-5d)	Supervision meetings
19	the impact of technology on the counseling process	(2G-5e)	Supervision meetings
20	essential interviewing, counseling, and case conceptualization skills	(2G-5g)	Faculty Evaluations (Mid-Point and Final) KPI
21	developmentally relevant counseling treatment or intervention plans	(2G-5h)	Supervision meetings
22	development of measurable outcomes for clients	(2G-5i)	Supervision meetings
23	evidence-based counseling strategies and techniques for prevention and intervention	(2G-5j)	Supervision meetings
24	strategies to promote client understanding of and access to a variety of community-based resources	(2G-5k)	Supervision meetings
25	suicide prevention models and strategies	(2G-5l)	Supervision meetings
26	crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid	(2G-5m)	Supervision meetings
27	processes for aiding students in developing a personal model of counseling	(2G-5n)	Supervision meetings
28	methods of effectively preparing for and conducting initial assessment meetings	(2G-7b)	Faculty Evaluations (Mid-Point and Final) KPI
29	procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide	(2G-7c)	Supervision meetings
30	procedures for identifying trauma and abuse and for reporting abuse	(2G-7d)	Supervision meetings
31	use of assessments for diagnostic and intervention planning purposes	(2G-7e)	Supervision meetings
32	use of assessments relevant to academic/educational, career, personal, and social development	(2G-7i)	Supervision meetings
33	use of symptom checklists, and personality and psychological testing	(2G-7k)	Use with clients in lab Case conceptualizations KPI
34	use of assessment results to diagnose developmental, behavioral, and mental disorders	(2G-7l)	Supervision meetings
35	the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice	(2G-8a)	Supervision meetings

36	identification of evidence-based counseling practices	(2G-8b)	Supervision meetings
37	development of outcome measures for counseling programs	(2G-8d)	Supervision meetings
38	evaluation of counseling interventions and programs	(2G-8e)	Supervision meetings
39	analysis and use of data in counseling	(2G-8i)	Supervision meetings
40	principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	(5C-1c) CMHC	Supervision meetings
41	roles and settings of clinical mental health counselors	(5C-2a) CMHC	Supervision meetings
42	etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	(5C-2b) CMHC	Supervision meetings
43	mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks	(5C-2c) CMHC	Supervision meetings
44	record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling	(5C-2m) CMHC	Supervision meetings
45	intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management	(5C-3a) CMHC	Supervision meetings
46	strategies for interfacing with integrated behavioral health care professionals	(5C-3d) CMHC	Supervision meetings
47	strategies to advocate for persons with mental health issues	(5C-3e) CMHC	Supervision meetings
48	characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders	(5C-2g) SC	Supervision meetings
49	common medications that affect learning, behavior, and mood in children and adolescents	(5C-2h) SC	Supervision meetings
50	signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs	(5C-2i) SC	Supervision meetings
51	skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement	(5C-3h) SC	Supervision meetings
52	approaches to increase promotion and graduation rates	(5C-3i) SC	Supervision meetings

GUIDELINES FOR MASTER'S PRACTICUM HOURS CONDUCTED ON SITE/ FIELD

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

OBJECTIVES OF THE PRACTICUM HOURS CONDUCTED ON SITE

1. To provide additional experiences to complement the practicum lab experiences to assist in the development of counseling skills which enhances their knowledge and skills in the following areas: (1) professional counseling orientation and ethical practice, (2) social and cultural diversity, (3) human growth and development, (4) career development, (5) counseling and helping relationships, (6) group counseling and group work, (7) assessment and testing, and (8) research and program evaluation. (CACREP, 2016)
2. To provide experience in group work and skills for the practice of counseling.
3. To learn how to establish and maintain effective working relationships with supervisors, coworkers, and clients of different ethnic and racial backgrounds.

RESPONSIBILITIES OF THE COUNSELOR-IN-TRAINING

1. Obtain a minimum 40 direct and 60 indirect hours during practicum. Information about direct and indirect hours:

Direct Hours (Total Hours= 40 hours maximum)

	Lab	Site/ Sites
Individual Hours	Minimum 20 hours (Phx and Tucson) 25-30 hours (Flagstaff)	Minimum 20 hours (Non-Flag only)
Group Hours	10 to 15 hours (Flagstaff only)	10 to 15 hours (All sites)

Indirect Hours (Total Hours= 60 hours maximum)

Indirect hours constitute time spent by a counselor in training engaged in the following activities on site or at NAU.

