

Appendices

Counseling Lab Handbook 2018 – 2019

This manual and the information contained herein are the property of the Austin Peay State University Counseling Program. No part of this manual (including any of the forms in the appendices) may be shared, distributed, or used outside of the APSU Counseling Program without the express permission of the APSU Counseling Faculty. The forms here are samples only. The most current forms are located in the counseling lab workroom filing cabinet; only those forms may be used in your clinical work.

The following sample forms are found in this appendix, in the following order:

- **Counseling Lab Recruitment Form** – This form is used by Counseling Lab graduate assistants to recruit potential volunteers for Counseling Lab services through classroom visits.
- **Request for Services Form** – The screening form used when volunteers first request services.
- **Consent to Receive Services** – Disclosure and informed consent. Must be signed by the volunteer at the beginning of the first session.
- **Intake Information Form**– Basic information questionnaire that volunteers must fill out at first session - and which you must review *before* you begin counseling in the first session.
- **Mental Status Exam Checklist** – Checklist of items completed by hand after first session.
- **Intake Interview Guidelines** – Some basic ideas for conducting an intake session with a volunteer. Includes a brief outline that you may take into session with you.
- **Intake Summary / Intake Summary Guidelines** – Form to summarize basic volunteer information, clinical impressions, diagnosis, and treatment plans. Must be completed before the third session.
- **Session Note** – Form to document the content and process of all sessions and no-shows.
- **Outcome Rating Scales / Session Rating Scales / Plot** – Forms used at the end of each session to track volunteer progress and quality of the Therapeutic Alliance. Both ORS and SRS should be used after each session and the summed scores entered on the SRS-ORS Scores Plot.
- **Contact Note** – Form to document non-session contact with volunteer and others, including cancellations.
- **Service Plan** – Form to document volunteer resources, and working goals. To be completed during the third session, and reviewed (with a new form) every 30 days.
- **Closing/Transfer Summary** – Form to close a case, required for all volunteers seen in the counseling lab.
- **Counselor-in-Training Evaluation Form** – Given to volunteers after their file is closed for counselor feedback.
- **Consent to Bilateral Release of Information** – Forms to obtain permission to exchange information with other professionals.
- **Counseling Lab Volunteer Participation Slip** – This form is used to share a volunteer’s participation in services through the counseling lab.
- **Closing Letter** – This letter is to be used to let a volunteer that cannot otherwise be contacted that you are going to close the file.
- **Distressed Volunteer Protocol** – Procedure to be followed when you are providing services to a volunteer whom you believe needs additional counseling services.
- **Suicide Assessment Worksheet** – Use this form to guide assessment and thinking to evaluate volunteer suicide risk.
- **Client Safety Plan** – Form to fill out with a volunteer who needs some specific direction and focus for staying safe when feeling suicidal.
- **Clinical Documentation Timeline** – Chart showing what documents must be completed during each session, or prior to the next section. Also posted in the counseling lab workroom.

- **Clinical File Organization** – Chart showing the order and placement of all clinical documents in the chart. Also posted in the counseling lab workroom.
- **Counseling Skills Evaluation Rubric** – Form used by faculty to evaluate students' clinical skills.
- **Student Progress Assessment Form** – This form outlines the criteria used to assess students' academic and professional development during their time in the M.S. in Counseling Program.
- **Supervisor Evaluation Form** – Form used by students to give written feedback to their individual/triadic supervisors.
- **Peer Supervision Note** – Form used by individual/triadic supervisors to document client and counselor skill review during supervision.
- **Weekly Supervisee Note** – Form used by supervisees to prepare for individual/triadic supervision. Supervisee should complete prior to coming to supervision.
- **Leeds Alliance in Supervision Scale & Plot** – Forms used by supervisors each session to solicit and plot feedback from supervisees about the supervisory alliance.
- **Clinical File Audit Form** – Form to be used when closing a file to ensure that the file is complete and ready for grading by clinical course faculty.
- **Instructions for Recording – Recording Equipment**
- **Instructions for Recording – Sony Handycam with Micro SD card**

Counseling Lab Recruitment

Name: _____ Date: _____

Email: _____

Phone Number: _____ Okay to leave message? Yes No

I am interested in Counseling Lab services I am **not** interested at this time

Times available for 50-minute sessions (Note: last appointment time Mon.-Thurs. is 6:00 pm, Fri. is 1:30 pm.)

Monday (10am – 4pm) _____

Tuesday (10am – 4pm) _____

Wednesday (10am – 7pm) _____

Thursday (10am – 7pm) _____

Friday (10am – 2pm) _____

All sessions are video-recorded, observed by other clinicians in training and their supervisors; strict confidentiality is maintained. I agree to receive services I **do not** agree to receive services

Counseling Lab Recruitment

Name: _____ Date: _____

Email: _____

Phone Number: _____ Okay to leave message? Yes No

I am interested in Counseling Lab services I am **not** interested at this time

Times available for 50-minute sessions (Note: last appointment time Mon.-Thurs. is 6:00 pm, Fri. is 1:30 pm.)

Monday (10am – 4pm) _____

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Wednesday (10am – 7pm) _____

Thursday (10am – 7pm) _____

Friday (10am – 2pm) _____

All sessions are video-recorded, observed by other clinicians in training and their supervisors; strict confidentiality is maintained. I agree to receive services I **do not** agree to receive services

M.S. in Counseling
Counseling Lab
Austin Peay State University

Request for Services Form

Name: _____ Date Contacted: _____

Age: _____ Gender you identify with: _____ Pronoun: _____

Phone Number: _____ Okay to leave message? Yes No

Email: _____

Reason for contacting the lab (in person's own words): _____

1. Informed consent: Services are provided by a clinical team – all sessions are video-recorded, observed by other clinicians and professional supervisors; strict confidentiality maintained.

Person agrees to receive services as described

Person does not agree to receive services, referred to: _____

2. Are you currently a student at APSU? Yes No

3. Currently receiving Counseling: Yes No _____

If yes, share that we don't provide concurrent service

4. Previous Counseling History? (When, for how long, what for): _____

5. Risk Assessment – If suicidal ideation is present, refer to a 24-hr crisis service (855-CRISIS-1)

Suicidality / Self-Harm

Past thoughts: No Yes, (describe) _____

Past actions: No Yes, (describe) _____

Current thoughts: No Yes, (describe) _____

Current actions: No Yes, (describe) _____

Homicidality / Harm to others

Past thoughts: No Yes, (describe) _____

Past actions: No Yes, (describe) _____

Current thoughts: No Yes, (describe) _____

Current actions: No Yes, (describe) _____

6. Substance Abuse History (gathered to assist in appropriate placement in clinic):
 Denied
 Acknowledged – briefly describe (what substances, amount, duration, past treatment)

7. Thought Disturbances: No Yes (describe): _____

8. Possible Dual Relationships – knows counselor in clinic, other
 Denied Acknowledged (who, nature): _____

9. Special accommodations: No Yes (describe): _____

10. Times available for 50 min. counseling appointments: (NOTE: last appointment M-Th. is 6:00, on Friday is 3:30)
Monday (10am – 4pm) _____
Tuesday (10am – 4pm) _____
Wednesday (10am – 7pm) _____
Thursday (10am – 7pm) _____
Friday (10am – 2:00 pm) _____

11. Assignment / Appointment:
Counselor: _____
Counselor informed (date): _____

Not appropriate for Counseling Lab Services
Reason: _____
Referred to: _____

Notes: _____

Counseling Lab GA Signature

Date

Consent to Receive Services

Introduction: Welcome to the Counseling Lab at Austin Peay State University (APSU). This disclosure statement is designed to give you important information about the services we provide. Please read it carefully, and ask your counselor if you have any questions. The counselors-in-training at the clinic are graduate students working toward an advanced degree in counseling and are enrolled in an advanced skills course. They work under the supervision of Dr. Amanuel Asfaw, Dr. Deborah Buchanan, Dr. Kim Coggins, Dr. Jessica Fripp, and Dr. Nicole Knickmeyer.

The counselors-in-training provide individual services to active APSU students. The lab is open during spring semester, 5 days a week for scheduled appointments only. The service is given free of any charge. Your counselor's name is: _____ . All counselors-in-training are supervised by second year graduate students, and by the clinical faculty of the Psychological Science and Counseling department. Supervisors monitor clinical cases, and provide clinical support and feedback to the counselors. Your counselor's supervisor is: _____ .

Goals and Outcomes: The primary goal of these sessions is to provide an structure and a setting in which your counselor-in-training can continue to develop and refine counseling skills. As such, these sessions are not counseling; however, during the process of working with your counselor-in-training, you may experience positive changes and improvement. Counselors help individuals help themselves or improve their relationships by assisting them to change their feelings, thoughts and/or behaviors. Your counselor-in-training will likely explore with you new ways to look at things and new things to do, and will support you in the process of making changes. Ultimately, however, you will decide the nature and amount of change you wish to make. Your counselor-in-training will discuss your progress throughout your sessions. If at any time you are unhappy with your progress, or the direction your counselor-in-training is taking, please talk about it with him/her.

