M.S. in Counseling Program

Counseling Lab

Austin Peay State University

Counseling Lab Policies and Procedures Handbook

2018 – 2019

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

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Student Confidentiality / Responsibility Form

As a student in the Department of Psychological Science and Counseling – Counseling Program, I understand that my work as a student will give me access to confidential information pertaining to volunteer students, peers, other individuals, providers or institutions.

I understand that it is my responsibility to maintain the confidentiality of this information at all times in accordance with the provisions of Title 42 Code of Federal Regulations (42 CFR 480), the Quality Improvement Organization Manual, Chapter 10, the Health Insurance Portability and Accountability Act (HIPAA) (42 CFR 160, 162 and 164) and any applicable state statutes

This document signifies that I have reviewed this policy in the Counseling Lab Policies and Procedures Handbook. This document also signifies that I have been made aware and do understand that for the unauthorized disclosure of the Counseling Lab's data and information I will face penalties within the program such as failing the current clinical course, being placed on a remediation plan, or being removed from the program.

I also understand that I am responsible for and will be held accountable for the all the information presented in the Clinical Policies and Procedures Handbook, in particular those related to confidentiality, safety, and other ethical and professional standards. I understand that violating the policies and procedures outlined in the Handbook puts at risk my privilege to see volunteers in the Counseling Lab as well as my progress in the Counseling Program. I will review these materials carefully, and if I have questions concerning these materials I will ask for clarification from my immediate supervisor, my course instructor, and/or the Program Coordinator.

_____
Student Name (Printed)

_____ _____
Student Signature Date

The signed form must be placed in the student's file each year in order for the student to do clinical work in the Counseling Lab (Including seeing volunteers and supervising other clinicians)

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Clinical Policies and Procedures Handbook, 2018 – 2019

Introduction:

A vital component of your degree in Counseling involves learning, applying, and continually refining the skills necessary to work in a professional setting and help clients. The faculty is committed to graduating students who have developed excellent clinical knowledge and skills. Supervised experiential activities are vital to this development. Throughout your training you will participate in a variety of experience-based activities ranging from in-class role-plays to providing counseling services to individual clients and groups from the college and/or community.

Your clinical experiences in this lab are an opportunity to apply the knowledge and skills you are learning with volunteers seeking the professional services of a counselor. For most counselor trainees, it means finally being able to do what you enrolled in your graduate program to do. Your experiences in the Counseling Lab and clinical courses are designed to prepare you for future work as a knowledgeable and competent professional counselor.

Please familiarize yourself with the information in this handbook, since it serves to guide your Counseling Lab experiences, and sets forth important policies and guidelines for meeting legal, ethical, and professional standards of client care. *You are responsible for all information herein and are expected to strictly adhere to these standards.*

The policies in the handbook apply to all students who are using the Counseling Lab in the course of their studies in the M.S. in Counseling Program including (but not limited to) students in the following courses:

- COUN 5410: Counseling Techniques
- COUN 5420: Advanced Counseling Techniques
- COUN 5430: Group Counseling
- COUN 5440: Diversity Issues in Counseling
- COUN 5160: Counseling Children & Adolescents
- COUN 5180: Theory and Practice of Clinical Supervision

Counseling Lab Mission. The Counseling Lab is a venue for the preparation of counselors and supervisors. This setting is designed to facilitate and refine students' development of counseling skills through practice with peers and volunteer clients during practice counseling sessions throughout multiple courses. Additionally, this space supports growth by allowing students to receive ongoing feedback on their skill development and professional disposition.

Counseling Lab Goals:

1. Develop student competence in core counseling skills as counselors and supervisors.
2. Develop trainee competence as generalists who can provide counseling with clients with a variety of presenting concerns.
3. Build supervisor knowledge and skill.
4. Help to orient members of the University community to the process of counseling.

Non-Discrimination Policy. The Counseling Lab does not deny services nor discriminate in any way on the basis of sex, race, color, creed, sexual orientation, handicap, or age. This is in accordance with APSU policies, as well as Title IV of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC 12101-

12213. Our services will respect and comply with clients' rights requirements as specified in standards.

In addition, our services are available and accessible to all persons regardless of cultural background, criminal history, medical status, and drug of choice, so long as volunteer needs fit within the scope of the services we provide. You have or will receive training on these issues in Ethics class, and Diversity class, among others.

Drug-Free Workplace Policy. The Counseling Lab fully supports and follows the APSU Drug-free workplace policy (Policy 3:006; Drug-Free Workplace Act of 1988). This includes a prohibition on the use of tobacco products by anyone throughout the entire building where the Counseling Lab is located (Clement building), and is indicated in the clinic by the posted no-smoking signs. The policy covers all who work in the Counseling Lab. Although we do not have a policy for drug testing, all who work in the lab are regularly evaluated by supervisors and program faculty. If concerns about a student's wellbeing, substance use / relapse, or other arise, the student must meet with the faculty. Program faculty will ultimately determine any student's appropriateness for work in the lab and may require a remediation plan or other steps before a student may resume any clinical work.

Ongoing Training. As students, your training will be ongoing. Some important topics that will be covered in your coursework, as well as in supervision and other program activities, include the following (with courses where these topics are covered in parentheses): *Ethics* (Ethics, Techniques, Advanced Techniques, Practicum, Internship); *Confidentiality* (Ethics, Techniques, Advanced Techniques, Practicum, Internship); *Professional Conduct* (Ethics, Techniques, Advanced Techniques, Practicum, Internship); *Client Rights* (Ethics, Advanced Techniques, Practicum, Internship, Foundations); *Cultural Competency* (Ethics, Advanced Techniques, Counseling Diverse Populations); *Human Development* (Lifespan Development, Counseling Children & Adolescents); *Helping Relationships* (Techniques, Advanced Techniques, Group Counseling, Career Counseling); *Crisis Assessment and Management* (Diagnosis, Advanced Techniques, Practicum, Internship, Assessment & Appraisal); *Special Populations* (Addictions, Counseling Children & Adolescents, Counseling Couples & Families);

Quality Assurance. As counselors, we have an obligation to the public and the profession to ensure that we meet certain standards of practice. The quality of services provided in the Counseling Lab is maintained through the training and treatment protocol required in the program, including the policies outlined in this handbook. Use of clinical teams, live observation by faculty and/or supervisors, weekly individual/triadic and group supervision are some of the procedures used to ensure that all clinical services students provide through the lab meet accepted ethical and practical standards. In addition, volunteer files are regularly reviewed in supervision for compliance and professionalism, and are reviewed a minimum of once each semester in file audits by program faculty. The multiple forms of supervision and file reviews help provide checks and balances to ensure that we all meet the standards of service provision, thus protecting our volunteers, the program/clinic, and the profession.

Roles and Responsibilities:

Clinical courses are structured to be similar to work in a clinical setting. These classes serve as a bridge between the theoretical foundations and the experiential focus of your clinical practicum/ internship and provide an opportunity to integrate theoretical knowledge and practical skills. Your

time commitment in clinical courses will involve not only the 3-hour course, but time seeing volunteers and in individual/triadic supervision.

Clinical-Course Instructors. Clinical Course instructors oversee all functions of your class/lab experience. Instructors are responsible for facilitating class meetings, helping screen prospective volunteers, helping assign volunteers to students, providing group supervision, assigning students to an individual/triadic supervisor, reviewing all case documentation, monitoring volunteer-contact hours, and designating a final course grade (refer to your course syllabi for details on grading). When a difference in clinical judgment arises between an instructor and an individual/triadic supervisor, the instructor makes the final decision.

Counseling Lab Graduate Assistants. The Graduate Assistants working in the Counseling Lab oversee the day-to-day functioning of the lab. These individuals assist the instructors in recruiting, screening, and assigning volunteers and help with the maintenance and up-keep of the clinic.

Individual / Triadic Supervisor. For students in COUN 5410 and 5420, the instructors assign each student to an individual/triadic clinical supervisor for weekly supervision during the semester. These supervisors include second-year student supervisors-in-training (for COUN 5420 only), faculty, and adjunct faculty within the department of Psychological Science and Counseling – Counseling Program. Student supervisors-in-training provide supervision under the direct supervision of faculty and adjunct faculty within the department of Psychological Science and Counseling – Counseling Program. Supervisors provide one hour of individual or 1.5 hours of triadic supervision per week to each assigned clinical student. The focus of supervision is case review, clinical documentation, theoretical application, and counselor self-awareness and knowledge/skill development. *It is the clinical student's responsibility to initiate contact with the supervisor, and to ensure that all weekly supervision meetings take place*. Individual/triadic supervisors taking the supervision class are required to record their supervision sessions with students. These are reviewed in their supervision-of-supervision, where the focus is on the supervisors' work.

Clinical Students. Your primary responsibilities as clinical students are to provide acceptable services to your volunteers and to develop your own clinical skills. Additional responsibilities are similar to those of an agency or school counselor, and include: 1) adhering to the ACA and/or ASCA Code of Ethics and Standards of Practice, as well as adhering to all policies and procedures in this manual; 2) conducting clinical intake interviews; 3) preparing for clinical sessions; 4) maintaining a volunteer caseload; 5) documenting all case information in a timely fashion; 6) attending and participating in all weekly group (class) and individual/triadic supervision; 7) giving and receiving constructive and challenging feedback to your colleagues; 8) helping maintain a professional and clean lab setting, and 9) assisting with volunteer recruiting.