- Progress Notes writing
- Treatment Plan writing
- Report Writing

- Case Conference / Staff Presentations
 - Advocacy Activities
 - Individual Supervision
 - Group Supervision at Practicum site (if appropriate)
 - Group Supervision at NAU (class time)
 - Seeking Consultation
 - Research
 - Professional development activities
 - Other
2. Obtain an average of 1 hour of individual supervision and 1.5 hours of group supervision, per week. Check with your practicum instructor about specific site practices.
 3. Complete activity log sheets weekly, electronically and submit them to the Faculty Supervisor/Instructor monthly during supervision and at a minimum during the midterm and final meetings. The activities must include:
 - a. A minimum of 10 group hours and a maximum of 15 group hours
 - b. weekly individual supervision by the site supervisor. (1 hour per week minimum)
 4. Understand and practice the procedures, policies, and regulations established by the site.
 5. Ask for assistance and supervision when needed to assure the client(s) receives adequate services. Seek the assistance of appropriate staff members to address problems and concerns.
 6. Attend conferences, staff meetings, and training sessions that are assigned by the Site Supervisor.
 7. Conform to the dress code of the site.
 8. Inform the Site Supervisor when you will be late or absent.
 9. Insure that the Site Supervisor completes a mid-point and final evaluation of your performance. It is preferable that this evaluation take place with both supervisor and student present.
 10. The student should complete the Site Supervisor and Field-Based Feedback Forms on Qualtrics at the end of practicum or as instructed by your practicum supervisor.

THE ROLE OF THE SITE

1. Provide the counselor-in-training with an opportunity to practice group counseling skills.
2. Provide opportunities to integrate knowledge with practice in the following areas: (a) human growth and development, (b) social and cultural foundations, (c) helping relationships, (d) groups, (e) career and lifestyle development, (f) appraisal, (g) research and program evaluation, (h) professional orientation, and (i) foundations, contextual dimensions and practice of community mental health counseling.
3. Provide best practice models of counseling services.

4. Provide the counselors-in-training with the opportunity to interact with professional role models.

THE ROLE OF SITE SUPERVISOR

- 1- Orient the student to the agency and their role
- 2- Maintain regular communication with student supervisee and provide contact options for emergency situations.
- 3- Provide weekly individual or triadic supervision (1 hour/ week)
- 4- Complete mid-point and final evaluations

SITE SUPERVISOR QUALIFICATIONS

- 1- School Counseling counselors-in-training: Site supervisors must have a minimum of a master's degree in Counseling or related field and have the following credential: School Counselor with a K-12 Guidance Counselor Certification by the Arizona Department of Education*.
- 2- Clinical Mental Health Counseling counselors-in-training: 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.
- 3- All site supervisors must have a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled (CACREP, 2016)

DOCUMENTATION NEEDED BY COE OFFICE

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

Requirements for Clients seen in the Field: The requirements of the Site prevail.

GUIDELINES FOR MASTER'S PRACTICUM HOURS CONDUCTED IN LAB

Students will be seeing clients in the NAU practicum lab. The schedule will vary for each site. The following procedures apply while seeing clients in the NAU practicum lab.

CONFIDENTIALITY

According ACA Code of Ethics (2014), it is the ethical duty of counselors to protect a client's identity, identifying characteristics, and private communications. You are practicing professional skills in a university setting. This means that there is a wide range of university students and members of the public who use the lab. The university policies of confidentiality are applicable in the Practicum Lab.

Viewing Clinical Sessions: No unauthorized faculty member or counselor-in-training 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. When students are viewing their own clinical sessions be aware of your surroundings- make sure your screen is not visible to others and you have headphones on.

Inspections of Records: No unauthorized faculty member or counselor-in-training 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 counselor-in-training is to discuss any client outside of the Practicum or Practicum Supervision unless otherwise specified by your Practicum Supervisor. When discussing client information telephonically or in person, it is imperative that they be confidential, private, and not overheard by others. NAU Email system is not encrypted and not guaranteed to be confidential. Keep emails concise and avoid confidential information. It is best to use language that is not associated with "treatment" per se (i.e., in other words use "meeting" instead of "session" and so forth).

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 destroyed immediately after use in the teaching-learning process. Under no circumstances should any counselor-in-training or faculty member take client records with them when they leave the university.

