

Department of Counselor Education: Practicum Manual



Revised
Summer, 2018

COED 641: Individual Counseling Techniques
COED 642: Group Counseling Techniques

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INTRODUCTION

Welcome to the challenges and excitement of your practicum experience. Practicum is a closely supervised experience and an opportunity to further develop your counseling skills. It is also a time to begin implementing a professional style and approach to serving your clients. The Department of Counselor Education faculty will assist you through this period of professional and personal growth. As you embark upon this journey, embrace the opportunities to develop professionally and personally along the road to becoming a more successful, competent, and ethical counselor.

The practicum experience is one component of a comprehensive preparation program for counseling professionals. Your practicum experiences may help you determine if the counseling profession is a good fit for you. Students enrolled in the Department of Counselor Education program participate in two practica courses (i.e., individual and group). Students are expected to obtain experience in a broad range of skill areas related to individual counseling and group counseling.

How to use this Manual

All practicum requirements are your responsibility, so read the manual carefully. Your faculty advisor can help guide you through this process. The manual contains specific information and a brief overview of the practica training portions of the School Counseling and Clinical Mental Health Counseling programs.

PROFESSIONALISM

The Department of Counselor Education expects and requires all students to conduct themselves in a professional manner. Professionalism is demonstrated through a series of professional behaviors and dispositions, such as being consistent, being conscientious in performing clinical tasks, being on time to meetings, communicating effectively with your supervisors, utilizes ethical approaches to counseling clients, and following through on commitments. Additionally, professionals are considered to be trained, prepared and competent in their profession. Your COED faculty members will facilitate and support your growth toward becoming a professional counselor.

General Expectations for the Practicum Experience

Two semesters of practicum will not provide the specialized training necessary for a career in counseling. The practicum experience provides exposure to the field and allows students to apply and demonstrate newly acquired knowledge and counseling skills within a clinical setting. It enables students to organize, synthesize, process, and apply their classroom information in a manner combining the cognitive, affective, and behavioral domains of learning. Again, practicum is part of a longer process which will include additional concrete experiences to acquire both knowledge and skills.

Comments to the Student

The practicum experience is an opportunity to blend your knowledge, skills, dispositions, and counseling philosophy. As you develop a counseling approach, remember that different counselors may work from different counseling philosophical perspectives. Despite emerging or perceived inconsistencies between you and other counseling professionals with whom you are working, it is important that your behavior remain professional, ethical, and supportive of your peers.

ETHICS AND PROFESSIONAL STANDARDS

American Counselor Association Guidelines

Practicum students are expected to behave in an ethical manner. The Ethical Standards of the American Counseling Association are the standards to which we subscribe.

In practicum you will surely experience the application of these ethical standards and procedures. For example, the practicum student must obtain the informed consent of their clients before the start of counseling. This process involves: a) Personal Information b) Informed Consent, and c) Authorization for Audio/Video Recording. Additionally, practicum students are responsible for protecting the anonymity of their clients. Full names are not to be used, and practicum students will avoid documenting information in the session notes and session analyses which may identify a client. Written permission, in the form of a signature, to video record or audio record must be obtained from each client before recording. When counseling minors, parental or guardian consent for participation in counseling is required. The practicum student shall take care to obtain adequate consultation in instances that may

present challenges outside his/her range of competencies. Your practicum course instructor will be available for consultation.

COUNCIL FOR ACCREDITATION OF COUNSELING AND RELATED EDUCATIONAL PROGRAMS

The overall objective of practicum is for students to gain experience, develop competencies, integrate past learning experiences, gain insight into theory and technique, and increase self-awareness.

CACREP Vision

The vision of CACREP is to provide leadership and to promote excellence in professional preparation through the accreditation of counseling and related educational programs. As an accrediting body, CACREP is committed to the development of standards and procedures that reflect the needs of a dynamic, diverse, and complex society. CACREP is dedicated to:

- encouraging and promoting the continuing development and improvement of preparation programs; and
- preparing counseling and related professionals to provide services consistent with the ideal of optimal human development.

CACREP Mission

The mission of CACREP is to promote the professional competence of counseling and related practitioners through:

- the development of preparation standards;
- the encouragement of excellence in program development; and
- the accreditation of professional preparation programs.

CACREP Practicum Standards and the Department of Counselor Education

Students must complete supervised practicum experience that totals a minimum of 40 hours of direct contact. Each practicum is designed to help students further their counseling skills under supervision. The Department of Counselor Education requires two practicum courses: a) COED 641: Individual Counseling Techniques, and b) COED 642: Group Counseling Techniques. Twenty (20) hours of direct client contact are required in each practicum course. According to the 2016 CACREP standards for practicum, the practicum experience includes all of the following:

- Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term.
- Each student's practicum includes all of the following:
 - At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
 - Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by 1) a counselor education program faculty member, 2) a student supervisor who is under the supervision of a counselor education faculty member, or 3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision contract.
 - An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a counselor education program faculty member or a student supervisor under the supervision of a counselor education program faculty member.
 - The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.
 - Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

CACREP Clinical Mental Health and School Counseling Practicum Standards

The following objectives are from the Clinical Mental Health Counseling and School Counseling sections of the 2016 CACREP Standards and apply to student learning during the practicum experience:

V.C.3.a. Students conduct intake interviews, mental status evaluations, biopsychosocial histories, mental health histories, and psychological assessments for treatment planning and caseload management.

V.G.3.d. Students learn and apply interventions to promote academic development.

V.G.3.f. Students learn and apply techniques of personal/social counseling in school settings

V.G.3.h. Students obtain skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement.

CACREP Contact Information

For more information please visit <http://www.cacrep.org/template/index.cfm> or contact

CACREP

1001 North Fairfax Street, Suite 510

Alexandria, VA 22314

Phone (703) 535-5990

Fax (703) 739-6209

STUDENT RESPONSIBILITIES

Expectations of Students

You are responsible for knowing and following practicum guidelines. As noted below, failing to follow these guidelines may jeopardize your success in the practicum courses. If you need assistance, consult your faculty advisor or practicum course instructor. As noted earlier, practicum students must adhere to professional, institutional, and ethical standards. Students enrolled in the Department of Counselor Education practicum courses will adhere to the following guidelines:

1. Complete the duties assigned to them in accordance with Departmental policies and procedures, as well as the ethics, statutes, and laws governing the professional practice for counseling.
2. Consult with your practicum instructor regarding the creation of client files. Your instructor will require you to download copies of all required forms for clinical files.
3. Know and meet practicum expectations, guidelines, and procedures as outlined in the Practicum Manual for the Department of Counselor Education, and other programmatic resources (e.g., the Graduate Student Handbook).
4. Know and meet all practicum deadlines.
5. Ensure that the practicum file material is accurate, current, and complete. For specific information, refer to the most recent version of this Manual.
6. Practicum students will meet for 1 hour of individual supervision per week with the university supervisor and participate in a minimum of 1.5 hours of in class group supervision per week.

7. Practicum students will provide recordings of their counseling sessions for review in group supervision and/or individual supervision with the practicum course instructor.
8. The practicum experience will commence at the beginning of the semester when students have (a) completed and submitted the Practicum Contract, (b) registered for and begun the practicum (COED 641 or COED 642) course, and (c) submitted a copy of their professional liability insurance coverage.

Weekly Log of Hours

Each student will maintain and complete an on-going log of accumulated hours attained through the practicum experience (see Appendix B and C). The log sheet requires students to provide a detailed list of hours accumulated in various activities during the practicum experience. All students completing practicum course must accumulate a minimum of 50 hours, with 20 of the 50 hours being direct client contact hours.

Direct client contact hours are gained through individual counseling, small group counseling, psychoeducational group or classroom guidance, and family or parent/guardian meetings. All other hours can include duties appropriate to the practicum setting or supervision as listed on the weekly log sheets. The weekly log of hours will become part of the student's permanent practicum record indicating successful completion of the practicum experience, and will be kept on file in the Department of Counselor Education.

Professional Behavior

Students are expected to conduct themselves as professionals. At all times, students are expected to maintain appropriate confidentiality regarding their counseling activities at the site and to adhere to the ethical guidelines set forth by the American Counseling Association and the American School Counselor Association. Students should carry out the duties and responsibilities of their practicum contract to the best of their ability and meet with their supervisor to modify any aspect of the contract which may become problematic. Students are expected to keep their supervisor informed of their activities, needs, concerns, and accomplishments with regard to the practicum.

Reports

Students are responsible for seeing that all required forms, evaluations, and reports are completed and submitted to the practicum course instructor. Incomplete forms are a reflection of professionalism and will result in either a lowered grade or no credit for the course.

THE PRACTICUM EXPERIENCE

The practicum experience is more than a clinical exercise in the Department of Counselor Education and represents a significant opportunity for career and personal development. As such, the more time, effort, and resources you commit to this process, the more likely you will be to place your feet firmly on the career path that suits your interests, talents, experiences, and training. After a period of settling in, you begin the work of practicum. As the routine becomes more familiar, you will likely feel more relaxed, confident, and understand firsthand the scope of experiences available to you.

Choosing a Practicum Site

Students enrolled in the Department of Counselor Education program choose from three practicum sites for COED 641. Practicum: Individual Counseling Techniques: Radford University, Christiansburg Middle School, and Pulaski High School. While the —home base for COED 642. Practicum: Group Counseling Techniques will be in a Radford University classroom, the groups may be conducted in various settings depending on the counseling focus, and population served. The practica sites and settings offer students an opportunity to explore and engage in additional learning experiences.

Recording

Both practica require sessions be recorded and may provide opportunities for live supervision. Managing recordings facilitates the professional development of students and assists in quality control of services delivered to clients. Practicum students will be instructed to use the Department of Counselor Education's Permission to Record form (see Appendix A and B), which is required before students begin to record clients for supervision purposes. (Note: This form is not to be considered as a general permission form for students to counsel clients).

Terminating

Terminating the practicum generally signals the start of a new beginning. Completing assignments, transferring clients, and saying good-bye to practica colleagues mark this period. It is a busy time that requires you to stay focused and energized.

Students may be removed from practicum for difficulties in academic performance. Academic performance includes demonstrated knowledge, technical and interpersonal skills, attitudes, and professional character. Students may also be removed from practicum based on evidence of incapacity, incompetence, or unethical behavior. These are defined as:

- Persistent limitations in interpersonal or social relationships characterized by frequent disruptions in collegial and/or client-counselor relationships, due to factors such as withdrawal, conflicts, inappropriateness, aggressiveness, or hostility; and
- Persistent inability to carry out the professional functions of a counselor, characterized by frequent inability to be able to complete complex skills and techniques of the profession without assistance or direction.

SUPERVISION

Practicum consists of two intense courses (COED 641 and COED 642), where students are not alone in their exploration of their identity and role as a counselor. Practicum students practice counseling skills, strategies, and approaches under supervised conditions. Student will have both group and individual supervision to help them progress through each practicum course. Additionally, your practicum course instructor has a) a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses, and b) a minimum of two years of pertinent professional experience in the program area in which you are enrolled. Each practicum course section has a maximum enrollment of six (6) students.

