Department of Counselor Education
Advanced Practicum Manual

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

Department of Counselor Education
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**Introduction**

Welcome to the challenges and excitement of your practicum experience. Practicum is a highly supervised experience and a strong indicator of whether or not, the profession of counseling, is a good fit for you. The practicum is an opportunity to develop and refine your counseling skills. It is also a time when you are able to adopt a professional style and approach to serving your clients. The counseling faculty will assist you through this period of professional and personal growth. As you embark upon this journey, allow yourself to continually develop professionally and personally so that you can become a successful, competent, and ethical counselor.

**How to Use this Manual**

Read this manual carefully. All practicum requirements are your responsibility. You want to spend some time acquainting yourself with the expectations and requirements of the clinical experience. Your faculty advisor can guide you through this process. The manual contains specific information about and a brief overview of the clinical training portion of the counseling program.

**Procedure for Progression to Individual Clinical Practicum (COED 641)**

Progression to clinical practicum represents the culmination of successful completion of the necessary academic work and the achievement of the basic skills needed to work with clients. The following criteria must be met in order to qualify for Practicum placement:

1. Completion of 9 semester hours of counseling requirements with a B or better in
   a. COED 610: Human Growth and Development
   b. COED 611: Counseling Theories and techniques
   c. COED 612: Professional Ethical, and Legal issues in Counseling
   d. Demonstrate proficiency in clinical skills on the Counseling Theories and Techniques (COED 611) Final Counselor Assessment of Progress

2. Display of appropriate disposition(s) as defined by the contract signed upon entering the Counseling Program.

**Procedure for Progression to Group Clinical Practicum (COED 642)**

Progression to clinical practicum represents the culmination of successful completion of the necessary academic work and the achievement of the basic skills needed to work with clients. The following criteria must be met in order to qualify for Practicum placement:

1. Completion of counseling requirements with a B or better in
   a. COED 614: Group Counseling Theories and Techniques
   b. COED 641: Individual Practicum
   c. Demonstrate proficiency in clinical skills on the Individual Practicum (COED 641) Final Counselor Assessment of Progress

2. Display of appropriate disposition(s) as defined by the contract signed upon entering the Counseling Program.
The Counseling Clinical Experience

Students in the Counseling Program participate in two practica, an individual practica and a group practica. Students are expected to obtain experience in a broad range of skill areas, including: individual counseling; group counseling; psycho-educational groups, implementation and evaluation; and appropriate administrative functions and processes relative to their clinical placement. Each practicum experience consists of **20 hours of direct client contact** during one semester per practicum course.

The clinical experience is one component of a comprehensive preparation program for counseling professionals. It is an essential component, as it provides an opportunity for each counseling student to integrate the information and skills gained from courses, workshops, seminars, and readings into a personal philosophy of counseling work. It also provides the student with an opportunity to explore areas of interest within the field and test out possible career options.

Procedures for Registering for Clinical Courses

1. Students have access to the Practicum Manual on the Counselor Education website.
2. Students must have Liability Insurance from either ACA or ASCA during the time they are taking Practicum. Students may obtain liability insurance from a HYPSO.com or by joining ACA. **It is recommended this be done as soon as possible.** Forms are available through ACA website [www.counseling.org](http://www.counseling.org).
3. A demonstration of **professional behavior** throughout this process is stressed. Should circumstances arise that might prevent you from fulfilling practicum requirements, you will need to drop the course before the semester begins or contact the university supervisor as soon as possible. It is the students’ responsibility to inform the university supervisor directly.

Professionalism

The Counselor Education Department expects and requires all students to conduct themselves in a professional manner. Professionalism is associated with the qualities one emulates in their profession such as consistency, being conscientious in performing a task, being on time to meetings, communicating with your supervisors, ethical approaches to counseling clients, and following through on commitments. The term professional is used to identify the person in his or her respective profession. Professionals are assumed to be trained, evaluated, prepared, and competent in their profession.

General Expectations for the Clinical Experience

Two semesters of clinical practicum cannot be expected to provide complete specialized training for a career in counseling. What it does do is provide exposure to the field and allows students to apply and test newly acquired knowledge 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. Many learners require a period of time and concrete experience to acquire both knowledge and skills. The clinical experience facilitates that process.

In addition to gaining an understanding of the operation of a community agency or school counseling setting, the practicum student should also gain a view of the interrelationship of personnel. Target populations, human service delivery systems, and organizational structure connect many offices.
professional counselor must be aware of such relationships in order to understand the nature of helping systems, as well as the overall counseling field.