RECORDING CLIENT SESSIONS

ALL counseling sessions in the practicum lab must be recorded without exception. Applicants for counseling who refuse to be recorded must be referred to other mental health agencies. At the end of the semester all recorded sessions will be destroyed. Sessions which are not recorded due to equipment malfunction must be documented as usual but may not count toward direct counseling hours. Make sure the equipment is working at the start of each session. Counselors-in-training will be trained in proper administration of session recordings at the beginning of each semester. If applicable, counselors-in-training should have session recordings ready for their instructor during weekly individual and/or group supervision.

CLIENT NO-SHOW POLICY

Please let the clients know if they miss more than 2 appointments without notice services may be discontinued.

GENERAL APPEARANCE AND BEHAVIOR

Counselors-in-training are involved in professional preparation programs and are expected to dress like a professional when meeting with the public. Personal conduct and dress should conform to professional standards reasonably expected of individuals offering counseling services.

Please maintain a quiet and professional atmosphere in the Practicum Lab.

TELEPHONE USAGE AND MESSAGE SERVICE

Telephones will be made available for counselor-in-training or faculty use. It is to be used exclusively for practicum related calls, such as contacting clients or calling parents of clients. If you are ever calling from your personal phone, please preface the number with *67 to block your personal number from the client. Counselors-in-training are not permitted to give out their cell phone numbers to clients.

Parents, clients, and children will occasionally call with messages for their testers, counselors-in-training, or tutors. Please familiarize yourself with the message procedures at your respective site.

CONFIDENTIALITY AND ONLINE RECORDINGS

All counselors-in-training are required to complete the "confidentiality statement" that the lab instructors will distribute on the first day of class.

Client files will be saved electronically using Therapynotes. Students should view the tutorial before practicum begins and seek clarifications. Therapynotes account information should not be shared with anyone in or outside NAU. All physical documents including- informed consent,

treatment plan, termination note, activities etc. should be scanned and uploaded to the client file on therapy notes. Once these documents have been successfully uploaded on TherapyNotes, they should be shredded immediately.

Students can access the TherapyNotes tutorial using the link:

https://mediaspace.nau.edu/media/Student+Intro+to+TherapyNotes/0_vjcsrtsg

MAINTAINING CLIENT FILES

All client files will be maintained electronically on TherapyNotes. Students must view the tutorial before the first day of class to familiarize themselves with the website. Once a student has created a client file and scheduled them, students must complete the following forms:

- 1- Psychotherapy intake form (first session)
- 2- Informed consent (first session- to be uploaded once signed by the client, See Appendix)
- 3- Psychotherapy Treatment Plan (Second session)
- 4- Psychotherapy Progress Note (Each session)
- 5- Psychotherapy Termination form

Any client related form must be scanned and uploaded in the accurate client file. Any physical case documents must remain in the NAU building at all times and should be scanned and uploaded in the accurate client file on TherapyNotes.

If facilitating group counseling sessions in the lab, students must create individual client files for all group members following the above steps.

REFERRALS AND CONSULTATION

1- 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 medication, be sure to discuss the case with your supervisor. If both of you agree that a psychiatric consultation is beneficial, discuss the case with the practicum instructor. With the instructor's approval, you may refer the client to the appropriate professional.

2- PROCEDURES FOR REFERRAL OF CASES

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

When possible, three referral sources should be provided to a client. Referral should be made with the advice of the practicum instructor.

CONSULTATION

Sometimes it is important for a counselor-in-training to seek consultation with a physician or make a direct referral to a physician. The counselor-in-training should discuss with their supervisor in case where a consultation is warranted.

SUPERVISION

Students will meet for weekly group supervision with NAU faculty. Only doctoral students who have completed all entry-level counseling degree requirements from CACREP-accredited programs are eligible to provide practicum/internship supervision to our School Counseling and CMHC masters students.

EMERGENCY PROCEDURES

Please make sure your supervisor is aware of the following situations as soon as is reasonably possible. Included in this category are:

1. The client who reports or implies abuse or neglect of a child, and elderly person, or a person with a disability.
2. When working with minors, the following may also be brought to the attention of the custodial parents.
3. The client who is suicidal that there is immediate danger to the individual.
4. 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).
5. 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.
6. The client who is taking medications that appear to have an adverse effect on emotions, or who appears to have toxic reactions.
7. The client who is taking psychotropic medicines and is not under the direct supervision of a physician.
8. The client who has been taking psychotropic medicines and is considering discontinuing or has discontinued their use without the physician approval.

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.