As a program, we acknowledge the body of research which continues to support the quality of the therapeutic relationship as the foundation for client growth and healing. Therefore, we strongly emphasize the development of the core skills that help counselors establish this kind of relationship. For MS students in COUN 5410, this means that your primary learning responsibility is to cultivate the attitudes and skills for building effective helping relationships with clients and learning how to blend your unique personhood with the core counseling relationship skills. Only after demonstrating some proficiency in *being with* clients in this way will you have permission (from your instructors) to begin

incorporating additional techniques and exploring other theoretical ways of working with clients. This usually happens in the spring COUN 5420 course.

Volunteers. Volunteers who receive services through clinical courses are Austin Peay State University students. Most volunteers are self-referred. Common presenting concerns include relationship issues, confusion about the future, personal decisions, family conflicts, adjusting to college, loneliness, etc. Volunteers are screened for appropriateness to the training mission of the department. Volunteers whose needs are judged to be outside the scope of practice of this training facility are referred to other settings (see the section in the Handbook on "Making Volunteer Referrals").

Counseling Lab Facilities:

Counseling faculty are continuously updating equipment and lab facilities to meet the training needs of our students. The condition of the lab communicates to volunteers how seriously we take their concerns and our work. Please help present a professional and positive image to volunteers and prospective students by keeping the Counseling Lab clean and by behaving professionally while in the lab, even if you don't happen to be seeing volunteers yourself. We expect all of you to take responsibility for any mess you make, and for anything you see that needs to be cleaned or put away. Please don't leave something for others to clean. If there is a regular problem with messes being left, please inform the Counseling Lab graduate assistants or a Counseling faculty member, and the responsible persons will be held accountable.

We are proud to offer our students and volunteers the benefits of video recording. We ask for your help in making sure that the equipment stays in good working order for many years. Please don't try to adjust cameras. Please follow all directions for video recording using the recording equipment (see the section in the Handbook on "Recording Sessions").

If you use a room, you are responsible to make sure the room is straightened and the lights and sound machine are turned off. If you have any doubt about whether another student may use a room again on a given day, assume that you are the last and close things up. Please make sure to keep the observation room door closed at all times to protect confidentiality of volunteer information.

When leaving the Counseling Lab, please complete the following steps:

1. Lock filing cabinet and return key to Assessment Library
2. Close and lock door to Assessment Library
3. Turn off DVD player and TV monitor
4. Close and lock door to Observation Room
5. Turn off sound machines and lights in all rooms & hallways
6. Close and lock front door as you leave

Individual Counseling Rooms. There are several smaller rooms designed to provide a safe and confidential setting for individual counseling and individual/triadic supervision.

Group Room. This room is designed to provide a safe and confidential setting for group counseling and individual/triadic supervision. This room is also used for some clinical-course meetings, group supervision and a variety of other meetings within the program.

Play Therapy Room. This room is designed to provide a safe and confidential setting for providing play therapy. *The Play Therapy room and its materials should* not *be used for child-care or to keep a child occupied while a parent is receiving services—they are strictly for use in providing clinical services.* No child should ever be left unsupervised in a lab room at any time. Toys in the Play rooms are therapeutic tools. Rooms and toys should always be kept organized and tidy, and returned to their clean and organized condition after every session. Photo-guides are available in the play room to indicate where in the room various play materials should be put away.

Observation/Workroom. There is one main observation room and workroom designed for live observation of counseling or supervision sessions and for conducting video recordings of sessions in the Counseling Lab. This room is also where all clinical documentation and recordings are stored. Volunteer files and video/audio recordings, stored in a locked cabinet in the workroom should be kept in the locked cabinets unless they are being used (in a session, for supervision, or for documentation). This workroom and the computers and printer located here, are to be used *only for clinical purposes* (not for class or personal use). Please do not adjust computer settings, and for legal and ethical reasons, do not save any item on computer hard drives. Make sure that the door to this room remains closed at all times and locked when not in use. Also, when you leave the room, ensure that the file cabinets are locked, no volunteer documents are left out (either hard copies, or electronic copies on the computers), and the TV monitor is turned off (i.e., not showing a counseling or supervision session). Please help us keep this room clean. Finally, this is a work room – please keep your voices low to protect confidentiality and to respect others who are working in the area.

Preparing for Clinical Courses:

Although your clinical work is part of your coursework, it takes place within a professional setting with a professional staff and real volunteers. Therefore, professional and ethical conduct on your part is required for your ongoing participation in any clinical course.

Ethics. Students using the Counseling Lab adhere to the professional ethics of the counseling professions as advocated by the American Counseling Association and the American School Counseling Association. Please familiarize yourself with those standards and consider them binding for your involvement in any clinical activity. A copy of the current editions of these codes of ethics and standards of practice can be obtained online at *http://www.counseling.org* and at *http://www.schoolcounseling.org*. Because confidentiality is of paramount importance, the Counseling Lab complies with 45 CRF, Part 160 and 164 and the HIPAA legislation (as discussed in the Ethics class, and as you have agreed to observe by signing the Student Confidentiality / Responsibility Form). In addition to the ethical codes and laws protecting clients, clinical students must also observe the following:

1. You have the ethical and professional responsibility to protect the confidentiality of not only your volunteers, but your peers as well. Personal things shared, or that you observe, in a class or a triadic supervision session should not be discussed outside of the setting in which it took place, or with anyone other than the person who shared the information. Do not talk with peers about a session you observed, or something that was disclosed in class or supervision. Be respectful and honor your peers as well as your volunteers by holding such things confidential. Any violations of this ethical responsibility will be dealt with as outlined in the M.S. in Counseling Handbook.

2. Materials from clinical files are never to leave the Counseling Lab except as necessary for supervision. *Session recordings (audio or visual) and material from clinical files are never to be discussed or shown to anyone other than your supervisor, instructor, or in class as directed by your instructor.* Other counselors' recordings, clinical files or live sessions are not to be observed or reviewed by you unless for instructional purposes, and only after the counselor has given you permission. Volunteers must give written permission for information to be shared outside of these rules (see number 5 below).
3. Reviews of video or audio recordings are to be conducted in specifically designated areas, such as the observation room or lab rooms set up for supervision and video review. Appropriate privacy measures, such as closing doors and/or using headsets, should be taken. Any recordings or clinical paperwork (paper or electronic) must be returned to the observation/workroom file cabinet immediately after supervision and must be in the locked cabinet at the end of the day. These guidelines apply to supervisory sessions as well as counseling sessions. Computers are available for paperwork, video review, and transcription in the Workroom. Additionally, rooms can be scheduled outside of class time for video review and transcription using the following links:
    a. Counseling Lab rooms: https://apsucounselinglab.skedda.com/booking,
    b. Play Room: https://apsudevelopmentallab.skedda.com/booking,
4. Audio recordings of any session and video recordings approved by a counseling faculty member may leave the lab but are to be treated as *highly confidential* at all times. You must ensure that you can work with your recording in a private space. In other words, reviewing and transcribing your sessions in the presence of family, friends, or other individuals is a violation of HIPPA and is not acceptable.
5. Information about volunteers is never requested or released without the volunteer's specific written consent, a copy of which (Consent to Bilateral Release of Information, see Appendix) must be kept in the clinical file. In the case of child volunteers, a parent or legal guardian must authorize such action. An exception to this rule is made when it is suspected that the volunteer may be a harm to self or others. *The decision to breech the volunteer's confidentiality is never to be made by the counselor alone.* If such need arises, you must discuss it in detail with your clinical supervisor and clinical-course instructor (see Distressed Client Protocol in Appendix). Volunteers are advised of these limits to confidentiality during the initial session. Volunteers who are at ongoing risk of harm to self or others are not appropriate for the Counseling Lab and need to be referred to more appropriate settings (see the section on "Making Volunteer Referrals").
6. Confidentiality and privacy remain requirements when multiple members of the same family are seen separately in the Counseling Lab. Counselors, observers and supervisors should take care not to disclose information that may impact the other counselor's work without appropriate release forms, and then only when necessary.
7. Because counselors are trainees, no documents or correspondence can be sent out under the counselor-in-training's name alone. Letters must be signed by the instructor or faculty level clinical supervisor, as well as by the counselor-in-training, and copies of any correspondence must be placed in the clinical file. Great care must be taken to ensure that addresses or fax numbers are correct before any information is sent, and appropriate follow-up steps should be taken to make sure the information has been received by the intended recipient.
8. Because all clinical students are trainees, *all* sessions *must* be recorded. This is explained to the volunteers during the intake interview or prior to the initial practice session, and they sign their

consent to do so at that time on the *Consent to Receive Services* form (see Appendix) or other faculty approved consent form. If a volunteer refuses recording, do not record; respectfully, but immediately assist the volunteer in finding another service provider (see section on "Making Volunteer Referrals"). This is a rare occurrence because it is almost always handled during the screening process by the Counseling Lab Graduate Assistants.

Professionalism. While it is difficult (and hopefully unnecessary) to define all aspects of professional conduct here, a few specific guidelines are offered because of their importance.

