

COUNSELING & SCHOOL PSYCHOLOGY LABRATORY

TRAINING MANUAL

2008-2009

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REQUIRED READING FOR: COE 8013 & 9013; EDY 8694, 8723, 8790, 8933, 9723
and for all individuals seeing clients or supervising students who are seeing clients at the
Counseling and School Psychology Lab.

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**OVERVIEW OF THE COUNSELING AND
SCHOOL PSYCHOLOGY LAB**

Description of the Counseling and School Psychology

The Counseling and School Psychology Laboratory is a non-profit counseling, assessment training and services center operated under the administration of the Department of Counselor Education and Educational Psychology of Mississippi State University. The Counseling and School Psychology Laboratory has been in existence since 1967 and opened its doors to the public in 1988. The mission of the Lab is to provide excellent counseling and assessment services to clients while simultaneously providing the best possible training to counselors and school psychologists-in-training

All services are provided by a team consisting of licensed counselors and psychologists from the department's faculty and master's and doctoral students in the counselor education and school psychology programs. Because the primary function of the lab is training, and to maximize the quality of supervision of services provided, all services provided by students are supervised by licensed mental health professionals through videotaping, audio taping, or live observation.

Services Provided

Services are provided to MSU students, staff, and faculty as well as children, adolescents, adults, and families from the surrounding community. Because this is a training facility, service provision is subject to availability of staff. Individuals for whom the laboratory is unsuitable will be provided with appropriate referral. People typically seek counseling for personal growth or development, as well as when they experience:

- * Personal difficulties
- * Family and relationship difficulties
- * Career or work-related problems
- * Academic difficulties
- * Behavior problems with children

Counseling Services include: individual, couples, family, and group counseling. Regardless of the type of approach used, clients seen at the Lab are believed to possess resources and abilities to effect changes in their lives. Counselors and psychologists-in-training use a variety of theoretical approaches to assist clients in this process. Two common approaches include behavioral therapy and brief cognitive/ behavioral therapy.

Behavioral therapy is an empirically-driven behavioral treatment that focuses on producing a change in behavior through applications of behavioral principles such as reinforcement, contingency management, and counter conditioning procedures. Examples of difficulties appropriate for this type of therapy include, but are not limited to: thumb sucking, ADHD, enuresis/encopresis, school difficulties, noncompliance issues, sleep problems, and children with developmental disabilities.

Brief cognitive/behavior therapy is goal-focused and client-driven therapy that deals directly with client's presenting problems by addressing deficient or distorted thinking or behavioral responses. This form of therapy may include self-instruction/self-management, social problem-solving, perspective taking, affect labeling, or relaxation techniques. Focus is on conditions necessary for therapeutic change. The goal in resolving presenting problems as quickly as possible provides clients with access to skills and abilities that they possess to cope with future difficulties. Examples of problems appropriate for this type of therapy include, but are not limited to: depression, anxiety, panic attacks, conduct disorder, and aggression.

Group Counseling: Counselor education and school psychology students provide counseling and psychoeducational groups. These groups are provided depending on client need and staff expertise. Psychoeducational groups tend to involve structured group sessions with specific goals and objectives. The individuals in group are often assigned specific tasks to be completed either in group or outside of the session. Groups often use peer and group reinforcement as well as a group context in which to practice new skills. Examples of difficulties appropriate for this type of treatment include, but are not limited to: grief, divorce, social skills, anger management, stress management, and problems with interpersonal relationships.

Educational Interventions focus on helping children and adolescents experiencing school difficulties. The interventions advocate parent/teacher cooperation through the use of consultation, application of cognitive/behavioral principles, and procedures to effect change within the educational environment. Examples of difficulties appropriate for this type of service include, but are not limited to: school failure, academic skills training, school under-achievement, peer relationship difficulties, and school refusal.

Parent training is provided through individual or group sessions as a means of addressing difficult or disruptive behavior of children in the home or school. Training attempts to teach parents to be responsive to their child's needs and to have appropriate expectations for their child while setting behavioral limits. Procedures include assisting parents to structure home routines, to develop and implement contingency management procedures, and to increase effective parent/child communications. Examples of difficulties appropriate for this type of intervention include, but are not limited to: ADHD, noncompliance, aggression, sibling rivalry, and oppositional behavior.

Assessment services include intellectual and achievement tests, personality and behavioral assessment, academic assessments and behavioral assessments of children, and other forms of psychological evaluation. Some assessments are based on diagnostic interviews, while other assessments are based on standardized testing. Behavioral assessments may include observations (including classroom observations), interviews, or structured play. Following are descriptions of types of assessments conducted with children and adolescents by students in the School Psychology program.

Psychoeducational assessment includes a minimum of: (1) an intellectual measure, (2) an achievement measure, (3) structured personality measure, (4) a conference in which results are reviewed with client, and (5) a written report.

ADHD assessment includes a minimum of: (1) client observation, (2) checklists completed by home and school respondents, (3) an interview, (4) administration of lab measures (e.g., performance measures), (5) a conference in which results are reviewed with client, and (6) a written report.

Personality/behavioral assessment includes a minimum of: (1) parent interview, (2) child interview, (3) structured rating scale(s) completed by home and/or school respondents, (4) self-report measure, (5) direct observation, (6) subjective personality measure, (7) a conference in which results are reviewed with the client and/or parents, and (8) a written report.

Comprehensive assessment is a combination of the psychoeducational and personality/ behavioral assessments, and will include a minimum of: (1) an intellectual measure, (2) an achievement measure, (3) structured rating scale completed by home and/or school respondents, (4) a self-report measure, (5) parent and/or child interview, (6) direct observation, (7) subjective personality measure, (8) a conference in which results are reviewed with the client and/or parents, and (9) a written report.

Laboratory Fees

Professional counseling services are available to the community on a sliding fee scale. Fees are based on family income and range from \$5 to a maximum of \$60 per session. MSU students are charged \$2 per session. Students earning class credit for counseling are not charged a fee during the semester class credit is received. Testing and assessment fees vary depending on family income and type of assessment. Refer to the fee schedules on the following pages.

Billing Procedures

1. Determine the fee to be paid by the client by reviewing the appropriate Fee Schedule with her or him.
1. If clients state that they cannot afford to pay the assigned fee, tell them that they can request that the Director of the Lab make an exception to the fee schedule. Ask them what they can afford to pay for services and present this information, along with the amount of money the client earns on a weekly or monthly basis. Requests will be reviewed at the weekly Lab staff meeting. Do not agree to a fee without presenting the client's request to the Lab Director.
2. Once a fee has been agreed upon, the clinician should note it on the Client Account Sheet.
3. Clients are expected to pay for services at the time they are rendered (e.g., weekly counseling session or one time testing session). Checks should be made out to the Counseling & School Psychology Lab (or CSPL). The clinician is to give the client a receipt for payment. Be sure to note if the client paid by check (include the check #) or cash and the amount paid.
4. After giving the client a receipt, the clinician is also responsible for completing the appropriate information in the Lab Account Book.
5. Finally, the clinician is to enter the appropriate information on the client's Account Sheet kept in the client's file.

HOURLY FEE SCHEDULE FOR COUNSELING SERVICES

Under \$25,000 : \$5.00

\$26,000 – 34,000: \$15.00

\$35,000 – 39,000: \$30.00

\$40,000 – 44,000: \$45.00

\$45,000 and up: \$60.00

Note: Any proposed deviations from the above fees must be approved by the **Clinic Director**.

**CONFIDENTIALITY POLICY AND
RELEASE OF INFORMATION FORMS**

Client Confidentiality

Any person who comes to us for services is considered to be a client. Any persons, paid workers, volunteers, or students who work in the center must protect information learned about the client. It does not matter what position you hold within the system, these rules apply to you.

Protected Information Includes:

1. The fact that the person is, has been, or has never been a client.
2. Any information given to the center through administrative or Lab staff.
3. Any personal data about the client.

Two Categories of Protected Information:

1. The record - the actual clinical record and any computerized information about the client. All video and audiotapes of counseling and supervision sessions are to be considered part of a client's record.
2. Informal information - any communication of a clinician or student about a client that is not a direct representation of the record.

It is the policy of the Counseling and School Psychology Lab that all information regarding clients will be held in the strictest confidence. No information of any kind will be released to any external persons or agencies, by any counselor, without proper authorization from the client and/or the client's legal guardian and authorization from the Lab Director. Such confidential information includes acknowledging that a person of a particular name or description is or has been a client. Written consent of the client is required before information can be released to any third-party payor.