Flagstaff Students: 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 928.523.2131, explain that you are a counselor-in-training at the Practicum Lab and have an emergency situation, and ask for consultation with the psychologist on call. NAU Practicum Labs do not offer after-hour services or services when a practicum class is not in session. 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. 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 928.523.2131.

Statewide Students: Consult with your practicum instructor and call the crisis line if necessary.

CLIENTS WHO ARE POTENTIALLY SUICIDAL OR HARMFUL TO OTHERS

This topic will be extensively covered prior to counselors-in-training seeing clients and resources will be provided.

See additional guidelines and flow charts in the Practicum Manual Resources and consider using the No-Suicide contract. As appropriate and with the instructor's consultation, the counselor-in-training may administer optional assessment instruments such as the Beck Depression Inventory and the Substance Abuse Subtle Screening Inventory.

ENDANGERMENT

No counselor-in-training 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 counselor-in-training 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 client.

PRACTICUM DOCUMENTATION

In addition to client files, students have to ensure to complete the following practicum documentation. All documents can be found at: <https://nau.edu/ed-psych/forms-checklists-manuals/>

<u>NAME</u>	<u>Location</u>
Confidentiality Statement	Appendix A
Informed Consent	Appendix B
Student Liability Insurance Face Sheet	Student to Submit on Blackboard
Supervisor credentials (License/ Certificate and resume) *	Student to Submit on Blackboard
Practicum Contract	https://nau.co1.qualtrics.com/jfe/form/SV_7WdEiCJJHcRc3wV
Hourly Logs (Excel file)	https://nau.edu/ed-psych/forms-checklists-manuals/
Supervision Logs	Appendix E
Mid-point evaluation BY NAU instructor	https://nau.co1.qualtrics.com/jfe/form/SV_cwKt145ogdrLWOp
Case Staffings	Appendix C- Outline Appendix D- Rubric
Final evaluation BY site supervisor	https://nau.co1.qualtrics.com/jfe/form/SV_1YTvwH08mVP5RmB
Final evaluation BY self	http://nau.co1.qualtrics.com/jfe/form/SV_cOdgUV92MQDsDsX
Final evaluation BY NAU instructor	https://nau.co1.qualtrics.com/jfe/form/SV_cwKt145ogdrLWOp
Counselor in training's evaluation of site	https://nau.co1.qualtrics.com/jfe/form/SV_9RA4LrgOKzqXPEN
Counselor in training's evaluation of site-supervisor	https://nau.co1.qualtrics.com/jfe/form/SV_8cxiYNW8tlxtzWR

Documentation of Observation Form (word doc)	https://nau.edu/ed-psych/forms-checklists-manuals/

Additional forms are available at: <https://nau.edu/ed-psych/forms-checklists-manuals/> and students should download them when necessary.

GUIDELINES FOR WORKING WITH CLIENTS AND COMPLETING REQUIRED FORMS

INITIAL STEPS FOR NEW CLIENTS

1. The Informed Consent and Request for Services forms are to be filled out for each new client who request services at the Practicum Laboratory.
2. Select the appropriate form for your client. Generally, if it an individual or a child, use the individual form. If services are being requested for a family or a couple, use the family/couples form.
3. The client completes the Request for Services forms. Following completion of the forms, the counselor-in-training reads them and signs forms. Be sure to date the forms.
4. The counselor-in-training then begins to discuss the Informed Consent form with emphasis on 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 counselor-in-training begins the recorded session.
5. NAU Practicum Lab uses TherapyNotes for case charting. the counselor-in-training will scan the Request for Services and the Informed Consent Form and upload them in the client's case file. The counselor-in-training will then shred the hard copy of those documents.

* If it appears that the client already has a case in TherapyNotes, please advise your supervisor/course instructor so that the case may be reassigned to the current counselor-in-training.
6. If the client is an incoming freshman at NAU and has completed the College Student Inventory (CSI) and is requesting services as part of the program to facilitate their success at NAU, please have them complete the special authorization for release of information form. Please inform 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 he/she attended using NAU ID to the NAU Office of Orientation, Transition, and Retention Services.

- If client is an incoming freshman, please insure the client is at least 18 years of age. If not, a minor consent form must be completed.