Comments to the Student

You should apply appropriate general principles of counseling in order to insure an optimal clinical experience. Remember that you are a student and are learning. The practicum is an opportunity to blend your knowledge, skills, dispositions, and counseling philosophy and further their development. As you develop your own philosophy and compare it to the site for which you are working, you may discover that the two philosophies differ. Remember that different counselors work from different counseling philosophical perspectives. Despite emerging or perceived inconsistencies between you and other counseling professionals with whom you are working, it is imperative that your behavior remain professional, ethical, and supportive of the site in which you are working.

ETHICS AND PROFESSIONAL STANDARDS

ACA Guidelines

The Ethical Standards of the American Counseling Association are the standards to which the Counselor Education Department subscribes. Practicum students are expected to behave in an ethical manner.

Practicum produces particular concerns about such matters as invasion of privacy and confidentiality. All clients must sign an informed consent form before entering a counseling relationship. Practicum students are responsible for protecting the anonymity of their clients. Full names should never be used, and identifying statements should be removed from all material. Written permission to videotape/audiotape must be obtained from each client before recording.

The practicum student shall take extreme care to obtain adequate consultation in instances that may present problems outside his/her range of competencies. Your professor/supervisor is always available for consultation.

Liability Insurance

All practicum students are required to obtain liability insurance from a reputable professional insurance carrier. The department encourages student membership in the American Counseling Association. You may obtain ACA Professional Liability Insurance at a reasonable cost. You may download and complete the application at www.acait.com. You must have insurance before seeing your first client. A copy of the policy must be given to the instructor for your file.
Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards

Students must complete supervised practicum experience that total a minimum of 40 hours of direct contact and the remaining 60 indirect services. Each practicum is designed to help students develop their counseling skills under supervision. The practicum experience is divided into two sections: COED 641 – Individual Counseling Practicum – twenty (20) direct hours; and COED 642 – Advanced Group Counseling Practicum – twenty (20) direct hours.

According to the 2009 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 a program faculty member, a student supervisor, or a site supervisor who is working in biweekly consultation with a 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 program faculty member or a student supervisor.
  - 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.

For more information please visit [http://www.cacrep.org/template/index.cfm](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

Pre-requisites for Enrolling in the Individual Practicum (COED 641)

All prospective practicum students must attend the clinical meeting held in the semester prior to their planned practicum.

The following courses must be satisfactorily completed before a student is eligible to be placed in individual practicum.

- COED 610: Human Growth and Development
- COED 611: Counseling Theories and Techniques
- COED 612: Professional Ethical, and Legal issues in Counseling

Pre-requisites for Enrolling in the Group Practicum (COED 642)

All prospective practicum students must attend the clinical meeting held in the semester prior to their planned practicum.

The following courses must be satisfactorily completed before a student is eligible to be placed in group practicum.

- COED 614: Group Counseling Theories and Techniques
- COED 641: Individual Practicum

Expectations of Students

You are responsible for knowing and following practicum guidelines. As noted below, failing to follow these guidelines may result in serious consequences for you. In other words, you risk complicating the practicum process, which may affect your progression through the program. If you doubt how to proceed, consult your faculty advisor. As noted earlier, practicum students must adhere to professional, institutional, and ethical standards. The following guidelines apply.

HOURS

The minimum number of direct client contact hours for each practicum is 20.

Counseling practicum students will adhere to the following guidelines.

1. Complete the duties assigned to them at the practicum site in accordance with University, departmental, and cooperating agency or school policies and procedures, as well as the ethics, statutes, and laws governing the professional practice for counseling.

2. Early separation from the practicum requires written approval of the school or community counseling program coordinator, the university supervisor, and the faculty advisor. Other programmatic and University leave policies and procedures may apply.

3. A leave of absence from the practicum must include written approval of the school or community counseling program coordinator, the university supervisor, and the faculty advisor. Other programmatic and University leave policies and procedures may apply.
4. Know and meet practicum expectations, guidelines, and procedures as outlined in the Clinical Handbook for the Department of Counseling, and other programmatic resources, (e.g., the Graduate Student Handbook).

5. Know and meet all practicum deadlines.

6. Ensure that the practicum file material is accurate, current, and complete. For specific information, refer to the most recent version of the Clinical Handbook for the Department of Counseling.