The clinician assigned to a particular client is responsible for maintaining the confidentiality of that particular case record. Access to the case record will be limited to counselor, the Lab staff, and to the clinician's supervisor. Records will be stored in a locked cabinet at all times except when removed for the addition of new information. **Clinical records are never to be taken from the premises. Videotapes and audiotapes** are not to be taken from the premises without prior permission from the Lab Director. Permission will be given **only** in those cases when it is necessary for a student to review a tape in a class that is not meeting in the Lab. If tapes are taken, they must be signed out and returned within the same day.

Confidentiality will be maintained in regard to clients, client contacts, and client records. Clients are not to be identified nor discussed with individuals, groups, or agencies not directly affiliated with the Counseling and School Psychology Lab including spouses, relatives (except parents or legal guardians of minor clients), and friends of counselors and clients. To maintain confidentiality, it is important that clients' names are not discussed between or among counselors in public or quasi-public places such as restaurants, hallways, or in public areas of the Lab.

Any request for information that may be of a confidential nature should be handled with an explanation that the information is confidential and cannot be released without the client's permission. Difficulties that may arise should be referred up the supervisory channel.

Release of Client Information. The content of the information released from our records to other agencies/persons may put the client at risk. For example, giving a teacher technical, medical/psychological diagnoses or treatment information regarding a client may not only be misused but may be misinterpreted

and misunderstood. Any information leaving the Lab must be considered in this light and should be tailored to the needs of the specific recipient.

It is the counselor's responsibility to see that appropriate consent forms are signed. Clearly, verbal and written information are never disclosed without written authorization from the client. A consent form must be obtained for each new piece of information required as consent forms are for specific information, are dated, and expire at the time indicated on the form. Consent forms are signed as they are needed rather than routinely signed assuming that they will be used at some point in the future.

Consent Form. The "Consent for Release of Information" form used by the Lab is in compliance with all current applicable state and federal standards. It should, therefore, be accepted by any other agency from whom we request records. This form or its specific equivalent must be completed and received before any records or information are released to any other agency or person. Information will **not** be released when 1) a release is received which is incomplete, does not bear the client's original signature, does not conform to the standards set out below, or 2) when the form received is falsely signed or is known to be fraudulent in any manner. The counselor must complete all necessary paperwork involved in sending or requesting client information.

In all cases, the counselor asking the client to authorize release of information will complete all required information and allow the client to read the consent form or will read it to the illiterate client before requesting the client to sign. (Any information leaving the Lab must first be approved by the director of the lab.). A copy of the release will be retained in the client's case record.

Disclosure Without the Client's Consent. Disclosure to medical personnel is authorized without the consent of the client when and to the extent necessary to meet a bona fide medical emergency (i.e., when the life or health of a client may be endangered by an error in the manufacture or packaging of a drug, when the client is incapacitated and information concerning the treatment being given by a program is necessary to make a sound determination of emergency treatment needed, or for notification to family or others when the individual is suffering from a serious medical condition receiving treatment). After consulting with her/his supervisor, the treating counselor may in such cases give notification of such a condition to a member of the individual's family or a physician. Any individual making an oral disclosure under authority of this section shall make a written entry into the case record showing the client's name, case number, the date, some indication of the nature of the emergency, information disclosed and to whom it was disclosed. Very few medical emergencies will exist in the course of involvement with Lab clients. Should this situation arise, it should be **cleared with the Director of the Lab before any action is taken.**

Recent court rulings have indicated that professionals may be obligated to warn potential victims when a client indicates the intention to cause physical harm to others. In such cases, the counselor shall immediately seek consultation from his/her supervisor and the Lab Director.

Be sure to inform your clients that confidentiality may be broken under the following conditions:

1. In cases where child or elder abuse or neglect (including sexual abuse) are suspected.
2. When a client threatens to harm her/himself.
3. If a client threatens to harm another person, reasonable care must be taken to protect the potential victim.
4. In case of a medical emergency in the Lab, when transport of a client to a medical facility must be arranged, others would likely become aware that the client is receiving services at the Lab.

5. If we receive a court order, we may be required to provide written or verbal information about the client's counseling.

NOTE: CONFIDENTIALITY IS YOUR RESPONSIBILITY. BREACHES WILL NOT BE TOLERATED. A breach of confidentiality may result in your discharge from this program. Breaches of confidentiality may also result in a complaint of ethical violation being filed with the appropriate professional association(s) and credentialing board(s). Further, breaches of confidentiality may result in legal charges being filed by the client.

NOTE: Any written correspondence to or about the client should be reviewed and co-signed by the counselor's supervisor and/or by the clinic director when necessary.

The Releasing of Information

No information about a client may be released without the client's written consent, unless he/she is suspected to be at risk of harming him/her self, another person, or endangering the welfare of a child. (See pages 74-84 on procedures for handling of a suicide/homicide threat and suspected child abuse/neglect for a complete description of what to do in these situations.) When it is necessary for a counselor to contact someone outside of the Counseling and School Psychology Lab regarding a client (i.e., physician, previous therapist, school counselor, teacher), an Authority to Release/Obtain Information Form must be completed. If the client is a minor, the child's legal guardian must complete the form.

When completing the release of information, check the appropriate box indicating whether information should be released to you or information should be exchanged between the Counseling and School Psychology Lab and the communicating organization. When soliciting information for outside sources, it is usually necessary for the counselor to send a letter asking for specific information about the client and to enclose a photocopy of the Authority to Release/Obtain Information Forms. At times, a follow-up call may expedite the exchange of information. The original copies of the release forms should be filed in the client's folder on the left side in the back. Client and counselor numbers should be written at the bottom of all forms.

AUTHORITY TO RELEASE/OBTAIN INFORMATION

I hereby consent to:

A. The exchange of information between _____
(Name of Agency/Individual)
and _____
(Name of Agency/Individual)
for the specific purpose of coordination of services and ongoing treatment.

B. The release of any and all information pertaining to my treatment from _____
(Agency/Individual Releasing Information)
to _____
(Agency/Individual Receiving Information)

I specifically consent to release/obtain medical records and/or mental health information pertaining to:

Evaluations	Summary of Contacts
Case Notes	Psychiatric Records
Substance Abuse Records	Diagnosis
Prognosis and/or Recommendations	Treatment Planning
Identifying Information	Other _____

I understand that I that I may revoke this consent at any time except to the extent that action has been taken. I further understand that this consent will expire upon _____ and cannot be renewed without my written consent.
(Date or Event)

Client Signature **Date** **Parent/Guardian Signature** **Date**

Witness Signature **Date**

Consumer Identifying Data

Last Name **First & Middle Name** **Birth Date** **Social Security Number**

NOTE TO PROGRAM RECEIVING THIS INFORMATION: This information has been disclosed to you from records whose confidentiality is protected. Statutes/regulations prohibit you from making further disclosure of it without specific consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

COUNSELORS-IN-TRAINING USE OF THE LAB

How To Videotape a Counseling Session

For your first counseling session:

- ✓ Take the **first** numbered tape (it will be on the top shelf) off of the shelves next to the door. **Do not use the intake tape.**

Directions for taping:

- ✓ Make sure that the tape is rewind.
- ✓ Place the tape in the VCR for the room in which you are scheduled.
- ✓ Adjust the cameras to include both people if needed.
- ✓ Press play and record at the same time to record your session. Make sure that the TV and VCR say REC.
- ✓ **Do not** adjust the volume on the TV.

When you finish your session:

- ✓ Write your name, date, client's first name and number, and session number on the tape.
- ✓ Put the tape **in number order** on the shelves on the back wall.
- ✓ Complete the form next to the shelves on the back wall for your tape number.

For all of your remaining sessions:

- ✓ Take the same tape you used off of the shelves on the back wall.
- ✓ Make sure that the tape is forwarded to the end of your last session. You will keep all of your sessions on this tape. If you tape over a session, it cannot be graded.
- ✓ Follow the directions above for taping.
- ✓ Return your tape to the shelves on the back wall **in number order**.

Directions for Viewing:

- ✓ Make sure you schedule a room in which to view your tape (rooms 5-8).
- ✓ Take your tape to the room for which you are scheduled.
- ✓ Make sure that you return your tape in number order to the shelves on the back wall.
- ✓ If you are viewing in the control room, plug the headphones into the jack with the number for the correct TV. **Never listen to a tape without headphones.**
- ✓ Return the headphones to the wall next to the TVs.

General Requirements for All Students

The following are general requirements for all Counselor Education and Educational Psychology students seeing clients in the Lab.