Group Supervision

Practicum course instructors for each practicum course will meet with students weekly to discuss issues, concerns, successes, and other circumstances regarding counseling the practicum clients. The group supervision process helps students develop skills and give and receive feedback. Honest communication is crucial to creating conditions for successful group supervision.

Individual Supervision

Each student will participate in a weekly, one-on-one or triadic meeting with their practicum course instructor. The supervision session is your time to have the undivided attention and support of your instructor. Students need to maximize interaction in supervision and maximize supervision. Students should expect to be challenged, supported, and encouraged to grow. Additionally, students can prepare for individual supervision by developing a list of questions or specific needs for discussion, and bringing all relevant materials (i.e., recordings and paperwork) to each supervision session.

EVALUATION

The practicum course involves both academic and clinical work. Students will be evaluated on the academic component of the course. This evaluation will be based on attendance, active utilization of group and individual supervision, timely and thorough completion of weekly reports, performance on all required assignments, and evaluations from the course instructor. The practicum instructor will provide on-going feedback to students concerning performance of agreed upon duties, as well as overall performance and behavior in the practicum.

Detailed evaluation of the clinical experience is an important part of the student's learning. In addition to progress toward achieving established goals and progress on assigned projects, evaluations will address development of skills needed to complete assignments, attitudes toward working with clients, working knowledge of site operations, interactions with co-workers or peers, and appropriate use of supervision. The Final Counselor Assessment of Progress and Dispositions will be completed during the final week of the practicum by the practicum course instructor.

If the practicum course instructor identifies deficiencies in a student's performance (i.e., professional behavior, skill demonstration, or other expectations of the student) and these are not addressed by the student after appropriate and timely notification, then the student may be asked to leave the practicum by the practicum course instructor, or by the program coordinator (i.e., School Counseling or Clinical Mental Health Counseling) in which the student is enrolled. If this occurs, the student will not be placed at a different site to complete the practicum. A remediation plan to address the problem areas will be developed by the student's faculty advisor. No adjustments to the practicum requirements will be made to accommodate this remediation process. A student repeating the practicum in a subsequent semester will be expected to complete all requirements of the course, with no carryover of completed hours from the previous failed attempt.

Counseling Dispositions

Professional Dispositions are defined as professional attitudes, values, and beliefs demonstrated through both verbal and non-verbal behaviors as counselors in training interact with clients, colleagues (i.e., other COED students and supervisors), and faculty (adopted from The National Council for Accreditation of Teacher Education: NCATE). Your practicum course instructor will utilize the counseling dispositions as goals that describe students' desired behaviors and attitudes as an outcome of their education and are related to real-world functioning (Johnson & Newman, 1996). The counseling dispositions evaluation used by the Department of Counselor Education was adapted from McAdams, Foster, and Ward (2007).

1. Openness to new ideas				
1 Closed	2	3	4	5 Open
<p>Was dogmatic about own perspective and ideas.</p> <p>Ignored or was defensive about constructive feedback.</p> <p>Showed little or no evidence of incorporating constructive feedback received to change own behavior.</p>	<p>Was amendable to discussion of perspectives other than own.</p> <p>Accepts constructive feedback without defensiveness.</p> <p>Some evidence of effort to incorporate relevant feedback received to change own behavior.</p>	<p>Solicited others' opinions and perspectives about own work.</p> <p>Invited constructive feedback and demonstrated interest in others' perspectives.</p> <p>Showed strong evidence of incorporation of feedback received to change own behavior.</p>		
2. Flexibility				
1 Open	2	3	4	5 Closed
<p>Showed little or no effort to recognize changing demands in the professional & interpersonal environment.</p> <p>Showed little or now effort to flex own response to changing environmental demands.</p> <p>Refused to flex own response to changing environmental demands despite knowledge of the need for change.</p> <p>Was intolerant of unforeseeable or necessary changes in established schedule or protocol.</p>	<p>Effort to recognize changing demands in the professional & interpersonal environment was evident but sometimes inaccurate.</p> <p>Efforts to flex own response to new environmental demands was evident but sometimes inaccurate.</p> <p>Flexed own response to changing environmental demands when directed to do so.</p> <p>Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them.</p>	<p>Showed accurate effort to recognize changing demands in the professional & interpersonal environment.</p> <p>Showed accurate effort to flex own response to changing environmental demands as needed.</p> <p>Independently monitored the environment for changing demands and flexed own response accordingly.</p> <p>Attempts to understand needs for change in established schedule or protocol to avoid resentment.</p> <p>Accepted necessary changes in established schedule and attempted to discover the reasons for them.</p>		
3. Cooperativeness with others				
1 Uncooperative	2	3	4	5 Cooperative
<p>Showed little or no engagement in collaborative activities.</p> <p>Undermined goal achievement in collaborative activities.</p> <p>Was unwilling to compromise in collaborative activities.</p>	<p>Engaged in collaborative activities but with minimum allowable input.</p> <p>Accepted but rarely initiated compromise in collaborative activities.</p> <p>Was concerned mainly with own part in collaborative activities.</p>	<p>Worked actively toward reaching consensus in collaborative activities.</p> <p>Was willing to initiate compromise in order to reach group consensus.</p> <p>Showed concern for group as well as individual goals in collaborative activities.</p>		

4. Willingness to accept and use feedback				
1 Uncooperative	2	3	4	5 Cooperative
Discouraged feedback from others through defensiveness and anger. Showed little or no evidence of incorporation of supervisory feedback received. Took feedback contrary to own position as a personal affront. Demonstrated greater willingness to give feedback than receive it.	Was generally receptive to supervisory feedback. Showed some evidence of incorporating supervisory feedback into own views and behaviors. Showed some defensiveness to critique through —over-explanation of own actions— but without anger. Demonstrated greater willingness to receive feedback than to give it.		Invited feedback by direct request and positive acknowledgement when received. Showed evidence of active incorporation of supervisory feedback received into own views and behaviors. Demonstrated a balanced willingness to give and receive supervisory feedback.	
5. Awareness of own impact on others				
1 Uncooperative	2	3	4	5 Cooperative
Words and actions reflected little or no concern for how others were impacted by them. Ignored supervisory feedback about how words and actions were negatively impacting others.	Effort to determine how own words and actions impacted others was evident but sometimes inaccurate. Respond as necessary to feedback regarding negative impact of own words and actions on others, but at times, with resentment.		Effort toward recognition of how own words and actions impacted others. Initiates feedback from others regarding impact of own words and behaviors. Regularly incorporates feedback regarding impact of own words and behaviors to effect positive change.	
6. Ability to deal with conflict				
1 Unable	2	3	4	5 Able
Was unable or unwilling to consider others' points of view. Showed no willingness to examine own role in a conflict. Ignored supervisory advisement if not in agreement with own position. Showed no effort at problem solving. Displayed hostility when conflicts were addressed.	Attempted but sometimes had difficulty grasping conflicting points of view. Would examine own role in a conflict when directed to do so. Was responsive to supervision in a conflict if it was offered. Participated in problem solving when directed.		Always willing and able to consider others' points of view. Almost always willing to examine own role in a conflict. Was consistently open to supervisory critique about own role in a conflict. Initiated problem-solving efforts in conflicts. Actively participated in problem-solving efforts.	
7. Ability to accept personal responsibility				
1 Unable	2	3	4 Able	5
Refused to admit mistakes or examine own contribution to problems. Lied, minimized, or embellished the truth to extricate self from problems. Consistently blamed others for problems without self-examination.	Was willing to examine own role in problems when informed of the need to do so. Was accurate and honest in describing own and others' roles in problems.		Monitored own level or responsibility in professional performance. Invited constructive critique from others and applied it toward professional growth. Accepted own mistakes and responded to them as opportunity for selfimprovement. Avoided blame in favor of self-examination.	

		Might blame initially, but was open to self-examination about own role in problems.	
8. Ability to express feelings effectively and appropriately			
1 Unable	2	3	4 5 Able
<p>Showed no evidence of willingness and ability to articulate own feelings.</p> <p>Showed no evidence of willingness and ability to recognize and acknowledge the feelings of others.</p> <p>Acted out negative feelings (through negative behaviors) rather than articulating them.</p> <p>Expressions of feeling were inappropriate to the setting.</p> <p>Was resistant to discussion of feelings in supervision.</p>	<p>Showed some evidence of willingness and ability to articulate own feelings, but with limited range.</p> <p>Showed some evidence of willingness and ability to acknowledge others' feelings – sometimes inaccurate.</p> <p>Expressions of feeling usually appropriate to the setting – responsive to supervision when not.</p> <p>Willing to discuss own feelings in supervision when directed.</p>	<p>Was consistently willing and able to articulate the full range of own feelings.</p> <p>Showed evidence of willingness and accurate ability to acknowledge others' feelings.</p> <p>Expression of own feelings was consistently appropriate to the setting.</p> <p>Initiated discussion of own feelings in supervision.</p>	
9. Attention to ethical and legal considerations			
1 Attentive	2	3	4 5 Inattentive
<p>Engaged in dual relationships with clients.</p> <p>Acted with prejudice toward those of different race, culture, gender, or sexual orientation than self.</p> <p>Endangered the safety and the well-being of clients.</p> <p>Breached established rules for protecting client confidentiality.</p>	<p>Was responsive to supervision for occasional personal-professional boundary confusion in verbal interactions with clients.</p> <p>Was responsive to supervision for occasional insensitivity to diversity in professional interactions.</p> <p>Used judgment that could have put client safety and well-being at risk.</p> <p>Used judgment that could have put client confidentiality at risk.</p>	<p>Maintained clear personal-professional boundaries with clients.</p> <p>Demonstrated consistent sensitivity to diversity.</p> <p>Satisfactorily ensured client safety and wellbeing.</p> <p>Appropriately safeguarded the confidentiality of clients.</p>	
10. Initiative and motivation			
1 Good	2	3	4 5 Poor
<p>Often missed deadlines and classes.</p> <p>Rarely participated in class activities.</p> <p>Often failed to meet minimal expectations on assignments.</p> <p>Displayed little or no initiative and creativity in assignments.</p>	<p>Missed the maximum allowable classes and deadlines.</p> <p>Usually participated in class activities.</p> <p>Met only the minimal expectations in assigned work.</p> <p>Showed some initiative and creativity in assignments.</p>	<p>Met all attendance requirements and deadlines.</p> <p>Regularly participated in class activities.</p> <p>Met or exceeded expectations in assigned work.</p> <p>Consistently displayed initiative and creativity in assigned work.</p>	
			Overall Dispositions: /50

A Final Word

Termination is a period of reflection, evaluation, preparation, and action. In this way, terminating from a practicum is not unlike closure with clients. The ending of this practicum experience can be an invitation to sort through and find meaning for your feelings, thoughts, and experiences with recommendations for continued growth and development as a counselor.