7. 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. All practicum students are required to be registered for COED 641 the semester in which they are at a practicum setting.

9. Practicum students will provide either audio or video taped counseling sessions for review in group supervision and/or individual supervision with the university supervisor.

12. When obtaining taping permission from client’s or the parents of clients, the Radford University Department of Counseling client release form provided in this manual will be used in addition to any release form from the agency or school.

13. The clinical experience will commence at the beginning of the semester when students have (a) completed and submitted the Practicum Agreement Form, (b) have registered for and begun the practicum (COED 641 or COED 642) course, and (c) students have submitted a copy of their professional liability insurance coverage.

14. **Accept responsibility for knowing and understanding that failure to act within these guidelines may result in one or more of the following:** a disciplinary letter placed in the student’s practicum file, receive no credit for practicum, removal from the site, termination from the program, and/or some other action deemed appropriate by the faculty.

**Weekly Log of Hours**

Each student will complete an on-going log of accumulated hours attained through the practicum experience (see Appendix B and C). The log sheet is provided in the appendix of this manual. The log sheet requires students to provide a detailed list of hours accumulated in various activities during the clinical experience. All students completing a practicum must accumulate a minimum of 75 hours, with 20 hours of direct client contact.

In the clinical setting, direct client contact hours are gained through individual counseling, small group counseling, psycho-educational group or classroom group guidance, and family or parent meetings. All other hours can include duties appropriate to the clinical setting or supervision (either on-site or university) 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 clinical experience, and will be kept on file in the Department of Counseling.
**Weekly Reflective Journal**

Each week practicum students will submit (or maintain) a weekly reflection journal of their thoughts, feelings, activities, and experiences for the preceding week at their site (follow specific syllabus instructions). This journal is intended to provide students with an opportunity to reflect on the activities that they participated in at their sites and any thoughts and feelings associated with these experiences. In addition, the journal is an opportunity to express any concerns to the course instructor. These reflections will not be included in the final practicum completion file.

**Supervision**

Supervision is a key component of both the practicum and internship. To support your professional development and learning during this time, you will receive at least two kinds of supervision: on-site supervision and university-based supervision. Practicum students must meet weekly for on-campus individual and group clinical supervision with a faculty supervisor. During individual and group supervision, you will receive assistance with skill development and guidance on client-related and professional development matters. In addition, your university supervisor, who also leads the group supervision, can discuss and develop solutions with you for the complex problems that occasionally arise in a placement. Supervision requirements may vary among licensing and certification agencies and boards. Various state licensing and certification organizations may have specific requirements for supervision. If you are pursuing a license as a counselor or other certification such as a chemical dependency counselor or marriage and family therapist, consult the specific responsible agency or board. In some cases, interns pursuing multiple licenses and/or certifications may find it necessary to have more than one supervisor. **You are responsible for knowing and meeting these requirements.**

**Professional Behavior**

Students are expected to conduct themselves as professionals at their sites. They should familiarize themselves with the expectations of staff at their site and adhere to these expectations. At all times, students are expected to maintain appropriate confidentiality regarding 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 agreement to the best of their ability and meet with their supervisor to modify any aspect of the agreement which may become problematic. Clinical 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 submitted to the practicum course instructor. **No grade or credit will be given until all final evaluations and forms are received.**
The Clinical Experience

The practicum experience is more than a clinical exercise in the counseling program—they represent 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. The experiences and the skills you hone and develop through the practicum compose key elements of your resume. You can think of your clinical experience developmentally.

Choosing a Practicum Site

A practicum experience that prepares you to work with diverse clients allows you to fit into a larger range of positions, quite possibly the one you desire in the future. You can strive to experience opportunities that will provide exposure to a variety of client populations and settings, (e.g., in geriatric counseling, play therapy, substance abuse counseling), through volunteer work or through some other aspect of your practicum. Look for a site that offers a balance of experiential and didactic opportunities. Not all your learning will come from direct contact with clients. A clinical site can provide you with a variety of experiential and didactic learning opportunities, such as welcoming you as a participant in a case staffing or by offering you valuable in-service training.

When you choose a practicum site, you are not the only one who gets to choose. The site and your program all have a say in this matter related to this match.

Issues to Consider when Selecting a Clinical Site

Clinical sites value students with strong communication skills. Additionally, practicum sites look for evidence that a student is responsible and has a positive work ethic. Your work and academic histories are evidence of your willingness to take personal responsibility for your choices and your willingness to follow through.