1. Personal conduct and dress should conform to professional standards reasonably expected of individuals offering counseling services (for example, no flip flops, ragged jeans). If dress is deemed unprofessional, counselor will be sent home to change. Consider this statement a warning.
2. Prior to seeing clients in the clinic, each student should read and understand the ethical codes and standards of practice of the American Counseling Association (for Counselor Education students and students enrolled in COE 8013), the American Psychological Association, and the National Association of School Psychology (for Educational Psychology Students).
3. All clients receiving services through the Counseling and School Psychology Lab will be recorded (i.e., audio or video). The clinician should be sure that a signed consent form is properly completed and witnessed for each client and put in the client's file.
4. All forms should be completed legibly and in **black ink**.

How to Organize and Maintain a Case File

A. Intake and Correspondence Side (top left side of folder)

From top to bottom:

1. Client Contact Sheet**
2. Client Account Sheet /Billing Statement (if applicable)
3. Consent for Release of Confidential Information (if applicable)
4. Insurance forms (if applicable)
5. Any correspondence related to the client
6. Request for Services Forms**
7. Information Checklist**
8. Informed Consent and Audio/Video Release Form**

B. Treatment Side (right side of folder)

From top to bottom:

1. Case Summary/Termination (top)**
2. Progress Notes (most recent information first, i.e., in reverse order)**
3. Treatment Plan
4. Goal Attainment Scale Sheet (if applicable)
5. Testing
 - a) Complete Report (if applicable)
 - b) Protocols
6. Self-Monitoring, Previous Treatment Records, and Profile
7. History/Developmental Interview Form (if appropriate)
8. Intake Summary**

* Not all charts will contain all information/forms.

** All charts should contain this information/these forms

Case Records

1. Counselors and psychologists-in-training are to keep accurate case records for each interview. Pertinent forms and progress notes should be completed as soon as possible after each session, but not later than the close of the following business day. Telephone and other contacts with clients and others regarding the client's case are to be logged in the progress notes and on the Client Contact Sheet. At the end of the term, at termination, or upon referral, a Case Summary Form is to be prepared on each client.
2. If tests are administered, a Testing Report will be prepared for the client. The Testing Report is prepared in duplicate (one copy is given to the client and one copy is filed in the client's folder). Clinicians are to review all testing reports with their supervisor before giving it to a client.
3. A Treatment Plan and Goal Attainment Scale for each non-class credit client should be prepared by the end of the third session and updated as needed.

Procedures for Terminating a Case

In order to terminate a case all items must be completed as indicated below.

A. Intake and Correspondence Side (top left side of folder)

From top to bottom:

1. Client Contact Sheet**
2. Client Account Sheet /Billing Statement (if applicable)
3. Consent for Release of Confidential Information (if applicable)
4. Insurance forms (if applicable)
5. Any correspondence related to the client
6. Request for Services Forms**
7. Information Checklist**
8. Informed Consent and Audio/Video Release Form**

B. Treatment Side (right side of folder)

From top to bottom:

1. Case Summary/Termination (top)**
2. Progress Notes (most recent information first, i.e., in reverse order)**
3. Treatment Plan
4. Goal Attainment Scale Sheet (if applicable)
5. Testing
 - a) Complete Report (if applicable)
 - b) Protocols
6. Self-Monitoring, Previous Treatment Records, and Profile
7. History/Developmental Interview Form (if appropriate)
8. Intake Summary**

* Not all charts will contain all information/forms.

** All charts should contain this information/these forms

Clients seen less than 4 times will require all the above completed forms EXCEPT a Goal Attainment Scale and Treatment Plan.

Termination and Referral Policy

Counselors at the end of each academic semester, or at the time of termination if that occurs during the semester, should indicate on the Case Summary form one of the following:

1. They are terminating the case.
2. That supervision for their "carryover" cases will be provided by a faculty member (and the name of this person).^{*} This insures that all client assignments will take place within the context of supervision.
3. They are referring the case back to the Lab Director for reassignment to another counselor for the following semester.

^{*}In the case that the counselor, with the Lab Director's permission, has decided to "carryover" clients from the previous semester, it should be noted that the counselor is responsible for informing his/her client(s) that the Counseling and School Psychology Lab is closed during the interim between academic semesters. Client files are officially closed during the semester break hours and are reopened at the beginning of the next semester. **Due to the lack of supervision during the semester break, counselors should not have contact (telephone or in person) with clients.**

Work Stations

1. Rooms 5, 6, 7 and 8 are designed as work stations (e.g., for monitoring of session tapes, informal conferences, supervision, writing up case notes, etc.) for counselors when they are not being used as classrooms or for counseling or supervision sessions.
2. Please keep in mind that these rooms are for work and the volume of your conversations are to be kept down. **The Control Room and downstairs Reception area are off-limits to counselors except when conducting business** (e.g., greeting clients, making appointments). Understand that the downstairs reception area is where clients wait for their appointments. Many of them have expressed that they are uncomfortable when students talk with each other in the reception area, whether they are "hanging out" or discussing business.
3. Please make sure you sign up for these rooms for the times you want to use them (sign-up book is on the front desk in the reception area). **If you do not reserve a room, there is a good chance it will not be available when you want to use it.** If you are more than **15 minutes late** for a room, and do not call, the room may be given to another student.

Seeing Clients Under Supervision

1. Students will only be able to see clients with appropriate arrangements for on-call backup from a faculty member who is a licensed professional counselor or psychologist.
2. A faculty member or doctoral Lab staff member must be present in order in order for master's-level counselor education students to see clients.

Responsibilities for Doctoral Students

Doctoral students should plan on seeing clients during normal operating hours. In cases when this is not possible, students **MUST**:

- a. Make arrangements with their instructor ahead of time to get the Lab key and to make sure that appropriate on-call backup is available (e.g., instructor will be available by phone in case of an emergency).
- b. Schedule all appointments, including after hours appointments (e.g., Friday-Sunday), in the appointment book.
- c. **Take responsibility for turning on** only the equipment necessary for their session (e.g., the VCR, monitor, and splitter for their room), **turning off** all equipment and **locking up**. This involves making sure that all doors (front outside door, front reception door, and back door) are locked and that the alarm is set. In addition, if a student opens windows, they must be closed before locking up. Further, if a student changes the thermostat setting, he or she must return it to the original setting. Always leave the thermostat fan setting on “auto” rather than “on.”
- d. Be sure that **no children are left unattended** in the play therapy room (room 7). If toys are used, the student is responsible for returning them to their appropriate place before leaving.

Minimum Standards for Progress Notes

A progress note is to be written in the client's chart following each contact. Progress notes written after each counseling session are to include the following elements:

- 1) session number
- 2) date of session
- 3) length of session in minutes
- 4) brief description of what occurred during session
- 5) indication that progress was made/not made toward identifying treatment goals OR indication that the client made progress/failed to make progress toward achieving treatment goals
- 6) plans for future sessions OR indication that the case was terminated

NOTE: Monitoring and staffing notations appear as part of progress notes as well as on the Case Monitoring and Staffing Form. Each time a session is monitored or you discuss the case with your supervisor or you staff a case formally in class, a dated entry to that effect should appear in both places.

Also, clients should be seen at least every two weeks, (with appropriate entries in progress notes) unless less frequent contact is approved by your supervisor. If these requirements are not observed, counselors will receive written feedback to that effect.

S-O-A-P Documentation

When working with clients, it is vital that counselors document the events that occur in each case. Documentation is important as it helps provide for the legal protection of the counselor and the Lab in problematic or dangerous situations. Counselors should summarize all contacts made on cases including: counseling sessions, testing completed, telephone calls made and received, and correspondence written and received. Please note that it is important to document when you attempt to make a telephone call and no one is home. In addition, any consultations held with instructors or supervisors and suggestions they make on a case should be noted.

Documentation is recorded in the form of progress notes and should be completed within a 24 hour period after an event has transpired. If a mistake is made, a single line should be drawn through the mistake and initialed by the counselor. All progress notes should have both the client number and counselor name on them.

S-O-A-P Documentation

One format used to document counseling sessions is called the S-O-A-P format. This format is useful in presenting information in a logical and coherent manner. Information is arranged into four areas: subjective, objective, assessment and plan.

S-subjective: What did the client say? This section should capture the essence of the session and represent what the client discussed during the session. Included here are problems or issues that the client brought up during the session. In this section it is appropriate to use quotations but only if they are a direct quote.

O-objective: What did you see or observe during the session? This section includes data and observations that the counselor views as pertinent. However, it should only include observations and not interpretations. Examples include: eye contact, body posture, affect, physical appearance, speech tone and quality, level of motivation and test results.

A-assessment: What do you make of the subjective and objective findings for this session? What transpired during the session and how do you interpret it? If testing was completed, interpretation of the results should be presented here. This section should also address any goals that were identified during the session. Progress and/or lack of it toward previously stated goals would also be included here.