Typically, sessions occur weekly and last 50 minutes. We request that you make a commitment to participate in at least three weekly sessions. The actual duration and frequency of sessions will depend upon your specific goals. Your counselor-in-training will be available to meet with you until the week of April 15, 2019 when their advanced skills clinical experience will end. At that time, your counselor will assist you with appropriate recommendations. You have the right to stop attending sessions at any time. However, it is usually best to do so only after discussing possible risks with your counselor-in-training. If at any point you feel like you want to end your services through the counseling lab, please let your counselor-in-training know.

Benefits and Risks: Most people experience improvement or resolution to the concerns that brought them to the counseling lab. However, the process can be difficult sometimes. Discussing psychological, emotional, and/or relationship issues occasionally causes some pain and anxiety, and making important changes will require effort on your part. You are most likely to see improvement when you are willing to be open and work through difficult issues, even when doing so is hard. Your counselor-in-training will support you in addressing these issues.

Confidentiality and Limits to Confidentiality: Trust and honesty are critical to the development of all therapeutic relationships. Therefore, we place a high value on privacy and the confidentiality of information you share in sessions. However, there are some limits to confidentiality and your counselor-in-training will discuss them with you. Your counselor-in-training, supervisors, and the clinical team will not disclose any information that you communicate without your express written consent, except in the following situations, as allowed by the law:

1. Where an immediate threat of self-inflicted harm exists;
2. Where there is an intentional transmission of HIV or AIDS;
3. Where an immediate threat of physical violence against a readily identifiable victim exists;
4. Where there is reasonable suspicion of abuse/neglect against a child, elder, or other dependent adult (Please note: a volunteer could have a child and identify spanking practices that might be cultural and yet abusive)
5. Where a judge has ordered the release of privileged information (Please note, these sessions serve as practice sessions for your counselor-in-training and any information or notes generated as a part of these sessions is not sufficient for submission in legal proceedings);
6. In the course of criminal or civil actions initiated by you against the counselor;
7. The disclosure is made to medical personnel in a medical emergency.

Your Relationship with your Counselor: Although you may share personal information with your counselor-in-training during the course of your sessions, your relationship must remain professional. The focus of your sessions will be on *your* experiences, concerns and goals. Sexual intimacy between the counselor-in-training and volunteer is *never* appropriate.

Video/Audio-recording: In order to maintain and improve the quality of services provided, all sessions will be audio and video recorded. The recordings are for training purposes and will be viewed by your counselor-in-training, his or her supervisors, and other advanced skills course members in a confidential training context to help improve your counselor-in-training clinical skills. The recordings are used in ongoing professional training and regular supervision to improve the services you receive. These recordings are treated with the strictest confidentiality and professionalism, and all recordings are erased at the end of the academic school year. Any other use of these recordings requires your written consent first.

Your Responsibilities: Research has found that counseling is more successful when the counselor and client work together to identify areas for change and ways to create change. You can help make your sessions successful by attending all scheduled sessions on time, working with your counselor-in-training to identify things to work on and ways to work on them, and then making a sincere effort to practice the things that you and your counselor-in-training come up with. Toward the end of each session, your counselor will ask you how the sessions are going for you and to identify how you can improve your work together. Your honest answers will improve the services you receive. Attending sessions while under the influence of any mood-altering substance prevents any progress. If it becomes clear that you are under the influence, we will end the session and reschedule for a future date. A repeat occurrence will result in the termination of services (with referrals). Violent or threatening behavior may also result in termination of services and a police report. If for some reason you cannot attend a scheduled session, please call in advance. Counselors' schedules are rather full and if volunteers do not cancel appointments with sufficient time, it means that others who could receive services are unable to.

Your Rights: Services are available to all persons regardless of sex, race, color, creed, sexual orientation, handicap and age, in accordance with state and federal laws. You have a right to humane and dignified treatment, courteous and respectful care in safe environment. You have a right to understand and participate in your evaluation and treatment.

Grievance Procedures: If you have any concerns about your sessions or anything else that happens at the counseling lab, please discuss them with your counselor-in-training, or their supervisor. To speak with the supervisor, please contact one of the counseling faculty members:

Dr. Amanuel Asfaw at (931) 221-7243

Dr. Jessica Fripp at (931) 221-7238

Dr. Deborah Buchanan at (931) 221-1246

Dr. Nicole Knickmeyer at (931) 221-7233

Dr. Kim Coggins at (931) 221-7234

Screening and Emergency Resources: The counseling clinic does not provide emergency services or 24-hour care. Part of the first session will be used to determine if the services we provide meet your needs. If not, we will help you make connections with other providers that can meet your needs. Due to the limited availability of counselors-in training, sessions are only offered one time per week. If you need additional support services beyond what you are receiving, please discuss this with your counselor-in-training. If an emergency arises, please contact one of the following resources:

Student Counseling Services

Ard Building
542 College Street
931-221-6162
dalep@apsu.edu

APSU Police Department

931-221-7786

Clarksville Police Department

Dial 911

Crisis Hotline

855-CRISIS-1 (855-274-7471)

Crisis Intervention Center

(931) 648-1000

Clarksville Sexual Assault Center

(931) 241-4143

Statement of Agreement:

I have read the information on both pages of this document, have had the opportunity to ask and receive answers to any questions I had, and understand the information and how it relates to my experience in the counseling lab. By signing below, I voluntarily agree to the services and provisions specified above.

Volunteer Signature

Date

Counselor-in-training Signature

Date

Supervisor Signature

Date

Supervisor Signature

Date

M.S. in Counseling
Counseling Lab
Austin Peay State University

Intake Information Form

Please fill this form out completely. Remember, all information will be kept confidential and no outsider will be permitted to see your record without your permission. The information will help your counselor-in-training begin to understand you and help you.

| | |
|---------------------------------------|-----------------------------|
| Client Name: _____ | Date of Birth: _____ |
| Local Address: _____ | |
| Telephone Number: _____ | May we leave a message? Y N |
| Email: _____ | Race/Ethnicity: _____ |
| Gender you identify with: _____ | Year in School: _____ |
| Sexual Orientation: _____ | |
| Relationship Status: _____ | |
| Religious Affiliation (if any): _____ | |

Have you ever received services for a mental health concern? This includes prior counseling, medication, hospitalization, etc.)

Yes No

If yes, please tell us when, where, for how long, and for what reason:

List any physical health problems for which you currently receive treatment:

Are you currently taking any prescribed or over-the-counter medications or supplements to deal with a physical or emotional health concern?

Yes No

| Medication/Supplement Name | Dosage | Intended Purpose |
|----------------------------|--------|------------------|
|----------------------------|--------|------------------|

Are you currently involved in any legal proceedings (arrest, charges, trial, probation, etc.)?

Yes No

If yes, Briefly Describe:

Briefly describe your current use of alcohol (how much, how often, and what). If none, write "None."

Briefly describe your current use of drugs (how much, how often, and what). If none, write "None."

Does anyone in your family have a history of mental health or alcohol/drug concerns?

Yes No

If yes, please list and briefly describe:

List any previous suicide attempts (if none, write "None")

| When (month/ year) | Method of attempt |
|--------------------|-------------------|
|--------------------|-------------------|

Have you recently been thinking about hurting or killing yourself?

Yes No

Have you recently been thinking about hurting or killing someone else?

Yes No

Have you experienced any of the following kinds of abuse in your own life?

Physical abuse Yes No

Emotional abuse Yes No

Sexual abuse Yes No

Rape Yes No

Do you feel safe right now? Yes No

What role does spirituality or religion currently play in your life?

Your Goals:

Goals are very important in counseling. They give us a focus and direction that will help us to help you. Please list some of the major things that you would like to have us help you with (what do you want to have different in your life?).

1. _____
2. _____
3. _____

How many sessions do you think you might want/need to get back on track?