GUIDELINES FOR SPECIFIC INDIVIDUAL PRACTICUM SITES

Radford University

Client Population

Campus based practicum clients are typically college students choosing to have a limited number of individual counseling sessions as a career course project. Clients can also be drawn from other populations under the direction of the supervisor.

Room Reservations and Appointments

There are a number of counseling rooms available for sessions on campus. Many of these rooms are set up for both recording and live supervision. Rooms are equipped with digital recording devices. Instructions for equipment use are posted in each room.

To make a room reservation:

1. Plan ahead of time when you will need rooms.
2. <http://eduweb.education.radford.edu/coedreservations/>
3. Enter your RU username and password
4. Select a lab, date, and times in which you will be need the room.

Paperwork/Forms

Consult with your practicum instructor regarding the creation of client files and other additional required forms. Your instructor may require you to download copies of all required forms for clinical files.

Christiansburg Middle School

Client Population

Ranges in age from children to adults. Examples of past clients include elementary, middle, and high school children, parents, individual adults, and families.

Room Reservations and Appointments

The counseling rooms are counselors' offices and group counseling rooms during the day. We are guests in their space. You can move chairs to create an inviting counseling environment, but afterwards, return chairs to their original location.

- The Middle School counselors will schedule all clients.
- We do the intake session and collect all demographic data.
- If a client is a no-show, it is your responsibility to follow up and re-schedule. ☐ You will also want to provide the client's contact information for the instructor. ☐ Provide client's crisis contact numbers as well in the event they have a problem and are unable to reach the student-counselor or the course instructor.
- If you need to reschedule, you must contact the instructor and school counselor because you cannot meet with a client without having your instructor or a school counselor present.
- Give clients the date of all University breaks so they do not show up when you are not there.
- If the Montgomery Schools are closed due to inclement weather, or because of spring break, we do not meet with clients during the regularly scheduled sessions; share this with clients.

Video

- Each week you have to turn the power on for the VCR/TV component.
- Put VCR channel on 3.

Cameras

- Cameras are in each office. Make sure that the cameras lenses are removed. Also, check microphone placement so that it adequately records the audio for your tape.

Keys

- Check with school counselors for keys to unlock video cabinet.

Paperwork/Forms:

- Consult with your practicum instructor regarding the creation of client files. Your instructor may require you to download copies of all required forms for clinical files.
- We do not use the forms from the school counseling office. We will review the Radford University Department of Counselor Education forms during the first week of class.
- Copies of the final evaluation and student contract are located in the last section of this manual (See Appendix B).

Contact Information

Christiansburg Middle School (<http://www.mcps.org/cms/>)

School Counselor Office - 382-5196

Main Office - 382-5168

Driving Directions

From Radford University, 801 E Main St., Radford, VA 24142

- | | |
|---|---------------------------|
| 1. Head southeast on E Main St/US-11 N toward Adams St
US-11 N | 7.5 mi Continue to follow |
| 2. Turn right at W Depot St | 0.1 mi |
| 3. Take the 2nd right onto College St | 0.4 mi |
| 4. Slight right at Buffalo Dr
Destination will be on the right | 0.2 mi |

Pulaski Practicum Site

Client Population

Range in age from children to adults. Some examples of past clients include elementary, middle, and high school students, as well as agency or hospital clients.

Room Reservations and Appointments

Since each site will be different, students are required to follow the instructions of your site supervisor.

Paperwork/Forms:

- Your instructor has the RU Counselor Education forms, however, you may be required to use forms designed and required by your site. You will go over the RU Counselor Education forms during the first part of the semester. (If your site requires specific paperwork, please provide a copy for your instructor).
- We do not use the forms from the site office.
- Consult with your practicum instructor regarding the creation of client files. Your instructor may require you to download copies of all required forms for clinical files
- Copies of the final evaluation and student contract are located in the last section of this handbook.

Contact Information

5414 Cougar Trail, Dublin, VA 24301 (643-0767) <http://www.pcva.us/schools/PCHS/>

Driving Direction to Pulaski County High School

- From Radford University, take Route 11 south (Norwood Street) towards the Route 11 bridge that takes you to Kroger, Wal-Mart
- Follow Route 11 South to Dublin, you will go through Dublin and go under the overpass for Route 100. Stay on Route 11.
- After you pass under Route 100, you will take a left at the next light (you will see a sign on the right for Pulaski High School).
- Go up the hill and take a left on Route 9342 (right before the big sign for Pulaski School).
- Follow this road around the Tech Center, and you will see a Brown Little House on the LEFT. It says Family/Counseling Center. That's where we will be. □ Park across the street in a parking lot by the school.

APPENDIX A CONTRACTS AND EVALUATIONS



PRACTICUM STUDENT CONTRACT AND CHECKLIST STUDENT COPY

All practicum students are to submit this contract and checklist to your professor the first week of class.

1. _____ (initial) I have read and understand the ethical standards of the American Counseling Association (ACA) (www.counseling.org) and CACREP (<http://www.cacrep.org/template/index.cfm>) and will conduct my practicum in accordance with those standards. I further understand that any unethical behavior on my part will result in my receiving a failing grade.
2. _____ (initial) I have obtained liability insurance and have attached that form to this checklist.
3. _____ (initial) I understand I will not be assigned a passing grade until I have completed all specified requirements and demonstrated a specified minimum level of competency in my practicum.
4. _____ (initial) I further understand that my responsibilities include attending supervisory sessions, fully prepared as specified in this handbook and in the course syllabus.
5. _____ (initial) I understand that I need to maintain an accurate log of my client contact and supervision hours (see practicum hours log).

Practicum Student Signature: _____ Date: _____

Counselor Education Instructor: _____ Date: _____

- STUDENT COPY

PRACTICUM STUDENT CONTRACT AND CHECKLIST INSTRUCTOR COPY

All practicum students are to submit this contract and checklist to your professor the first week of class.

1. _____ (initial) I have read and understand the ethical standards of the American Counseling Association (ACA) (www.counseling.org) and CACREP (<http://www.cacrep.org/template/index.cfm>) and will conduct my practicum in accordance with those standards. I further understand that any unethical behavior on my part will result in my receiving a failing grade.
2. _____ (initial) I have obtained liability insurance and have attached that form to this checklist.
3. _____ (initial) I understand I will not be assigned a passing grade until I have completed all specified requirements and demonstrated a specified minimum level of competency in my practicum.
4. _____ (initial) I further understand that my responsibilities include attending supervisory sessions, fully prepared as specified in this handbook and in the course syllabus.
5. _____ (initial) I understand that I need to maintain an accurate log of my client contact and supervision hours (see practicum hours log).

Practicum Student Signature: _____ Date: _____

Counselor Education Instructor: _____ Date: _____

- INSTRUCTOR COPY -

FINAL COUNSELOR ASSESSMENT OF PROGRESS

COED 641: PRACTICUM - INDIVIDUAL COUNSELING TECHNIQUES

Date: _____ Student: _____ Instructor: _____

5 = High	The professional counselor performs extremely well in this area; demonstrates advanced mastery of the skill. Counselors-in-training are not expected to perform at this level on most if any skills.
4 = High Average	The professional counselor's performance level is more than adequate in this area; consistently demonstrates competence and completing all components of the skill. Later counselors-in-training would be expected to perform at this level on many but not all skills. Beginning counselors-in-training would not be expected to perform at this level on most of any skills.
3 = Average	The professional counselor possesses adequate competence in this area. Later counselors-in-training would be expected to perform at this level or higher on the majority of skills.
2 = Low Average	The professional counselor possesses competence in this area but needs to improve performance (e.g., not consistently performing or not completing all components of the skill). Beginning counselors-in-training would be expected to be able to perform at this level on many basic helping skills.
1 = Low	The professional counselor clearly lacks competence in this area (e.g., skill is being ineffectively or incorrectly demonstrated. Developmentally, it is reasonable for beginning counselors-in-training to perform at this level on some skills, particularly more advanced skills.
NA = Not Assessed/ Not Applicable	The professional counselor has not performed or has not had supervisor observation of performance in this competency area. Alternatively, the professional counselor does not consider that the competency statement, guideline, or both are requisite to counseling performance.

- _____ 1. **Opening:** Opened the session smoothly and effectively as demonstrated by greeting the client, checking in with the client regarding how they're feeling, thoughts from the previous session, the potential topic of the present session, etc.
- _____ 2. **Attending:** Demonstrated interest, focused on the client, encouraged the client to speak through the use of verbal and nonverbal encouragers. Components of attending include eye contact, an open posture, a non-distracting environment, and appropriate paralinguistics (e.g., vocal tone, volume, and rate of speech).
- _____ 3. **Active Listening:** Demonstrated the ability to follow with understanding in all aspects of communication. Involves paying attention to a client's verbal and non-verbal messages and listening in a way that conveys respect, interest and empathy. Examples of this can include minimal encouragers (e.g., "I see" and "okay").

- _____ 4. **Silence:** Allowed appropriate silences in order for client to reflect or internally process. Also demonstrated the ability to listen, communicate caring, and pace time during session.
- _____ 5. **Non-verbals:** Exhibited appropriate, effective use of body language, vocal tone, facial expressions, and eye contact to convey warmth, positive regard, and acceptance. Aware of client non-verbals.
- _____ 6. **Showed Approval and Reassurance:** When appropriate communicated empathy, understanding, and cultural/diversity awareness to reinforce, normalize, support, or encourage continued exploration.
- _____ 7. **Reflecting Feeling:** Demonstrated and communicated empathy by reflecting client emotions, both explicit and implicit; was able to identify feeling and check for accuracy with client.
- _____ 8. **Reflecting Content:** Demonstrated active listening via clarification, paraphrasing, and summarization.
- _____ 9. **Reflecting Meaning and Values:** Demonstrated understanding behind unexpressed meaning, beliefs, and cultural values in order to help the client step back from the issue to understand what his or her core beliefs really are.
- _____ 10. **Probing/Questioning:** Demonstrated the use of purposeful, open, and/or closed questions to keep the session on track and to encourage further communication, feeling expression, and understanding of the client's world.
- _____ 11. **Challenging/Confronting:** Identified client discrepancies and inconsistencies and probed to confront when necessary. Explored these inconsistencies in a way that brings about further self-knowledge.
- _____ 12. **Immediacy:** Appropriately used "I-you" statements and process-related questions to bring the present tense into the counseling session. Focuses on using the here and now and the therapeutic relationship to explore what the client may be communicating about his or her world.
- _____ 13. **Observing Themes and Patterns:** Demonstrated an understanding of general patterns in thinking, acting, or behaving. Identified these overarching patterns that may be related to the problem.
- _____ 14. **Theoretical Application:** Demonstrated understanding and application of theory with consideration to cultural appropriateness.
- _____ 15. **Development:** Demonstrates and understands the skills and processes for counseling academic, career, and personal/social development, including racial and sexual identity development.
- _____ 16. **Determining Goals and Desired Outcomes:** Collaboratively determined outcomes toward which the counseling process will aim. Helped client set goals congruent with client's values.
- _____ 17. **Developing Diagnosis and Treatment Plan:** Demonstrated appropriate diagnosis and implementation of treatment plan. Able to create blueprints for constructing the changes the client wishes to make in collaboration with the client.
- _____ 18. **Using Assessment:** Demonstrated selection, use and feedback of assessment tools. Was able to gather and integrate information about a client in a manner that promotes effective treatment.
- _____ 19. **Using Change Strategies:** Demonstrated theoretically-based interventions moving toward treatment goals (such as using guided imagery, looking at dysfunctional thoughts, behavioral strategies, search for exceptions or past successes, etc.).
- _____ 20. **Considering Solutions, Consequences and Action Plans:** Helped client see and judge alternatives and identify a method for achieving a desired result.