P-plan: Is the client returning and if so, when? This section also addresses what the counselor broadly intends to do during the next session. Examples include: issues to be discussed more fully, goal setting, and testing.

Counseling and School Psychology Lab
SAMPLE PROGRESS CHART

Each progress note should include:

S: subjective: What did the client say?

O: objective: What did you see or observe during the session?

A: assessment: What do you make of the subjective and objective findings for the session?

P: plan: Includes homework, when client is returning, long term and short term plans for client.

Session #: 3

Tape # 164

Date: 7-10-99

PROGRESS NOTES

of minutes: 50

7-9-99 Received a message from client asking me to call her. M.R.L.
phone

7-9-99 Called client who asked if we could meet before our regularly scheduled appt. on

Friday. Agreed to meet with client tomorrow at 10 a.m. M.R.L.

7-10-99 S - Client reported that her boyfriend had ended their relationship because he had met
someone else. Cl. was surprised by breakup and stated that she had been "extremely depressed"
since the breakup. Symptoms she has experienced since the breakup include difficulty sleeping,
concentrating and loss or appetite. MRL

O - Client's affect was sad and she appeared anxious during the session, making little eye contact
and wringing her hands. Several times she looked tearful when discussing her boyfriend.

Administered the BDI and client scored an 18 MRL

A - Results of the BDI place the client in the mildly depressed range. Cl. seems to be
experiencing

a mild reactive depression following the breakup of a two-year relationship. Processed the loss
associated with the relationship ending and feelings associated with loss. MRL

P - Will meet with cl. on Fri. at our regular time to continue processing the breakup.

M.R.L.

Client # 125

WHO TO CONTACT IN A CLINICAL EMERGENCY

If an emergency arises, the instructor, the Clinic Director or a licensed faculty member must be notified immediately. Counselors should have available the following information regarding the phone numbers of key persons to contact:

COUNSELING & SCHOOL PSYCHOLOGY LAB

Mississippi State University

325-0717

EMERGENCY OR CRISIS INFORMATION

Doctoral Supervisory Assistant

Name: _____ Phone #: _____

Course Instructor

Name: _____ Phone #: _____

Clinic Director: Carl Sheperis

Office Phone 325-9840

How to Close the Lab

In the control room:

- T Turn off all TV's, VCR's, and Splitters.
- T Make sure window is closed and locked.
- T Turn off light.
- T Lock control room door.

In the counseling/supervision rooms:

- T Turn off all camera switches. (Room 2 has no switches)
- T Make sure all windows are closed and locked.
- T Turn off all lights.

In general areas:

- T Turn off computers in front and back office.
- T Turn off printer, typewriter.
- T Turn off coffee maker, empty and wash if needed.
- T Make sure all windows are closed and locked.
- T Place all confidential files, green box, and receipt books in file cabinets.
- T Lock file cabinets
- T Lock front outside door.
- T Lock front inside door.
- T Turn off all lights.
- T Set alarm.
- T Lock door.

COUNSELING SKILLS STUDENTS (COE 8013)

Counseling Skills Checklist

- X When you are first given your case assignment check to see if you know your client. If you do, talk with your instructor immediately. Your instructor will decide, based on the nature of your relationship with the client, whether you can see the client should be reassigned to another counselor-in-training.
- X Find your client's card in the green box and write your name on the bottom left.
- X Watch the intake tape before you meet with your supervisor.
- X Meet with your supervisor before you meet with your client **every week**.
- X Watch your tape **before** each supervision session **every week**.
- X Make sure that your counseling session is scheduled in pencil in the appointment book **every week**.
- X Complete the case notes immediately after each session and place them on the right side of the file with the latest session on top.
- X Complete the client contact sheet (on the left side of folder) each time that you see or talk to your client.
- X After your 5th session complete the termination summary and place it on top of your case notes on the right hand side of the folder. **Be sure to have your supervisor sign this sheet.**
- X When you have finished your sessions and completed your file, complete the termination checklist and give it to one of the lab staff.
- X If you have any questions ask your supervisor, instructor, or lab staff.

Counseling Skills Termination Checklist

In order to complete your file be sure that:

- T All case notes are completed including session number, date, number of minutes, tape number, client number, and counselor's initials and placed on the right hand side of the file with the latest session on top.
- T Termination summary is completed **including supervisor's signature** and placed on top of the case notes.
- T Client contact sheet is completed including all of the sessions and phone calls with your client and placed on the left side of the file.
- T All papers are securely fastened in the file.
- T Complete a Client Completion of Class-Credit Counseling form
- T Give this form and the Client Completion form to lab staff.

I have completed my client file.

Counselor-in-Training's Name: _____

Supervisor's Name: _____

Counselor's Signature

Date

Supervisor's Signature

Date

Client Completion of Counseling for Class Credit

Place in Completed Folder in the second file drawer

Name of Counselor: _____

Name of Client: _____

Name of Client's Teacher (on blue sheet): _____

Number of sessions completed: _____

Date Completed: _____

Does client want to continue counseling? _____

NOTE: THIS FORM IS DUE BY XXXX. If this is not received by then, your client's instructor will be informed that your client has not completed class credit assignment. Thank you for your cooperation.

ACKNOWLEDGMENT OF VIDEO/AUDIO SUPERVISION FOR COUNSELING SKILLS STUDENTS

As a student enrolled in the Counseling Skills class (COE 8013), my signature below indicates that I am aware that my supervisor is a doctoral student and that supervisory sessions will be video or audio taped for use in her/his training. I further understand that these tapes may be used in the staffing sessions in which my supervisor participates with other supervisors-in-training, faculty supervisors, and the Director of the Lab. In addition, I understand that information discussed during supervision sessions with my supervisor may be shared with other supervisors-in-training, faculty supervisors, and the Director of the clinic when it is decided that this information is pertinent to my training and/or the welfare of my clients.

I am aware that it is my responsibility to inform my client(s) that tapes of our counseling sessions will be reviewed by my supervisor and that I will review tapes of our counseling sessions with my supervisor during supervision sessions, which are also taped. I will further inform my client(s) that the tapes of supervisory sessions may be reviewed by faculty supervisors, the Director of the Lab, and other supervisors-in-training who are participating in the COE Supervision course and/or the COE Doctoral Internship class during the semester in which the counseling takes place.

I understand that if these supervision tapes are to be used as part of research, or as educational tools in future doctoral-level classes, both my client(s) and I will be asked to sign appropriate consent forms (e.g., informed consent research documents).

Date:

Name (Please print):

Signature:

CLINICAL SUPERVISION STUDENTS (9013)

Supervisor Checklist

- ✓ Meet with your student before the first counseling session.
- ✓ Meet with your student in between each counseling session. The skills student **cannot** meet with a client without prior supervision.
- ✓ Watch the student's tape before each supervision session.
- ✓ Be sure to schedule your supervision session in the book in pencil **each week**. Remember to use rooms 5-8 for supervision.
- ✓ Review the student's case notes **every week**. Correct any problems and make sure that the file is in order each week.
- ✓ At the last supervision session, make sure that the student has completed the termination summary and has his/her file in order to turn in to lab staff. **Be sure you sign the termination summary.**
- ✓ Give the student's instructor **weekly** feedback about the student's progress.
- ✓ If you have any problems or questions about the student, inform his/her instructor immediately.
- ✓ If you have any problems or questions about lab procedure or equipment, ask lab staff.

**ACKNOWLEDGMENT OF VIDEO/AUDIO SUPERVISION
FOR SUPERVISORS-IN-TRAINING**

As a supervisor-in-training, my signature below indicates that I am aware that my supervisory sessions will be video or audio taped for use in my training. I further understand that selected tapes will be viewed by other supervisors-in-training and by faculty during the semester in which I am in training as a supervisor. I am aware that information discussed during supervision sessions may be shared with faculty supervisors and the Director of the Lab when it is decided that this information is pertinent to my training, the professional development of the people I supervise, and/or the welfare of clients being seen in the Counseling and School Psychology Lab.

I understand that if these tapes are to be used as part of research, or as educational tools in future classes, my supervisees, their clients, and I will be asked to sign appropriate consent forms (e.g., informed consent research document).

Date:

Name (Please print)

Signature

Witness

NEW CLIENT INTAKE PROCEDURES AND FORMS

INSTRUCTIONS FOR COMPLETING INFORMED CONSENT AND TAPING RELEASE FORM

In completing this consent form, attention should be given to the following:

1. When parents are being seen with a child, parents must sign forms. Children, however, should give “assent” both verbally and in writing.
2. In counseling with a child, parents must sign a form for the child to be taped.
3. When couples or families are being seen, each person must sign a consent form (As before, child clients may give their written assent).