Anything else you would like to share that will help your counselor understand you:

Please check all of the following that you are currently experiencing:

Feelings:

- | | | | | | |
|-----------------------------------|----------------------------------|------------------------------------|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Helpless | <input type="checkbox"/> Anxious | <input type="checkbox"/> Depressed | <input type="checkbox"/> Shameful | <input type="checkbox"/> Afraid | <input type="checkbox"/> Out of Control |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Guilty | <input type="checkbox"/> Numb | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Excited | <input type="checkbox"/> Sad | <input type="checkbox"/> Hopeful | <input type="checkbox"/> Stressed | <input type="checkbox"/> Inferior |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Moody | <input type="checkbox"/> Tense | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Elated | <input type="checkbox"/> Desperate |

Thoughts:

- Confused
- Racing
- Unlovable
- Obsessive
- Unattractive
- Homicidal
- Distracted
- Sensitive
- Worthless
- Paranoid
- Unintelligent
- Indecisive
- Suicidal
- Confident
- Honest
- Worthwhile
- Disorganized

Symptoms/Behaviors for the last year:

- Eating less
- Procrastinating
- Skipping class
- Crying
- Attempting suicide
- Withdrawing socially
- Alcohol use
- Binge drinking
- Injuring self
- Drug use
- Acting aggressively
- Recklessness
- Impulsivity
- Compulsivity
- Sexual Problems
- Passivity
- Unable to relax
- Acting out sexually
- Irritability
- Disorganization
- Unable to have a good time
- Financial problems
- Cannot keep job
- Don't like weekends or vacations

Physical Symptoms:

- Insomnia
- Tiredness
- Excessive sleep
- Weight gain or loss
- Pain
- Headaches
- Light-headedness
- Tightness in chest
- Dizziness
- Dry mouth
- Rapid heartbeat
- Numbness or tingling
- Vomiting
- Eating problems
- Stomach problems

Please list the three items from the above that are causing you the most difficulty/concern:

1. _____ 2. _____ 3. _____

Please list family, friends, support groups or others that are helpful and supportive for you:

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Counseling Lab
 Austin Peay State University

Mental Status Exam Checklist

Client Name: _____ Date of Interview: _____

| | | | Present | Absent |
|---------------------------------------|---------------------------------|--|----------------|---------------|
| Appearance | | 1. Unusual clothing / grooming | | |
| Behavior | Body Movement | 2. Unusual speed, restlessness, fidgetiness | | |
| | Facial Expressions | 3. Incongruent to content of conversation | | |
| | Speech | 4. Unusual speed / volume / quality | | |
| | Relationship to the Counselor | 5. Controlling, hostile, provocative | | |
| | | 6. Submissive, overly compliant, dependent | | |
| 7. Suspicious, guarded, evasive | | | | |
| | 8. Uncooperative, non-compliant | | | |
| Feeling (Affect and Mood) | | 9. Incongruent to content of conversation | | |
| | | 10. High lability of affect | | |
| | | 11. Blunted, dull, flat | | |
| | | 12. Euphoria, elation (manic quality) | | |
| | | 13. Depression, sadness | | |
| | | 14. Anger, hostility | | |
| | | 15. Anxiety, fear, apprehension | | |
| Thinking | Intellectual Functioning | 16. Hallucinations (note type and content) | | |
| | | 17. Impaired attention span, easily distracted | | |
| | | 18. Impaired rational thinking / decisions | | |
| | | 19. Impaired intelligence | | |
| | Orientation | 20. Disoriented: circle- Person, Place, Time | | |
| | Memory | 21. Impaired memory: circle-Recent, Remote | | |
| | Judgment | 22. Denies presence of problems | | |
| | | 23. Blames situation / others for problems | | |
| | | 24. Impaired impulse control | | |
| | Thought Content | 25. Obsessions / Compulsions (circle and note) | | |
| 26. Phobias (specify) | | | | |
| 27. Delusions (note type and content) | | | | |
| | | | Present | Denied |
| Risk Status | | 28. Suicidal ideation | | |
| | | 29. Homicidal ideation | | |
| | | 30. Domestic violence | | |
| | | 31. Problematic alcohol use | | |
| | | 32. Illicit drug use | | |

Comments: _____

Counselor Signature: _____ Supervisor Initials _____

Intake Interview Guidelines

You have four main goals in your Intake Interview (first session) with a volunteer:

1. Establish rapport and begin building a professional therapeutic relationship – this is not a separate activity or event, but should be attended to at all times.
2. Obtain informed consent for services from the volunteer and help the volunteer begin to understand (intellectually and experientially) the collaborative process of counseling (roles, expectations, etc.).
3. Effectively evaluate and attend to any urgent volunteer needs (suicidality, other crises)
4. Achieve a meaningful, accurate understanding of the volunteer's mental functioning and behavior (including biological, psychological and social domains) to guide effective services.

Although all of these goals will be ongoing throughout your sessions, you need to adequately accomplish them within the first session so as to ethically and professionally provide services to the volunteer. Below are some suggestions for areas of focus in the initial session. Remember that the intake session should not be an interrogation, but a collaborative conversation that helps both you and the volunteer understand their concerns and begin to work collaboratively to resolve them. Your order may not be as linear as the areas are listed below. Be flexible with these guidelines so as to be responsive to your volunteer's unique situation and needs. Use the Intake Interview Outline to help make sure you've adequately addressed each area in the first session so as to write a complete Intake Summary, and to guide conversations in future sessions.

1. Explain How Counseling Works / Obtain Informed Consent:

- Have volunteers complete the appropriate *Intake Information* form and read the *Consent* form
 - When complete, scan the *Intake Information* for any issues that must be addressed today (suicidality, safety, psychotic symptoms, etc.)
- Answer any questions about the consent form
- Verbally review the limits to confidentiality (1. Harm to self or others; 2. Suspected abuse of child / elderly / disabled; 3. Very rare legal situations – if you need to defend yourself)
- Discuss seeing each other outside of the counseling lab
- Weekly 50 minute sessions, cancellation, phone messages
- Work in clinical teams, audio/video recording, supervision
- Place to discuss difficult, challenging things, counselor will help and support, but not advise
- Collaboration, volunteer as active participant, volunteer makes ultimate decisions
- Brief, weekly check-in on how things going in general, and with counseling (ORS at beginning, SRS at end of each session)
- Sign the consent form

2. Current Concerns:

- Current problems / symptoms, including intensity, frequency and duration of symptoms
 - Ask specifically about anxiety, mood concerns, adjustment issues, stressors, substance use, social network, suicide, sexuality

- Identify any related / additional concerns (medical, legal, relationship, job / school, substance use) – use follow-up questions as necessary to obtain details
- How do symptoms and concerns impact volunteer functioning (bio-psycho-social)?
- How has volunteer attempted to cope / resolve the concerns? How effective / healthy?
- Have the volunteer fill out an ORS and graph it.

3. Crisis Evaluation & Attention:

- Suicidal ideation or behavior, self-harm
- Homicidal and / or violent ideation or behavior
- Other safety issues (victim concerns, does the volunteer feel safe?)

4. Background Information Relevant for Understanding the Volunteer's Concerns:

- Developmental factors
- Relationship information (strengths and problems with historical and current support network, extent and quality of current supports)
- Occupational history (school / work history, military service)
- History of challenges and concerns (personal & family, including mental health, legal, abuse, other trauma, substance use, etc)
- Previous experience with mental health services (counseling, hospital, other)
- Volunteer strengths and resources (bio-psycho-social)

5. Desired Services:

- What does volunteer hope to accomplish through these sessions (initial goals)?
- What does volunteer think is needed to accomplish these goals?
- How will the volunteer know she is done with these sessions?

* Remember to leave time for your initial SRS – Have the volunteer fill it out, then graph it and discuss together what could be done to improve your collaborative work together.

Brief Intake-Interview Outline

Before you sit down with the volunteer, review the Intake Information form:

1. Explain the Counseling Process / Obtain Informed Consent:

2. Explore Volunteer Concerns:

- a. Duration, severity, history of current concerns (ask about anxiety, mood concerns, adjustment issues, stressors, substance use, social network, suicide, sexuality)
- b. Simultaneously seek any relevant background information
- c. Have the client complete an initial ORS form
- d. At any time if needed, do a crisis evaluation and respond appropriately

3. Get a Sense of the Volunteer's Initial Goals:

4. Complete & Discuss the Initial SRS

5. Set the Next Appointment

Austin Peay State University
Dept. of Psychological Science and
Counseling
M.S. in Counseling Program

M.S. in Counseling
Counseling Lab
Austin Peay State University

Clement Building, Room 307
P.O. Box 4537
Clarksville, TN 37042
(931) 221-6454

Intake Summary

Volunteer Name:

Date:

Counselor:

I. Identification of Volunteer and Problem:

II. History of Present Difficulties:

III. Relevant Background Information:

IV. Psychosocial Adjustment / Strengths and Resources:

V. Diagnostic Statement / Case Conceptualization:

DSM Diagnosis:

Mental Health:

Medical Conditions:

Contextual Concerns:

Outcome Rating Scale:

VI. Initial Service Plan:

Counselor Signature

Date

Supervisor Signature

Date

Intake Summary - Guidelines

I. Identification of Volunteer and Problem: Include basic identifying information (age, sex, relationship status, ethnic background, whether a parent, occupation, other pertinent identifying information). Indicate who referred the volunteer for services (physician, clergy, other agency, etc.), and why the volunteer was referred, or state that the volunteer self-referred. Capture as nearly as possible how the volunteer describes his/her reasons for seeking services (including current symptoms).