GUIDELINES FOR INTAKE INTERVIEW REPORT

Instructions for Completing Intake Interview Report:

1. The Intake Interview is located in TherapyNotes. It may be distracting to your client, if you continually glance at the laptop, iPad or other electronic device during the session, so familiarize yourself with the questions on the form. The counselor-in-training fills out this form online. Even if the client came to counseling in a previous semester, it is a good idea to complete a new Intake Interview form as presenting problems may change over time.
2. Complete the form immediately after the first session to ensure the accuracy of information recorded. If you are unsure about certain information, go back and review the recording.
3. All counselors-in-training, especially doctoral and 60-hour master's Clinical Mental Health Counseling students are encouraged to make a diagnostic impression. Many clients may not get a clinical diagnosis per se; however, you can give V codes. Giving a diagnosis will help you get some practice using the DSM-5. If you need assistance with diagnosis, consult with your supervisor.
4. Sign and date all forms when applicable.

GUIDELINES FOR COMPLETING COUNSELING SUPERVISION LOG

This form (clinical supervision session form) is to be used to record a comprehensive description of the topics discussed during each supervision meeting with your NAU supervisor.

Supervision form must be completed by the counselor-in-training during or immediately after each supervision session and should be signed by the supervisor.

All completed supervision forms should be uploaded under "Staff Files" on TherapyNotes by the end of the semester.

Appendix- <https://www.azbbhe.us/pdfs/Clinical%20Oversight%20session%20form%20-%20FINAL%20modified%20112216%20fillable.pdf>

GUIDELINES FOR COMPLETING TREATMENT PLANNING FORM

A treatment planning form must be filled out for each client that you see during each semester.

This form is helpful in giving some direction to your session, especially if you have a class credit

client who is functioning well or has no admitted problems. Treatment Planning Forms are located on TherapyNotes.

Instructions for Completing Treatment Planning Form:

1. Treatment planning forms are a common practice in most agencies, so become familiar with the procedure and gain practice in filling out these forms.
2. The goals and objectives within the treatment plan are usually identified during session in with your client and generally at the end of the first session or, at the latest, during the second session.
3. The counselor-in-training and the client will complete the client's treatment plan; the client will sign it and the counselor-in-training will scan the form and upload it in the client's case file. The information included in this signed form should also be typed into the treatment plan form on TherapyNotes.
4. You do not have to complete this form for clients in group. However, occasionally you may have goals for the entire group. In that case, complete one form and upload a copy in each individual case in TherapyNotes.

Information included in Treatment Planning Forms

- **Diagnosis:** Use the main symptoms the client is experiencing in order to come to a diagnosis. Use the information collected to form a (DSM-V or descriptive) diagnosis. If you are unsure about the diagnosis or you need expert assistance, speak to your clinical supervisor.
- **Presenting Problem:** Why is the client coming in to treatment? Include current symptoms and behaviors, history of the problem, impairments in life functioning, current risk and safety concerns.
- **Treatment Goals:** A goal is a description of a destination. The counselor-in-training and client decide, together, what goals should be included in the treatment plan. Goals should be realistic and achievable.
- **Objectives:** An objective is a measure of the progress that is needed to get to the destination. Make sure objectives are quantifiable, such as reducing depression from 9/10 severity to 6/10, exercising 3 days a week or journaling daily.
- **Treatment Strategy / Interventions:** Therapeutic interventions are identified for each objective. Identify types of treatment or interventions you might use to achieve the objective.
- **Prescribed Frequency of Treatment:** Frequency of sessions

GUIDELINES FOR PSYCHOTHERAPY TERMINATION NOTE

The Psychotherapy Termination Note is located in TherapyNotes and must be completed when the counselor-in-training will no longer be working with the client - even if the client will be continuing with another counselor-in-training in this or the following semester.

If a client has a completed "Request for Services" form and has a case number assigned, a termination note must be completed if the client fails to show for an appointment. Attempted contacts must also be noted in TherapyNotes.

Practicum Manual Appendices

Appendix A: Confidentiality Statement

PRACTICUM LABORATORY
CONFIDENTIALITY STATEMENT

Counselors-in-training participating in observing recorded sessions that take place in the College of Education Practicum Lab are expected to adhere carefully to the current ACA Ethical Code regarding confidentiality, and to NAU course policies. The mandatory rules for observing recorded sessions are as follows: (1) All session material must be watched privately (in a private setting and with no one else present), or with their course instructor/supervisor in a private setting; (2) session material must never be shared in any way, nor uploaded for any reason to the Internet, etc.; and (3) session material must also never be downloaded to one's desktop/laptop, etc.

Failure to adhere to any of these policies will be expediently reviewed by the Counseling Committee, with program dismissal as a probable outcome.