1. Please don't talk about volunteers in the halls, restroom, waiting area, or elsewhere. *Volunteer information is to remain confidential and is to be discussed in supervision and consultation only*. Please keep your voices low while in the counseling lab and observation areas since sound carries. Use the white noise machines while in the counseling lab. Please keep doors to outside halls closed and locked in order to maintain confidentiality, as well as the security of clinical materials and our equipment.
2. How you dress impacts how volunteers and the public will perceive you as a counselor, as well as how they will perceive our counseling lab and the counseling profession. Therefore, we ask that anytime you are likely to interact with volunteers (any time you are seeing volunteers yourself, or are working in the counseling lab) that you dress professionally. A good generic rule is to dress (including footwear) one level more formally than the volunteers you are likely to see. In our counseling lab, the rule is that you avoid wearing *dirty, sport, casual, or provocative clothing or clothing with holes and excessive wearing*. If your supervisor or instructor feels your dress is unprofessional, you may be asked to change before seeing volunteers. Repeated problems with unprofessional dress may result in failure to pass the course and loss of clinical privileges. If you're unsure about what constitutes appropriate dress or how it affects the delivery of effective service, please discuss this with your instructor.
3. Avoid chewing gum during session. When you eat and drink in any parts of the clinic, remember to safeguard the expensive equipment (don't eat or drink near the computers), and remember that volunteers often see many spaces in the counseling lab–keep all spaces in the counseling lab professional looking at all times.
4. Please familiarize yourself with the recording and other equipment and use it responsibly. The counseling lab graduate assistants can help you if you have questions.
5. Please begin and end your sessions on time. Being late reflects poorly on yourself and the counseling lab and causes problems for others who may need to use your room. Sessions should only go over 50 minutes in rare cases of emergency.

Prior to your first practice session, be sure that you have reviewed the Codes of Ethics and Standards of Practice, are familiar with the proper use of counseling lab equipment, and that you are oriented to the paperwork and other expectations of the counseling lab. If you have questions, please refer to the appropriate section in this handbook first, and then ask.

Liability Insurance. All students enrolled in clinical courses are *required* to carry current professional liability insurance when meeting with volunteers from outside the counseling program. Low cost insurance is available to student members of ACA and ASCA, and can be obtained online for ACA members at *http://www.counseling.org,* and for ASCA members at *http://www.schoolcounselor.org*. A current proof of liability insurance document issued by the insurer

with your name and the dollar amount for which you are insured is required to be on file in the Counseling Lab prior to meeting with volunteers each semester. You will give your proof of insurance to your COUN 5420 instructor who will ensure that it is stored in the appropriate place.

Supervision:

The purpose of supervision is to provide you (the counselor in training) with ongoing feedback from a variety of perspectives regarding your counseling skills and professional development, as well as to ensure that volunteers are receiving care that meets ethical and professional standards. Your supervisors are part of a supervisory team that includes department faculty, adjunct faculty, and advanced Masters students who have current or prior training in supervision. You will receive three types of supervision while seeing volunteers in the Counseling Lab:

1. Group supervision will be conducted during your clinical class time and will involve reviewing cases and relating class members' counseling experiences to counseling technique and theory;
2. Individual or triadic supervision will be conducted on a weekly basis and will involve a more intensive type of case review, discussion of personal issues, review of documentation, and so forth;
3. Live supervision may be conducted during your weekly volunteer sessions and may include observation by supervisors or faculty members.

Individual/triadic supervision sessions will take place in a room in the counseling lab or in counseling faculty offices. Rooms can be scheduled for supervision using the following links:

a. Counseling Lab rooms: https://apsucounselinglab.skedda.com/booking,
b. Play Room: https://apsudevelopmentallab.skedda.com/booking,

The main Observation/Workroom may not be used for individual/triadic supervision because it limits others' access and use of the whole counseling lab, while also not guarding volunteer/supervisee confidentiality.

The supervisory team meets on a regular basis to share information about each student's progress and needs and to coordinate their work to support your growth and competence. In addition, your individual/triadic supervisor will complete a *Peer Supervision Note* (see Appendix) each week, noting any concerns and growth. These forms will be accessible by your clinical-course instructor and the supervision course instructor so that all may support the clinical and professional development of all students involved. In situations where one or more supervisors have concerns about a student's clinical work and/or progress, the input of all supervisors will be considered, but ultimately the *department faculty will make decisions about a student's ability to continue clinical work, and any actions necessary to promote the student's progress and protect both volunteers and the profession*.

Supervision Responsibilities. Supervision is most helpful when you do not focus on proving yourself, or sharing only successes, but when you feel free to discuss professional and clinical successes as well as struggles. To do this supervision needs to be a safe place for participants to be vulnerable and share concerns, experiences, and personal information. The confidentiality of supervision should be respected such that what takes place in individual/triadic supervision is not be discussed with those who were not there. Supervisors should only discuss with others what happens in the supervision they receive as part of their supervision-of-supervision, or to insure volunteer/program safety. In these meetings, student privacy and confidentiality should be maintained as far as possible.

To prepare for supervision, you must review your session recordings and identify specific supervision needs *prior* to your supervision meetings. Please also complete the *Weekly Supervisee Note* (see Appendix) *prior* to your supervision meetings and bring to help guide supervision conversation. Your individual/triadic supervisor or clinical instructor will ask you to bring your volunteer files to supervision and to be ready to show specific segments of session recordings. Meet with your individual/triadic supervisor prior to seeing volunteers so that you can begin developing a working relationship, set goals, discuss individual styles, needs, preferences, and concerns. Supervision should focus on volunteer care first, and then on student development. Since supervision is an ethical and legal requirement, it is inappropriate to miss or be late for any supervision except in an emergency. Weekly supervision is a *pre-requisite for meeting with your volunteers*; if you miss individual/triadic supervision, you will be unable to meet with volunteers that week.

Your individual/triadic supervisor will present you with a disclosure statement about his/her supervision services and your responsibilities as a supervisee that you will both sign prior to beginning actual supervision (similar to the informed consent provided to clients and volunteers). This important document serves as a contract between the two of you. It is important to remember that supervisors can be held ethically and legally liable for your work as a counselor, and so they have a very personal investment in what you do as a clinician. Supervision works best when both supervisors and supervisees understand their mutual responsibility for volunteer care and trainee development. In addition, supervisors will be documenting what takes place in supervision, noting what the volunteers discussed, volunteer progress, training progress, and any specific actions that need to be taken by counselors-in-training (see the Peer Supervision Note in the appendix).

Supervisors must review and sign all clinical documentation and have responsibility with the student in making sure that clinical paperwork is accurate, professional, and up to date. Each case in a student's case load should be reviewed regularly in both individual/triadic and group supervision. Both the supervisor and counselor have an ethical responsibility to ensure that each case is reviewed in depth at least once every 30 days (minimum). This should include a careful review of the volunteer's goals as specified on the *Service Plan* and progress or lack of progress toward those goals. Service strategies, objectives and plans should also be reviewed. The review may lead to amendments in the service plan as well as changes in plans and strategies.

All documents from your supervision sessions should **NOT** be stored in your clinical file. You need to create a supervision file to include all notes and documents related to supervision and/or case presentations and feedback.

Personal Issues. Our personal experiences, history, values and beliefs form the foundation for how we experience and make sense of our work with others. However, we are ethically required to not let our personal issues bias our clinical work. Because of this, clinical work requires the counselor to regularly reflect on how these personal elements are triggered and how they may be impacting the therapeutic relationship and clinical work. Supervision is one important place where this work takes place and is encouraged. Although supervision should not look like personal counseling for the counselor-in-training, when a student's personal life impacts his/her work with volunteers, it becomes an appropriate topic for supervision. Supervisors are responsible for helping students insure that personal material doesn't negatively impact their clinical work, and so personal material may be explored in a limited way. However, resolution of personal issues should not be a primary focus of supervision, but should be sought through other means (often personal counseling is critical here). Clinical work is emotionally and personally demanding. All clinical students should develop and use a personal plan for ongoing wellness. This will promote your clinical growth and effective, ethical service

delivery, and protects against burn-out. We strongly encourage all students to participate in personal counseling as a way to promote deeper self-understanding and clinical excellence.

Supervisor Styles. Each supervisor functions in his/her own way. It is likely that at times you will receive feedback from different supervisors that is contradictory. It should be only in the extreme cases of volunteer safety, or clinical liability (including the need for meeting standards of quality care) that a supervisor tells you directly what you *have* to do specifically. Failure to follow such specific direction can be grounds for dismissal from the program. If you have disagreements with a supervisor in these cases, please speak immediately with your clinical-course instructor. Outside of these rare cases, supervisors' feedback is intended to provide you with options and ideas for improving your clinical work, and for your own growth as a clinician. At times, this feedback may be challenging to you. While this is part of the growth process, feedback should not feel like criticism of you as a person. You must develop skills for personal reflection and clinical decision making, in conjunction with supervisor input. Although we encourage you to develop your own personal style of counseling, the wisdom and experience of your supervisors should not be lightly discarded because you want to follow your own idea or direction. The counselor, the supervisors, and the faculty have a shared responsibility for the care provided to volunteers. You must have a solid clinical rationale and should discuss it with the supervisor before merely choosing not to follow a supervisor or faculty suggestion.

Each week that you meet together for triadic-supervision, your supervisor will leave a little time at the end to check-in with you about how things are going using the three-item Leeds Alliance in Supervision Scale (see Appendix). After you complete the form, your supervisor will plot the scores and will discuss your ratings and trends, and plan for any needed changes in supervision based on the feedback. If you are in a triadic pair, you will each fill out your own ratings, and you don't have to agree with each other. Doing this will parallel the process you will use to regularly obtain feedback from your volunteers (see the section below on "Session Ratings by Volunteers"). Please be as honest and open with your supervisor as possible, so that together you can make sure you are getting the supervision that you need.