- _____ 21. **Brevity:** Ability to respond in a concise and succinct manner.
- _____ 22. **Closing:** Closed the session smoothly, in a timely manner, and set direction for the next session.
- _____ 23. **Termination:** Demonstrated understanding of client termination issues.
- _____ 24. **Aftercare Recommendation:** Demonstrated understanding of client aftercare and gave appropriate recommendations in order to ensure that the client has continued support.
- _____ 25. **Self-Evaluation:** Ability to be open to supervision and feedback/honest realistic appraisal of self.
- _____ 26. **Overall Rating:** Average of all scores. (total scores _____ ÷ 25 = _____ overall)
Average corresponds to above scale.

Instructor Comments

Particular strengths of the student:

Areas needing more development:

Dispositions Evaluation (See the Practicum Manual for more information)

Disposition Criterion	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Openness to new ideas.	1	2	3	4	5
Flexibility.	1	2	3	4	5
Cooperativeness with others.	1	2	3	4	5
Willingness to accept and use feedback.	1	2	3	4	5
Awareness of own impact on others.	1	2	3	4	5
Ability to deal with conflict.	1	2	3	4	5
Ability to accept personal responsibility.	1	2	3	4	5
Ability to express feelings effectively and appropriately.	1	2	3	4	5
Attention to ethical and legal considerations.	1	2	3	4	5
Initiative and motivation.	1	2	3	4	5
Total score					/50

Final Evaluation and Recommendation

In your opinion, is this student ready to advance to the next level of training?	
COED 642: Advanced Group	YES N
Instructor Comments	
Student Comments	
Instructor signature	Date
Student signature	Date

FINAL GROUP COUNSELOR ASSESSMENT OF PROGRESS COED 642: PRACTICUM - GROUP COUNSELING TECHNIQUES

Date: _____ Student: _____ Instructor: _____

5 = High	The professional counselor performs extremely well in this area; demonstrates advanced mastery of the skill. Counselors-in-training are not expected to perform at this level on most if any skills.
4 = High Average	The professional counselor's performance level is more than adequate in this area; consistently demonstrates competence and completing all components of the skill. Later counselors-in-training would be expected to perform at this level on many but not all skills. Beginning counselors-in-training would not be expected to perform at this level on most of any skills.
3 = Average	The professional counselor possesses adequate competence in this area. Later counselors-in-training would be expected to perform at this level or higher on the majority of skills.
2 = Low Average	The professional counselor possesses competence in this area but needs to improve performance (e.g., not consistently performing or not completing all components of the skill). Beginning counselors-in-training would be expected to be able to perform at this level on many basic helping skills.
1 = Low	The professional counselor clearly lacks competence in this area (e.g., skill is being ineffectively or incorrectly demonstrated. Developmentally, it is reasonable for beginning counselors-in-training to perform at this level on some skills, particularly more advanced skills.
NA = Not Assessed/ Not Applicable	The professional counselor has not performed or has not had supervisor observation of performance in this competency area. Alternatively, the professional counselor does not consider that the competency statement, guideline, or both are requisite to counseling performance.

I Organizing the group (communication)

- _____ 1. Has communicated the need for and value of group counseling to supervisors, colleagues and clients. A clear rationale has been provided in addition to specific and measurable objectives. The objectives are attainable within the time period of the proposed group.
- _____ 2. Has surveyed client population to determine group-counseling needs in the school/agency.
- _____ 3. Has communicated opportunities for participation in group counseling. Within that communication, the following pieces of information were made available to potential group members:
 - a. A professional disclosure statement

- b. A statement of the goals and purposed of the group
- c. Policies related to entering and exiting the group
- d. Expectations for group participation
- e. Implications of out-of-group contact or involvement among members
- f. Procedures for consultation between group leader(s) and group member(s)
- g. Techniques and procedures that may be used
- h. Fees and time parameters

- _____ 4. Has developed a pool of potential clients for counseling groups.
- _____ 5. Has interviewed clients for the counseling groups to determine that the group will be appropriate and beneficial to the candidate and that the candidate understands the purpose of the group and the informed consent (e.g., limitations to confidentiality, the rights of the candidate/group member, education, training, and qualifications of the group leader, etc.)
- _____ 6. Has stated during each interview the purpose of the group, expected roles of group members, and without breaking confidentiality, information regarding others who may be participating in the group.
- _____ 7. If child indicates an interest in counseling or is referred to group, written parental/guardian consent

II Organizing the group (formation)

- _____ 8. Has established specific guidelines for selecting group members based on balancing factors such as sex, age, personality differences, and developmental levels with awareness of cultural and diversity
- _____ 9. Has established an appropriate sized group based on the type of group, age, developmental level, and diversity components. (e.g., the group size is big enough to give ample opportunity for interaction and small enough for all members to be involved and to feel a sense of belonging.)
- _____ 10. Has established an appropriate frequency of group meetings based on the type of group and perceived group needs. The group is long enough to allow the opportunity for intensive work to be done, but not too long as to induce fatigue among group members.
- _____ 11. Has established an acceptable minimum number of sessions for group. This number of sessions will allow ample time for the group goals to be met.
- _____ 12. Has established an adequate meeting time based on client's and institutional needs.
- _____ 13. Has selected and arranged an appropriate setting for group counseling. The leader ensured that members were not being overheard by people in adjoining rooms and distraction was held to a minimum (within the capabilities of the group leader).
- _____ 14. Has made preliminary plans including goals, objectives, and activities for counseling group.
- _____ 15. For evaluative purposes, has administered appropriate pretests to clients, parents, or teachers. The evaluation methods are objective, practical and relevant to the group and its members.
- _____ 16. Has identified theoretical approaches. The leader has established how his/her theoretical approach impacts the perception of the group, as well as the influence on the direction the group takes.

III Establishing the group

- _____ 17. Has stated clearly that the purpose of the group, the limits of confidentiality in the group setting, counselor's role, and counselor's expectations for client's behavior and consequences for misbehavior. Group cohesion is encouraged and the counselor helps the group members to deal with one another in direct and constructive ways as to ensure respect for all group members.
- _____ 18. Has encouraged group involvement (superficial self-disclosure) by implementing appropriate group activities. Group members have been encouraged to disclose their ideas, feeling, and reactions (both positive and negative) to what has occurred within the group.
- _____ 19. Has responded to clients' surface-level feelings. The group leader effectively reflected the feelings and asked appropriate open-ended questions to facilitate further exploration.
- _____ 20. Has clarified thought, feelings, and behaviors. This was demonstrated through the use of paraphrasing, summarizing, and reflecting both feeling and content.
- _____ 21. Has asked open-ended questions to elicit more information.
- _____ 22. Has provided verbal praise for appropriate group contributions and behavior.
- _____ 23. Has summarized important material during group and at the close of group sessions (e.g. establishment or accomplishment of a therapy goal, exchanges between members and leader).
- _____ 24. Has responded to nonverbal cues. The counselor did not confront the client with an interpretation of the nonverbal cue. Rather, the behavior was observed over time and then drawn upon as a pattern of behavior becomes manifest. The counselor focuses on describing the behavior and not analyzing the behavior when confronting the group member.

IV Exploring

- _____ 25. Has continued to use skills from the establishment stage as stated above.
- _____ 26. Has planned and provided group activities to encourage self-disclosure at an intermediate level and to introduce positive feedback. The counselor encourages group members to use appropriate self-disclosure at a level that feels safe to the member but does not pressure group members to disclose.
- _____ 27. Has paired feelings and behaviors by pointing out similarities, differences or incongruences in feelings and behaviors.
- _____ 28. Has modeled positive feedback (e.g., reinforcement of appropriate behaviors, pointing out strengths, etc.).
- _____ 29. Has elicited positive feedback from clients to other group members. Counselor encourages group members to recognize areas of positive change and/or effort and verbally provide feedback on that recognition to other group members.
- _____ 30. Has maintained silence when appropriate (e.g., allow time and space for associations to develop or reflection without interference).

V Working

- _____ 31. Has continued to use responses from the previous two stages as appropriate.
- _____ 32. Has planned and provided group activities to encourage self-disclosure at a deep level and to introduce personal confrontation (Through which group members can develop greater self-awareness, knowledge, and/or skills).
- _____ 33. Has elicited empathic responses from clients toward other group members. The counselor encourages group members to reflect on the feelings and experiences of other members.
- _____ 34. Has elicited confrontation from clients toward other group members. Confrontation should invite members to examine discrepancies between what is said and what is done, increase awareness of potential dormant issues, and develop beneficial ways to use this insight.
- _____ 35. Has provided appropriate personal self-disclosure. Leader disclosures should not blur the boundaries within the group dynamic or make the leader become personally involved in the group. Disclosures are satisfying the needs of the group, not the leader.
- _____ 36. Has responded to underlying feelings of group members. The group leader effectively reflected the feelings and asked appropriate open-ended questions to facilitate further exploration and encouraged group members to follow the modeled behavior.
- _____ 37. Has provided appropriate interpretation of underlying feelings and allowed for the group member(s) to reflect further, elaborating on the feelings.
- _____ 38. Has helped group members identify and focus on individual behavior change. The group should allow members the opportunity to develop realistic and responsible plans and offer members the chance to evaluate the effectiveness of their actions.
- _____ 39. Has helped group members examine alternatives and consequences for behavior change. Counselor allowed group members to experiment with means of change by creating a safe place for new behaviors to be tried and to give and receive feedback on the effectiveness of the behavior change. Counselor also allowed the group member to reflect on his or her feelings regarding the behavior change.
- _____ 40. Has helped group members set specific (measurable, attainable, realistic and timely) goals for behavior change.
- _____ 41. Has assessed and adjusted (if necessary) the efficacy of the chosen theoretical approaches and considered cultural appropriateness.

VI Terminating the group

- _____ 42. Has continued to use responses from the previous three group stages.
- _____ 43. Has helped group members implement their learning outside the group. The counselor helps the members understand various ways in which they can use what they have learned in the group in other situations.