Counselor-in-training (Printed)

Signature/Date

Course/Instructor (Printed)

Signature/Date

Appendix B: Informed Consent



Department of Educational Psychology

Department of Educational Psychology

Northern Arizona University
PO Box 5774
Flagstaff, AZ 86011-5774

928-523-7103
928-523-9284 fax
<https://nau.edu/coe/ed-psych>

Practicum Lab Informed Consent Agreement

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

As counselors-in-training are students in training rather than licensed professionals, they do not write letters of support for disability determination, assistance animals, and similar situations. If you are seeking counseling for current or potential court-related issues, including child custody,

you should seek counseling elsewhere, since the counselors-in-training are not qualified to evaluate such issues.

Records and Confidentiality: All counseling sessions are digitally recorded for use in supervision and training, and only the people listed at the bottom of this form may see session recordings. The digital recordings made of counseling sessions are not available for viewing by anyone other than counselors-in-training and their supervisors. All counseling sessions are recorded. The recordings are used only for supervision and training purposes. All digital recordings are deleted at the end of the semester.

What you say during counseling is confidential and will not be disclosed to anyone outside the Practicum without your permission, but there are some exceptions. Counselors-in-training are required by law, and by their professional ethics, to break confidentiality (a) if you are seriously considering or likely to attempt suicide; (b) if you threaten to harm or assault someone; (c) if you engage or intend to engage in behavior that will expose someone to a potentially life-threatening communicable disease; (d) if a counselor-in-training suspects abuse, neglect, or exploitation of a minor or an incapacitated adult; (e) if your mental condition renders you gravely disabled; (f) if required by law to disclose information; (g) if records of clients need to be read by authorized auditors or researchers for approved purposes.

Counselors-in-training are required to keep records of their services. Your records are maintained securely and electronically. Records of sessions include your reason for seeking counseling, the goal and progress of counseling, a diagnosis, topics discussed, etc. and will be kept for seven years and 3 years after your eighteenth birthday – whichever is longer.

Please know that E-mail is not guaranteed to be a confidential form of communication with the Practicum Lab or your counselor-in-training.

Effects of Counseling: Counseling has been shown to benefit most clients, but there are no guarantees about what will happen, and you may experience uncomfortable feelings since counseling may involve discussing unpleasant aspects of your life. 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-in-training about the potential positive or negative effects of counseling. Counseling requires your active effort and you will also need to work on improving your life situation outside of the counseling sessions.

Counseling Relationship: 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-in-training to social gatherings, offer gifts, or request letters of recommendation. The counselors-in-training do not interact with, accept friend requests, or follow current or former clients on any social networking site or blog (e.g. Facebook, Twitter, Snapchat, Instagram, LinkedIn, etc.). These sites are not secure and interacting on them blurs the boundaries of the counseling

relationship. 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.

Counseling Sessions: Appointments are usually 45-50 minutes long, once per week. If you are late, the session will still need to end on time. You are free to stop counseling at any time, or you can tell your counselor-in-training if you prefer to see a different counselor-in-training. If you cannot keep an appointment, please call to cancel the day before. If you miss more than one appointment without canceling in advance, your appointment time may be given to someone else. There is no charge for our services.

Availability: We are not able to provide services for all clients. If your counselor-in-training and his/her supervisor decides that you would be better served at another agency, you will be provided information on how to get such services.

Flagstaff Clients: Call NAU Counseling Services at 523-2261 (if you are an NAU student);
The Guidance Center at 527-1899 (if you are not an NAU student).
If you have an emergency or feel unable to keep yourself safe, go to the emergency room at the Flagstaff Medical Center (1200 N. Beaver St.) or call 911.

Statewide Clients: Please refer to the Counseling Resources list provided by your NAU counselor in training. In the event that this is not possible, and you have an emergency or feel unable to keep yourself safe, go to your local emergency room or call 911 for immediate response to your situation.

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.

Counselor-in-training's Rights and Responsibilities: Your counselor-in-training will be on time to sessions and will work with you in a professional manner consistent with accepted legal and ethical standards. Your counselor-in-training 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-in-training decides that he or she cannot help you, you will be referred to another counselor-in-training. Your counselor-in-training may recommend that you take a career or psychological inventory if the information is needed in order to help you. Your counselor-in-training 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. If you and your counselor-in-training agree on homework, you will be expected to complete it by the next session. You may be asked to fill out an anonymous

evaluation form after each counseling session to assist your counselor-in-training 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-in-training's services, please discuss the issue with your counselor-in-training. If the counselor-in-training is not able to resolve your concern, ask to talk to the counselor-in-training's supervisor. You have the right to stop counseling at any time or to request a different counselor-in-training.

