



Professional Counseling Program

**Department of Counseling, Leadership, Adult
Education and School Psychology (CLAS)**

Clinical Practicum (COUN 5689) Manual

Revised December 2010

INTRODUCTION

The following pages are intended as an orientation to the clinical practicum within the professional counseling program at Texas State University. The clinical practicum is designed to provide a semester of highly supervised counseling experience prior to the site-based internship (COUN 5389). For each bolded word or group of words that follow, there is a corresponding form to be used in creating and maintaining a client's record. Originals of these forms can be found in the "Clinic Forms" binder.

GOALS AND OBJECTIVES

To successfully complete the clinical practicum, the student must log at least 100 clock-hours of counseling and guidance activities, with at least 40 of these hours in direct contact with clients. Activities counting toward the 100 hours may include such professional activities as consultation, coordination, supervision, and counseling. In the course of completing these activities, the student will be expected to demonstrate a wide variety of counseling techniques and communication skills, including, but not limited to, group and individual counseling interventions. Each week, the student must document hours engaged in these activities, and submit to the clinical practicum professor (see **Weekly Log of Counseling Activities** form below). Of the 40 direct contact hours required, 20 must be as a co-leader of a counseling group in the community. You must have your group co-leader (who must be licensed by the state or certified as a school counselor) complete a **Group Co-Leader Agreement** to submit to your professor. At the end of the group experience, the Co-leader must complete the **Group Co-Leader Rating Form**, review it with you, and then be submitted to your professor.

STUDENT LEARNING OUTCOMES

- The student will demonstrate knowledge of the theoretical foundations of counseling, articulate their own professional philosophy and integrate this philosophy into practice.
 - The student will demonstrate appropriate intervention strategies that integrate theory, client assessment information, and accepted professional counseling skills while providing a safe and secure therapeutic environment.
 - The student will demonstrate a working knowledge of ethical standards, and an ability to exercise ethical, moral reasoning in all matters relative to professional practice.
 - The student will demonstrate a commitment to becoming a responsible and contributing member of the counseling profession.
 - The student will demonstrate an understanding of the ongoing relationship between personal self-care and professional effectiveness.
 - The student will demonstrate knowledge of basic statistics and research methodology, and integrate this knowledge into professional practice.
 - The student will demonstrate an understanding of the ways in which behavior, attitudes, and values impact professional relationships.
 - The student will demonstrate an understanding of how to assimilate and accommodate individual differences, including, but not limited to, differences of age, gender, race, ethnicity, sexual orientation, spirituality, socioeconomic class, and educational level, and implement this understanding in personal, professional and community relationships.
-

PREPARING FOR THE CLASS

Prior to seeing clients, proof of professional liability insurance must be shown to your professor. Showing a copy of the policy listing your name, the policy number and duration of the policy will meet this requirement.

PROFESSIONAL RESPONSIBILITIES

1. *Maintain a professional image.* As counselors, your behavior, attire and attitude reflect upon the department, university and the counseling profession in general. Consequently, it is important to maintain a professional image for the community, clients, peers and professors. There are several things you can do to enhance the image you project, including, but not limited to:

- Dressing appropriately and professionally when seeing clients;
- *NEVER* discussing cases outside of class;
- Not socializing in the client waiting area(s) or outside the clinic in the walkway;
- Maintaining the professional appearance of the clinic by keeping the rooms neat and clean. This includes returning chairs to rooms immediately after sessions and emptying trash containers as needed;
- Ensuring that play therapy toys are returned to their appropriate storage places, in a clean and orderly condition. Any broken toys should be left for the clinic director to repair or replace (Remember: toys are the children's words, and as such should be treated with care);
- Ensure that sand tray miniatures and sand trays are returned to their appropriate places. Also, watch to be sure clients do not take miniatures out of the room.

2. *Know and practice within the current ACA Code of Ethics.* This includes, but is not limited to:

- *Maintaining and advocating confidentiality.* The privacy of the counseling relationship and material shared therein belong to the client. Cases should not be discussed with anyone other than the supervisors and other practicum students. Other than the legal exceptions to confidentiality, the client is the only one who can direct you to release information. Clients may also request access to their own records (e.g., tapes, file). Any request by a client for access to her/his records should be discussed first with your supervisor. A guided access, (i.e., the clinician's interpretations of the information in the records) may be planned. Check with your supervisor before releasing records. Even in the case of a court order, you need to get the opinion of your supervisor.
 - Never reveal that your client is being seen in the counseling practicum clinic, unless you have written permission from the client. Even with written permission, you can only disclose information agreed upon by you and the client, and only to individuals listed on the self-disclosure form. At times, you may experience pressure to reveal information from a parent, lawyer, or fellow mental health professional. If this occurs, inform your professor. Also, client files are not to leave the clinic. Files *must* remain double locked at all times in the clinic.
-

CLINICAL SUPERVISION

You will be provided a combination of supervision experiences, including, but not limited to:

- individual supervision with your site-based group co-therapist;
- group and individual supervision with your university professor, provided in person during designated staffing hours or as scheduled by your professor;
- written comments/feedback from professor's review of audio/video tapes.