- _____ 44. Has provided appropriate encouragement and support. The counselor encourages, and provides opportunity for members to express their reactions to the group as a whole. Additionally, the counselor assists members in identifying what they did as members to create a successful group.
- _____ 45. Has provided appropriate advice and information. Counselor has limited the use of advice to only those situations in which it is essential for the progress of the group; the counselor is cognizant of his or her ethical responsibility to promote client autonomy. Counselor has provided useful community resources for clients to use after the group has terminated.
- _____ 46. Has given posttest evaluation of the group and the individuals in it.
- _____ 47. Has evaluated self. The counselor evaluated effectiveness of the group as a whole, in addition to areas needing further work.
- _____ 48. Has used appropriate termination skills, including aftercare plan, to help members transition from the group. Appropriate community resources and support networks were presented, members are encouraged to express thoughts and concerns regarding termination of group, what to do with what they have learned, were reminded that change may be slow and subtle, and that the end of group is not necessarily the end of their work or progress. Also, the counselor reminded the group about

VII School Only

- _____ 49. Demonstrates understanding of the skills and processes for counseling students through group counseling for: a. academic development, b. career development, and c. personal/social development; exhibiting cultural awareness and knowledge.

VII Overall rating

- _____ 51. Average of all scores. (total scores _____ ÷ 48 or 49 = _____ overall)

Average corresponds to above scale.

Instructor Comments

Particular strengths of the student:

Areas needing more development:

Disposition Evaluation

Disposition Criterion	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Openness to new ideas.	1	2	3	4	5
Flexibility.	1	2	3	4	5
Cooperativeness with others.	1	2	3	4	5
Willingness to accept and use feedback.	1	2	3	4	5
Awareness of own impact on others.	1	2	3	4	5
Ability to deal with conflict.	1	2	3	4	5
Ability to accept personal responsibility.	1	2	3	4	5
Ability to express feelings effectively and appropriately.	1	2	3	4	5
Attention to ethical and legal considerations.	1	2	3	4	5
Initiative and motivation.	1	2	3	4	5
Total score					/50

Final Evaluation and Recommendation

In your opinion, is this student ready to advance to the next level of training? COED 690-694: Internship YES NO	
Instructor Comments	
Student Comments	
Instructor signature	Date
Student signature	Date

APPENDIX B
INDIVIDUAL PRACTICUM: COED 641 FORMS



Practicum Weekly Log

Student Name: _____

Location of Practicum Site: _____

Supervisor Name: _____

Course: _____ Individual Practicum: COED 641 _____ Group Practicum: COED 642

PRACTICUM MINIMUM HOURS NEEDED: 20 DIRECT HOURS

Direct Client Contact columns must total 20 hours. The total number of hours accrued should be a minimum of 50 clock hours for each practicum semester.

Week Dates	Direct Contact Hours	Other Duties (consulting, program development, assessment, staffing)	Individual or Triadic Supervision	University or Group Supervision	Weekly Totals

Weekly Log Page 2

Week Dates	Direct Contact Hours	Other Duties (consulting, program development, assessment, staffing)	Individual or Triadic Supervision	University or Group Supervision	Weekly Totals
Semester Totals					

University Supervisor Signature

Date

Student Signature

Date

Client Personal Information Form

Name of Client: _____ **Birth date:** (mm/dd/yyyy)_____

Address: _____ **Phone Number:** (H) _____

_____ (W/C)_____

Can we leave a message at home?_____ **At work?**_____

Age: _____ **Highest Grade Level Completed:** _____

Race: _____ **Gender:** _____

Religion: _____ **Employment Status:** (circle one) Employed/Unemployed

Employer: _____

If client is a student, where? _____

Who referred you to counseling? _____

List prior counseling experiences (who, where, when): _____

List the names, ages and relationship of all family members:

List any physical or health problems or limitations:

List all current medications and dosage:_____

Have you ever had thoughts of harming yourself or others? _____ **Yes** _____ **No**

If yes, who and when? _____

Briefly, explain what leads you to seek counseling services at this time:

INFORMED CONSENT FOR COUNSELING OF MINORS

As a client(s) of the Counselor Education program, our foremost priority is offering your child the help she or he needs. In order to ensure your child receives quality assistance, we want you to know the specific rights your child has as a client(s) and what you can expect from the counseling process.

Your child has the right:

- to be helped by her/his counselor with the problems she/he feel concerned about;
- to work with the counselor in deciding what goals to pursue in counseling and how to pursue them;
- to ask questions or voice concerns regarding counseling techniques or progress in counseling;
- to experience an atmosphere of safety and trust in which she/he is free to be her/himself and express what bothers her/him most;
- to refuse any counseling recommendation, technique, or service;
- to access her/his records; and
- to request a different counselor should she/he experience difficulties with her/his current counselor, after efforts are made to work out those difficulties.

Confidentiality:

Counseling services in the Counselor Education Program are confidential. Some limits to this confidentiality are expressed on the "Authorization to Record Minors for Supervision" form. The exceptions to confidentiality are if your child discloses that she/he is in danger of harming her/himself or someone else, or if the law specifically states that confidentiality provisions do not apply such as our legal responsibility to report child abuse or to respond to court orders.

Fees:

Counseling services in the Counselor Education Program are free of charge. The Clinic was designed to train counseling students in the Department of Counselor Education at Radford University. Therefore, all counselors are graduate students under the supervision of faculty members. In addition, services are available during the fall, spring, and summer semesters. Should counseling needs exceed a semester, your child may be referred to another counseling student at the beginning of the new semester.

Scheduling Appointments:

Regular sessions are important to progress in counseling; therefore, weekly sessions are made available. We ask for a commitment to weekly sessions and to notify us 24 hours in advance should your child be unable to attend the scheduled session.

By signing your name below, you indicate that you have read the above information, that you understand it, and that you give permission for your child (listed below) to receive counseling services through the Counselor Education Department at Radford University. If you have any questions concerning the services received by your child you may contact the Counseling department at (540) 831-5214.

Child's Name: _____ **Date:** _____

Parent/Guardian (circle one): _____ **Date:** _____

Parent/Guardian (circle one): _____ **Date:** _____

INFORMED CONSENT

As a client(s) of the Counselor Education program, our foremost priority is offering you the help you need. In order to ensure you receive quality assistance, we want you to know the specific rights you have as a client(s) and what you can expect from the counseling process.

You have the right:

- to be helped by your counselor with the problems you feel concerned about
- to work with the counselor in deciding what goals to pursue in counseling and how to pursue them
- to ask questions or voice concerns regarding counseling techniques or your progress in counseling
- to experience an atmosphere of safety and trust in which you are free to be yourself and express what bothers you most
- to refuse any counseling recommendation, technique, or service
- to access your records
- to request a different counselor should you experience difficulties with your current counselor, after you make efforts to work out those difficulties

Confidentiality:

Counseling services in the Counselor Education Program are confidential. Some limits to this confidentiality are expressed on the —Authorization to Record for Supervision form. Also, we are mandated by state law to break confidentiality if we have suspicion that there is abuse of a child, or of an older or dependent adult; if there are indications that you or a family member are a danger to yourself or to someone else; or to respond to court orders.

Fees:

Counseling services in the Counselor Education Program are free of charge. The Clinic was designed to train counseling students in the Department of Counselor Education at Radford University. Therefore, all counselors are graduate students under the supervision of faculty members. In addition, services are available during the fall, spring, and summer semesters. Should your counseling needs exceed a semester, you may be referred to another counseling student at the beginning of the new semester.

Scheduling Appointments:

Regular sessions are important to your progress in counseling. Therefore, we make weekly sessions available to you. We ask you to commit to weekly sessions and to notify us 24 hours in advance should you be unable to attend your scheduled session.

By signing your name below, you indicate that you have read the above information, that you understand it, and that you have had the opportunity to ask your counselor any questions you might have about it.

Client: _____ **Date:** _____

Witness to signature (s): _____ **Date:** _____

AUTHORIZATION TO RECORD MINORS FOR SUPERVISION

Our Radford University's counseling masters degree students provide you counseling under the supervision of a faculty member. To ensure that you receive quality counseling services, we request your permission to audio/video record these counseling sessions and to observe your sessions in live supervision. Supervision is a process of professional consultation, review and analysis of counselors' work to support development and improvement.

By signing this form, you authorize the recording, live supervision, and use of these recordings only for the purposes of group and individual supervision by course participants and departmental supervisors. Recording will be erased and/or destroyed at the end of counseling.

Upon written notice you may restrict the use of recording.

Client/Parent/Guardian (circle one): _____ **Date:** _____

Client/Parent/Guardian (circle one): _____ **Date:** _____

Other Participants: _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Witness to signature (s): _____ **Date:** _____

AUTHORIZATION TO RECORD FOR SUPERVISION

Our Radford University's counseling masters degree students provide you counseling under the supervision of a faculty member. To ensure that you receive quality counseling services, we request your permission to audio/video record these counseling sessions and to observe your sessions in live supervision. Supervision is a process of professional consultation, review and analysis of counselors' work to support development and improvement.

By signing this form, you authorize the recording, live supervision, and use of these recordings only for the purposes of group and individual supervision by course participants and departmental supervisors. Recording will be erased and/or destroyed at the end of counseling.

Upon written notice you may restrict the use of recording.

Client/Parent/Guardian (circle one): _____ **Date:** _____

Client/Parent/Guardian (circle one): _____ **Date:** _____

Other Participants: _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Witness to signature (s): _____ **Date:** _____

CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION AND/OR RECORDS

I, _____ (client, parent, guardian – circle one), do hereby authorize the exchange of confidential information and/or records regarding me/my child (circle one). This exchange of information may take place between the Counselor Education faculty and students at Radford University and:

Name: _____ Phone Number: Hm: _____ Wk: _____

Address: _____

Street/PO Box

City

State

Zip

I understand that these records will be used only by professionals working with me/my family (circle one). I understand that my records are protected under the Federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically at the termination of the academic semester in which services were rendered.

Client/Parent/Guardian (circle one): _____ **Date:** _____

Client/Parent/Guardian (circle one): _____ **Date:** _____

Witness to signature (s): _____ **Date:** _____

AUTHORIZATION TO RELEASE INFORMATION

In regard to information about the following client:

(Name of adult or minor child)

(Date of birth)

I hereby give permission to the staff at the Department of Counselor Education at Radford University to (check all that apply):

_____ Send confidential records to:

_____ Discuss confidential records and/or test results with:

_____ Receive confidential information (oral and written) from:

(Person or agency)

The following information may be shared:

_____ Medical (including Psychiatric)

_____ Psychological

_____ Education evaluations

_____ Legal Status

_____ Summary and Evaluation

_____ Other (specify below)

Specific exceptions, if any, are:

This consent is good until: _____

I understand that my records are protected under the Federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without written consent unless otherwise provided for in the regulations.

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. No information sent or received through this authorization may be released to any other persons or agency.