Recording

All practicum sites must allow for this recorded supervision review process of students. This further facilitates the professional development of students and assists in quality control of services delivered to clients. If audio, video, or digital recording is not allowed at a site, students will have to be reassigned to an alternative site. Clinical supervisors will assist students in identifying clients that will be amenable to record of sessions for university supervision purposes.

Practicum students will be instructed to use Radford University’s Department of Counseling approved permission to record form (see Appendix A and B). The permission to record form is only required when students record clients for supervision purposes. This form is not to be considered as a general permission form for students to counsel clients.
Orienting

Ask questions. People, and your relationships with them, are your greatest resources. When starting your practicum, take time to build relationships, ask questions, and learn how the organization operates. The orienting phase is a time for you and the organization to become familiar with each other. Most sites have an orientation period before assigning clients to you.

Read. Most sites have written materials that will prove useful. For example, they most likely have a mission statement informing policies, procedures, and scope of services. Ask for any relevant written materials such as policy and procedures manuals. Be sure to find out the procedures for responding to critical incidences, such as a suicide threat or threat of violence.

Working

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 first hand the scope of experiences available to you.

Terminating

Terminating the practicum generally signals the start of a new beginning. Completing assignments, transferring clients, and saying good-bye to site colleagues mark this period. It is a busy time that requires you to stay focused and energized. This is a good time to gather recommendations from supervisors. Appropriate termination with the site puts you on solid footing for your next career move.

There are rare incidents when a practicum ends early. Early separation may be site or student initiated, or a combination of both. The goal of an early separation is to make it a positive learning experience for the student and to maintain positive programmatic working relationships with the site. Permission for early separations is granted only after other efforts to address the situation have been unsatisfactory. In the event an early separation is appropriate, it will occur with the mutual consent of all parties and requires active consultation and participation of the supervising faculty member and/or clinical supervisor. Should problems arise, we strive to maintain positive working environments for the student and a positive working relationship with the site.

Students may be removed from practica for difficulties in academic performance. Academic performance includes demonstrated knowledge, technical and interpersonal skills, attitudes, and professional character. Students may also be removed from practica 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-therapist 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.
**Evaluation**

The clinical supervisor is expected to provide on-going feedback to the student concerning his or her performance of agreed upon duties, as well as his or her overall performance and behavior at the practicum site. Self-evaluation is also a critical component to growth and is a necessary skill to strengthen.

**A Final Word**

Termination is a period of reflection, evaluation, preparation, and action…a complex juxtaposition of activities. In this way, terminating from a practicum is not unlike closure with clients. During this transitional period, you can misplace time for reflection as you move toward new beginnings. The ending of your clinical experience can be an invitation to sort through and find meaning for your feelings, thoughts, and experiences.

**SUPERVISION**

Practicum consists of two intense courses (individual and group), where students are not alone in their exploration of their identity and role as a counselor. Practicum students are trying out new counseling skills, strategies, and approaches under highly supervised conditions. Student will have both group and individual supervision to help them progress through the courses.

**Group Supervision**

The instructor in each course will meet with students weekly to discuss issues, concerns, successes, and other circumstances regarding counseling the practicum clients. The group supervision process is one in which students need are evaluated on developing skills in giving and receiving 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 instructor. The supervision session is your time to have the undivided attention and support of your instructor or clinical supervisor. Please maximize on this interaction because supervision to this extent is not typical in the professional world. Expect to be challenged, supported, and encouraged to grow.

Attend supervision prepared. Develop a list of questions or specific needs for feedback. Have recordings and paperwork prepared and ready for use.
GUIDELINES FOR SPECIFIC INDIVIDUAL PRACTICUM SITES
Always check equipment prior to session.

Client Population

Campus based practicum clients are typically college students choosing to have 5 individual counseling sessions as a career course alternative. 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. Some of the rooms are set up with VHS (blank tapes available in counseling the department), while others use DVD (+R). Instructions for equipment use are posted in each room. If you have difficulty reserving a lab in the counseling suite, please contact Dr. Eckenrod-Green at weckenrodgre@radford.edu.

To make a room reservation:

1. Plan ahead of time when you will need rooms.
2. https://eduweb.education.radford.edu/counselored/lab.htm
3. Enter you RU username and password
4. Select a lab, date, and times in which you will be need the room.
5. You will receive an email confirmation.