A minimum of 1.5 hours of group supervision and 1 hour of individual supervision will be provided each week, according to CACREP requirements. See syllabus for arrangements.

Individual Supervision

Most sessions during your practicum experience will be observed live by your professor. Your professor may also come into your session when a "teachable moment," or a special client need occurs. Individual supervision will also occur during the course of the class, according to arrangements made between you and the professor. During supervision, if you plan to show a particular segment of a videotaped session, be sure to have the recording set to the appropriate spot. Your session notes will also be reviewed periodically and initialed by your supervisor.

Group Supervision

Be prepared to request assistance and help from your peers and supervisor. This allows the entire group to learn from your concerns and helps you to learn to organize and utilize the supervision time in a productive and professional manner. You should review all of your tapes and prepare questions and professional concerns for the group supervision sessions with your supervisor and classmates. Refer to the syllabus regarding any additional requirements.

OBSERVATION GUIDELINES

As part of your class requirements, you are required to observe other students working with clients during class. This not only fosters your learning, it allows all students to receive feedback from multiple sources.

When observing:

- You are not to disclose or discuss material from the sessions you observe with anyone outside of class. At no time should you communicate directly with the clients you observe, or in any way acknowledge that you observed them. Remember that professional ethics apply to you even while observing.
 - If you have any contact or relationship (current or former) with a client, you are prohibited from observing their sessions, and cannot participate in any group supervision concerning that client.
 - There are designated **Peer Feedback** forms (for **play therapy**, **sandtray** and general sessions) for you to complete on the peer you are observing. Providing your peers with feedback helps both you and the student receiving your input.
-

PREPARING TO SEE CLIENTS

Have your tape and/or video recorders set up, and check the readiness/condition of the room before your client arrives (NOTE: you will need to provide the VHS or DVDs to record each of your sessions). Please label the tapes with your name, not the name of the client.

THE FIRST SESSION

- To enter the clinic, you may need to enter the code to disarm the fire door leading into the clinic. If the red light is flashing on the door, enter the code (906072), and the alarm will disengage. Should the alarm be activated, contact Dr. Eric Schmidt, or the police department (245-2805).
- Prior to meeting the client, review the **Telephone Intake Form** completed by the person who received the referral. If there is missing information, try to collect it during the initial session. Pay particular attention to whether the client reported suicidal ideation, as this may necessitate the use of the **No Harm Contract**.
- Introduce yourself to your client(s). Give client(s) two **Information for Clients** forms (one for your record and one for their record), as well as one copy of your **Professional Disclosure Statement**. Inform the client that he/she does not have to sign any form until their questions are answered and they feel comfortable doing so. DO NOT simply summarize the forms. Informed consent requires that the client be given ample opportunity, without pressure, to fully read and understand any form before signing.

Sample statement: *“Hi, my name is _____. I’m going to be your counselor. Before we can get started, I need for you to read over this information carefully and sign it. If you don’t understand any of the information, or if you feel uncomfortable signing these forms for any reason, please let me know and we can discuss any questions or concerns you have once we get to the counseling room.”*

- Once your client(s) has completed the forms, escort them to the counseling room. Begin each initial session by addressing confidentiality, and ensure that the client(s) fully understands the purpose, limits and ramifications of confidentiality. Explain that this is a training facility and you are a student in a professional counseling program. Because of this, make it clear that you will be receiving supervision from your professor and, potentially, classmates. Explain that the sessions may be viewed by other students, as well as why and how the sessions will be videotaped in broad detail. Next, obtain their signature (if not already signed) and place one copy of the form in the file and give the second copy to the client.
 - Finally, based on the client’s ability, determine the fee that the client(s) will pay for services. You may say something like, *“The fee for counseling is \$20. If you can’t afford that fee, let me know what you can afford and we’ll do our best to meet your needs.”* Should the client be unable to afford \$20, ask, *“What can you afford to pay?”* Stress the importance of attendance and promptness, and inform the client that sessions must be cancelled 24 hours in advance, when possible.
-

- Depending on the student's preferences, theoretical orientation, and/or the requirements of a particular professor, the first session is also an opportunity to gain background information on the client in a structured manner. **Lifestyle Assessments** are available for **adults, children and parents**. Also, there are several **Assessment Forms** available (**General, Diagnostic, Family and Child**) that can be used at either the first session, or at termination (see below).