I understand that this information will be used for diagnostic and evaluation purposes to determine the nature and direction of services I receive. Photocopies of this form are considered valid.

Client/Parent/Guardian (circle one): _____ **Date:** _____

Client/Parent/Guardian (circle one): _____ **Date:** _____

Witness to signature (s): _____ **Date:** _____

BIOPSYCHOSOCIAL FORM

Date: _____

Time: _____

Identified Client: _____

Date of Birth: _____ School: _____

Others in home (name, age, sex, relationship):

Identifying Information (GARREACS: gender, age, religion, race, ethnicity, ability, class, sexual orientation; current employment and educational situation of client/family members; current family constellation and living arrangements; current marital situation)

Presenting Problems and Condition (Reason for referral; who referred; client/family's subjective perceptions of problems; response to and progress made in counseling; other professionals involved with client/family. What precipitated counseling at this time?)

Mental Status (Appearance, orientation, affect, mood, thought processes, motor functions, overall presentation.)

Appearance	Speech	Motor Activity	Affect	Mood
<input type="checkbox"/> Well groomed <input type="checkbox"/> Well groomed <input type="checkbox"/> Normal <input type="checkbox"/> Disheveled <input type="checkbox"/> Malnourished <input type="checkbox"/> Obese	<input type="checkbox"/> Calm <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid	<input type="checkbox"/> Normal <input type="checkbox"/> Agitated <input type="checkbox"/> Hyperactive <input type="checkbox"/> Tremors/tics <input type="checkbox"/> Hypoactive	<input type="checkbox"/> Normal <input type="checkbox"/> Broad <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Labile	<input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Elated <input type="checkbox"/> Angry <input type="checkbox"/> Constricted <input type="checkbox"/> Inappropriate
Thought Process	Orientation	Memory	Judgment	Insight
<input type="checkbox"/> Lucid/coherent <input type="checkbox"/> Circumstantial <input type="checkbox"/> Loose <input type="checkbox"/> Tangential <input type="checkbox"/> Other	<input type="checkbox"/> Oriented X3 <input type="checkbox"/> Disoriented	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired	<input type="checkbox"/> Intact <input type="checkbox"/> Limited <input type="checkbox"/> Impaired	<input type="checkbox"/> Intact <input type="checkbox"/> Limited <input type="checkbox"/> Impaired

HISTORY

Social History (Family constellation and description of family relationships – current family and family of origin; custody arrangements; adaptive level of other family members; number of marriages and divorces; outstanding events or abnormal situations in family; client/family level of cooperation with helping agencies; relationship with peers and community supports; level of social skills; relationship with authority figures; leisure activities such as hobbies or sports.)

Educational/Employment History (If IP is child, client's current grade and school placement, level of performance academically, extracurricular activities. If IP is adult, current employment, types of jobs held, highest grade completed, degrees or certifications. Also indicate any problems with performance, attendance, tardiness.)

Medical History (Date of last physical; present state of health; any medical conditions, including neurological, psychiatric, and physical; major illnesses; hospitalizations, surgeries, injuries, allergies; **current medications**. Include sexual history, if applicable. Any special diets, eating or sleeping problems.)

Psychological/Counseling History (Include reasons for past treatment, type, outcomes, **suicide attempts**, hospitalizations and diagnoses. Is anyone in home currently under the care of a mental health professional or on psychotropic medications?)

Has the client ever thought about hurting his or herself?

_____ yes _____ no

If so, what was your plan?

Chemical Use History (Include drugs used, significant life experiences related to beginning, ending, or changes in addiction, any periods of sobriety, drug treatment received.)

Legal History (Include any encounters with police, charges pending, court dates pending, convictions, jail terms served, probation, or parole.)

Financial History (Include current stresses experienced due to finances, bankruptcy, borrowing or stealing money, selling/pawning of items.)

RESOURCES

Religious/Spiritual Practices (Indicate religious preference, if any, and describe client/family's involvement with group or individual spiritual practices.)

What Activities Do You Enjoy (Sports, singing, going to church, hiking, playing with friends, et cetera)

Family's/Clients Strengths (Include processes observed in session)

Cultural Factors (Hypothesized and observed impact of gender, age, ability/disability, race, religion, ethnicity, socioeconomic class, sexual orientation on the counseling process.)

ASSESSMENT

Clinical Impression:

INTERVENTION PLAN

Therapeutic Goal (s): (What would be present when the presenting problem is resolved?)

Proposed Therapeutic Interventions: (Means for reaching the above goals)

Counselor's Signature: _____ **Date:** _____

Supervisor Review: _____ **Date:** _____

IROAP SESSION NOTES

Client: _____

Date: _____

Counselor: _____

Session #: _____

1. **Intention(s) for This Session:**

2. **Reported** (What was said and reported? This is content.):

3. **Observed** (What was observed? include self and client, THE HAPPENING TRUTH):

4. **Assessment:** (What does the content above “mean”?):

5. **Plan** (plan for future sessions, e.g. themes, objectives, techniques):
 - a. **Short term:**

 - b. **Long term:**

Counselor's Signature: _____ Date: _____

SESSION ANALYSIS FORM

Client: _____ Date: _____

Counselor: _____

Session #: _____

Review your session's audio/video tape and use the scale below to rate your competence in this

session. **1 = inadequate** **2 = improving** **3 = satisfactory** **4 = proficient**

_____ **Opening:** Opened the session smoothly and effectively.

_____ **Attending:** Demonstrated interest, focused on the client, encouraged the client to speak through the use of verbal and nonverbal encouragers.

_____ **Active Listening:** Demonstrated the ability to follow the client with understanding in all aspects of communication.

_____ **Silence:** Allowed appropriate silences and demonstrated the ability to listen during the session.

_____ **Non-verbals:** Exhibited appropriate, effective use of body language, vocal tone, facial expressions, and eye contact to convey warmth, positive regard, and acceptance. Aware of client non-verbals.

_____ **Reflecting Feeling:** Demonstrated and communicated empathy by reflecting client emotions, explicit and implicit.

_____ **Reflecting Content:** Demonstrated active listening via clarification, paraphrasing, and summarization.

_____ **Probing/Questioning:** Demonstrated the use of purposeful, open, and/or closed questions to keep the session on track and to encourage further communication and understanding of the client's world.

_____ **Challenging/Confronting:** Identified client discrepancies and inconsistencies and was able to probe further or confront when necessary.

_____ **Immediacy:** Appropriately used "I-you" statements and process-related questions to bring the present tense into the counseling session.

_____ **Case Conceptualization:** Recognizing what is not being said, identifying patterns, and comfort with counseling as an overall process of helping.

_____ **Closing:** Closed the session smoothly and set direction for the next session.

Session Analysis Form Page 2

What did you do well in this session?

What do you wish you had done differently?

What are some reoccurring difficulties or patterns you are experiencing?

What specific parts of the tape/session would you like help on?

How did this session affect you? (e.g. your own personal issues or feelings came into the session)

Brainstorm avenues for further counseling with this client(s)?

PROGRESS/CLOSING REPORT

To be completed within 15 days following termination

Family/Client Name

Number of sessions

Dates of admission, last contact, termination

Reason for referral

Presenting problem/assessment/dynamic formulation

Counseling provided/progress observed on treatment goals

Diagnosis and condition at termination (Include whether counseling was completed)

Referrals made/recommendations

Counselor Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

TRANSCRIPTION EXAMPLE

Counselor Name:

Date:

Client Initials:

Session #:

Co: Where would you like to begin today? (open question, building rapport)

Cl: Well (pause) I don't know (playing with string on coat)

Co: (silence)

Cl: I guess I could, well, I could, could start with how I told you about calling my mom.

Co: Okay, could you tell me more? (minimal encourager)

Cl: Well, there's not much to say. She and I just have such a hard time talking. I find her to be, be, difficult. Yeah, that's it, she's just out to make my life as complicated as possible. She just can't seem to realize that I'm the one who is graduating and I'm the one who needs to find a job and I'm the one who has to say good-bye to my friends and I'm the one who is going to move to some unknown place and all she cares about is whether or not I'm going to invite her new husband's family to graduation. I, I, I just want to scream at her at times.

Co: It sounds like you feel really frustrated. (reflection of feeling)

Cl: Exactly and I am so tired of it all. She is draining to talk to and I'm just at the point of saying no more. No more.

Co: Help me understand what you mean by no more? (minimal encourager)

Cl: Gosh, I don't know. I don't want to cut ties with her, but I'll tell you what, I'm not going to let my life be so consumed by her own self needs. It is just frustrating and tiring.

Co: So, what has she been saying when you talk?? I mean like what are you feeling when you talk? (open questions, should ask only one question at a time)

Cl: Um, I, well, she is just continually telling me that it would be rude to not invite John's, my step dad's, family to graduation. I have my own dad too and she said it would be unfair to just invite him. We mainly go round and round about that.

INTAKE PROCEDURE

I. HELLO:

1. a graduate student in training in Counseling at Radford University
2. under the supervision of _____ who is my professor (add any other credentials here)

II. SESSIONS—SUPERVISED AND RECORDED

1. Sessions are supervised
2. Recordings are made so that my work can be reviewed and I can be given feedback so that I can provide the best service possible
3. In order to record my sessions, I need your permission (give form)
4. Sessions are usually weekly, if you can't make it, please let me know
5. Sessions are usually 50 minutes and I may take a break at 30-40 minutes into the session to consult with my supervisor.

III. CONFIDENTIALITY

1. All of our sessions and the recordings will be confidential to persons outside of counseling except for my supervisor, and team members
2. My professional code of ethics prevents me from discussing what is said during the sessions with anyone other than the participants in counseling or from releasing records without their permission
3. The only exceptions to this are if someone has disclosed that he/she is in danger of harming himself or someone else or if the law specifically states that confidentiality provisions do not apply such as my legal responsibility to report child abuse and/or neglect or to respond to court orders.

IV. COUNSELING What is counseling?

1. What experiences have you had with counseling?
2. What expectations do you have about counseling, or what have you heard about counseling?
3. Counseling is... There are times when you get stuck in patterns of thinking and behaving that are not helpful, and that lead to difficulties. Through counseling and being able to talk to someone else, you can begin to feel understood, and may be able to get unstuck by taking a different approach to things. It is about making changes because things just aren't working—what used to work may not work now. I don't make those changes for you, but I help you make those changes and make those decisions. (For 260 folks, can be about personal exploration, self awareness and discovery)
4. When you first came in you had some papers to look over and sign, there was an explanation about counseling in those papers—if you have any questions about any of that information, I would be happy to try to answer any of your questions.

V. QUESTIONS

1. What questions do you have?
2. You will have an opportunity to share things about yourself, and to help me get to know you better, but before we do that, is there anything that you would like to know about me? (remember boundary issues)
3. Okay, well, let's begin—What would be helpful to talk about?

VI. END (Start to stop, or wind down with 5-10 minutes left)

1. Summarize. What stood out for the client? What this may mean? Anything they would like to do with this between now and next week? Any tasks between sessions? What might be helpful to explore in the future, or to consider?