I have read the information on this form. If there is anything that concerns me or that I do not understand, I will seek clarification from my counselor-in-training before I sign.

Client Signature

Date

Witness Signature

Date

Offered a copy to the client _____ (Counselor-in-Training, please initial)

If the client is under age 18, I affirm that I am the legal parent or guardian of (client's name): _____, I understand the information on this form, and I grant permission for my child to participate in counseling.

Signature of parent or guardian

Date

Counselor-in-training in THIS section

Instructors/Supervisors

Appendix C: Case staffing outline

Case Staffing Outline

Please complete two reflective case staffing's during your practicum.

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

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

Case Staffings should include the following information, using these headings:

1. Identifying Data: Client's age, gender, marital status, ethnicity, current living situation, education, job, etc.
2. Presenting Problem: Client's description of the problem or situation that brought them to counseling.
3. Background Information: Information relevant to the presenting problem.
4. Assessment: Description of formal and informal assessment conducted, including mental status exam (if needed), psychological tests, etc. with test results and interpretations.
5. Case Conceptualization: Describe your view of the client's problem, based on the background information, your assessments, and your theoretical approach. What is the client's problem, in your view (it may differ from the client's presenting problem)? Why does the client have this problem? Why have they had difficulty resolving it? Be sure to include a strengths-based perspective.
6. Integration of a Guiding Theory: Describe your theoretical approach to counseling with this client. How does your theory guide your conceptualization of the client, their problem, your treatment plan goals and your choice of interventions with this client?
7. Use of Data in Decision Making: Describe how you gathered, analyzed and used data to make decisions in assessing your client, making a diagnosis, creating a treatment plan and choosing interventions.
8. Diagnostic Impression: The diagnosis must be based on the DSM-5.
9. Treatment Plan: Integrate your treatment plan (issues, goals, objectives, counseling methods).
10. Evaluation: What data was collected to determine whether the treatment goals were reached?
11. Literature Review: What key words or phrases did you use to define the client's problem? Summarize the recommended treatments that you found in at least three recent counseling journal articles, including evidence-based treatments.
12. Intervention: Describe your treatment approach in detail. What counseling theories/approaches and techniques did you use? What techniques do you intend to use in upcoming sessions? If you modified techniques for this client, describe how.
13. Rationale: Why did you use the treatment approach you used?
14. Outcome: To what extent did the client improve? What changes occurred?
15. Consultations: With whom did you consult regarding this case?
16. Diversity Issues: How did you deal with diversity issues in this case? Address the ways that you have used ACA multicultural competencies in order to adapt your approach to this particular client. Address how your own ethnic identity, attitudes, beliefs, understanding and acculturative experiences impact your view of this client.
17. Lifespan Development: Address how your understanding of lifespan theories and your client's stage of lifespan development impacts your conceptualization of the client's problem, treatment plan goals and choice of interventions.

18. Technology: Describe your use of recording equipment, computers, e-mail, electronic client record system, etc.
19. Ethical and Legal Standards: Describe ethical or legal issues that were relevant to this case, the relevant ACA standards, and how the issues were resolved.
20. References: in APA style.

Appendix D: Case Staffing Rubric

CASE STAFFING REFLECTION PAPER RUBRIC

	Inadequate Value: 1	Satisfactory Value: 2	Good Value: 3	Excellent Value: 4	Score/ Level
Reflective thinking & professional maturity CAEP Unit Level Standard 1, 3	Demonstrates little to no awareness of problems, and used some	Demonstrates basic awareness of problems, and used skills	Demonstrates thoughtful awareness of problems and used relevant	Demonstrates exceptional insightful and a thorough understanding	

	skills to increase client effectiveness	appropriately increase client effectiveness	counseling skills to increase client effectiveness	and exceptional use of counseling skills used to increase client effectiveness	
Integration of Counseling Theory in Case Conceptualization CAEP Unit Level Standard 1, 3	Link to theory incomplete or vague with little or no supporting details or link to presenting problem	Discusses at least one theoretical construct and makes some link to presenting problem	Discusses two or more theoretical constructs and clear link to presenting problem	Discusses two or more related theoretical constructs exceptionally well and strong links made to presenting problem	
Diagnosis/ Assessment of Presenting Problem CAEP Unit Level Standard 3	Inaccurate and based on minimal evidence; poorly presented	Adequate and based on some evidence; presentation is weak	Adequate and based on some evidence; well presented	Accurate and based on considerable evidence; well presented	
Literature Search CAEP Unit Level Standard 1	No evidence of literature search	Three sources included; but not relevant or recent	Sources included are relevant and recent	Sources included are relevant, recent, and related to evidence-based practice	