When differences or difficulties arise with supervision or supervisors, please keep in mind the following: in many cases both you and your supervisor are fairly new to your respective roles. Both of you bring different world-views, personalities, life-experiences, theoretical approaches, and needs to the table. Some bumps are to be expected in this relationship, and if dealt with correctly, such difficulties can be valuable learning experiences for both you and your supervisor. You will be asked to provide constructive written feedback to your supervisors (see the *Counselor Evaluation of the Supervisor* form in the Appendix) at end of each semester.

When difficulties do surface in supervision or in any other program relationships, they should be dealt with respectfully and professionally. Our professional code of ethics stipulates that you address your concerns directly with the person(s) involved. Although it can be tempting to speak to others, it is unprofessional and a violation of professional ethics to simply complain or vent to others, or to seek advice and support from others without also accepting responsibility to speak directly with the people involved. If, after first speaking with the individual(s) involved, you feel the problem is still unresolved, then follow the program protocol for handling grievances:

1. Address the issue with your instructor/professor through a face-to-face meeting.
2. If a meeting with the course instructor doesn't resolve the issue, meet with your academic advisor.
3. If a meeting with your academic advisor doesn't resolve the issue, meet the Program Coordinator.

4. If the issue is not resolved by meeting with your instructor, academic adviser, and the program coordinator, meet with the Department Chair

We are a diverse group and there will naturally be differences in personality, values, and clinical approaches. We expect from ourselves and from you professional respect and mature behavior that respects the dignity of all people in all your relationships.

Evaluations. An evaluation of your clinical skills is conducted based on your case presentations or related projects and the Student Progress Assessment as completed by supervisor, self, and faculty (see the Student Progress Assessment Form in the Appendix). The purpose of these evaluation methods is to document your performance and to provide direction for your continued professional development. Review the feedback on presentations, projects, and Student Progress Assessment and seek clarification as needed so that you understand the skills and practices you need to develop. Each student should expect to find suggested areas for improvement and each is responsible for her/his continued growth. In addition, you will be asked to provide your supervisors with feedback that can help her/him (see the *Counselor Evaluation of the Supervisor* form in the Appendix). You are responsible to complete all evaluations on time.

The Counseling Process:

Request for Services. All requests for services from potential volunteers go directly to the Counseling Lab graduate assistants who, in consultation with Counseling faculty, screen them for appropriateness for our lab. In addition, potential volunteers are informed of the training nature of the lab, the requirements or session recording, and the preference for at least a four-week commitment to attend sessions.

Volunteer Assignment. After review, each case is directed to a specific student or referred elsewhere, based on the nature of the volunteer's presenting concerns, the volunteer's schedule needs, as well as student training needs and schedules. In assigning volunteers, whenever possible, the Counseling Lab Graduate Assistants will consider both volunteers' needs and counselors' competency, particularly related to special populations and multicultural competency.

Scheduling. Clinical students receive volunteer assignments directly from the Counseling Lab Graduate Assistants by email. Please contact the volunteer to introduce yourself and schedule your first appointment. You may email your volunteer from your APSU email account. You may **only** call volunteers from the counseling lab – do not call from your home, work, or cell phone, and do not give those numbers to volunteers. It is the counselor's responsibility to initiate contact with the volunteer *within 24 hours of being assigned*. When you are ready to do that, follow these steps:

1. Check Skedda to find out when counseling rooms are available. (https://apsucounselinglab.skedda.com/booking)
2. Get your volunteer file (it will likely be in your hanging file in the clinical file cabinet).
3. You may contact the volunteer by phone or by email. In both cases, keep in mind that this is a first impression-professional demeanor and confidentiality are important. All calls to volunteers must be made from the phone in the Counseling Lab.
4. After you make an appointment, enter it into the Skedda booking site to guarantee a room for your session.

5. Document the contact for the clinical file (see *Contact Note* in the appendix).
6. Return volunteer file to the clinical file cabinet.
7. Continue to schedule the volunteer. It is often best to try to schedule the same time and same room every week. This can reduce cancellations and "no shows" by helping the volunteer build their appointments into a routine. However, rooms are assigned on a "first-come, first-served" basis.

Intake. All volunteers seeking services participate in an initial session intake, which has three purposes. The first is to assess volunteer's needs and to ensure that their needs can appropriately be served in our lab. *In general*, volunteers who are considered to need 24-hour availability of care for any reason are referred to other settings. The second purpose of the intake is to orient the volunteer to relevant issues such as session recording, the counseling process itself, and to obtain informed consent. The third purpose is to provide a safe foundation for the development of a therapeutic relationship. Building a good, healing relationship occurs as the process of counseling unfolds, not as a prerequisite to counseling. Intakes are conducted by the assigned counselor. See the *Intake Interview Guidelines* (appendix) for suggestions on successfully sharing and gathering pertinent clinical information during the first session. These will be discussed and practiced in your skills class and individual/triadic supervision. Refer to the section titled "Clinical Documentation" and to forms in the Appendix for guidance in completing and documenting the intake.

Conducting Sessions. Sessions are 50 minutes long, starting on the hour and ending at 10 minutes before the following hour or starting on the half-hour and ending at 10 minutes before the following half-hour. Courtesy and professionalism dictate that you start and end your appointments on time. Arrange the room and start recording before the volunteer arrives. Regardless of when you start, end at 10 minutes before the hour (or half-hour). With some volunteers, you may find it helpful to start your "wrap up" well in advance of that time. A volunteer's or counselor's difficulty starting or ending a session on time is often indicative of a clinical issue and should be discussed with your supervisor and instructor. Remember to stop recording after each session, or when you determine a volunteer isn't coming.

Session Interruptions. In some circumstances, usually only in cases of volunteer safety or when the session is not meeting professional standards of care, your faculty supervisor may interrupt the session by knocking on the door. During the first session, let your volunteer know that sometimes the clinical team may call or knock to give you both a message. In extreme cases, the supervisor may enter the room and help you manage a volunteer in crisis. If any such interruptions take place, be sure to process them with your supervisors and instructor.

Outcome and Session Ratings by Volunteers. Research has shown that regularly talking with clients about how sessions are going and about how clients are progressing, and then using that feedback to adjust services, leads to better client retention and outcome (see the two editions of the book *The Heart and Soul of Change: What Works in Therapy* for an extensive review of this research).

In your first session, tell volunteers that one way they can help make sure they are receiving the best services possible is their active collaboration and feedback about how things are going, both in life and in counseling. Let them know that you will be checking in with a brief form and short conversation at the beginning of each session about how they are doing (*Outcome Rating Scale: ORS*), and at the end of each session about how your work together is going (*Session Rating Scale: SRS*). Tell volunteers that

you want them to be honest, and that you won't take offense at anything they have to share – this is a way you can both work together and make adjustments to be sure the volunteer is getting what she/he needs.

After a volunteer fills out the rating forms, plot the summed scores for each on the *SRS-ORS Scores Plot*, and discuss with the volunteer her/his item 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 volunteer 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 therapeutic outcomes, if you don't discuss the scores, you are wasting the volunteer's time. Additionally, you should regularly review these scores and volunteer discussions in your supervision and make plans for any needed adjustments indicated by the feedback you receive from your volunteers. After you record the scores on the plot in the volunteer file, destroy the original rating forms.

Cancellations and "No Shows." Cancellations and "no-shows" should always be followed up. Call or email the volunteer to reschedule as soon as you can. Cancellations, no-shows, telephone/email contacts (and attempted contacts) must be documented in the clinical file (No-shows are documented on *Session Notes*, cancellations and telephone/email contacts are recorded on *Contact Notes*).

If you are assigned a volunteer and (1) you are unable to contact the volunteer over several attempts, (2) you are able to contact the volunteer but are unable to schedule a session, and/or (3) you are able to contact the volunteer and schedule a session, but the volunteer does not attend any sessions, you must document all attempted contacts using *Contact Notes* and you may note on your final contact note that you are closing the file. You do not need to complete a *Closing/Transfer Summary* for a volunteer who you have never met with, but you must document contacts and your decision to close the file.

Closing / Transfer. When you finish working with a volunteer for any reason, you need to close or transfer the file. Closings and transfers must be discussed ahead of time with your supervisor or instructor. This is handled with a *Closing/Transfer Summary* (See Appendix). This form must be filled out even when volunteers come for only one session.

If the volunteer wishes to continue attending sessions with a different counselor, please let your instructor know, who will authorize the transfer to an appropriate counselor. If the volunteer wishes to continue attending sessions but a new counselor is not immediately available, appropriate referrals need to be discussed with the volunteer and documented on the *Closing/Transfer Summary*. If the volunteer wishes to stop counseling at this time but resume in the future this also needs to be indicated on the *Closing/Transfer Summary*.

When you close or transfer a file, review the file with your supervisor or instructor, making sure that all forms and notes are complete and have the appropriate signatures using the *Clinical File Audit Form* (appendix), and then let the Counseling Lab graduate assistants know that the file is closed. The Please follow this procedure for *all* files assigned to you. Please be mindful that failure to properly close files and insure that all clinical documentation is completed (including all necessary signatures) is considered poor professional behavior and a breach of ethical and professional protocol.

In terms of the termination process with your volunteers, see the handout "Some Thoughts on Successful Endings."