COUNSELOR RESPONSIVE REVIEW FORM

Instructions: As the client speaks, write down the key words, ideas or phrases that the client communicates. Stop the tape after each response made by the counselor (everything in between two client statements). You do not have to stop for minimal interventions and encouragers unless you would want to change it. On the next line, indicate the key words from the counselor's response. Next, in parentheses, provide UP TO three intentions for the counselor's intervention/statement, and rate the —Helpfulness| of the intervention/statement using the following scale:

Hindering			Neutral				Helpful		
1	2	3	4	5	6	7	8	9	

Some of the ways to judge the helpfulness of the intervention/statement are:

- Does it follow the client's last statement and contribute to and build on the evolving dialogue with the client?;
- Does it accurately reflect the content, feeling and meaning of the client's last statement?;
- Does it summarize a number of ideas or statements given by the client?;
- Does it open space for the client to explore at a deeper level?;
- Does it appropriately refocus the dialogue back to the client or an important topic or issue?;
- Does it help the client appropriately confront an issue?;
- Does it help the client take an observing position to an issue, theme, or pattern?;
- Does it deal with an issue that is present in the therapeutic relationship or the counseling process?;
- Does it match the intention you had for the intervention/statement?;
- What was the client's reaction to it? Did the client's next statement indicate that it fit, and elaborate on it? Did the client have to thoughtfully pause and consider what was communicated?; etc.

Finally, if you would have preferred a different communication, indicate what you would have preferred to communicate in QUOTATION MARKS. Or, if you would change the wording, indicate how you would have communicated it differently.

Adapted from:

Hill, C. E. & O'Brien, K. M. (1999). *Helping skills: Facilitating, exploration, insight, and action*. Washington, D. C. : American Psychological Association.

UNIFORM CASE STUDY

Date:

Client Identifier:

Session Dates:

1. Brief Description and Background Information (Case Abstract):
2. Presenting Problem and Issues:
3. Current functioning, recent behaviors and interactional patterns, client presentation and appearance:
4. Pertinent Historical Data:
 - a. individual
 - b. family
 - c. academic
 - d. career
 - e. social
 - f. legal
 - g. medical
5. Clinical/Diagnostic Impression (summary of research, provide rationale, Multiaxial Diagnosis):
6. Theoretical Framework:
7. Multicultural, ethical and/or legal considerations:
8. Treatment Plan:
 - a. Assessment
 - b. Intervention strategies
 - c. Techniques
9. Course of treatment – progress shown:
10. Prognosis and closure considerations:

SAMPLE OF CLIENT FILE ORGANIZATION

Maintain the client files with forms in the following order on the **right** side of the file folder:

Summary of Contacts (listing all of the contacts chronologically)

Session Notes with Session Analysis forms (with the most recent session on top)

Biopsychosocial Form(s)

Personal Information Form

Intake Referral Form

Informed Consent(s)

Authorization for Audio/Video recording/Supervision

Authorization to Release Information

(Any information obtained regarding the client)

When you turn in the file at the end of the semester, it will be in the order indicated above, except, the Progress/Closing Report form will follow the Summary of Contacts form in each file.

APPENDIX C GROUP PRACTICUM: COED 642 FORMS



PRACTICUM WEEKLY LOG

Student Name: _____

Location of Practicum Site: _____

Supervisor Name: _____

Course: _____ Individual Practicum: COED 641 _____ Group Practicum: COED 642

PRACTICUM MINIMUM HOURS NEEDED: 20 DIRECT HOURS

Direct Client Contact columns must total 20 hours. The total number of hours accrued should be a minimum of 50 clock hours for each practicum semester.

Week Dates	Direct Client Contact Hours	Other Duties (consulting, program development, assessment, staffing)	Individual or triadic Supervision	University or Group Supervision	<u>Weekly Totals</u>

Weekly Log Page 2

Week Dates	Direct Client Contact Hours	Other Duties (consulting, program development, assessment, staffing)	Individual or triadic Supervision	University or Group Supervision	<u>Weekly Totals</u>
Semester Totals					

University Supervisor Signature

Date

Student Signature

Date

GROUP PROPOSAL OUTLINE

I. Rationale (why is this group needed?):

- A. Therapeutic/clinical reasons for this group. Needs addressed.
- B. Literature review (list citations of related references).
- C. Personal reasons for selecting this type of group.

I. Goals and objectives (what do you wish to accomplish in this group?):

- A. Type of group (growth-centered, problem-focused, psychoeducational, etc.)
- B. Group developmental stages anticipated
- C. Underlying assumptions.
- D. Ethical considerations.
- E. Goals and/or expectations for each session.

I. Practical Aspects:

- A. Selection of members (from what population will members be recruited and how?, age, exclusionary criteria, etc).
- B. Screening, prerequisites, member preparation (what selection procedures will you use?).
- C. Logistics (where will the group meet, frequency and length of meetings, etc.):
- D. Structure and format (open or closed).
- E. Anticipated group rules.

I. Procedures:

- A. Leadership (Your role, qualifications needed).
- B. Techniques that might be useful (experiential, process).
- C. Safeguards for members.

I. Evaluation:

- A. Evaluation and Follow-up procedures. (Outcomes tracked).

Adapted from:

Corey, M. S. & Corey, G. (2002). *Groups: Process and practice* (6th ed.). Pacific Grove, CA: Brooks Cole. (pp. 99-100)

GROUP INFORMED CONSENT

We would like you to fully understand several important aspects of how we work. Please read this and ask for clarification if necessary before you sign. Since counseling and therapy are conducted in a number of different ways, depending upon the counselor or therapist and his or her orientation, this description has been prepared to inform you about the therapeutic process and what you can expect from your group leader.

Your Rights as a Client

As a client(s) of the Advanced Group Practicum Class, our foremost priority is offering you the help you need. In order to ensure that you receive quality assistance, we want you to know the specific rights you have as a client(s) and what you can expect from the group counseling process.

1. You have the right to experience an atmosphere of safety and trust in which you are free to be yourself and express what bothers you most.
2. You have the right to ask questions or voice concerns regarding counseling techniques or our progress in counseling.
3. You have the right to be helped through the group with the problem you feel concerned about.
4. You have the right to work with the group and group leader in deciding what goals to pursue and how to pursue them.
5. You have the right to refuse any recommendations, techniques, or services offered through the group.
6. You have the right to access to your counseling records.

Confidentiality

Counseling services through the Advanced Group Practicum Class are confidential. There are some limits to confidentiality. We are mandated by state law to break confidentiality if we have any suspicion of child abuse, there is any indication that you or a family member are a danger to yourself or someone else, you have given written permission to release information, or if a court of law issues a legitimate subpoena or court order. It is incumbent upon all group members to maintain the confidentiality of all material brought up and discussed in the group.

Practical Issues and Fees

Counseling services through the Advanced Group Practicum Class are free of charge. The services are designed to train counseling students in the Department of Education at Radford University. Therefore, all counselors are graduate students under the supervision of faculty members.

It is important to your progress in counseling that you commit to attend all group sessions. We ask that you notify the group leader 24 hours in advance should you be unable to attend a group session. Should you decide to stop group attendance, you have the responsibility to notify your group leader.

By signing your name below, you indicate that you have received information about the group, have read the above information, that you understand it, and that you have had the opportunity to ask your group leader questions you might have about it.

Client/Parent/Guardian (circle one): _____ **Date:** _____

Witness to signature (s): _____ **Date:** _____

SESSION AND TREATMENT PLAN

Group:
Counselor:
Client:

Date:
Session:

1. **Intentions(s) for This Session:**

2. **Reported** (what was said):

3. **Observed** (what was observed self and client, or what actually occurred):

4. **Assessment:**

5. **Plan** (plan for future sessions, e.g. themes, objectives, techniques):

a. **Short term:**

b. **Long term:**

6. **Individual Participation:**

Process:

Goals:

Counselor's Signature: _____ **Date:** _____

Supervisor Review: _____ **Date:** _____

GROUP ANALYSIS FORM

Date: _____ Session #: _____
Counselor: _____ Group: _____

Review your sessions' audio/video tape and use the scale below to rate your competence in this session.

1= Ineffective 2= Improving 3= Satisfactory 4= Proficient
(sometimes effective) (often effective) (usually very effective)

If this skill is NOT APPLICABLE for this session please indicate with a NA

_____ **Active Listening:** How well were you able to listen to members?; Are you sensitive to nonverbal messages, and able to follow group members with understanding in all aspects of communication?

_____ **Reflecting:** Are you able to reflect without becoming a hollow echo of another?; Are you able to reflect accurately?; and Do your reflections help members explore more fully what they are feeling?

_____ **Clarifying:** Do your clarifications help group members to sort out their feelings?; Do members get a clearer sense of what they are thinking and feeling through your clarifications?; and Do your clarifications typically lead to increased member self-exploration?

_____ **Summarizing:** Are you able to identify common themes in a session?; Can you help give direction through your summary remarks?; Are you able to give an accurate summary, especially at the end of the session?

_____ **Facilitating:** Are you able to assist members in identifying and expressing whatever they are experiencing in the present?; Do you foster interaction among the members; and Are your interventions designed to increase the level of member responsibility for what happens in the group?

_____ **Empathizing:** Do your life experiences provide a basis for genuinely understanding the struggles of your members?; Can you express your empathy to members so that they feel understood by you?; and Are you able to identify with others without getting overly involved and lost in their pain?

_____ **Interpreting:** Do you present your interpretations in such a manner that members are encouraged to think about what you say?; How often are your interpretations appropriate and well-timed?; and To what degree do you encourage members to make their own interpretations?

_____ **Questioning:** Do you use open or closed questions effectively?; Do you keep yourself hidden by asking too many questions?; and Do you ask inappropriate and ineffective questions?

_____ **Linking:** Do your interventions foster member-to-member interactions or leader-to-member interactions?; Do you value promoting an interactional focus in a group?; and How do you pay attention to cues that indicate common concerns?

_____ **Confronting:** To what degree do your confrontations invite members to look at themselves?; What kind of modeling do you provide for effective confrontation?; and Are your confrontations related to specific behavior, rather than being global and judgmental?

_____ **Supporting:** To what degree do you provide positive reinforcement to members?; Do you know when it is appropriate to offer support and when it is wise not to give support?; and Does your support result in members continuing a process of self-exploration, or does it lead to closure of an issue?

_____ **Blocking:** Are you aware of what behaviors to block in a group?; Are you able to intervene effectively when a member is engaging in counterproductive behavior or do you hold yourself back?; and Do you block firmly yet sensitively?

_____ **Diagnosing:** Can you make an assessment without labeling a person?; Are you able to assess what a group needs at a given time?; and Do you know when a particular group might be counterproductive for an individual member?

_____ **Reality-testing:** Do you help members explore alternatives?; Do you encourage members to test the reality base of their plans?; and To what degree do you teach members to apply what they learn in the group to their everyday lives?