If a room is not available, you may reserve a room in Peter’s Hall. Go to http://www.radford.edu/peters/reservation.html and complete the online room reservation process. You will receive an email confirmation. If you have difficulty reserving a lab in the counseling suite, please contact Kim Aspelmeirer at (540)831-5297 or kjaspelme@radford.edu.

Paperwork/Forms

Instructors will provide the appropriate paperwork during the early part of the semester. Copies of the final evaluation and student contract are located in the last section of this manual.
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:

- **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 University Counseling Center** – (831-5226)
- **Radford Police Department** – (731-3624 – non-emergency and 911 for emergency)
- **Radford University Police Department** – (831-5500)
- **Women’s Resource Center** – (639-9592)
Always check equipment prior to session.

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 want to give the clients your work number, or other contact number, in case they must cancel and reschedule their session.
- 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 because you cannot meet with a client without having your instructor present.
- Give clients the date of all breaks so they don’t show up when you are not there.
- If the Montgomery Schools are closed due to inclement weather, we do not meet with clients that night; 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:

- Your instructor will distribute all required paperwork.
- We do not use the forms from the school guidance 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.

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 Destination will be on the right 0.2 mi

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

Always check equipment prior to session.

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 you site requires specific paperwork, please provide a copy for your instructor).

We do not use the forms from the site office.

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, K-Mart, 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 Practicum 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

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)
- *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)
Always check equipment prior to session.

Client Population

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

Room Reservations and Appointments

Accommodations will depend on your approved site. Please check with your site supervisor for availability. Cameras are available at SWVHEC to check out. These cameras use small DV tapes.

Paperwork

Instructors will provide the appropriate paperwork during the early part of the semester. Copies of the final evaluation and student contract are located in the appendix of this manual.
As a client for Radford University at the Southwest Virginia Higher Education Center, 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 __________________ . 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

Abuse Alternatives – (423) 764-2287

The Crisis Center - Hotline 24 hours – (276) 628-7731

Victims of Abuse - (276)628-6940

A number for those you are in crisis and need to talk
1-800-273-TALK

Community Counseling Services

Highlands Community Services - 24 hour on-call staff
330 Cummings Street, Abingdon, VA
(276) 628-5067
(276) 669-3179
After hours
(276) 676-6277
(276) 669-7134

Contact Concern of Kingsport (also serves the Southwest Virginia Area)
(423) 246-2273
For many graduate students around the country, the beginning of a new semester means new responsibilities and experiences. For those of you who are starting your internship and/or practicum hours, here are a few tips.

1. Ask a lot of questions
This sounds like a no brainer but believe me, some students approach internship and practicum from the standpoint that their supervisors are going to cover everything important. When it comes to your site and university supervisors, they want you to be as proactive as possible.

2. Come prepared with your schedule of available times
During your first meeting with your site supervisor, have a schedule of your available time planned out. As well as important dates that you know you can’t make it. For example, weddings you know you have to attend or even the day before your big paper is due. The benefits are two fold. You have your final schedule finalized much sooner, which means you can start working toward those hours faster.

3. Make it your priority
It is no ones job but yours to get those hours completed. Remember that your site supervisor is usually volunteering his or her time and their 40-hour a week job is their priority. Noticing half way through the semester that you can’t get enough hours or tapes in is no excuse. If you need more time or counseling opportunity, advocate for yourself.

4. This is your best opportunity to learn, so take it
Use internship/practicum site as a way to cement your passion for your career choice. If you start your experience and are unsure of whether or not this is something you want to do long term, talk with your university supervisor about your feelings.

5. Always come prepared
If part of your practicum/internship experience is recording counseling sessions, always have a digital recorder or tape recorder with you. I would suggest leaving it somewhere safe at your site.

6. Hours, hours, hours
Get your hours in early and often. If you have planned out your semester and you need every single day to complete your hours, you are leaving no room for unexpected events. Some students are forced to take an “Incomplete” for a internship class because they were unable to complete their hours because they got sick during the semester or their site had unexpected closings. Even going in one extra hour a week will help account for the unexpected.

This is a big one. Not only is it required for your internship/practicum, you will be surprised how important it will become even after graduation. The more detailed your logs the better. Remember, no identifying information though.

Enjoy yourself and learn as much as you can, go everywhere and accept any new learning opportunity they offer you. The more exposure you have the more certain you will be when you start your first job on your own. Good luck!