Phone and Email Messages. The Counseling Lab graduate assistants are responsible for answering the Counseling Lab phone and email and regularly checking for and documenting phone and email messages. *All phone calls and emails that come in to the Counseling Lab from volunteers must be documented*. Incoming calls must all be recorded in the phone log (even if the call is for you) and outgoing calls should be recorded in *Contact Notes* (some incoming calls will also require a *Contact Note* that is placed in the volunteer's file).

Recording Sessions:

Counseling Lab policy is that *all* volunteer sessions conducted in the lab must be recorded. This will be explained to the volunteer both during the initial screening process and during the intake interview.

Recording Information. You are responsible for insuring that each of your sessions are recorded and stored appropriately. In the Counseling Lab, sessions will either be recorded using the installed recording equipment onto DVDs or using video recorders onto mini-SD cards (see the appropriate *Instructions for Recording* section in the appendix). You are responsible for beginning your recording prior to bringing the volunteer into the counseling room and stopping recording once the session is complete. When you are finished recording, take the necessary steps to ensure that the session is in the correct format (on a DVD) and that the devices are cleared and ready for the next counselor.

Recording Storage. Label your DVD's with your last name first initial - client # - session # (ex. Coggins K – 1 – 2). All DVD's must be stored in the locked cabinet in the Counseling Lab workroom. To maintain confidentiality, do not download recordings to any other device without permission from the Program Coordinator. *All recordings will be destroyed at the end of each semester.* Any exceptions to this storage rule must be approved by your clinical-course instructor and will require additional volunteer consent.

Clinical Documentation:

Clinical files form an important record of the volunteer's concerns, your work with the volunteer to address those concerns, and volunteer improvement. While the Counseling Lab holds ownership of the files, volunteers own the information within the files and have a right to view them. Additionally, your clinical documentation occasionally includes forms sent to other professionals such as future counselors. As such, it is very important that your clinical files be kept accurate and up-to-date, and that they look professional *at all times*.

You are expected to adhere to the following guidelines regarding clinical files and clinical documentation. Volunteer files are professional records; all of the individual pages and the file as a whole should look professional at all times (holes punched evenly, no messes, etc.). There should be no loose papers in a volunteer file at any time, and nothing placed in the files that is not discussed below. Do not leave sections of forms blank, but type or write *None* or *Not Applicable* in any space for which you do not have information. Likewise, cross out any signature lines that aren't necessary. This communicates that there was no information, and not that you missed a section. Additionally, don't leave a page with just signatures on it – if you see that the only thing on a page are signatures, bump some text from the previous page to the top of the next page (leaving enough room for the holes to be

punched). After typing or writing a note, print, sign, and place it in the file immediately. *You should not save a copy of the note or any other volunteer paperwork to any computer hard drive–it violates federal privacy laws (HIPAA).* You may save a copy to a USB drive that is to be *stored only in the Counseling Lab locked file cabinet* so that any revisions recommended by a supervisor are easier to make, but USB drives with volunteer information may not leave the Counseling Lab, must not be shared between clinicians, and must not be kept inside a volunteer file. These will be securely wiped at the end of your work time in the Counseling Lab (see below). Once you print a final copy to go in the file, the electronic copy must be erased and previous drafts shredded. Clinical files are to be kept locked at all times, and should not leave the Counseling Lab except if necessary to be taken to supervision.

The documents described below are required for each counseling case. Refer to the Appendix for samples of the forms mentioned. A sample file is kept in the Counseling Lab workroom. Templates for many forms are also on the computers in the Counseling Lab workroom, and all forms should be typed unless otherwise noted below. Remember that you must take *all* of your volunteer files to your individual/triadic supervision each week for review, and that the condition of your volunteer files reflects your level of professionalism. We expect you to maintain the highest levels of ethical and professional standards in your clinical documentation. All clinical paperwork must be kept accurate and up-to-date. For confidentiality, volunteer documentation should not be completed anywhere but in the Counseling Lab workroom.

In general, the information related to your work with the volunteer (intake summary, session notes, closing summary, etc.) is placed on the right-hand side of the file. This side documents the story of your work together. Other information (assessments, letters, surveys, releases, etc.) is placed on the left-hand side – this is the side for information that supports or is related to the story itself. Documentation should be filed in reverse chronological order so that the most recent documents are at the top. Good case documentation is a vital clinical skill that takes practice to develop. Your supervisor will regularly review all your clinical paperwork and make suggestions for improvement. With experience and suggestions from supervisors you will learn how to briefly and professionally summarize important case material. Volunteer case files are regularly reviewed in supervision for compliance and professionalism, and are reviewed a minimum of once every semester in file audits by the faculty. Please know that all volunteer case files are kept in the Counseling for two years from the last date of service, and are then destroyed. See the documentation timeline and layout guides in the Appendix and posted in the Counseling Lab workroom for a concise guide for when specific documents should be completed and where in the file they are placed.

Request for Services Form. When volunteers request services, the Counseling Lab Graduate Assistants complete this brief form to gather basic data about the potential volunteer and to determine the appropriateness of their concerns / situation for services at the Counseling Lab. In addition, this form has some important contact information so that the counselor can contact the volunteer to schedule the first appointment, and lay the groundwork for the relationship. This form goes on the left-hand side of the clinical file.

Consent to Receive Services. This form serves as a disclosure statement and informed consent for services through the Counseling Lab. As such, it is a critical document. Prior to beginning sessions, the counselor is required to review the details of this form with the volunteer, respond to all questions, and obtain the signature of the volunteer. This form is to be signed by the volunteer, counselor, and the triadic supervisor. All clinical students must comprehend and be able to explain any portion of this

document. The signed form is placed in the clinical file on the left-hand side, and volunteers should be given a copy. This form must be updated any time that the counselor's supervisor(s) change.

Intake Information Form. This questionnaire is a tool used to gather important initial information about the volunteer. Students may have volunteers complete this form either before or during, *but not after* the first session (except in case of emergency). Do not send it home for the volunteer to complete. You must briefly review this form *before beginning the session* (except in emergency situations). The volunteer's responses to items should guide the intake session. In the rare case that the form is not completed prior to the first session, be sure to ask during the first session about any substance use, possible risk factors (harm to self-and/or others, current safety), and if the volunteer is taking any medication. The Intake Information form belongs on the left side of the file.

Mental Status Exam Checklist. The Mental Status Exam Checklist should be completed immediately after all first sessions, and may be completed by hand. You must check either "present" or "absent" for every item on the form. If you check present for an item, *briefly* note what you observed that supports what you checked as "present." For some items you can circle words to clarify, but also jot a few brief notes on the document itself. You will then provide more details on the intake summary. This form provides a snapshot of some critical issues that will affect the course of your sessions, and which may necessitate a referral. Additionally, this information provides a baseline for volunteer functioning that can be helpful for noting changes to this baseline. Be sure to understand each item on the checklist, and how to recognize them before you begin seeing volunteers. It is filed below the Intake Summary on the right-hand side of the file.

Intake Summary. The intake summary provides an overview and *initial* understanding / explanation of the volunteer's situation and your plans to help the volunteer at the time of the intake. Every volunteer you see must have an Intake Summary, even if the volunteer only comes for one session. A well written intake summary will bring together all of the bio-psycho-social information gained from formal and informal assessments and articulate the relationships among a volunteer's presenting concern, personal history, relational dynamics, and diagnostic statement. You will suggest an initial direction for your sessions that is consistent with your stated understanding of the volunteer as well as with accepted treatment standards in the field. Use the information in the Appendix (Intake Summary Guidelines) and the sample file in the workroom as a guide. The Intake summary must be completed after the first session (before the second session), and so you will need to be intentional in how you structure the first session to gather the relevant information, while building the therapeutic relationship with your volunteer. The Intake Summary is signed by both you and your supervisor and belongs on the right-hand side of the file.

Case Notes. The purpose of case notes are to assist in treatment planning and evaluation. Therefore, you should record *all* volunteer contacts: sessions and no-shows are recorded in Session Notes, which are placed in reverse chronological order on the right hand side of the file, on top of the Service Plan; telephone or email contacts (and attempted contacts), cancellations, and consultations with other professionals about the volunteer are recorded on Contact Notes which also go on the right hand side interspersed with the Session Notes. Any written communication you send to or receive from others about the volunteer goes directly into the file on the left hand side. Someone who looks at the file should have a clear, organized sense of what was done, and when. A good rule to remember is that from a legal standpoint, if you don't document it, it's the same as if it didn't happen at all.

1. **Session Note.** Write a note for each *session* you have with the volunteer (including the first session), or scheduled session that is a no-show. The note should be 6 to 10 sentences long, unless special circumstances dictate documentation that is more detailed. Notes must be written *within 24 hours*, except in rare, extreme situations. In your notes, record the content and process of each session. Record goals, changes in goals, and progress related to goals. Your notes should provide enough detail that another clinician would have a good idea about the course of treatment, without providing unnecessary details.