II. History of Present Difficulties: How long has the volunteer experienced the current problem? Has it been continuous or intermittent? What has the volunteer tried in dealing with the problem? Elaborate as much as necessary to clarify the history and extent of the presenting problem. Are there themes in the history (either in what the volunteer has experienced, or in their typical coping responses, or relationships with others)?

III. Relevant Background Information: Identify developmental factors related to current concerns, including the nature of pertinent family and romantic relationships, educational and work history, military service, and other pertinent background. List any history of difficulties (personal/family mental-health, substance abuse, trauma history, etc.).

IV. Psychosocial Adjustment / Strengths and Resources: Nature and quality of social networks. Does the volunteer receive meaningful social support at work, home, church, and other community sources? Where in life does the volunteer feel competent and successful? Identify the volunteer's skills, strengths, and resources that may prove helpful with their current problem.

V. Diagnostic Statement / Case Conceptualization: The diagnostic statement summarizes your assessment findings and supports an accurate diagnosis in order to clearly document volunteer's need and support your service recommendations / plans.

Briefly summarize the most relevant bio-psycho-social data gathered in both formal and informal assessment. Include any information checked *present* on the MSE checklist, presenting concerns, signs, symptoms, relevant past significant events, relevant medical conditions, relevant current stressors and overall level of functioning, including how his/her customary coping strategies affect his/her capacity to deal with the problem, as well as your perception of the degree of severity of the client's concerns, supported by the data you have summarized.

Next, use a theoretical and pragmatic framework to organize and make sense of (explain) the volunteer's presentation (concerns and current functioning) and point the way to your counseling recommendations and plans. It can help to briefly describe how the volunteer makes sense of their presenting concerns, but focus on providing a clear, coherent explanation for the volunteer's current situation and needs based on your assessment and professional judgement. (This is how you think about the volunteer, what you **do** belongs under the service plan.)

DSM Diagnosis: You must include a full DSM-5 diagnosis here for all volunteers. List mental health concerns by priority with code and description – please use ICD-10 codes from DSM-5 (they're the ones in parentheses in the manual). Note any relevant medical conditions and how you know about them (MD report, volunteer stated, etc.). Identify by code and description any contextual factors relevant to diagnosis and prognosis, then include their initial ORS score.

VI. Initial Service Plan: Briefly describe your recommendations / plans for treatment. This should be clearly connected to the diagnostic statement / case conceptualization, and will include counseling objectives (focus of treatment), and counseling approach (means that will be used to achieve the objectives – theoretical orientation, specific treatment techniques). Also note modality of services (individual, conjoint, family, group, play, etc.), frequency of sessions, and estimated duration of treatment.

Austin Peay State University
Dept. of Psychological Science and
Counseling
M.S. in Counseling Program

M.S. in Counseling
Counseling Lab
Austin Peay State University

Clement Building, Room 307
P.O. Box 4537
Clarksville, TN 37042
(931) 221-6454

Session Note

Volunteer Name: _____ **Service Date:** _____

Counselor Name: _____ **Session #:** _____

Subjective:

Objective:

Assessment:

Plan:

Next Session: _____

Counselor Signature

Date

Supervisor Signature

Date

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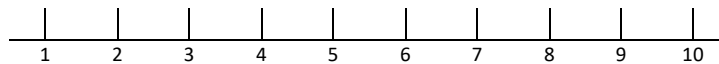
Outcome Rating Scale (ORS)

Volunteer Initials: _____ Date: _____

(Note: 1=worst, 10=best)

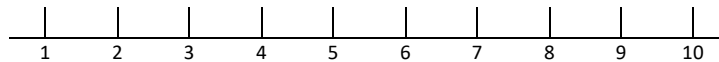
Individually

(Personal well-being)



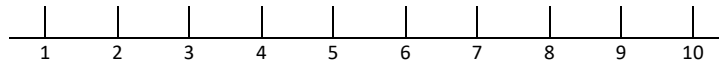
Interpersonally

(Family, close relationships)



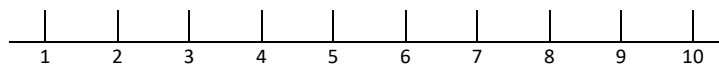
Socially

(Work, school, friendships)



Overall

(General sense of well-being)



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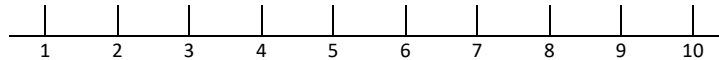
Austin Peay State University

Session Rating Scale (SRS)

Volunteer Initials: _____ Date: _____

Relationship

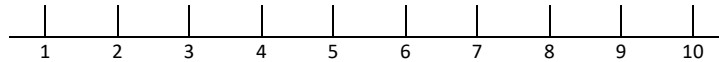
I did not feel heard, understood, and respected.



I felt heard, understood, and respected.

Goals and Topics

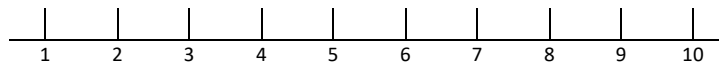
We did *not* work on or talk about what I wanted to work on and talk about.



We worked on and talked about what I wanted to work on and talk about.

Approach or Method

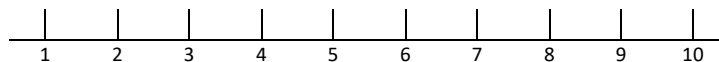
The therapist's approach is not a good fit for me.



The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.



Overall, today's session was right for me.

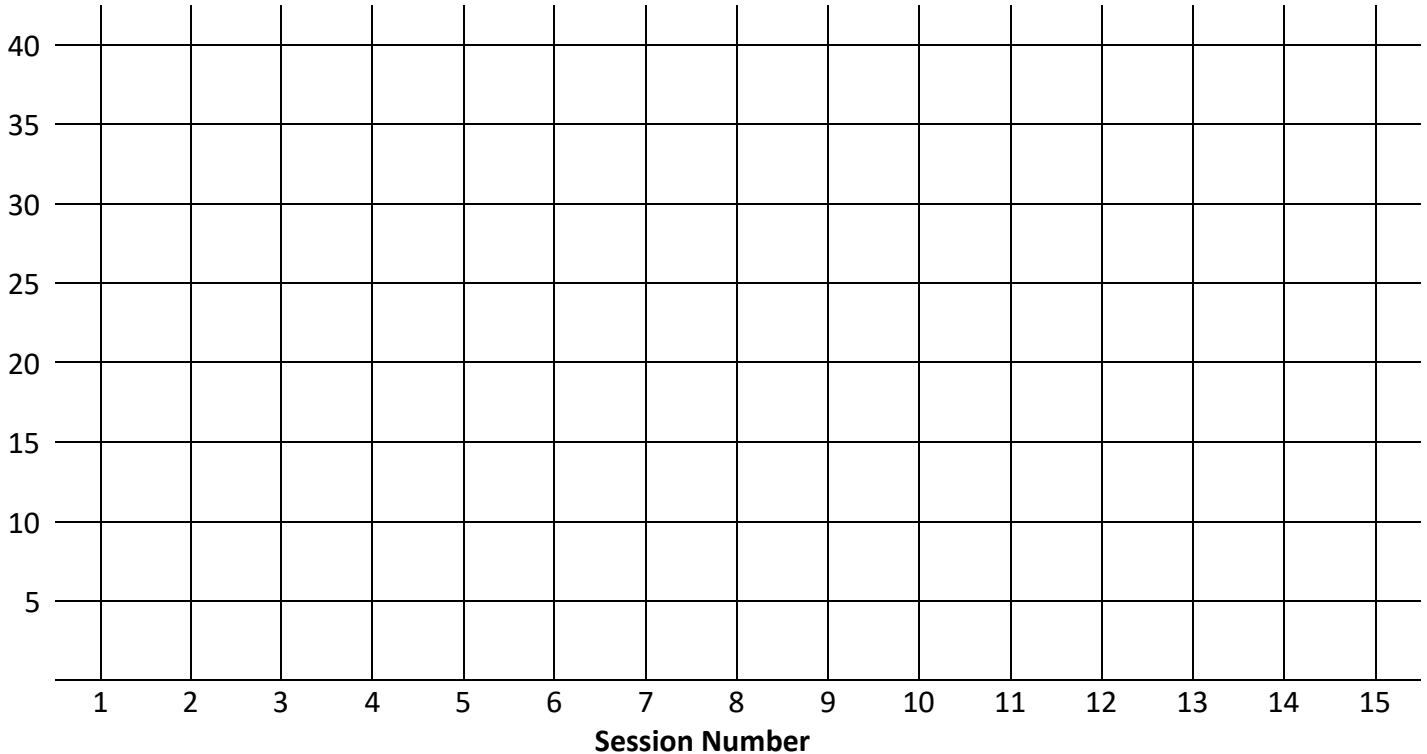
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SRS-ORS Scores

Client Name: _____ **First Session Date:** _____

Counselor: _____ **Final Session Date:** _____

Counselor: each week after you client has filled out the SRS and ORS rating sheets, plot the summed scores for each rating sheet on the chart below and discuss with the client her/his ratings, seeking understanding about what is working well and could potentially be amplified, as well as what is not working well and which might be modified. Also, discuss with the client trends in both scores across sessions. Because the point here is to use these scores as an invitation to discuss ways to improve the therapeutic alliance and client outcomes, merely obtaining and plotting the scores is insufficient.