Use of data in decision-making (e.g., treatment, assessment, evaluation, etc.) CAEP Unit Level Standard 1, 3	Does not use data in decision-making	Uses data but may not be related to decision-making	Good use of data in decision-making	Uses data effectively in decision-making	
Treatment Goals CAEP Unit Level Standard 3	No treatment goals identified	Few if any goals identified; some connection to presenting problem and evidence-based treatment	Short and long-term goals; vaguely tied to evidence-based treatment	Short and Long-term goals clearly tied to presenting problem, and evidence-based treatment	
Ethical and Legal Issues and Professional Standards CAEP Unit Level Standard 1	Little or no understanding and awareness of ethical/legal issues and professional standards	Some understanding and awareness of ethical/legal issues and professional standards	Demonstrates understanding and awareness of ethical /legal issues and professional standards	Demonstrates excellent knowledge and awareness of ethical/legal issues and professional standards	

CASE STAFFING REFLECTION PAPER RUBRIC, *CONTINUED*

	Inadequate Value: 1	Satisfactory Value: 2	Good Value: 3	Excellent Value: 4	Score/ Level
Openness to Diversity Issue and Ability to Work with Diverse	No evidence of openness, understanding and ability to	Limited evidence of openness, understanding	Some evidence of openness and/or understanding	Strong evidence of openness, understanding	

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

QUALTRICS LINK:

https://nau.co1.qualtrics.com/jfe/form/SV_6D3yGx5qkLu2gTP

Appendix E: Supervision Log

Clinical Supervision Session Form*

Name of Supervisee:	<i>Mode of clinical supervision:</i> <input type="checkbox"/> Online <input type="checkbox"/> Telephone <input type="checkbox"/> Telemedicine <input type="checkbox"/> In person
---------------------	--

	<i>Please indicate:</i> <input type="checkbox"/> Individual <input type="checkbox"/> Group (2) <input type="checkbox"/> Group (3-6)
Date of session:	Duration of session: <i>(Sessions must be at least 30 minutes)</i>
Comprehensive description of topics discussed:	
Comprehensive description of results of compliance review of supervisee's clinical documentation:	
<i>All sections above must be completed in their entirety. Refer to R4-6-212.</i>	

Supervisor's name and credentials: _____

Supervisor's telephone number: _____

Supervisor signature

Date signed

Supervisee signature

Date signed

Clinical Supervision Session Form*
AZBBHE Clinical Supervision – referenced to A.A.C. - R4-6-212

- Review of legal and ethical requirements applicable to the scope of practice, including professional conduct – *C1*
- Monitoring of activities to ensure that services are provided safely and competently – *C2*
- Verification that the supervisee provides clients with appropriate written notice of clinical supervision, including the means to obtain the name and telephone number of the supervisee's clinical supervisor – *C3*
- On-going compliance review to ensure that the supervisee maintains adequate written documentation – *C7*

ADHS/DBHS Practice Protocol – *Clinical Oversight*

The following minimum elements must be addressed when providing clinical oversight. Additional items can be discussed as determined by clinical necessity. NOTE: The items below do not relate to the AZBBHE requirements.

- Legal and ethical requirements applicable to the scope of practice
- Adherence to agency, licensing and accrediting requirements
- ADHS/DBHS Provider Manual and Clinical Practice Protocols
- Arizona Vision and 12 Principles and Arizona Statutes

- Meet Me Where I Am practice fidelity/collaboration with services
- Special needs of Children
- Special needs of the Developmentally Disabled
- Assessment and evaluation of competence and effectiveness
- Self-monitoring of compassion fatigue, burnout and impairment

- Client's and/or family's behavioral health
- Client progress towards the agreed upon ISP goals



- Degree of client symptomatic and functional limitations
- Client adherence to treatment and interventions to improve adherence
- Promotion of culturally sensitive treatment interventions
- Promotion of recovery
- Multidisciplinary collaboration around patient's needs
- Development of strengths-based/recovery-oriented treatment goals

- Enhancement of personal/professional development
- Client and family spirituality needs