   After filling in the names, date of the session, and session number, fill in the other areas as follows (use the template on the computer or in the filing cabinet). **Subjective**. This section contains *material reported by the volunteer* about presenting issues, current status, compliance and response to homework assignments, progress toward goals. It's *subjective* because they are not things you observe or can verify – things reported to you by the volunteer. **Objective**. This section contains *information that you directly observe*. This should include a *brief* summary of what happened in the session, both the content/focus of the session and process (how things happened), as well as the volunteer's reaction to the session. Include the volunteer's basic way of being during the session. Make note of any dress/grooming, behavior, emotion, and/or cognition that is relevant (similar to the items on the MSE Checklist). **Assessment**. Note in this section *your professional opinion of the volunteer's current level of functioning (including any safety/risk issues), their mental status, and how you feel the volunteer is progressing toward achieving her/his goals, as well as the evidence you have for your assessment*. The evidence of volunteer progress may involve volunteer reports of feelings, thoughts, behaviors along with their frequency, as well as your observations of the volunteer in session, and the volunteer's feedback on the ORS and SRS scales. You should use one of the following classifications: Little Progress (followed by the evidence); Moderate Progress (followed by the evidence); Much Progress: (followed by the evidence). This section would also be where you indicate information about any risk assessment you did during the session. **Plan**. In this final section describe *any homework given, and referrals you made, any action you or the volunteer will take between now and the next session, as well as your plans for the next session(s)*. This may include topics you plan to address, needed follow-up on safety issues, symptoms that need to be checked, and techniques you may use. You must include a rationale that links your plan to the volunteer's goals, progress and needs. Note the date of the next scheduled session.

   Special circumstances that require additional documentation should be discussed and written up with help from your triadic supervisor. Any time there is evidence or suspicion of *at risk* behaviors, including suicidal behavior, self-harm, substance abuse, or physical or sexual abuse, more extensive documentation is needed, but should still follow the above format. Make a careful record of what you observed, what was told to you and by whom (direct quotes are good). Provide details of your assessment of risk, the steps taken and plan for managing the risk, and document any consultation you made with your supervisors or colleagues. In addition, any plan for outside consultation should be reviewed with a supervisor, and carefully documented. In subsequent notes, continue to document how you monitored and appropriately responded to the situation over time (how you provided appropriate follow-up).

2. **Contact Note.** Documentation of phone, email, or other contacts with volunteer or other professionals related to a volunteer should include the date, who was spoken to by whom, a brief

summary of the conversation, and any results (such as an appointment date, referral, ect.), along with any need for follow-up. There is a template on the computer for contact notes.

Occasionally volunteer produce craft or art items during counseling. The general rule is that those belong to the volunteer and should be taken out of the Counseling Lab by the volunteer that day. Anything not taken by the volunteer must be considered confidential and carefully destroyed. We do not store any volunteer-produced materials. If you believe an item has clinical documentation value, you must convince your triadic supervisor. Sentimental reasons do not meet this criteria; you must demonstrate a clear therapeutic need to retain the material. Such material that are page sized may be hole-punched, labeled with the volunteer name and date produced and then placed in the file below the session note for the day it was made, with a statement in the session note indicating what the volunteer produced and the clear therapeutic rationale behind it being entered into the volunteer file. Larger items or others must be photographed and then the photograph entered into the file as noted above (see the Counseling Lab Graduate Assistants for a camera – you may not use your personal phone to photograph confidential volunteer materials). Items that meet the standard to be entered into the file but which require drying may be left in the locked workroom to dry but must be placed in the locked work-room file cabinet within 24 hours. Take it to your next supervision session to seek approval for quick entry into the volunteer file. Any other handling or mishandling of volunteer-produced materials that does not follow this procedure will be considered a violation of ethical and professional standards for protecting volunteer confidentiality and privacy.

Service-Plan. The Service-Plan is just that, your collaborative plan with the volunteer for the work you hope to accomplish together. It acts to focus and guide your clinical work together. You should begin to form some goals / desired outcomes for your sessions with the volunteer in the first sessions, and discuss these with your supervisors. Volunteer goals should be more than abstract wishes, but relatively concrete, measurable, and as outcome driven as appropriate to the individual volunteer.

This form should be completed by you and the volunteer together in session, and signed by the volunteer and yourself by the end of the third session, and then signed by your supervisor. You should review the Service-Plan at least once every 4 weeks with your volunteer, and in supervision, using a new form. Place the form into the file above the Session Note for that day, and note in the session summary of the Session Note that the service plan was created/reviewed.

Indicate if the form represents an initial Service-Plan or a Service-Plan review. List the volunteer's strengths and resources, and then note any case management needs and plans. These are needs that fall outside of normal counseling services, but which impact a volunteer's overall functioning and wellbeing. They may include issues related to food, housing, transportation, education, employment, finances, child-care, legal concerns, medical concerns, and others. Where a volunteer needs case management type services, a referral will be made to a setting which can appropriately provide those services. Such settings may include a community mental health center, vocational support setting, health-care provider, or others, based on the volunteers' specific needs.

Next, list the volunteer's goals for your time together (two or three is usually enough to focus on at any given time). Indicate if the goal is new or ongoing, and if ongoing, report the progress on goal achievement since the last review (1 = little progress, 2 = moderate progress, 3 = much progress, and 4 = objective achieved). Then indicate if the goal will remain in effect for the next 30 days, and indicate how you and the volunteer will know if the goal has been achieved (achievement criteria).

Closing/Transfer Summary. Closing/Transfer Summaries are used when your work with a volunteer ends. Provide evidence for your conclusions about volunteer progress (ORS scores may be helpful), factors enhancing positive outcome, barriers to positive outcome, and ongoing concerns. Please complete one for *every* volunteer, even if you only saw the volunteer once. Volunteers seen briefly will need only a sentence or two; volunteers seen over a period of time presumably will necessitate more description. Closing/Transfer Summaries must be reviewed and signed by your individual/triadic supervisor before it is entered in the file, on the right-hand side.

Consent to Bilateral Release of Information. In the course of counseling, it is often helpful or necessary to communicate with other professionals outside the Counseling Lab (physicians, former counselors, teachers, judges, etc.) who know or have worked with the volunteer. This can help you better understand the volunteer and better plan services. Because of the legal and ethical rules of confidentiality, you cannot speak to these other professionals, or anyone else outside the Counseling Lab (even to confirm that a person is a volunteer), without written permission from the volunteer. Written consent is obtained using the Consent to Bilateral Release of Information (see Appendix). Given the nature of this setting as a Counseling Lab designed for developing counselor-in-training skills, this form will be used very rarely if at all.

If you, your supervisor, and faculty instructor determine this is necessary, you must fill in all the blanks on the form in as specific and detailed a manner as possible. Avoid generic titles such as Judge or Teacher; name the specific person and give their title and organization. You must also be specific about what information will be shared, and the reason for the sharing. Please clearly specify if the request is for written records, for a verbal conversation, or both and what information is being requested.

Review the request with the volunteer, explaining what information you want, and how you will use that information. As with any document leaving the Counseling Lab, the form must be reviewed and signed by your supervisor before it is used to either obtain or share information about your volunteer. Once the volunteer and your supervisor have signed the release, you must send a copy to the other professional (mail or electronic) before information is exchanged. Be careful about information that you share with the other professional, and do not share any information that the volunteer has not specifically authorized you to share. Written records obtained from others are entered into the file. Conversations should be documented on a contact note which refers to the release, e.g., "Spoke with Dr. Phil after obtaining a release from the volunteer. . ." The consent goes on the left-hand side of the file, as do any records sent by other professionals, while contact notes go on the right.

Other Clinical Forms. There are a few additional forms used in sending letters to volunteers after repeated no-shows, or when we can't reach a volunteer by phone. Other letters are used to confirm that a person is receiving services. Templates for these letters are on the workroom computers. Remember that all letters leaving the Counseling Lab must be reviewed and signed by your supervisor. Before you can send a letter to someone other than the volunteer, you must have a Consent to Bilateral Release of Information form signed by the volunteer expressly giving you permission to send a letter to the indicated party, with the information you are sending. Please be timely in drafting any necessary letters, which are mailed by the Counseling Lab Graduate Assistants or are scanned in and emailed.

Occasionally, we may ask volunteers to fill out other forms about their perception of the process in order to improve the quality of services we provide. These will be explained and provided as

necessary. Copies of any letters sent to or on behalf of volunteers or other information collected from volunteers are placed on the left-hand side of the file.

Special Circumstances:

Emergency Procedures – Counselor/Volunteer Safety. The safety of volunteers and counselors is critical. Before you begin seeing volunteers, consider ways to enhance your own and volunteer safety. Some ideas to consider include never being in the Counseling Lab alone with a volunteer – always make sure other students / supervisors will be in the Counseling Lab – letting volunteers know that if they feel a need to leave a session (because they are upset) that you will let them go. If this happens in a session, be sure not to block their path to the door. Get out of the way and let them go, then try to contact them later. It is also wise for you to sit closest to the door so that you too can exit quickly without having to pass by volunteers who are disruptive or threatening. If you are in the middle of an assessment or safety planning and the volunteer decides to leave before you have finished, let the volunteer know that you will likely contact the police to share your concerns and to request a safety check. Remember, your first priority it to take every reasonable step to insure volunteer safety.

If you suspect a volunteer is under the influence, reschedule with the volunteer (volunteers are informed of this policy on the *Consent to Receive Services* form). You may choose to consult with your supervisor first. If a volunteer is behaving violently, or is threatening you or another person, (or if you observe such behavior while watching another counselor) contact the police immediately (911) and end the session. Safety must come first. See the sections on "Volunteer Crisis Protocol" and "Volunteers with Unusual Presentation of Symptoms" for further guidelines.