Key: ORS Scores: _____
SRS Scores: - - - - -

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Contact Note

Volunteer Name: _____ Contact Date: _____

Contact with: _____

Relationship to Volunteer: _____

Summary of Contact:

Counselor Signature

Date

Supervisor Signature

Date

Service-Plan

Volunteer Name: _____ **Date of Birth:** _____

Counselor Name: _____ **Date:** _____

Initial Service Plan **Service Plan Review**

Volunteer Strengths / Resources: _____

Case Management Needs & Plans: _____

Service Goals: Note whether goals are new or ongoing. If this is a Service-Plan Review, indicate progress toward goal achievement since the last review (where 0 = no progress, 1 = little progress, 2 = some progress, 3 = much progress, 4 = outcome achieved), and note whether goal will remain a clinical goal for the next 30 days. Write "N/A" in any blank space.

1. Desired Outcome: _____

New Ongoing If ongoing, progress since last review: _____ Remain? Yes No

Achievement Criteria: _____

2. Desired Outcome: _____

New Ongoing If ongoing, progress since last review: _____ Remain? Yes No

Achievement Criteria: _____

3. Desired Outcome: _____

New Ongoing If ongoing, progress since last review: _____ Remain? Yes No

Achievement Criteria: _____

Clinical Plans: Mode (check one): Individual Couple Family Group

Planned Frequency: _____ Activities: _____

► **Next Review Date (no more than 30 days from today's date):** _____

Volunteer Signature Date

Counselor Signature Date _____
Supervisor Signature Date

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Closing/Transfer Summary

Closing **Transfer To:**

Volunteer Name: _____

Date of Birth: _____

Counselor Name: _____

Date: _____

Service Summary:

First Appointment:

Individual Sessions:

Last Appointment:

Cancellations:

Total Sessions Attended:

No-Shows:

Initial Presenting Concerns:

Initial Goals:

Progress on Goals:

Factors Enhancing Positive Outcomes:

Barriers to Positive Outcomes:

Reason for Service Termination:

Ongoing Concerns / Future Recommendations:

Counselor Signature

Date

Supervisor Signature

Date

Counselor-In-Training Evaluation Form

Please rate the following aspects of your counseling experience by circling the number that best represents how you feel about **your experience**.

1. I felt confident that what I said was confidential

| | | | | |
|-------------------|-------------------|--------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | Somewhat Disagree | Unsure | Somewhat Agree | Strongly Agree |

2. My counselor-in-training listened carefully to what I was saying.

| | | | | |
|-------------------|-------------------|--------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | Somewhat Disagree | Unsure | Somewhat Agree | Strongly Agree |

3. My counselor-in-training understood my concerns.

| | | | | |
|-------------------|-------------------|--------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | Somewhat Disagree | Unsure | Somewhat Agree | Strongly Agree |

4. My counselor's responses were helpful to me.

| | | | | |
|-------------------|-------------------|--------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | Somewhat Disagree | Unsure | Somewhat Agree | Strongly Agree |

5. Overall, this counseling experience was a positive experience for me.

| | | | | |
|-------------------|-------------------|--------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | Somewhat Disagree | Unsure | Somewhat Agree | Strongly Agree |

6. In general, I would rate my counselor-in-training as:

| | | | | |
|-------------|---|--------------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not Helpful | | Moderately Helpful | | Extremely Helpful |

7. I would recommend this experience to others like me.

| | | | | |
|-------------------|-------------------|--------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | Somewhat Disagree | Unsure | Somewhat Agree | Strongly Agree |

8. What kinds of things about your counseling experience did you find particularly helpful?

9. What kinds of things about your counseling experience did you not find helpful?

10. What did you like about your counselor-in-training?

11. What did you not like about your counselor-in-training?

12. What one thing stood out from your sessions with your counselor-in-training? What might you remember after your sessions are over?

Is there anything else you would like to share? Please write additional comments below. Thank you!

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Counseling Lab
Austin Peay State University

Consent to Bi-Lateral Release of Information

Volunteer Name: _____ **Date of Birth:** _____
Counselor-in-training Name: _____ **Date:** _____

I hereby request and authorize the APSU Counseling Lab and Counseling Faculty and

Specify the name of the person
& organization with whom the
Counseling Faculty/Lab will be
sharing information

| | | |
|----------------------|-------|----------------------|
| Name of Professional | Title | Name of Organization |
| Mailing Address | | |
| City | State | Zip Code |
| | | Phone Number |

to exchange information about me in compliance with 42 CFR Part 2 and 45 CFR parts 160 and 164. Information may be exchanged with respect to any illness, medical history, consultation, evaluation, counseling/psychotherapy, school performance, drug or alcohol abuse, and behavior during the period from initial contact to the last date of contact. I understand that I may request in writing that specific portions of my records not be released or referred to in the course of taking action upon this request.

Counselor: specify the exact information to be released and state the exact purpose for the release:

I understand that I may refuse to consent to this release without penalty and / or without being refused services. I also understand that I may withdraw this consent at any time except to the extent that action has already been taken in reliance thereon. This authorization will expire (check one):

- Upon completion or fulfillment of the above stated purposes
- On _____ / _____ / _____ (may not be more than one year from today's date)
Month Day Year

► I have read this consent; it has been explained to me, and all blanks were filled in prior to my signing this form. I understand that I am giving permission for information about me to be shared as noted above, and I do voluntarily give my consent thereto.

Volunteer Signature Date

Counselor-in-Training Signature Date

Supervisor Signature Date

Counseling Lab Volunteer Participation Slip

(DO NOT LOSE!!)

Number of Sessions: _____

Your Name (Print Clearly!!): _____ Date: _____

Participated for (Circle **One**): Class extra credit (class: _____)

Service hours (organization: _____)

Other: _____

Counselor Signature: _____ Date: _____

Counseling Lab Volunteer Participation Slip

(DO NOT LOSE!!)

Number of Sessions: _____

Your Name (Print Clearly!!): _____ Date: _____

Participated for (Circle **One**): Class extra credit (class: _____)

Service hours (organization: _____)

Other: _____

Counselor Signature: _____ Date: _____

Counseling Lab Volunteer Participation Slip

(DO NOT LOSE!!)

Number of Sessions: _____

Your Name (Print Clearly!!): _____ Date: _____

Participated for (Circle **One**): Class extra credit (class: _____)

Service hours (organization: _____)

Other: _____

Counselor Signature: _____ Date: _____

M.S. in Counseling
Counseling Lab
Austin Peay State University

Date:

Dear _____,

According to my records, you missed our scheduled appointment on _____ at _____, and I haven't heard from you. Since I have been unable to reach you by phone, I wanted to let you know that I will not be able to hold your time slot open unless you call me right away to schedule a new appointment. You may have decided that you are done with sessions for the time being, or things are just very busy for you right now. If either of these are true for you, please call to let me know so that I can close your file. If I haven't heard from you by _____, I will go ahead and close your file to keep our records up to date. If at some point in the future, you decide that you want to return to counseling, you can contact Student Counseling Services at (931) 221-6162.

As always, feel free to contact me if you have any questions.

Respectfully,

Counselor-in Training

Clinical Supervisor

Community Resources:

ASPU Student Counseling Center: (931) 221-6162
Crisis Intervention Center: (931) 648-1000
Crisis Hotline: 844-CRISIS-1 (855-274-7471)
Clarksville Sexual Assault Center: (931) 241-4143
The Ross Behavioral Group: (615) 338-6341
Centerstone Clarksville: (931) 920-7200

Distressed Volunteer Protocol

In the event that you are providing services to a volunteer whom you believe needs additional counseling services, please refer to the following protocol to ensure volunteer safety and welfare:

1. Locate a counseling faculty member who is present on campus to jointly assess the needs of your client with you. These faculty members include: Asfaw, Buchanan, Coggins, Fripp, and Knickmeyer.
2. In the event that further assessment with faculty results in the perceived need for further professional mental health treatment, the following options should be used:
 - a. If immediate action is not warranted (no imminent risk or danger of harm to self or others), you may refer your client to the APSU Counseling Services office at:

Ard Building
931-221-6162
dalep@apsu.edu

- b. If it is determined that there is real and foreseeable danger of harm to self or others, a referral to a crisis assessment provider must be made to further evaluate necessary treatment measures. The Tennessee Department of Mental Health & Substance Abuse Services oversees all regional Mobile Crisis Services. This hotline is available 24 hours a day, 7 days a week. To be connected to a local Mobile Crisis Provider, please call the following number:

855-CRISIS-1 (855-274-7471)

3. In the event of real and foreseeable danger that could compromise your personal safety, your volunteer's safety, or the safety of the campus community, contact the APSU Police Department at 931-221-7786 or dial 911 for the Clarksville Police Department.
 4. After ensuring volunteer safety and access to appropriate services, meet with a counseling faculty member or your faculty clinical supervisor to process any clinical concerns and ensure that necessary paperwork is completed in a comprehensive and timely manner. In this meeting, you may also assess for the need of additional volunteer follow-up.