***The key to remember:** All persons in the session must have signed a consent to audio/video tape form.

**COUNSELING AND SCHOOL PSYCHOLOGY LAB
MISSISSIPPI STATE UNIVERSITY
INFORMED CONSENT AND AUDIO and/or VIDEO TAPE RELEASE**

The Counseling and School Psychology Laboratory is a teaching facility for counselors-in-training. Consequently, all counseling and testing sessions in the center are audio and/or video taped. These recordings are used by the teaching staff to insure that you receive the services you requested and to provide supervision of your counselor by faculty.

Counseling and psycho-educational services are aimed at helping clarify, resolve, and/or prevent problems related to thoughts, feelings, and behaviors. Services may involve tolerating uncomfortable feelings, recalling unpleasant and painful memories, facing fears, anxiety, anger, and helplessness. Generally, services will not have more serious risks; we can discuss your reactions as we go along.

The contents of your counseling sessions will be held in strictest confidence and will not be revealed to any person or agency **except** under the following circumstances:

1. If you (or, if you are a minor, your parents) give written permission to release information.
2. If you are involved in a bonafide medical emergency, information may be given to medical personnel.
3. If research, management audits, financial audits, or program evaluations are conducted, information may be revealed but you will not be identified directly or indirectly.
4. If an appropriate court order is received by the director of the center.
5. If you reveal information which, in the counselor's judgement, indicates that you intend to harm yourself or someone else.
6. If you reveal information that indicates the existence of past or present child or elder abuse.

I have read and understood the above statements and I agree to the following:

1. Counseling sessions will be audio and/or video taped and reviewed by a clinical supervisor. Tapes of counseling will be erased after supervisory review or at termination of counseling. Tapes of supervision sessions will be erased at the end of each semester. Tapes of my counseling or tapes of supervision sessions related to my counseling may be used for educational purposes in future classes or for research only if I give my permission to do so.
2. Teaching staff and a staffing group (e.g., a small group of students in a practicum class) may listen to and/or view the tapes.
3. Information revealed during counseling sessions, test results, and/or treatment records will be held in strict confidence. These will not be shared with anyone without prior written consent from me, except in the circumstances described in items one through six above.
4. Testing may be conducted if my counselor and I determine that it would be helpful to me.
5. The case records maintained with regard to my counseling will be kept in a confidential file. They will be destroyed seven years after the termination of counseling.

Client's Signature

Witness's Signature

Date

Parent's/Legal Guardian's Signature
(If Appropriate)

consent.frm

**COUNSELING AND SCHOOL PSYCHOLOGY LAB
SERVICES AGREEMENT**

I, the undersigned, am availing myself of services as a client in the Counseling and School Psychology Lab of Mississippi State University and understand that these services are provided by graduate students, under supervision, at a reduced rate while these students are being trained as counselors and psychologists. It is further understood, that these counselors are engaged in study and that they will be at the University for a limited amount of time.

I do hereby give my permission to the graduate students/clinical staff at the Counseling and School Psychology Lab, working under supervision, to provide counseling services, to observe, test, and evaluate me, and, with my written permission, to report information obtained to appropriate educational institutions and insurance companies.

I also hereby release and discharge Mississippi State University, staff members of Mississippi State University, and the undersigned student from all claims, demands, and causes of action, either legal or equitable, which may hereafter arise as a result of, or in relation to psychological assessment, reports, or interventions thereof. I further agree that I will not ask for or seek reports, personal appearances, or statements from counselor(s) or supervisors in connection with legal or court matters in which I may be involved.

I understand that I will be charged a fee for services received at the Counseling and School Psychology Lab, and I am responsible for this fee.* Clients receiving class credit for attendance at counseling sessions will not be charged a fee during the semester in which they receive class credit. MSU students not receiving class credit will be charged a fee of \$2 for each counseling session. All other clients will be charged on a sliding scale. There are separate fees for assessment services provided. These are based on a sliding scale. I further understand, that if necessary, a collection agency may be used to collect unpaid fees.

I have read the above and understand its contents and agree to the conditions stated herein.

Client's signature _____
Date

Social Security # _____ (students only)

Parent/Guardian (if client is a minor) _____
Date

Student in Training _____
Supervisor

* Payment is required at the time of service

Request For Services Form (Adult)

Your Cooperation in completing this questionnaire will be helpful in planning our services for you. Please answer each item carefully. If you have any questions, please ask the desk personnel for assistance.

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip

Telephone: Home _____ May we call this number? _____ Leave a message? _____

Work _____ May we call this number? _____ Leave a message? _____

Date of Birth _____ Age _____ Racial/Ethnic Background _____

Sex _____ Marital Status: Married/Partnered Single Separated Divorced Widowed

Have you previously received or are you currently receiving any other professional counseling? _____

If YES, indicate with whom and how long. _____

Please list **all prescription and over-the-counter drugs** you are currently taking _____

Who referred you to the Counseling & School Psychology Lab? _____

May we thank the person who referred you to the Lab? _____

Have you previously received services through the Counseling & School Psychology Lab before? _____

If YES, when? _____ Was it for class credit? _____ Who did you see? _____

If you are a Mississippi State University Student, please complete:

Classification _____ GPA _____ Major _____

How long have you been a student at Mississippi State University? _____

Are you participating in counseling for class credit? _____

If YES, for which class? _____

Instructor's Name _____

I WOULD LIKE TO REQUEST SERVICES FOR MYSELF

Signature of Client

Today's Date

Signature of Witness

Today's Date

Please list immediate family and/or those persons who are most significant to you in your life. Include spouse, family members, significant others, and/or children if applicable.

Name	Relationship	Age	Where Residing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am interested in the following services:

individual counseling family counseling couple counseling group counseling

I prefer working with a male counselor female counselor I have no preference

Please indicate hours you are available for appointments (Circle all available hours)

Mondays 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00 6:00
 Tuesdays 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00
 Wednesdays 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00
 Thursdays 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00 6:00

Information Checklist (Adult)

The following are common concerns of individuals who come to the Counseling and School Psychology Lab. Please check all that apply to you. This will help us serve you better. Answer as honestly as possible. You can discuss your answers in detail during the intake interview.

1. My parents are: married separated divorced other
2. My family and I are: in an unsatisfactory relationship unable to talk about personal issues
 not emotionally close emotionally close
3. My family has a history of
(check all that apply) poor communication counseling depression
 abuse eating disorders hospitalization alcoholism
 addiction to other drugs addiction to gambling
4. Currently, I live (check all that apply) alone dormitory with family-of-origin
 with a roommate fraternity/sorority
 with a significant other with children
5. I am not happy with my living arrangements.
6. I am having academic problems financial problems family problems
7. I use alcohol: less than once per week more than once per week never
8. I use drugs: less than once per week more than once per week never
9. The following have resulted from my use of alcohol/drugs: traffic violation
 black outs fight with a friend ruined relationship academic problems
 academic disciplinary action health problems financial problems
10. I gamble: less than once per week more than once per week never
11. The following have resulted from gambling: fight with a friend ruined relationship
 academic problems academic disciplinary action
 financial problems
12. I have been in trouble with the legal system.
13. I have had an unwanted sexual experience.
14. I have experienced: emotional abuse sexual abuse physical abuse
15. I've tried to control my weight with: vomiting laxatives not eating diet pills
 excessive exercise other (describe) _____
16. I have thought or tried to: harm myself (past) harm myself (present)
 harm another person (past) harm another person (present)
17. At times, I have acted in a violent manner.

18. I have recently had problems with the following: sleeping appetite fatigue dizziness
 concentration weight loss/gain mood shifts headaches nightmares
 anxiety medical problems (describe) _____
19. I have difficulty: expressing my emotions controlling my anger handling stress
 accepting myself accepting compliments making decisions
 making friends relaxing maintaining boundaries
20. I have experienced a recent: death relationship that ended major move
21. Sometimes I hear unwanted voices in my head.
22. Sometimes I do not know where I am.
23. I would like to discuss: sexual concerns family troubles social/dating issues
 medical problems academic problems relationship issues
 vocational problems/concerns
 other _____

In order of importance, what are the goals you have for counseling? Please be as specific as possible.

1. _____
2. _____
3. _____

How many total sessions do you anticipate you will need to accomplish these goals?

1 2-4 5-8 9-12 13-15 16+

Circle the number which best describes how much your concerns are interfering with your personal functioning.

Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

INTAKE SUMMARY

Client: _____ Date of Intake: _____ Tape
#: _____

Write intake narrative, addressing each of the following:

I. Pertinent Background

Information _____

II. Presenting Concerns (Duration, Frequency, and Severity) _____

III. Related Difficulties

IV. Previous Attempts at Improving Difficulties

V. Case Conceptualization

VI. Suggested Treatment

VII. Additional Relevant Information (Behavioral Observation, Motivation for Treatment, Goals, Social Support, etc.)

DIAGNOSTIC IMPRESSIONS

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Recommended Assignment:

Skills Student _____

Master's Practicum Student

Master's Intern _____

Doctoral Student

Recommended Treatment Mode:

Individual _____

Couple _____

Family

Group _____

Type, if Group

I would be interested in working with this client. YES ___ NO

Intake Counselor's Name (please print)

Intake Counselor's Signature

INTAKE SUMMARY SAMPLE

Client: _____ Date of Intake: _____ Tape #: _____

Write intake narrative, addressing each of the following

I. Pertinent Background Information Jane is a 21 years old, white, single, female, who is a sophomore majoring in English. She is the youngest of 5 children, who range from 22-32 years old. All are either working on Ph.D.'s or in law school. Her parents live in Des Moines, IA where her father was a lumber yard worker and her mother an elementary school teacher.

II. Presenting Concerns (Duration, Frequency, and Severity) Jane's presenting concerns were (a) frustration, anxiety, and helplessness that she feels in trying to reconcile the relationship between her "bitter and critical" mother and a "passive" father; (b) lack of self confidence/low self-esteem; and (c) difficulty establishing close interpersonal relationships with peers. Jane reported that she has always had difficulty making friendships and getting close to others. Jane reported that she cries approximately 2 times per week.

III. Related Difficulties Jane reported having "stomach" problems that began at age 12 with an "ulcer." She also reported difficulty falling asleep at night. At age 13, she attempted suicide by swallowing pills (aspirin). She described this act a "manipulative." Jane reported entering into a romantic and sexual relationship at age 15 with a 35 year old high school music teacher. Since then, she has been romantically and sexually involved with 5 other men, all within two years of her age but that she has only had one female who she has felt close to.

IV. Previous Attempts at Improving Difficulties Though she had considered seeking counseling in the past, Jane has not pursued it until now. Being a bright and analytical person, she tried to resolve these problems on her own.

V. Case Conceptualization Since childhood, Jane has felt unloved by her father and actively disliked by her mother. She currently feels hurt, angry, and resentful. Jane reported that she didn't "belong" in her family which contributed to her feeling isolated and "inferior". This seemed to also interfere with the establishment of peer relationships. Lacking a close relationship with her parents, she turned to problematic dating relationships.

VI. Suggested Treatment Counseling should be implemented to develop a trusting and healthy interpersonal relationship between Jane and her counselor. This relationship will allow her to begin processing the intense feelings she has toward herself and parents. A cognitive behavioral approach would be appropriate to challenge Jane's beliefs about being "inadequate" and "unlovable." A Reality Therapy approach might be useful to assist Jane in understanding the purposes of her behavior (what needs are met by her behaviors) along with "healthier" ways to get those needs met. Long term goals may involve reestablishing closer ties with her parents.

VII. Additional Relevant Information (Behavioral Observation, Motivation for Treatment, Goals, Social Support, etc.) Client presented as anxious and distraught during interview. Seems to be motivated for treatment because of high level of distress. Client desires to gain a better understanding of herself and her inability to have meaningful relationships. At present, reported having only one or two people she would consider "friends" and no other social support. She stated that she would like to learn how to be in "healthy" friendships and romantic relationships.

DIAGNOSTIC IMPRESSIONS

Axis I: V62.81 Other Interpersonal Problem
Axis II: 799.9 Diagnosis Deferred / RO 301.82 Avoidant Personality Disorder
Axis III: Will refer to Student Health Center for "ulcer"
Axis IV: Social Isolation
Axis V: GAF = 58 Current

Recommended Assignment:

Skills Student _____ Practicum Student X
Master's Intern _____ Doctoral Student

Recommended Treatment Mode:

Individual X Couple _____ Family
Group _____ Type, if Group

I would be interested in working with this client. YES ___ NO

Intake Counselor's Name (please print)

Intake Counselor's Signature

CHILD REQUEST FOR SERVICES

Child's Name: _____
Last First Middle

Age: _____

Date of Birth: _____

Sex: _____

Racial/Ethnic Background: _____

School Attended: _____

Grade: _____

Contact person: _____

Phone: _____

Teacher: _____

Phone: _____

Referred by: Parent Teacher Counselor Other

Mother's Name: _____

Age: _____

Last

First

Middle

Telephone Number Home: _____ May we leave a message at this number? Yes No

Work: _____ May we leave a message at this number? Yes No

Father's Name: _____ Age: _____

Last

First

Middle

Telephone Number Home: _____ May we leave a message at this number? Yes No

Work: _____ May we leave a message at this number? Yes No

Biological Parents' Status: Married/Partnered Divorced Separated Never Married

Mother Deceased Father Deceased

Person or legal guardian with whom your child currently lives?

Child's Present Address:

Child's County of Residence:

Please list all other members of child's immediate family (e.g., brothers, sisters, and/or step-relations)

Name	Age	Relationship	Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you learn about the services provided by the Counseling and School Psychology Lab? _____

May we send this person/agency a letter thank her/him for the referral? **YES** **NO**

REASONS FOR SEEKING TREATMENT SERVICES

Given below is a list of reasons why parents bring their children here for counseling. Please check those that apply for your child.

Learning/academic (e.g., poor grades, specific academic problems)

Behavior Problems (e.g., temper tantrums)

Depressions or Poor Self-Esteem

Bed Wetting

Delinquent Behavior (e.g., stealing)

Adjustment to Divorce

Adjustment to Death of a Loved One

Fears and Anxiety

Poor Attention Span/Hyperactivity

Aggressive Behavior (toward people, animals, or property)

Other (Please specify)

Has child ever received professional counseling or psychological services before? Yes No

If yes, indicate with whom and how long.

Is the child presently taking any medication(s)? Yes No

If yes, list all prescription and over-the-counter drugs, how long your child has taken these medications, and for what.

Has the child ever been in trouble with the law? Yes No

If yes, indicate type of problem(s)

Reason for seeking services at that time:

What has been done in the past to remediate this/these problem(s)?

I am interested in the following counseling services individual family psychological evaluation

I prefer my child to work with a male counselor female counselor no preference

If you are requesting a **psychological evaluation or assessment of learning problems**, please complete the following information:

Standardized Tests that have been given in the past:

Test given _____ Date _____ Results

Test given _____ Date _____ Results

Test given _____ Date _____ Results _____ Current math
achievement scores (note test) _____ Current reading

achievement scores (note test)

What specific questions do you want answered from this evaluation?

- 1.
- 2.
- 3.

What has been done in the past to remediate the problems noted?

- 1.
- 2.
- 3.

Other Comments

Client # _____

I would like to request services for my child.

Signature of Legal Guardian Today's Date

Signature of Witness Today's Date

Signature of Client Today's Date

**COUNSELING AND SCHOOL PSYCHOLOGY LAB
TREATMENT SUMMARY AND TERMINATION FORM**

PART I: CONTACT HOURS AND CASE DISPOSITION

Date of intake: _____ Number of contacts: _____
Date of first session: _____ Number of sessions: _____
Date of last session: _____

Disposition of Case:

	yes	no	
Terminated:	___	___	
Continued:	___	___	If continued, to whom: _____

DATE: _____

PART II: THERAPEUTIC ISSUES

Please list all therapeutic issues followed by a "P" for primary issues.
(Example: emotional abuse, P, family of origin issues, scholastic difficulties, P)

Client # _____

PART III: PSYCHIATRIC AND DIAGNOSTIC EVALUATION

DIAGNOSTIC IMPRESSIONS AT TERMINATION

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

PSYCHIATRIC EVALUATION (circle all that apply) evaluation medication hospitalization.
Please explain:

PART IV: REASON FOR TERMINATION

___ session limit reached _____ end of semester _____ problems resolved
___ referred out ___ hospitalization _____ other
___ premature termination ___ assessment only

PART V: NARRATIVE SUMMARY OF PROGRESS AND RECOMMENDATION

Signature of Counselor

Date

Signature of Supervisor

Date

Counseling and School Psychology Lab
MISSISSIPPI STATE UNIVERSITY

CLIENT SATISFACTION SURVEY

Social Security Number: _____ Date: _____
Type of Counseling Received: ___ individual ___ couples ___ group ___ family ___ child

To Be Completed by Client or Parent/Guardian if Client is a Minor. **Please note that your counselor will not see this evaluation nor know what your answers are.** This will be associated with your file but only clinic administration will ever see this. Please try to be as truthful as possible.