In the event that the fire alarm goes off during a session, please leave the building immediately by the nearest unobstructed exit and move away from the building to allow access by emergency responders. If you are with a volunteer, instruct them to leave the building with you and remember to maintain confidentiality once you have left the Counseling Lab space.

In a medical emergency, if you are alone, go quickly to the nearest phone to dial 911, and then return to the person in medical need and stay with him/her until emergency personnel arrive. If there are others present, one should go and make the call while at least one other stays with the individual. Supervisors and colleagues observing may also make the call. Do not attempt to move or treat people with a medical emergency unless you are trained, certified, and insured to do so.

Anytime the situations described in this section occur, please report them to your supervisor, and your instructor. These policies for responding to emergencies will be discussed in greater detail in your clinical courses, and are posted in the observation room.

Volunteers in Crisis. Our Counseling Lab is not prepared to work with all volunteers. If we become aware that a volunteer is not appropriate for the Counseling Lab (either at intake or during the course of services), they are referred to agencies more appropriate to their needs. If you suspect that your volunteer needs care beyond our (your) ability to provide in this setting, discuss this with your supervisors and instructor who will help you make appropriate assessments and decisions.

Volunteers who may not be appropriate for services in the Counseling Lab include those who are suspected to be actively suicidal or at high risk for other potentially lethal self-harm, who are homicidal, physically/sexually abusive or violent, severely depressed, experiencing psychotic symptoms, manifest borderline personality characteristics, or are in apparent need of 24-hour

availability of care, etc. Volunteers who are suspected to be suffering from severe eating disorders, tic disorders, organic disorders, psychoactive substance use disorders, schizophrenia, bipolar disorders, dissociative disorders, paraphilias, and impulse control disorders are *in most cases* beyond the scope of the Counseling Lab services. These individuals will be provided with appropriate community referrals as indicated below.

On some occasions, we will agree to provide certain limited services, such as career counseling, to these volunteers, provided they are receiving services elsewhere for the other concerns. *These paragraphs are intended only as general guidelines. Although supervisors may be consulted, the final decision about seeing such volunteers rests with the clinical-course instructors*.

Crisis Intervention. Because we see a restricted range of volunteers, volunteer emergencies rarely occur at the Counseling Lab. Sometimes, however, our volunteers do experience serious crises and may need immediate, specialized intervention. Check the *Intake Information Form* before any first session for indicators of possible crisis and/or suicidality. If, during a session, you feel your volunteer may be in crisis, ask enough specific questions to determine the nature of the crisis. If appropriate, assess the volunteer for suicide, using materials below, or as directed by your supervisors. Once you have a sense of the nature of the crisis, work with the volunteer to make plans to promote safety and resolution of the crisis. If you are observing a session and see that the volunteer is in crisis, it is your responsibility to alert Counseling program faculty. In an extreme emergency, when no-one is available or reachable for consultation, call 911; however, you should never be alone in the Counseling Lab with a volunteer.

If your volunteer appears to be suicidal or otherwise in crisis, and you want to consult, you may tell the volunteer you're very concerned about what you're hearing or seeing and would like a second opinion. At this point you can contact the Counseling Lab Graduate Assistant to arrange for a faculty member to join the session. Avoid leaving a volunteer who is in crisis alone. If you must, have the volunteer go with you to either locate a supervisor in the Counseling Lab, or to go use a phone to call one of the faculty. See the section below for volunteer crisis protocol. Any time you engage in crisis intervention with a volunteer, inform your course instructor as soon as possible.

Suicide Assessment. While it is not appropriate to provide ongoing services for volunteers with ongoing suicidal ideation in our Counseling Lab, the following information is offered as a guide to the assessment of volunteers who may be at risk for suicide. *All counselors must familiarize themselves with this material and be prepared to use it at any time.* These materials are derived from the American Association of Suicidology (suicidology.org).

First, understand that suicidal thoughts and feelings are relatively common. They most often occur in the presence of overwhelming psychological pain (often related to severe depression, anxiety, or stress – which is often linked to loss). For many volunteers, suicide feels like a viable way to end the distress they are experiencing. Hence, it becomes important to understand each volunteers' level of psychological pain and their ability to cope with that pain. High levels of pain and poor coping strategies indicate a higher level of risk.

You should regularly inquire about suicidal thoughts, feelings and plans with anyone who presents with signs and/or symptoms of depression, or who is otherwise experiencing a high number of stressors or a high level of psychological pain. Be very direct with your questions and conversation (you cannot cause someone to have suicidal thoughts by asking direct questions), and clearly demonstrate empathy for the volunteer regarding the underlying emotions and experiences. You should assess for current stress, risk factors (see below) and protective factors. Your directness and

candor will help the volunteer open up and feel confident in your ability to help. Let your volunteer know that suicidal thoughts and feelings are relatively common. Any time a volunteer indicates suicidal ideation or behaviors get a very clear description of them. Have the volunteer relate the experience with enough detail so that you feel like you were seeing it in a video clip of the events and thoughts. You may have to ask specific questions to get such detail. As you assess, be aware that prolonged stress reduces the positive potential of protective factors.

When you have a volunteer that appears sad/depressed, expresses high psychological distress, has checked suicidal thoughts on the *Intake Information Form*, or indicates any sense of suicidal thoughts or actions, ask the following types of questions and additional follow-up questions (not an exhaustive list):

- Are you currently having any thoughts about killing yourself?
- How long have you had these thoughts?
- Do you wish you were dead?
- Have you ever tried to kill yourself in the past? (Find out when, means used, and what happened – in video-clip mode)
- Has anyone in your family, or someone you know killed him/herself?
- Do you have a plan for killing yourself? Have you thought about how you would do it? (time, place, method)
- Do you have access to a means for killing yourself?
- Have you said goodbye to anyone, or written a note? Put your "affairs in order"?
- What might prevent you from killing or hurting yourself?
- Who would be hurt if you killed yourself? How would it impact others?
- What could we do today that would help you feel good enough so that you wouldn't try to kill or hurt yourself?

There are two generally accepted ways to evaluate a person's risk for suicide, a clinical approach, and an empirical approach (see the *Suicide Assessment Worksheet* in the Appendix – blank copies should be in each file and in the Counseling Lab workroom at all times). The best-practices expectation is that you will consider information from both approaches with any volunteer where an assessment is warranted. Both involve collecting detailed information about risks and protective factors. Risk factors don't lead to suicide or suicidality, but they increase the likelihood that a volunteer experiencing deep psychological pain will consider suicide as a viable option for dealing with the pain. A greater number of cumulative risk factors represents a higher level of risk. Likewise, protective factors don't prevent suicide, but indicate that a volunteer has coping skills, connections and resources that provide hope and a better ability to manage crises and psychological pain. During an assessment be sure to listen, show empathy and respect (don't just get into an interrogation mode). Having someone listen sensitively and be willing to address the underlying pain is a helpful first step.

The Clinical Approach: This approach is a careful consideration of volunteer demographics, current stressors, chronic and acute risk factors and any protective factors. For *demographics*, be aware that risk for suicide goes up with age, that men are more likely than women to die by suicide (possibly because men typically use more lethal means), that Caucasian people are more likely to die by suicide than other ethnicities. *Chronic risk factors* are things from the past that can continue to influence current mental state and functioning. These include things like past trauma, a history of substance abuse, major health concerns, a history of mental health concerns (self and/or family), past suicide attempts, past psychiatric hospitalization, and self-harm behaviors. *Acute risk factors* can be assessed using the acronym "IS PATH WARM." I = Ideation; S = Substance Abuse; P = Purposelessness;

A = Anxiety & Agitation; T = Trapped; H = Hopelessness; W = Withdrawal; A = Anger; R = Recklessness; M = Mood Change. *Protective factors* include evidence of healthy coping skills, optimism / future orientation, supportive social network, strong family connections, cultural or religious beliefs that support self-preservation, access to mental health services, and restricted access to means. Risk level is determined by combining these data obtained through careful questioning. Low risk may include the presence of some chronic risk factors, but no acute risk factors. Moderate risk involves higher chronic risk factors, and some acute risk factors (a history of prior attempts automatically puts a person at least at a moderate risk). High risk involves many chronic and acute risk factors, and few protective factors.

The Empirical Approach: With this approach, four factors are assessed: suicidal desire, suicidal capability, suicidal intent, and buffers. First, check the volunteer's level of *suicidal desire*. To what extent does the volunteer want to cease living. This may involve things like not having any reason to live; having a wish to die, or not carry on; not caring if death occurred; feeling like a burden to others, or desire to make an attempt. Check for mental health concerns and psychological pain. A volunteer's level of *suicidal capability* includes not only the volunteer's sense of fearlessness and competence to make an attempt (which may involve tendency for impulsive action), but also the availability of means and opportunity, along with the specificity of any plans and any preparations to make an attempt. Level of emotional agitation and turmoil, along with anger are also factors here. A prior attempt is the most important indicator of capability. *Suicidal Intent* includes the volunteer's intention to act on suicidal desire, and is a clear indicator of risk. Intent is present with the volunteer has initiated an attempt or made a plan, has initiated any preparatory behaviors, and expresses an intent to die. *Buffers* against suicidality lower risk when there is desire but neither capability nor intent. When desire is present with either capability or intent, buffers may moderate risk, but buffers diminish in importance if acute risk is high. Buffers include things like a will to life, perceived and immediately available social supports, ambivalence about dying, extensive or meaningful plans for the future (reason for living), a therapeutic alliance with a caregiver, and a sense of purpose.