Suicide Assessment Worksheet

Volunteer Name: _____

Date of Assessment: _____

Clinical Approach: Consider the past 12 months

Relevant Demographics:

Current Stressors:

Volunteer's Subjective Distress Level: High Moderate Low

Chronic Risk Factors: (-past trauma; -substance abuse history; -major health concerns; -self/family history of MH concerns; -prior suicide attempt; -self-harm behaviors; -prior MH hospitalization)

Note other chronic risk factors:

Acute Risk Factors: (IS PATH WARM)

- I – Ideation: any signs that volunteer is considering suicide; command hallucinations
- S – Substance Abuse: increased or excessive alcohol or drug use
- P – Purposelessness: no reason for living; no sense of purpose in life
- A – Anxiety & Agitation: anxiety, agitation, unable to sleep or excessive sleep
- T – Trapped: feeling like there's no way out; resistance to help
- H – Hopelessness: hopelessness about the future, about self
- W – Withdrawal: perceived sense of isolation; withdrawal from family, friends, society
- A – Anger: rage, uncontrolled anger toward self/others; seeking revenge
- R – Recklessness: level of impulsivity; acting reckless or engaging in risky activities
- M – Mood Change: dramatic mood changes (positive or negative)

Protective Factors: (-evidence of healthy coping skills; -optimism/future orientation; -supportive social network; -strong family connections; -cultural/faith beliefs supporting self-preservation; -restricted access to means)

Note other protective factors:

Volunteer's risk level based on Clinical Approach: High Moderate Low

Empirical Approach:

Volunteer's Suicidal Desire (does the volunteer have a desire to cease living?):

Suicidal Capability (is the volunteer capable of acting on the desire – including plan, means?):

Suicidal Intent: (does the volunteer have intention to act on the desire?):

Buffers / Social Connectedness (what might stop the person from acting?)

Volunteer's risk level based on Empirical Approach: High Moderate Low

Overall Risk Level: High Moderate Low

Counselor & Supervisor Initials: _____

Safety Plan

- Counselor, fill out two copies of the form with your volunteer by hand (one to volunteer, one to file).

Volunteer Name: _____ Today's Date: _____

This plan is designed to help me keep myself and others around me safe. I know that life can be difficult sometimes, even for long periods of time. I also agree that life can get better, and this plan is to help me identify and plan to do things that will help me feel better.

When I have thoughts or feelings about hurting or killing myself, I will do the following things to help me feel better and stay safe: list the activity and frequency—if applicable.

1. _____

2. _____

3. _____

When I have thoughts or feelings about hurting or killing myself, I will contact the following people: list name and phone number(s).

1. _____
2. _____
3. _____

- ★ If at any time I don't feel I can keep myself safe, even with the above activities and people, I agree that a brief hospital stay will be the best way to make sure that I stay safe long enough to start feeling better. I can go to the hospital myself, have a friend or loved one take me, or call the police (911) and they will help me get to the hospital.

I will review this plan next week with my counselor, and each week after, making any necessary additions or changes, until we both feel that it's not necessary to continue reviewing it.

Volunteer Signature

Date

Counselor Signature

Date

Clinical Documentation Timeline

Below are listed the documentation tasks / items that should be completed during or after the session – before the next scheduled session

Session 1:

- Intake Information Form
- Consent to Receive Services
 - 2 complete copies, a signed copy for the file and a copy for the volunteer
- SRS/ORS scores recorded on SRS/ORS Scores Plot, discussed with volunteer
- Mental Status Exam Checklist
- Session Note

Session 2:

- SRS/ORS scores recorded on SRS/ORS Scores Plot, discussed with volunteer
- Session Note
- Intake Summary

Session 3:

- Service Plan
 - The service plan must be reviewed with the volunteer, and a new service plan form filled out every four weeks from the date of the original service plan
- SRS/ORS scores recorded on SRS/ORS Scores Plot, discussed with volunteer
- Session Note

Each Subsequent Session:

- SRS/ORS scores recorded on SRS/ORS Scores Plot, discussed with volunteer
- Session Note
 - For all sessions and no-shows
- Contact Note
 - One for each time you have contact with the volunteer outside of a session, or the volunteer calls and leaves a message for you (including cancelled or rescheduled sessions), and each time you have contact with someone other than the volunteer (as permitted by the Consent to Release of Information).

Final Session:

- Closing or Transfer Summary
- Move ORS/SRS Scores Plot to bottom right in chart

Clinical File Organization

Documents are listed as they should appear in the clinical chart,
top to bottom (items listed first belong on the top).

Left Side

SRS/ORS Scores Plot

Moves to bottom of right side when closing file

Intake Information

Be sure it includes address, phone number and date of birth

Consent to Receive Services

Disclosure & informed consent; must be signed by the client, counselor and supervisor

MSE Checklist

Request for Services Form

Consent to Bilateral Release of Information

Any letters sent out

Right Side

Closing / Transfer Summary

Notes

Reverse Chronological (oldest on bottom); one note for very session, no-show, reschedule, cancellation, contact, or other phone call related to the case

Service Plans / Reviews

Integrated with the notes, as they fit chronologically into the service sequence

Intake Summary

Integrated with the notes

(SRS/ORS Scores Plot)

Moved here upon closing with the volunteer

Sample Sequence for Closed File

Closing / Transfer Summary

Session Note – 6th Session

Session Note – 5th Session

Contact Note – Phone call, reschedule

Session Note – 4th Session

Service Plan

Session Note – 3rd Session

Session Note – 2nd Session

Session Note – No-Show

Intake Summary

Session Note – 1st Session

SRS/ORS Scores Plot

Counseling Skills Evaluation Rubric

| Element | Proficient (3 pts) | Satisfactory (2 pts) | Needs Improvement (1 pt) | Inadequate (0 pt) |
|---|---|---|--|--|
| Opening Session | Opened the session smoothly with appropriate introduction, disclosure and confidentiality statement. | Opened session smoothly. However, one element of opening a session is lacking. | Opening of session was awkward (e.g. over use of fillers) and lacked two or more elements. | No clear opening was present at the beginning of the counseling session. No disclosure or confidentiality statement was present. |
| Attending & Active Listening | Demonstrated appropriate use of non-verbal cues (e.g. effective use of body language, vocal tone, facial expressions & eye contact) & awareness of client's nonverbal cues. Appropriate use of verbal & nonverbal encouragers to demonstrate interest & the ability to follow the client w/understanding of all aspects of communication. | Demonstrated the ability to use attending and active listening skills. However, one or two elements were lacking in proficiency or used inappropriately throughout the session. An over reliance on non-verbal cues was evident. | Attending & active listening skills showed insufficient understanding of aspects of verbal &/or nonverbal communication and/or lacked awareness of client's nonverbal cues; and/or counselor appeared somewhat disconnected from the client at times. | Minimal use of attending & active listening was demonstrated throughout the session. Counselor appeared disconnected. Eye contact, verbal & non-verbal cues were insufficient to demonstrate an understanding of all aspects of communication. |
| Reflecting Feeling & Content | Demonstrated the ability to effectively communicate empathy by reflecting client's implicit & explicit emotions. Used paraphrasing & summarizing to demonstrate active listening & seek clarification. | Demonstrated the ability to communicate empathy, by reflecting explicit emotions, but lacked the ability to accurately reflect implicit emotions. Demonstrated the ability to reflect content but lack clear and concise expression through clarifying, paraphrasing & summarizing. | Insufficient use of empathetic reflection of client's explicit and/or implicit emotional states. Insufficient use of prompts, paraphrasing, & summarizing to reflect content; and/or reflections lack clarity/conciseness such that they interfere with flow of session. | Minimal use or inappropriate use of reflection of emotions and/or content was demonstrated throughout session. Indicating a lack of understanding of these skills in moving the client forward. |
| Probing & Questioning | Demonstrated the effective use of purposeful, open-ended questions to keep the session on track and to encourage further communication & understanding of the client's world. | Demonstrated the use of purposeful, open-ended questions to keep session on track and to encourage further communication. However questions lack clarity & conciseness; and/or they did not promote further communication. | Insufficient use of purposeful, open-ended questions. Questions were primarily closed and/or did not keep session on track and/or did not encourage further exploration of the client's world. | Minimal to no use of purposeful, open-ended questions were demonstrated throughout the counseling session, indicating a lack of understanding of these skills in encouraging further communication & understanding of the client's world |
| Use of Silence | Allowed appropriate silences and demonstrated the ability to tolerate silence during the counseling session. | Generally demonstrated the ability to tolerate some silence during the counseling session. However, further use of silence as a skill to | Insufficient use of silence as a tool to draw out client and/or inability to tolerate silence was demonstrated throughout the session. | No use of, or tolerance for, silences was demonstrated throughout the session. Counselor demonstrated obvious need to fill silence in inappropriate manner that |