Jessica Diaz is a Vocational Rehabilitation Counselor, a third-year doctoral student, and was a student representative on ACA’s Governing Council.

http://my.counseling.org/2009/09/08/tips-for-practicum-and-internship-students/
APPENDIX A

CONTRACTS AND EVALUATIONS
PRACTICUM STUDENT CONTRACT AND CHECKLIST

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

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.

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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 –
Department of Counselor Education  
Radford University, P. O. Box 6994  
Radford, VA 24142  (540) 831-5214

FINAL COUNSELOR ASSESSMENT OF PROGRESS  
COED 641 – Practicum: Advanced Counseling Techniques

Date: ___________________________  Student: ___________________________  Instructor: ___________________________

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 = High</td>
<td>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.</td>
</tr>
<tr>
<td>4 = High Average</td>
<td>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.</td>
</tr>
<tr>
<td>3 = Average</td>
<td>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.</td>
</tr>
<tr>
<td>2 = Low Average</td>
<td>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.</td>
</tr>
<tr>
<td>1 = Low</td>
<td>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.</td>
</tr>
<tr>
<td>NA = Not Assessed/Not Applicable</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.
Comments

Particular strengths of the student:

Areas needing more development:

In your opinion, is this student ready to advance to the next level of training? COED 642: Advanced Group _____

Comments:

Instructor signature ___________________________ Date _______________________

Student signature ___________________________ Date _______________________
FINAL GROUP COUNSELOR ASSESSMENT OF PROGRESS

COED 642 – Practicum: Group Counseling Techniques

Date: ___________________ Student: ___________________ Instructor: ___________________

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</tr>
</tbody>
</table>

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 purpose 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 has been received.

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 issues.

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 maintaining confidentiality after the group has ended.

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.
Comments
Particular strengths of the student:

Areas needing more development:

In your opinion, is this student ready to advance to the next level of learning? Internship ______

Comments:

____________________________________________________________________________________

Instructor signature Date

____________________________________________________________________________________

Student signature Date
Course Evaluation

Grades for the practicum course will be based on the student’s work and in the academic component of the practicum class. This course involves both academic and clinical work. A significant percentage of your final grade will be determined through the acquisition and evaluation of your clinical skills.

Students will also be evaluated on the academic component of the course. This evaluation will be based on attendance and participation in the seminar, 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.

Detailed evaluation of the clinical experience is an important part of the student's learning. The student's practicum agreement should serve as the basis for the evaluation. In addition to progress toward achieving established goals and progress on assigned projects, the evaluation will address development of skills needed to complete assignments, attitude toward work in the site, working knowledge of site operations, interactions with co-workers in the site, and appropriate use of supervision.

The final evaluation should be completed during the final week of the clinical placement and turned into the university course instructor. If there is disagreement over the evaluation, the university course instructor will be responsible for contacting those involved and determining the final resolution of the disagreement.

If the practicum course instructor identifies deficiencies in a student’s performance (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 placement by the practicum course instructor, or the School or Community Clinical Coordinator. If this occurs, the student will not be placed at a different site to complete the practicum or internship experience. A remediation plan to address the problem areas will be developed by the course instructor and the student’s faculty advisor, and a placement will be attempted once the plan for remediation has been successfully completed. 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 carry over of completed hours from the previous failed attempt.
APPENDIX B

Individual Practicum: COED 641 Forms
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 at least 150 for each practicum semester.

<table>
<thead>
<tr>
<th>Week Dates</th>
<th>Individual Direct Contact Hours</th>
<th>Other Duties (consulting, program development, assessment, staffing)</th>
<th>Individual or triadic Supervision</th>
<th>University or Group Supervision</th>
<th>Weekly Totals</th>
</tr>
</thead>
<tbody>
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<td>Week Dates</td>
<td>Individual Direct Contact Hours</td>
<td>Other Duties (consulting, program development, assessment, staffing)</td>
<td>Individual or triadic Supervision</td>
<td>University or Group Supervision</td>
<td>Weekly Totals</td>
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Semester Totals

University Supervisor Signature ___________________________ Date ______________

Student Signature ___________________________ Date ______________
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/Student

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 “Permission to Audio/Videotape” 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 “Permission to Audio/Videotape” 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 for Audio/Video Recording/Supervision for Minors

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: __________
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: __________
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: ________________

Family/Client Name: ________________________________________________________________

Identified Client: ______________________ Date of Birth: _______ School: ______________________