The questions you ask are to help you determine the level of intervention required, therefore you need to determine the volunteer's intent (how serious are they about actually taking their life – what is the aim or purpose of the suicidal behavior) as well as lethality (the probability of a fatal outcome).

Determining a level of risk helps in managing risk and treatment planning. When risk is high, hospitalization is usually the only acceptable response. When volunteers are at low or moderate risk, a Safety Plan (see Appendix) is created with the volunteer to help identify specific comping strategies and to foster hope. You may ask the Counseling Lab Graduate Assistant to bring two copies to your room. Work collaboratively with the volunteer to identify specific activities that will reduce risk, and increase positive experience and connection with others. Both of you sign both copies – one for the volunteer and one for the file. Every session following such an assessment should include careful update to the volunteer's assessment, and follow-up regarding safety and coping. The treatment plan for volunteers who identify suicidal thoughts/actions should include goals to decrease risks, increase protective factors and relieve the underlying vulnerability (work toward resolution of underlying pain). If a volunteer remains suicidal, a referral to a provider with more experience and 24-hour resources will be required.

We can't emphasize enough the importance of consulting with supervisors and faculty when volunteers are in crisis. No one should have to make decisions about volunteer safety alone. Also, remember to document everything thoroughly – using volunteer statements as supporting evidence

for the clinical decisions and actions taken (review the recording if necessary to get exact volunteer quotes).

Volunteer Crisis Protocol.

- If immediate action is not warranted (no imminent danger of harm to self or others) you may refer your volunteer to the APSU Counseling Services office at: Ard Building; 931-221-6162; dalep@apsu.edu. You can have the volunteer walk over during office hours (8am – 4:30 pm Monday-Friday). You may walk with the volunteer to the Ard Building **only** if another counseling student accompanies you. You should **never** be alone with a volunteer.
- If it is determined 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)
- 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. The police will transport your volunteer to Behavioral Health Services at the hospital. You **may not** transport a volunteer to the hospital yourself (an ethical, legal, and safety risk).
- Make any referrals as necessary to insure the volunteer receives the care they need.

Factors Increasing Suicide Risk. Important circumstances that clinicians need to be aware of and assess with volunteers describing passive or active suicidal thoughts and feelings:

- Crises and/or mounting environmental stress
- Mood disturbance: mounting agitation and restlessness, or depression
- Symptoms of formal depression: the severity of the depression increases with the number of symptoms and breadth of their impact on the volunteer's functioning (socially, at work, home)
- Loss of interest or pleasure
- Decrease or increase in appetite
- Insomnia or hypersomnia
- Agitation or feeling of being slowed down
- Making final plans for suicide: the more specific and plausible, the higher the risk
- Identification of the method for self-harm
- Method is irreversible (e.g., gun vs. pills)
- Volunteer has ready access to method
- Giving away prized possessions
- Describing "suicide scene"
- Planning for or presence of suicide note
- Fatigue or loss of energy
- Feelings of worthlessness or inappropriate feelings of guilt
- Indecisiveness or inability to concentrate
- Recurrent thoughts of death
- Increase in self-destructive behaviors, including risk-taking behaviors
- Substance abuse or misuse
- Hostility and/or poor impulse-control
- Disheveled appearance
- Withdrawal or isolation
- Either/or thinking; lack of perspective, inability to consider alternative solutions to problems
- Suffering from a chronic illness
- Aged 14-19
- Lack of social support, contacts, in family, friendships, community.
- Feelings of hopelessness
- Reduced involvement in normal leisure activities

- Saying good-bye
- Has friend or family member who committed suicide
- Prior mental health hospitalizations
- Reduced involvement in religious life or affiliation
- Prior suicide attempts

Volunteers with Unusual Presentations. In the rare case that a volunteer exhibits unusual signs or reports unusual symptoms during a session, the counselor is encouraged to seek consultation from their course instructor, who can provide direction and support as needed.

- Carefully assess the volunteer for danger to self or others, the need for detoxification management, or ability to provide basic self-care and safety.
- The volunteer may be referred to a shelter, either for domestic violence safety, or the local adult shelter, if needed.
- Students must immediately contact their course instructor to make her/him aware of the situation as well.

Making Volunteer Referrals:

Making appropriate referrals is an important part of providing effective clinical services and insuring a continuum of care, both as an addition to your work, or to transfer services to another provider. It is important that you discuss any possible referrals with your supervisors. They can assist you in making the decision and in finding appropriate referral sources. The following procedure should be generally followed in making referrals, but individual circumstances may require modification, in consultation with your supervisor(s).

1. Discuss with your supervisor making referrals in the following situations: When volunteer's request / need care that the Counseling Lab is unable to provide (such as, but not limited to: volunteers experiencing psychotic symptoms, volunteers needing detox or other medical care, 24hr care, long-term care, specialized services, etc.), when volunteer progress is minimal and a different provider may be more helpful, when referral is necessary to maintain ethical practice (for example, to avoid dual relationships), and when the clinician will no longer be providing services (such as at the end of the semester) to insure continuing care.
2. Once the decision to make a referral has been made, the counselor should explain to the volunteer the reasons why a referral is being made, and assure the volunteer that she/he will assist the volunteer in making a smooth connection with the other provider.
3. The counselor provides the volunteer with a list of at least 3 possible service providers, including provider name, address, and phone number, and an explanation for why those providers are being suggested (such as low-cost, provision of specialized services, etc.). In addition, the counselor should ask if the volunteer has a preferred provider (such as a family physician, or former counselor) that they wish to approach for services.
4. The counselor reviews with the volunteer how to evaluate and make decisions about selecting a new provider, how to contact and set up an appointment with the new provider, and what the volunteer might expect in transferring services, or seeking adjunct services. In cases where counselor and supervisor deem it appropriate and prudent to insure continuity of care, the counselor may assist the volunteer in making a phone call to the new provider and setting up the appointment from the Counseling Lab office.
5. Where adjunct services are sought, the counselor should discuss the appropriateness of communication between providers for consultation and provision of best practices care. When

applicable, a Bilateral Release of Information form should be signed and executed by the counselor in consultation with the supervisor.

6. The counselor should review any other details with the volunteer that are deemed necessary with a given volunteer to promote a positive transfer of services and insure continuity of care (such as ways to obtain transportation to the new provider).
7. Any consultation about referral decisions and procedure should be documented in a contact note, while the conversations with volunteers about referral decisions and procedure should be carefully documented in a session note.

Potential Providers for Referrals. The following are merely *some* possible good providers to which Counseling Lab volunteers may be referred for continued mental health counseling. This list is not intended to be exhaustive, and any referral decisions should be made according to volunteer's needs. Clinicians and supervisors are encouraged to consult the "Referral Agencies" list in the clinic workroom, the phone book, and other sources to identify the best potential providers for each volunteer's unique mental, physical, and other needs.

- Other Counselors within the Counseling Lab
- Student Counseling Services in Ard Building

Finishing the Semester:

Volunteer Records. As the semester nears an end, determine the status of each volunteer with your individual supervisor and make decisions related to possible referrals. It is your responsibility to insure that all clinical documentation is complete and to secure all appropriate signatures before leaving campus. All volunteer files must have a completed *Closing/Transfer Summary* form in them at the semester break. Your instructor will assign a grade to you when she/he determines that you have completed all documentation and procedural requirements for your experience here. Failure to complete clinical documentation and/or to appropriately transfer volunteers in need of ongoing care places in jeopardy your ongoing status in the program.

Confidential Volunteer Data. By the end of the semester you may have accumulated a number of volunteer related materials. These may include some hand-written notes that are not part of the clinical file, photographs or artwork from sessions, possibly drafts of clinical documentation that you've kept on a USB drive in the locked cabinet, and session videos stored in the locked cabinet. These are confidential – legally and ethically protected materials – and you are responsible to protect them. Before you leave at the end of the semester, *you* must delete and shred all such materials. Confidential electronic files should be more than simply deleted off your USB Drive. Please use the program *ccleaner* (on the computers in the workroom) to wipe the free-space on your USB drive after you have deleted all confidential files in the normal way. This will wipe the space previously occupied by those files in such a way that no one may retrieve them (a regular delete does not do this). Failure to properly take proper care of confidential volunteer data at the end of the semester is a serious ethical violation that may impact your ability to continue your clinical work, and to advance in the program.

In some cases, students may want to save volunteer materials beyond the end of the semester. Before you can save any volunteer materials (tangible or electronic) that do not belong in the clinical file, you will need to send a written request to Dr. Coggins. Describe what materials you are wanting to retain, and for what reason (you need a good clinical or educational reason to save them), and where in the Counseling Lab you would like to store them that will protect their confidentiality. You retain

ethical responsibility for any such held-over materials, and must delete/shred them as soon as you no-longer need to keep them, or *at the very latest*, before you graduate.

As the spring Advanced Techniques class ends, consider that you will no longer be employed at the Counseling Lab. Think about it like ending a job – you need to have everything wrapped up and cleaned out by your last day. Thus, by the last day of classes, you should have all of your files completed (including all signatures by you and your supervisor), audited, and ready for archiving, your USB Drive securely deleted and removed, anything from the fridge removed, and all personal materials removed, etc. Anything left in the clinic after Counseling Lab by the end of finals week will count against your professionalism grade and be destroyed or donated.