| Element | Proficient (3 pts) | Satisfactory (2 pts) | Needs Improvement (1 pt) | Inadequate (0 pt) |
|-------------------------------|---|--|---|--|
| | | draw out client is necessary. | | detracted from the counseling process. |
| Closing Session | Closed the session smoothly with a summary of the session & assessment of client's readiness for closure; set direction for the next session. | Closed session smoothly. However, one element of closing a session is lacking. | Closing of session was awkward (e.g. over use of fillers; too lengthy) and lacked two or more elements for closing a session. | No clear closing of the counseling session was present. Closing lacked all required elements for closing a counseling session. |
| Relationship Building | Demonstrated the ability to effectively develop a working alliance and rapport with the client. | Generally, demonstrated the ability to develop a working alliance and rapport with the client. However, some elements were missing/some relational distance was present at times/or counselor presented as a "friend" and did not maintain professional demeanor throughout the session. | Generally, demonstrated a lack of understanding of the working alliance and building rapport with the client; relational distance was present throughout most of the session, or counselor presented as a "friend" and not as a counseling professional throughout most of the session. | Demonstrated the inability to develop a working alliance and rapport with the client. A lack of understanding of this skill in the counseling process was present throughout the counseling session. |
| Immediacy | Discussed directly and openly what is going on in the here and now between the client and counselor. Demonstrated appropriate self-disclosure regarding counselor-client relationship. Invited the client to discuss and work on the relationship in session. | Generally, demonstrated an awareness of what was happening in the here and now of session, when out of the session. However, this understanding only occasionally manifested in session through open discussions of the here and now, appropriate self-disclosure, or invitations to work on the relationship. | Demonstrated an incomplete awareness of what was happening in the here and now of session, when out of the session. Rarely used open discussions of the here and now, appropriate self-disclosure, or invitations to work on the relationship. | Demonstrated a lack of awareness of what was happening in the here and now of session, when out of the session. Did not use open discussions of the here and now, appropriate self-disclosure, or invitations to work on the relationship. |
| Case Conceptualization | Sophisticated analysis that coherently and succinctly relates how the client's presenting concerns developed and are maintained. Clearly tied to a counseling theory. Used theory and understanding of client to help direct counseling choices. | Thoughtful analysis that somewhat relates how the client's presenting concerns developed and are maintained. Somewhat tied to theory. Demonstrated some use of theory and client understanding to direct counseling choices. | Misses minor issues related to how the client's presenting concerns developed and are maintained. Not tied to theory. Vague use of theory and client understanding to direct counseling choices. | Misses significant issues related to how the client's presenting concerns developed and are maintained. Not tied to theory. No use of theory and client understanding to direct counseling choices. |

Student Progress Assessment

Student Name: _____

A#: _____

Criteria: The following criteria is used to assess students' academic and professional development during their time in the M.S. in Counseling Program.

- 5) Superior:** Always performs above the minimum requirements and shows outstanding aptitude, and performance.
- 4) Above Average:** Always meets minimum requirements in a satisfactory manner, and performs at a level considerably above that normally expected.
- 3) Average:** Usually meets minimum requirements in a satisfactory manner; performing as might be expected.
- 2) Below Average:** Occasionally fails to meet minimum requirements in a satisfactory manner, performing at a level somewhat below that expected.
- 1) Needs Significant Improvement:** Usually fails to meet minimum requirements in a satisfactory manner; performs at a level considerably below that expected.

| INTERPERSONAL SKILLS | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Displays sensitivity toward others | | | | | |
| Accepting of differences (i.e. racial, ethnic, sexual orientation, etc.) | | | | | |
| Self-aware (strengths, personal issues, limitations, etc.) | | | | | |
| Interacts appropriately with others | | | | | |
| Open to personal and professional growth | | | | | |
| Recognizes her/his personal and professional impact upon others | | | | | |
| Professional demeanor | | | | | |
| Able to self-monitor one's own behavior | | | | | |
| DEMONSTRATION OF PROFESSIONALISM | 5 | 4 | 3 | 2 | 1 |
| Preparedness for class (such as attendance and punctuality) | | | | | |
| Shows responsibility as a group member (carries appropriate share of cooperative group's workload, etc.) | | | | | |
| Demonstrates appropriate behavior as a group member | | | | | |
| Is engaged in his/her learning. Demonstrates a commitment to growth and knowledge instead of just grades. | | | | | |
| Demonstrates future job performance in the way he or she interacts with the faculty and fellow students; attends to his or her work; is responsible | | | | | |
| Shows maturity of behavior and thought | | | | | |
| Is a consensus builder, team player, and is a positive force in the cohort | | | | | |
| Demonstrates a positive attitude | | | | | |
| Recognizes that the counseling program is a laboratory for a future faculty and demonstrates the willingness and ability to work with various personalities as will be expected in professional counseling settings | | | | | |
| Seizes opportunities to demonstrate leadership qualities within the program / Takes appropriate turns at stepping up to leadership and being a follower | | | | | |
| Shows the ability to advocate for oneself and fellow students in an appropriate way | | | | | |

| ACADEMIC PERFORMANCE | 5 | 4 | 3 | 2 | 1 |
|--|----------|----------|----------|----------|----------|
| Quality of work is consistently strong | | | | | |
| Assignments show depth of understanding | | | | | |
| Assignments show progress | | | | | |
| Writing is above average | | | | | |
| Communication skills are above average | | | | | |
| Student has consistently demonstrated the ability to incorporate suggestions and feedback from professor(s) on how to improve work | | | | | |
| Takes responsibility for his or her own learning / Provides faculty with suggestions, strategies, and approaches what will enhance learning / Avoids the easy route to a degree and seeks and fosters opportunities for growth | | | | | |
| Assignments are completed on time | | | | | |
| Demonstrates the ability to synthesize and analyze information quickly (as in the real world of mental health and school counseling) | | | | | |
| FUTURE AS COUNSELOR | 5 | 4 | 3 | 2 | 1 |
| Potential for becoming an effective professional counselor | | | | | |

Strengths:

Areas of concern:

Recommendations:

- Continue in the program / your progress is good.
- Continue in the program, but concentrate on making needed changes and we will meet mid-semester.
- We encourage you to consider the content of the individual advising session we recently conducted with you. It is in your best interest to exit the program for a time period of _____ then consult with the faculty about re-entering the program at a later date. We will give you specific suggestions for strengthening your stand as a student.
- We encourage you to consider the content of the individual advising sessions we recently conducted with you. It is in your best interest that you reconsider your match to this program and to the counseling profession. We are very sorry to have to ask you to reconsider your status as a student in this program.

Prepared with feedback from the entire faculty.

Signed by Select Faculty Members:

Program Coordinator or Advisor

Faculty

Faculty

Faculty

Date: _____

Student
Signature: _____

Date: _____

M.S. in Counseling
Counseling Lab
 Austin Peay State University

Supervisor Evaluation Form

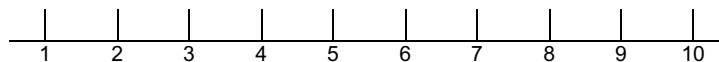
Supervisee Name: _____

Supervisor Name: _____

| | Very Effective | Effective | Not Effective | Not Observed |
|--|----------------|-----------|---------------|--------------|
| 1. Helps create a safe environment. | | | | |
| 2. Structures supervision sessions. | | | | |
| 3. Provides useful feedback. | | | | |
| 4. Encourages my active involvement | | | | |
| 5. Is available and accessible. | | | | |
| 6. Encourages questions. | | | | |
| 7. Helps me understand volunteer dynamics. | | | | |
| 8. Supports me. | | | | |
| 9. Challenges me to grow. | | | | |
| 10. Helps me look at my own issues. | | | | |
| 11. Provides helpful suggestions. | | | | |
| 12. Is flexible and open. | | | | |
| 13. Is fair and respectful. | | | | |
| 14. Helps me address ethical issues. | | | | |
| 15. Helps me with client documentation. | | | | |
| 16. Is multiculturally responsive. | | | | |
| 17. Invites self-reflection/evaluation. | | | | |
| 18. Seeks my ideas and input. | | | | |
| 19. Helps me consider my own theory. | | | | |

Adapted from Campbell, J. M. (2000). *Becoming an effective supervisor: A workbook*. Routledge/Taylor & Francis Books.