1. The problems, feelings, or situation that brought me (my child) to counseling are:
 - Much improved
 - Improved
 - About the same
 - Worse
 - Much worse

2. Because of counseling, I (my child) understand the problems well enough to manage them in the future.
 - Strongly agree
 - Agree
 - Not certain
 - Disagree
 - Strongly disagree

3. My counselor was:
 - Very helpful
 - Somewhat helpful
 - Neither helpful nor unhelpful
 - Somewhat unhelpful
 - Very unhelpful

4. If I (my child) needed help in the future, I would feel comfortable calling this counselor.
 - Definitely yes
 - Probably yes
 - Maybe
 - Probably not
 - Definitely not

5. I would recommend this counselor to others that need help.
 - Definitely yes
 - Probably yes
 - Maybe
 - Probably not

Definitely not

6. The interest shown by my counselor in helping me (my child) to solve my problems was:

Very satisfactory

Satisfactory

Neither satisfactory nor unsatisfactory

Unsatisfactory

Very Unsatisfactory

7. The desk workers greeted me with warmth and appreciation when I (my child) came into the clinic.

Always

Most of the time

Sometimes

Usually not

Never

8. Treatment ended with the counselor because:

The concerns which brought me (my child) to the counselor were worked out to my satisfaction

Most of the significant concerns which brought me (my child) to seek counseling were worked out satisfactorily. There are some minor problems which we can now handle.

We reached the number of sessions set by the counselor at the beginning of treatment. Significant problems remain that were not dealt with.

I felt that more treatment would not be helpful at this time, even though significant problems remain.

The counselor felt that more treatment would not be helpful at this time, even though problems remain.

There was a change in a work, school or other schedule that made it impossible to arrange further appointments.

9. After you received counseling with this counselor, have you or any members of your family received any counseling elsewhere for the same problems you came here for?

YES NO

10. Circle the number which best describes how much your concerns are interfering with your personal functioning after counseling.

Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

Additional Comments: _____

THANK YOU! We appreciate you taking the time to do this. Please place this survey into the addressed and stamped enveloped and place in the mail.

**PROCEDURES FOR HANDLING OF
SUICIDE/HOMOCIDAL THREAT OR
SUSPECTED CHILD ABUSE/NEGLECT**

PROCEDURES FOR HANDLING OF SUICIDE THREAT

- I. **DEFINITION:** A suicide threat is an expression that life is hopeless and a desire to end one's own life.
- II. **PREVALENCE:** Threats are not common in the Clinic; however, one or two do occur each term.
- III. **DESCRIPTION:** A suicide threat may range from a casual reference to death, usually expressed with disgust about the conditions of one's life, to a specific planned method, time, and place for the event to occur.
- IV. **TREATMENT PROCEDURE:**
 - A. Assessment phase: With the possible exception of the one item, i.e., having a very lethal and specific plan for suicide, no single criterion should be alarming. Rather the evaluation of the suicidal potential should be based on the general pattern within the framework of the fourteen criteria which follow: (See the Suicide Assessment Form)
 - Step #1: Age and Sex.** Suicidal communications from males are usually more dangerous than from females. The older the person, the higher the probability of suicidal intention. Both age and sex should be considered. A communication from an older woman is more dangerous than one from a younger boy. Note, however, that younger people do make attempts, even if the aim is to manipulate and control people.
 - Step #2: Mood.** If the client sounds tired, depressed, "washed out," then the suicidal risk is higher than if he/she seems to be in control of himself/herself. Also, exuberance, flight of ideas, screaming and yelling are to be considered ominous signs. Strong denial of suicidal intention should be considered a definite danger signal. If the client's mood undergoes marked change for the better during the session, this is an important positive sign of suicide potentiality.
 - Step #3: Prior attempts or threats.** Recent studies show that in about 75% of actual suicides, there have been previous attempts.
 - Step #4: Acute or chronic situation.** An acute situation is a sign of greater immediate danger than would be chronic recurring situations. An acute event, although a sign of immediate danger, has a better prognosis for improvement (once the crisis has been dealt with) than is true of chronic, recurring situations. When did the problem develop?

- Step #5: Means of possible self-destruction.** The most deadly means are shooting, hanging, and jumping. If the client has used or is threatening to use any of these methods, and the means are available, you must consider the threat to be serious and that the suicidal danger is high. Other methods can be lethal and should not be discounted because they appear to be slower and less dangerous, such as barbiturate ingestion, carbon monoxide poisoning, and wrist cutting.
- Step #6: Specific details of the method.** If the client not only has specifically named the method he intends to use, but also goes on to give details about time and place, he should be considered to be in danger.
- Step #7: Recent loss or separation from loved one.** If death of a loved one and/or divorce and separation come into the picture, the danger goes up. The separation need not have already taken place, but he/she may feel that it is impending and he is therefore depressed. If there is any actual or pending loss of a loved one, suicidal danger rises.
- Step #8: Medical symptoms.** If such facts as unsuccessful surgery, chronic debilitation, cancer or fear of cancer, asthma, fatigue, impotence, loss of sexual desire or any medical symptoms come into the picture, the suicidal danger goes up. This is especially true in older persons who may be fearful they will never be well again. They may be lonely and feel that nobody cares for them, which will help to exaggerate the importance of their physical ailments.
- Step #9: Diagnostic impressions.** Making a psychiatric diagnosis is a professional task; however, record any symptoms given you so that a professional evaluation may be made later. Obvious signs such as hallucinations, delusions, loss of "contact with reality," will reveal a disoriented state. If such states as depression, anxiety, alcoholism, homosexuality enter into the picture, then the suicidal danger rises.
- Step #10: Resources.** If the client is under financial stress, if he/she has no friends, or if he/she is all alone and has few or no social contacts, then the suicidal danger is high.
- Step #11: Living arrangements.** The greater the satisfaction of the client in this area, the lower the risk. Four questions are useful: Who is the client living with at the present time? What is the quality and quantity of their relationships? Is the client satisfied? Are these arrangements economically, emotionally, and socially adequate and supportive for the client at the present time? Clients who live alone, have few friends or other support

systems or are unhappy in their living arrangements are greater risks.

- Step #12:** **The client's perception of his problem.** The client who feels hopeless and helpless is at a higher risk for suicide. How realistic are the client's perceptions of the situation. Are they accurate, distorted, or confused? Remember: Suicide is often an emotional decision, not a rational one!
- Step #13:** **Disruptive of daily living patterns.** The client who is not going to work, who is not eating well, who has lost weight and who is not able to carry on daily routine is a higher risk than one who is not so dissatisfied.
- Step #14:** **Coping strategies and devices.** How has the client dealt with crisis in past times? Have formerly used coping methods been tried? If so, and they have proven ineffective, why are they not working now? Is the client impulsive? Does the client habitually recourse to excessive drinking or misuse of drugs or violent acting out against self or others?

IN ORDER TO FACILITATE THE ASSESSMENT AND DOCUMENTATION OF SUICIDAL POTENTIAL, COUNSELORS SHOULD USE THE SUICIDE ASSESSMENT FORM AND SUICIDE RISK ASSESSMENT SUMMARY AND RECOMMENDATIONS FORM .

-Continued on Next Page-

B. Treatment phase:

Step #1: The counselor becomes aware of the steps to take in working with and assessing suicidal potential.

Step #2: The counselor remains calm during the session in which the threat occurs. The counselor does not become distressed or excited by the threat.

Step #3: Using the Suicide Risk Assessment Form , the counselor listens to what the client is saying, asks questions appropriate to determine lethality of threat, and completes the assessment during the session.

Step #4: **Prior** to the client leaving the Clinic, the counselor should discuss the situation with his/her doctoral supervisor. The supervisor helps the counselor determine if there is a need for specific action while the client is still in the Clinic. (a) The counselor (or in some cases the supervisor) continues the session until it is felt that the danger of suicide is no longer present. (b) The counselor enters into a "No-harm Contract" with the client to extend beyond the next scheduled counseling session. Have the client repeat "I promise I will not do anything that would cause harm to myself or anyone else until (specify date and time) when I am scheduled to see my counselor." The client must repeat your exact words. (c) The counselor and supervisor decide whether to refer the client to another agency immediately. (This action is taken upon consultation with the Director.) **Note** that all counselors-in-training **must** consult with their supervisors, a licensed faculty member, and/or the Lab Director regarding **any client that expresses suicidal ideation.**

If the counselor's supervisor is not available, the counselor should contact the Lab Director by phone and/or pager. If the Lab Director is not available and the client in question is a MSU student, the counselor should contact the MSU Counseling Center and inform the receptionist that he or she is calling for a consult with the Walk-In or On-Call counselor about a potentially suicidal client. If neither person is available, the counselor should ask to speak with the Counseling Center Director.