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

<table>
<thead>
<tr>
<th>Identifying Information</th>
<th>Mental Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Appearance, orientation, affect, mood, thought processes, motor functions, overall presentation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Speech</th>
<th>Motor Activity</th>
<th>Affect</th>
<th>Mood</th>
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<tr>
<td>_______ Well groomed</td>
<td>_______ Calm</td>
<td>_______ Normal</td>
<td>_______ Normal</td>
<td>_______ Depressed</td>
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<tr>
<td>_______ Well groomed</td>
<td>_______ Soft</td>
<td>_______ Agitated</td>
<td>_______ Broad</td>
<td>_______ Anxious</td>
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<tr>
<td>_______ Normal</td>
<td>_______ Loud</td>
<td>_______ Hyperactive</td>
<td>_______ Blunted</td>
<td>_______ Elated</td>
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<tr>
<td>_______ Disheveled</td>
<td>_______ Pressured</td>
<td>_______ Tremors/tics</td>
<td>_______ Flat</td>
<td>_______ Angry</td>
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<td>_______ Malnourished</td>
<td>_______ Rapid</td>
<td>_______ Hypoactive</td>
<td>_______ Labile</td>
<td>_______ Constricted</td>
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<tr>
<td>_______ Obese</td>
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<td>_______ Inappropriate</td>
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<tr>
<th>Thought Process</th>
<th>Orientation</th>
<th>Memory</th>
<th>Judgment</th>
<th>Insight</th>
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<tr>
<td>_______ Lucid/coherent</td>
<td>_______ Oriented X</td>
<td>_______ Intact</td>
<td>_______ Intact</td>
<td>_______ Intact</td>
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<td>_______ Circumstantial</td>
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<td>_______ Impaired</td>
<td>_______ Limited</td>
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<td>_______ Loose</td>
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<td>_______ Impaired</td>
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<td>_______ Other</td>
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### 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?)

**Have you ever thought about hurting yourself?**  _____ 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:**

**Axis I:** (Clinical disorder)

**Axis II:** (Personality disorder/Mental Retardation)

**Axis III:** (General Medical Condition)

**Axis IV:** (Psychosocial/Environmental/Stressors)

**Axis V:** (Current GAF)

---

**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: ______________
## Summary of Contacts

**Case Name:** _______________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Contact</th>
<th>Person(s) Contacted</th>
<th>Counselor’s Initials</th>
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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: ___________

Supervisor Review: ___________________________  Date: ___________
SOAP Session Notes

Client: ____________________________________________ Date: __________

Counselor: _________________________________________ Session: __________

Client Description:

Subjective Complaint:

Objective Findings:

Assessment of Progress:

Plans for Next Session:

Needs for Supervision:

Counselor’s Signature: _____________________________ Date: __________

Supervisor Review: ______________________________ Date: __________
Session Analysis Form

Date: ______________________ Session #: __________________

Counselor: ___________________ Client: ___________________

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.
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)?
Peer Rating Form

Adapted Helping Skills: Facilitating Exploration, Insight, and Action

Counselor __________________________________       Date ________________________________

Client Code # ______________________________       Name of Observer ________________________

Instructions: A supervisor or peer should complete this measure while watching the helper do a helping session’s Please note that probably not all of the skills listed will be used in every session.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Used Skill?</th>
<th>Level of Use</th>
<th>Example</th>
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<tbody>
<tr>
<td>Opening:</td>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td>Closing:</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Attending: present, tracking, pace, timing.</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Hearing: reflecting content accurately and consistently</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>Warmth: demonstrating caring and concern</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Empathy: reflecting feeling accurately and consistently</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Understanding: reflecting understanding of themes, meaning</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Following: being informed by the client</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Questions: Intentional use of open and closed questions</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Opening Space: exploring differences &amp; possibilities</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Immediacy: reflecting and exploring here-and-now process</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Metaphor: hearing, exploring, using</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Challenge: hearing and working with discrepancies</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Goals: hearing themes and turning into goals</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Intentionality: Making a difference and doing something</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Strengths of helper (list at least two)  
1. ________________________________________________  
2. ________________________________________________  
3. ________________________________________________  

Areas for Growth  
1. ________________________________________________  
2. ________________________________________________  
3. ________________________________________________  

OTHERCOMMENTS  
____________________________________________________________________________________
Peer Rating Form

Helping Skills: Facilitating Exploration, Insight, and Action

Counselor ____________________________  Date ____________________________

Client Code # ____________________________  Name of Observer ____________________________

Instructions: A supervisor or peer should complete this measure while watching the helper do a helping session’s. Please note that probably not all of the skills listed will be used in every session.