TERMINATION

Termination begins 2-3 sessions before the final session. During that time, help the client determine whether further counseling is desired and/or warranted. Inform the client that another practicum class will be held during the following semester, and that they can see a counselor then if they prefer (NOTE: students can only see clients within the scope of the course).

Give your client an opportunity to complete a **Client Rating of Assessment and Counseling Clinic** form. Inform the client that they can complete the form and leave it with the secretary or on the desk in the waiting room. Also, make sure the client understands how valuable their feedback is and how extensive the measures are to incorporate their feedback.

As appropriate, provide the client with a list of community referrals, along with emergency phone numbers. Also, complete a **Termination Form** after the final session. Instead of the termination form, you may be required by your professor to complete a **Client Summary Form** for the purposes of summarizing treatment, making recommendations and identifying progress. The primary purpose of both the termination form and the assessment forms is to provide an overview of the course of counseling (including goals achieved) and any recommendations for further services. When closed, the file should be current and complete, with all signed and relevant forms in reverse chronological order.

SESSION DOCUMENTATION

The session summaries serve to facilitate and document your conceptualization of the session in terms of both content and process. They also provide a legal documentation of the client's progress over the course of counseling. Keep in mind that these are official case notes--open to client and legal scrutiny. As such, what you document in the notes becomes part of the official record and should never be altered or deleted. (Note: There are **Session Summary** forms for the following: general therapy, **play therapy**, **family therapy**, **sandtray therapy**, **art/activity therapy**, and **parent consult**). The session notes should be written immediately following the session, accurately reflecting what happened in the session. Depending on the student's theoretical orientation and/or the requirements of the professor, the student may be required to complete a **Treatment Plan** for each client.

You are responsible for maintaining a file on each of your clients. Client files are kept in a locked file cabinet located in the secured file storage area in the clinic. All files *must remain* locked in the secured, designated area in the clinic, and should NEVER be removed from the clinic or left out overnight for any reason. The file cabinet should be kept locked at all times (Remember: tapes and notes are confidential and should be handled accordingly).

CORRESPONDENCE

All official documents intended for correspondence concerning a client must be co-signed by your supervisor (for example: **Consent for the Release of Confidential Records**). This excludes routine letters to clients. For example, a brief message notifying a client of an appointment time does not require a co-signature. Any letter that contains clinical information, the services of the practicum clinic, or might be viewed as some form of contract or agreement must be co-signed by your professor. This procedure protects the counseling practicum student, the client, and the university.

REPORTING ABUSE OF CHILDREN, ELDERLY OR DISABLED PERSONS

- If, during the course of counseling, you suspect that a child, elderly or disabled person is being abused, remind the client of your legal obligation to report. Obtain as much information as you can, including the name, address, birth date (or age) of the person being abused, form & types of injuries, date and time abuse occurred, and the name, address, and telephone number of the alleged perpetrator, if possible. Inform your professor as soon as possible.
- It is preferable that you and your client report the abuse together. If, however, you are not physically present with the client, and, consequently, cannot be sure that the client has or will report the abuse, *you must report it*. You are required by law to make the report within 48 hours after learning of the possible abuse.

Dept. of Protective & Regulatory Services **1-800-252-5400**

http://www.dfps.state.tx.us/Contact_Us/report_abuse.asp

ASSESSING AND RESPONDING TO SUICIDE

- If, during the course of counseling, a client states or suggests suicidal ideation, a **Suicide Assessment and Recommendation Form** *must* be completed so that appropriate action can be taken for the safety of both the client and the counselor. Should the counselor become suspect that a client *may be* suicidal, the counselor must immediately shift direction in counseling. This is true regardless of theory. The counselor must direct in order to fulfill the counselor's ethical obligation to preserve the client's well-being (Beneficence).
 - Should a counselor consider a client to be at moderate to high risk for committing/attempting suicide, the student is to notify the supervisor and call the university police department at **245-2805** immediately after completing the assessment interview.
-