On a scale from 1-10 (1=very poor, 10 = excellent) circle the number that reflects your perception of this supervisor's work with you (their support of your clinical work and growth).



What did you find helpful about your supervisor?

What do you wish your supervisor had done differently?

 Supervisee Signature

 Date

M.S. in Counseling
Counseling Lab
Austin Peay State University

Peer Supervision Note

Supervisee Name: _____

Service Date: _____

Supervisor Name: _____

Session #: _____

DVD Viewed? Yes No

Reviewed Documentation? Yes No

Discussed Progress? Yes No

Major topics that emerged during supervision:

List any supervision interventions discussed (include rationale) related to supervisee's work with volunteers:

Note strengths demonstrated by peer supervisee:

Note concerns or areas for growth:

Goals for next peer supervision session:

Supervisee Signature

Date

Supervisor Signature

Date

Weekly Supervisee Note

Supervisee Name: _____ Service Date: _____

Supervisor Name: _____ Session #: _____

What I did well this week:

1. _____
2. _____
3. _____

Things I would like to/need to work on:

1. _____
2. _____
3. _____

Things I have improved or learned:

1. _____
2. _____
3. _____

Goals for next week:

Questions or concerns for supervisor:

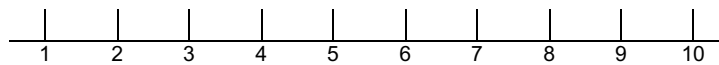
Supervisee Signature Date Supervisor Signature Date

Leeds Alliance in Supervision Scale (LASS)

Place a mark on the lines to indicate how you feel about your supervision session. Please be as honest as possible – your supervisor won't be offended by anything you share, but will use the information to better meet your needs.

Approach

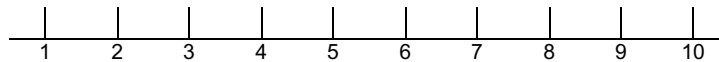
The supervision session was not focused.



The supervision session was focused.

Relationship

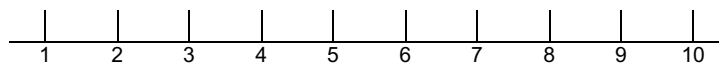
My supervisor and I did not understand each other in this session.



My supervisor and I understood each other in this session.

Meeting My Needs

This supervision session was not helpful to me.



This supervision session was helpful to me.

Clinical File Audit Form

This must be completed when closing each your files prior to the last day of classes. Check boxes to indicate items are present, complete, and signed by necessary individuals (or mark as n/a if you don't have that item for this file). Include your initials in the last column to indicate that you checked each item in the file.

Left Side (Top to Bottom)

| Item | Present | Complete | Signed | | | Initials |
|---|---------|----------|-----------|------------|-----------|----------|
| | | | Counselor | Supervisor | Volunteer | |
| Intake Information | | | | | | |
| Consent to Receive Services | | | | | | |
| MSE Checklist | | | | | | |
| Request for Services Form | | | | | | |
| Consent to Bilateral Release of Information (if needed) | | | | | | |
| Any letters sent out | | | | | | |

Right Side (Top to Bottom)

| Item | Present | Complete | Signed | | | Initials |
|--|---------|----------|-----------|------------|-----------|----------|
| | | | Counselor | Supervisor | Volunteer | |
| Clinical File Audit Form | | | | | | |
| Closing/Transfer Summary | | | | | | |
| Notes (In chronological order with oldest on bottom) *Be sure you have one for each session including your final session. | | | | | | |
| Service Plans/Reviews (included chronologically with the notes) | | | | | | |
| Intake Summary | | | | | | |
| SRS.ORS Scores Plot | | | | | | |

Instructions for Recording – Recording Equipment

To begin recording:

1. Press the button that corresponds with your room (e.g. 306A) on the EXTRON box.
2. Turn the TV on using the power button under the right corner of the TV.
3. Open the DVD drive on the DVD recorder that corresponds with your room. *Double check that you have the correct box!*
4. Please the DVD-R in the tray and push close.
5. Choose “Function Menu” → “Drive Select” → “DVD” **Make sure the DVD recorder says “DVD”
6. Then under “Function Menu” → “Others” → “DVD Management” → “Format Disc” and press OK. (It will take about 1 minute for your disc to format
7. Optional: Under “Function Menu” → “Others” you can choose “Disc Name & Top Menu” to customize your menu screen and the name of your DVD
8. Exit and set down the remote.
9. Press the “Record” button on the DVD recorder (not on the remote), press number “6” on the EXTRON box to blank the TV screen, and start your session.

To finish recording:

1. Make sure the EXTRON box is on your room and turn on the TV screen.
2. Press the “Stop” button on the DVD recorder (not on the remote).
3. Choose “Function Menu” → “Others” → “DVD Management” → “Finalize” or “Create Top Menu” and press OK. (It will take a few minutes for this process to complete.)
4. When finished finalizing, choose “Exit” and eject your DVD from the player.

Note: DO NOT press “Input Select” on remote control! If your screen is not showing your selected room, find the GTA on duty.

To Transfer Session for Hard Drive (HDD) to Disc (DVD):

1. Insert Disc (do not format)
2. Choose "Function Menu" → "Drive Select" → " DVD" (Do not format)
3. Go back to "Function Menu" → "Copy" → "Video (HDD to DVD)" → Select your video from the list. Press OK.
4. Choose "Start." (This will take at least 5 minutes.)
5. Disc should begin finalizing process immediately after transfer (~3 minutes).
6. If Disc does not finalize:
 - Press "Exit"
 - Choose "Function Menu" → "DVD Management" → "Create Top Menu" or "Finalize" (~ 3 minutes).
 - Once completed DVD will be ready for playback on other DVD players
7. Press "Exit" and Eject disc.

Instructions for Recording – Sony Handycam with MicroSD Card

To begin recording:

1. Make sure you are using Camera #3 or #4.
2. Look for the safety strap on the right side of the camcorder and the power extension cord and block. From the safety strap, remove the USB cord, and attach it to the power extension cord. Plug the power extension cord into the block, and plug into a nearby AC outlet. (Note: detachable batteries will typically have power in them, but it is best to run the camcorder while plugged in).
 - The camcorder should always remain plugged into the wall while in use in the Counseling Lab rooms.
3. Open camcorder on left side to show projector screen (camcorder will power on automatically.)
4. Open the lens cover using the switch on the front-right side of the camcorder.
5. Look for cover housing HDMI (out), PROJECTOR IN, M2, & MicroSC XC ports. Open cover and insert the MicroSD card. If fully inserted, you will hear it click into place. Close cover. (Note: if the camcorder states that it cannot read the card, ensure the card is inserted correctly and try again.)
6. Attach camcorder to the tripod using the screw port at the bottom of the camcorder. DO NOT REMOVE THE SCREW BASE FROM THE LARGER TRIPODS.
7. To record, press “START/STOP” button located on the back-right side. If done correctly, you will see “STBY” change to “REC” in the top-center of the LCD screen.

To finish recording:

1. When the session is complete, press the “START/STOP” button a second time. You should see “REC” change back to “STBY” on screen.
2. Re-open cover. To remove MicroSD card, press the card in. If done correctly, the card will spring out to easily remove from the slot.
3. Close camcorder (will power off automatically). Leave all cords attached and plugged in.
4. Locate SD card adaptor in the Counseling Lab workroom. Insert MicroSD card into MicroSD card slot on the adaptor (you will not hear it click into place). Plug adaptor USB into computer’s USB port.
5. Your video file will typically be stored in the following folder sequence:
Removable Disk → PRIVATE → AVCHD → BDMV → STREAM
6. In the “STREAM” folder, your session will most likely be stored as two .MTS files, compatible with Windows Media Player and most other modern video software. Select them both, right click the selection, and click “Copy” or “Cut.” Then open a destination folder, right click anywhere in the space of the folder, select “Paste.” These will be fairly large files to transfer (approximately 4 GB) and may take up to 10 minutes to properly transfer. Once the transfer is complete, you are finished recording and storing your video session.
7. When you have transferred your session to the DVD, put the MicroSD card back into a camcorder. Select “Menu” → “Setup” → “Format” → “Memory Card” → “OK.” This will wipe the memory card and get it ready for the next person to use. Note: If you are unable to do this immediately after your session because other counselors are using both cameras, you may leave your card with the GTA who is working in the lab.