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<th>Used Skill?</th>
<th>Level of Use</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>attending</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>listening</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>restatement</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
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<tr>
<td>open question</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
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<tr>
<td>reflection of feelings</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
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<tr>
<td>approval and reassurance</td>
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<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>closed question</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>silence</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>challenge</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>interpretation</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>self-disclosure</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>immediacy</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
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<tr>
<td>information</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>direct guidance</td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td></td>
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</tbody>
</table>

Strengths of helper (list at least two)
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________

Areas for Growth
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________

OTHERCOMMENTS
____________________________________________________________________________________________
__________________________________________________________________________________________________
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: ________________
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.  

Co:  Uh-huh (minimal encourager)
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:

<table>
<thead>
<tr>
<th>Hindering</th>
<th>Neutral</th>
<th>Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>3</td>
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<td>4</td>
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<td>7</td>
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</table>

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:
Uniform Case Study Format

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:

11. Closure considerations:
Client File Organization Sample

1. 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)

2. 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 at least 150 for each practicum semester.

<table>
<thead>
<tr>
<th>Week Dates</th>
<th>Direct Client Contact Hours</th>
<th>Other Duties (consulting, program development, assessment, staffing)</th>
<th>Individual or triadic Supervision</th>
<th>University or Group Supervision</th>
<th>Weekly Totals</th>
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## Weekly Log Page 2

<table>
<thead>
<tr>
<th>Week Dates</th>
<th>Direct Client Contact Hours</th>
<th>Other Duties (consulting, program development, assessment, staffing)</th>
<th>Individual or Triadic Supervision</th>
<th>University or Group Supervision</th>
<th>Weekly Totals</th>
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<td>Semester Totals</td>
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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:
Group Informed Consent Form

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: _________
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 (sometimes effective)  3= Satisfactory (often effective)  4= proficient (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 interactive 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?

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: __________

Witness to signature (s): ____________________ Date: __________
APPENDIX D

Supplemental Materials
Intake Procedure

I. HELLO:
1. a graduate student in training in Counseling at Radford University
2. under the supervision of Wally Scott who is a licensed professional counselor

II. SESSIONS—SUPERVISED AND RECORDED
1. Sessions are supervised
2. Videotapes 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 videotape 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 videotapes 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?
2. Give appropriate Resource Sheet (Pulaski, Waldron, etc.), let know that we do not have on-call, if need assistance who to call.
3. Give “appropriate” Biopsychosocial History” form to take and complete—provide cogent rationale for completing.
Possible email 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 1-540-961-8400.
## Guide to SOAP Notes

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Client Description:</strong></td>
<td>Manner of dress, physical appearance, illnesses, disabilities, energy level, general self-presentation. (Only update after first session)</td>
</tr>
<tr>
<td><strong>Subjective Complaint:</strong></td>
<td>Presenting problem(s) or issue(s) from the client’s point of view. What the client says about causes, duration, and seriousness of issue(s). If the client has more than one concern, rank them based on client’s perception of their importance.</td>
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<tr>
<td><strong>Objective Finding:</strong></td>
<td>Counselor’s observation of the client’s behavior during the session. Verbal and nonverbal, including eye contact, voice tone and volume, body posture. Especially note any changes and when they occur (such as a client who becomes restless in discussing a topic or whose face turns red under certain circumstances). Note discrepancies in behavior.</td>
</tr>
<tr>
<td><strong>Assessment of Progress:</strong></td>
<td>Counselor’s view of the client, beyond what the client said or did. Continual evaluation of client in terms of emotions, cognitions, and behavior. Identification of themes and patterns in what client says and does. Use of developmental (Erikson, social learning theory) or mental health models (DSM-IV). Include your hypotheses, interpretations, and conceptualization of client.</td>
</tr>
<tr>
<td><strong>Plans for Next Session:</strong></td>
<td>Plans for client, not for the counselor. Short and long-term goals. How you want to interact with client; what you may plan to respond to in next session with client (follow-up on family issues discussed). Do you plan to help client focus on thoughts, feelings, or behaviors? What particular strategy or theoretical approach might you use? What do you base your plan on?</td>
</tr>
<tr>
<td><strong>Plans for Counselor:</strong></td>
<td>What reading or research do you need to do in preparation? Practice? What help do you need from your supervisor?</td>
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