_____ **Evaluating:** Do you teach members to continuously assess their level of participation in the group?; Do you enjoy systematic means of evaluating a group?; and Do you spend some time openly discussing the progress of a group with the members?

_____ **Terminating:** Are you able to assist members in consolidating what they have learned in the group?; Do you structure a group so that members are encouraged to transfer in-group learnings to situations outside of the group?; and Do you encourage members to continue working after they terminate a group?

_____ **Ethical Leadership:** Do you demonstrate the ASGW ethical and professional standards in group practice?

What did you do well in the session?

What do you wish you had done differently?

What are some reoccurring difficulties or patterns you are experiencing?

What specific parts of the session would you like help on?

How did this session affect you? (e.g. your own personal issues or feelings came into the session)

How do you need to modify your plan for the next group session in light of what happened in this session?

Adapted from:

Corey, G. (2000). Student manual: Theory & practice of group counseling (5th ed.). Belmont, CA: Brooks/Cole.

Corey, G., Corey, M. S., & Haynes, R. (2000). Student workbook for evolution of a group. Belmont, CA.:

Brooks/Cole.

GROUP CLOSING SUMMARY

Group Name: _____

Client Name: _____

Date: _____

Counselor: _____

Number of Sessions: _____

Treatment Dates: _____

1. Group Treatment Goals:

2. Group Treatment Interventions:

3. Group Treatment Outcomes:

4. Client Participation, Outcomes, and Aftercare Recommendations:

Counselor's Signature: _____ **Date:** _____

Supervisor Review: _____ **Date:** _____

AUTHORIZATION FOR AUDIO/VIDEO RECORDING/SUPERVISION

Our Radford University's counseling masters degree students provide you counseling under the supervision of a faculty member. To ensure that you receive quality counseling services, we request your permission to audio/video record these counseling sessions and to observe your sessions in live supervision. Supervision is a process of professional consultation, review and analysis of counselors' work to support development and improvement.

By signing this form, you authorize the recording, live supervision, and use of these recordings only for the purposes of group and individual supervision by course participants and departmental faculty. Recording will be erased and/or destroyed at the end of counseling.

Upon written notice you may restrict the use of recording.

Client/Parent/Guardian (circle one): _____ **Date:** _____

Client/Parent/Guardian (circle one): _____ **Date:** _____

Other Participants: _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Witness to signature (s): _____ **Date:** _____

APPENDIX D SUPPLEMENTAL MATERIALS



SUGGESTED ELECTRONIC SIGNATURE

E-mail is not a secure or confidential medium. The Counselor Education Department at Radford University does not offer counseling services via e-mail. Please be aware that practicum counselors do not maintain 24 hour access to their e-mail accounts, so e-mail is not appropriate for urgent or crisis messages. Anyone experiencing a crisis in between counseling sessions with a practicum counselor in RU's Counseling Program should refer to the Resource and Contact Information, or call ACCESS at 1-888-717-3333 or RAFT at 1540-961-8400.

RADFORD UNIVERSITY PRACTICA SITE: RESOURCES AND CONTACT INFORMATION

As a client for the Counselor Education Department, we want you to be able to get help when you need it. We realize that life happens in between the counseling sessions. Counseling services are limited in this program, so in case you need assistance between sessions you are encouraged to use the following information.

Your counselor will contact you to determine an available time slot for services.

If you need to reschedule, please leave a message for your counselor at the number your counselor provides. Many students are seeking services and may be able to use your time slot.

If a situation or crisis occurs and you cannot get in touch with your counselor, please feel free to contact the Radford University Supervisor:

(Insert supervisor's name: _____)

Radford University 540- 831-5214

If you are in crisis and need immediate help, here are some resources for you:

- *Radford University Counseling Center – (831-5226)*
- **ACCESS – New River Valley Community Services Board (961-8400 or toll-free at 888-717-3333; 24 hours a day, seven days a week)**
- *Raft Crisis Hotline - River Valley Community Services Board (961-8400)*
- *Substance Abuse Services – New River Valley Community Services Board (961-8400)*
- *CONNECT – St. Albans (633-4560 or 1-800-284-8898)*
- *Radford Social Services – (731-3603)*
- *Radford Police Department – (731-3624 – non-emergency and 911 for emergency)*
- *Radford University Police Department – (831-5500)*
- *Women's Resource Center – (639-9592)*

CHRISTIANSBURG MIDDLE SCHOOL PRACTICA SITE INFORMATION

Client Population:

Ranges in age from children to adults. Examples of past clients include elementary, middle, and high school children, parents, individual adults, and families.

Room Reservations and Appointments

The counseling rooms are counselors' offices and group counseling rooms during the day. We are guests in their space. You can move chairs to create an inviting counseling environment, but afterwards, return chairs to their original location.

- The Middle School counselors will schedule all clients.
- We do the intake session and collect all demographic data.
- If a client is a no-show, it is your responsibility to follow up and re-schedule.
- You will also want to provide the client's contact information for the instructor.
- Provide client's crisis contact numbers as well in the event they have a problem and are unable to reach the student-counselor or the course instructor.
- If you need to reschedule, you must contact the instructor and school counselor because you cannot meet with a client without having your instructor or a school counselor present.
- Give clients the date of all University breaks so they do not show up when you are not there.
- If the Montgomery Schools are closed due to inclement weather, or because of spring break, we do not meet with clients during the regularly scheduled sessions; share this with clients.

Recording

- Each week you have to turn the power on for the VCR/TV component.
- Put VCR channel on 3.
- Cameras are in each office. Make sure that the cameras lenses are removed. Also, check microphone placement so that it adequately records the audio for your tape.
- Check with school counselors for keys to unlock video cabinet.

Paperwork/Forms:

- CONSULT WITH YOUR PRACTICUM INSTRUCTOR REGARDING THE CREATION CLIENT FILES. YOUR INSTRUCTOR MAY REQUIRE YOU TO DOWNLOAD COPIES OF ALL REQUIRED FORMS FOR CLINICAL FILES. OF
- WE DO NOT USE THE FORMS FROM THE SCHOOL COUNSELING OFFICE. WE WILL REVIEW THE RU COUNSELOR EDUCATION FORMS THE FIRST WEEK OF CLASS.
- Copies of the final evaluation and student contract are located in the last section of this handbook (See Appendix B).

Contact Information and Driving Directions

Christiansburg Middle School (<http://www.mcps.org/cms/>)

Guidance Office - 382-5196

Main Office - 382-5168

From Radford University, 801 E Main St., Radford, VA 24142

1. Head **southeast** on **E Main St/US-11 N** toward **Adams St**

Continue to follow US-11 N

7.5 mi

2. Turn **right** at **W Depot St**

0.1 mi

3. Take the 2nd **right** onto **College St**

0.4 mi

4. Slight **right** at **Buffalo Dr**

0.2 mi

Destination will be on the right

Christiansburg Middle School, 1205 Buffalo Dr., Christiansburg, VA 24149

CHRISTIANSBURG MIDDLE SCHOOL PRACTICA SITE: RESOURCES AND CONTACT INFORMATION

As a client in the Christiansburg Middle School, we want you to be able to get help when you need it. We realize that life situations occur in between the counseling sessions. Counseling services are being offered on _____ evenings. If you need to contact your counselor on that day, please call him/her at (540-382-5196). If you need to reschedule, you can also leave a message for your counselor at the above number.

If a situation or crisis occurs and you cannot get in touch with your counselor, please feel free to contact the Radford University Supervisor who works with your counselor.

(Insert supervisor's Name: _____)

RADFORD UNIVERSITY (540) 831-5214

If you are in crisis and need immediate help, here are some resources for you:

- **ACCESS – New River Valley Community Services Board (961-8400 or toll-free at 888-717-3333; 24 hours a day, seven days a week)**
- *Raft Crisis Hotline - River Valley Community Services Board (961-8400)*
- *Substance Abuse Services – New River Valley Community Services Board (961-8400)*
- **CONNECT – St. Albans (633-4560 or 1-800-284-8898)**
- *Montgomery County Social Services – (382-6990)*
- *Christiansburg Police Department - (382-3131)*
- *Montgomery County Sheriff's Office - (382-6900)*
- *Christiansburg Rescue Squad - (382-8545)*
- *All Emergencies in Christiansburg – 911*
- *Women's Resource Center – (639-9592)*

PULASKI PRACTICA SITE INFORMATION

Client

Population:

Range in age from children to adults. Some examples of past clients include elementary, middle, and high school students, as well as agency or hospital clients.

Room Reservations and Appointments

Since each site will be different, students are required to follow the instructions of your site supervisor.

Paperwork/Forms:

Your instructor has the RU Counselor Education forms, however, you may be required to use forms designed and required by your site. You will go over the RU Counselor Education forms during the first part of the semester. (If your site requires specific paperwork, please provide a copy for your instructor).

WE DO NOT USE THE FORMS FROM THE SITE OFFICE.

Consult with your practicum instructor regarding the creation of client files. Your instructor may require you to download copies of all required forms for clinical files

Copies of the final evaluation and student contract are located in the last section of this handbook.

Driving Direction to Pulaski County High School

5414 Cougar Trail, Dublin, VA 24301 (643-0767)

<http://www.pcva.us/schools/PCHS/>

From Radford University, take Route 11 south (Norwood Street) towards the Route 11 bridge that takes you to Kroger, Wal-Mart

Follow Route 11 South to Dublin, you will go through Dublin and go under the overpass for Route 100. Stay on Route 11.

After you pass under Route 100, you will take a left at the next light (you will see a sign on the right for Pulaski High School).

Go up the hill and take a left on Route 9342 (right before the big sign for Pulaski School). Follow this road around the Tech Center, and you will see a Brown Little House on the LEFT. It says Family/Counseling Center. That's where we will be.

Park across the street in a parking lot by the school.

PULASKI PRACTICA SITE: RESOURCES AND CONTACT INFORMATION

As a client in the School/Family Counseling Center, we want you to be able to get help when you need it. We realize that life happens in between the counseling sessions. Counseling services are being offered on _____ evenings. If you need to contact your counselor on that day, please call him/her at (540) 643-0385. If you need to reschedule, you can also leave a message for your counselor at the above number.

If a situation or crisis occurs and you cannot get in touch with your counselor, please feel free to contact the Radford University Supervisor who works with your counselor.

[Insert supervisor's name here] _____

RADFORD UNIVERSITY (540) 831-5214

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- *Raft Crisis Hotline - River Valley Community Services Board (961-8400)*
- *Substance Abuse Services – New River Valley Community Services Board (961-8400)*
- **CONNECT – St. Albans (633-4560 or 1-800-284-8898)**
- *Pulaski County Social Services – (980-7995)*
- *Pulaski Sheriff's Office - (980-7800)*
- *Dublin Police Department - (674-5167)*
- *All Emergencies in Pulaski County – 911*
- *Women's Resource Center – (639-9592)*