Step #5: Upon completion of the session, the counselor, supervisor, and instructor review the audio/video tape together and determine what, if any, further action is appropriate. In **all cases**, the Director of the Clinic is informed and with consultation determines the next step. In addition to completing the relevant case note documentation, the counselor must also complete the Suicide Risk Assessment Summary and Recommendations form within 12 hours of the contact with the suicidal client. This

should be completed for all suicidal clients regardless of the level of risk. The counselor's supervisor should also review and sign the Risk Summary.

Step #6: The Director, at his/her discretion, notifies the Department Chairperson if it is felt that there was a "real" threat. (The chain of notification continues in the following manner as appropriate: 1. Department Chairperson, Vice President for Student Affairs, Campus Security, Police or 2. Department Chairperson, Dean of College, Vice-President for Academic Affairs, Police.)

V. SOURCE: "Criteria for Assessment of Suicidal Potentiality", (adapted from Sliaken, 1979, and Hatton, Valente, and Rink, 1977).

VI. SPECIAL PROCEDURES FOR CHILD CLIENTS

If the client is a child or adolescent, the counselor will alert the parent(s) or guardians(s) of the clients suicidal thoughts. This will typically occur in a joint session with the client and his/her parents immediately following the counselor's consultation with his/her supervisor and the Lab Director.

EMERGENCY PHONE NUMBERS

Dr. Carl Sheperis, Director
Counseling and School Psychology Lab
Phone: 662/325-9840 or 325-0717

University Counseling Center
Dr. Beatrice Tatum, Director
325-2091

Willowbrook Hospital
800/362-7902 or 662/244-2161

Community Counseling Services
After Hours and Emergencies
323-4357

SUICIDE RISK ASSESSMENT

Counselor Name: _____ Client Name: _____

Assessment Question #1: Has the client had suicidal thoughts in the past? If the client answers YES, what was the nature of the suicidal thoughts? Describe below.	YES	NO
Risk Marker #1: Does the client presently have suicidal thoughts? If client answers YES, what is the nature of the suicidal thoughts? Describe below.	YES	NO
Assessment Question #2: Has the client attempted suicide in the past? If client answers YES, what was the nature of the attempt, and when did it occur? Describe below.	YES	NO
Assessment Question #3: Has the client ever been hospitalized for suicidal thoughts/acts in the past? If client answers YES, what was the precipitating event for the hospitalization? Describe below.	YES	NO
Assessment Question #4: Has the client made any suicidal threats in the past? If client answers YES, describe below.	YES	NO
Risk Marker #2: Is the client presently making any threats of suicide? If the client is making threats, describe below.	YES	NO
Risk Marker #3: Does the client have a specific plan for suicide? If the client answers YES, describe below.	YES	NO
Risk Marker #4: Does the client have the means of suicide described in Risk Marker #3 available to him/her? If client answers YES, describe below.	YES	NO
Risk Marker #5: Does the client live alone? If client answers YES, who can we list as sources of support we can call in case of an emergency?	YES	NO
Assessment Question #5: Is there a history of suicide threats, attempts, or completed suicide in the client's family? If client answers YES, what was the nature of the threats, attempts, or actions taken? Describe below.	YES	NO

Assessment Question #6: Is the client on any psychotropic medication?	YES	NO
Has there been a recent change in the medication?	YES	NO
Who administers the medication?		
Is the client willing to sign a release form for you to speak with the administrator of the medication?	YES	NO
Assessment Question #7: Is there anyone who can act as a support person for the client? If so, list the person (s) below:	YES	NO
Is the person willing to sign a release form for the counselor may enlist the support person (s) as aid (s) for the prevention of suicide?	YES	NO

Note: If client answers YES to Risk Marker Questions 2, 3, and 4, you must take action to protect your client from suicide. **Seek immediate supervisory counsel** (you may be required to notify authorities or hospitalize your client).

Address how each risk marker that the client answered YES to above has been managed.

Describe the therapeutic plan implemented to address potential violence.

* Adapted from Hecker, L.L., Deacon, S.A., and Associates (1998). The Therapist's Notebook: Homework, Handouts, and Activities for Use in Psychotherapy. New York: Haworth Press.

Suicide Risk Assessment Summary and Recommendations

Client's name: _____ Date: _____

This assessment is based on information collected from the following:

My interview(s) with these persons; On these dates: _____
The client _____
Family members: _____
Friends: _____
Other people: _____

Reading or records (specify): _____

Knowledge of the risk factors this client and situation present

Other sources: _____

It is my professional judgment that this person currently presents the following risk of suicide:

Almost nonexistent	No direct or indirect evidence for suicidal ideation, rumination, or behaviors from client or others (It is against strongly held beliefs; the client has many or valued reasons for living.)
Low	Only passive/death wishes (tired of living/pain; fleeting ideation).
Moderate	Ideation without plan, means, motivation (ambivalence, wondering, considering).
Significant/likely	Persistent ideation, making plans, acquiring means. (The client has made statements, rehearsals, threats, low-lethality/symbolic/ineffective attempts. The client has discussed suicide).
Very high	Serious/high-lethality attempt is likely in near future. (The client has arranged some affairs, has acquired some means, and has some plan of action and privacy).
Acute and immediate	Persistent and preoccupying thoughts, continual efforts. (The client has acquired high-lethality means and is deliberate and focused. The client has an effective plan of action and the necessary privacy).

Therefore, I recommend the following interventions:

No intervention is needed at present.

Reevaluate by this date: _____

Suicide Risk Assessment Summary and Recommendations (p. 1 of 2)

Consultation with these people or organizations:

Relatives: _____

Other professionals: _____

Mental health authorities: _____

Law enforcement authorities: _____

Other: _____

Changes to counseling or new counseling interventions:

Confrontation and concerned discussion by client's counselor to explore
issues and motives

No-suicide contracting

Intensive psychotherapy

Medications

Intensive family interventions and support

Partial hospitalization with intensive support

Psychiatric inpatient hospitalization

Other recommendations: _____

Signature

Date

Printed Name

A copy of this form should now be sent to: _____

This is a strictly confidential client record. Redisclosure or transfer is expressly prohibited by law.

This report reflects the client's condition at the time of consultation or evaluation. It does not necessarily reflect the client's diagnosis or condition at any subsequent time.

Adapted from The Paper Office, pp. 242-243. Copyright by Edward L. Zuckerman. Permission to photocopy this form is granted to purchasers of The Paper Office for personal use only.

NO HARM CONTRACT

I, _____ agree that I will not do anything that would cause harm to myself or anyone else until _____, when I am scheduled to see my (or another) counselor.

I realize that I am responsible for my own actions, and that if I feel my life is becoming too difficult, I agree to do one or more of the following actions so that there is no harm to myself or others:

1. _____

and/or

2. _____

and/or

3. _____

or I will go to a hospital emergency room.

Client Signature

Date

Witness/Counselor Signature

Date

APPENDICES

APPENDIX A

Counseling and School Psychology Laboratory

ACKNOWLEDGMENT OF LAB POLICIES AND PROCEDURES FOR COUNSELOR EDUCATION STUDENTS AND STUDENTS IN COE 8013

I, _____, have read the Counseling and School Psychology Lab Manual and understand the policies and procedures contained therein. I agree to see clients in the Counseling and School Psychology Lab only under those conditions.

Second, I, _____, have read the policies and procedures regarding confidentiality of client information and records. In addition, as a student in the Counselor Education program or a student enrolled in COE 8013, I have read and agree to abide by the American Counseling Association's Code of Ethics and Standards of Practice. I am aware that client confidentiality is protected by Federal regulations and also aware of the penalties of noncompliance of these regulations while studying or employed at the Department of Counseling Education and Educational Psychology at Mississippi State University. I am also aware that these laws are applicable to me after termination of study or employment. I further understand that these policies must be followed to protect the welfare of the client and the university.

Third, I, _____, acknowledge that I am personally liable while delivering services to clients in the Counseling and School Psychology Lab and in the field practicum/internship agencies and that I have appropriate professional liability insurance.

Name

Signature

Date

Counseling and School Psychology Laboratory

ACKNOWLEDGMENT OF LAB POLICIES AND PROCEDURES

FOR SCHOOL PSYCHOLOGY STUDENTS

I, _____, have read the Counseling and School Psychology Lab Manual and understand the policies and procedures contained therein. I agree to see clients in the Counseling and School Psychology Lab only under those conditions.

Second, I, _____, have read the policies and procedures regarding confidentiality of client information and records. In addition, as a student in the School Psychology program, I have read and agree to abide by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct and the National Association of School Psychologists' Principles for Professional Ethics. I am aware that client confidentiality is protected by Federal regulations and also aware of the penalties of noncompliance of these regulations while studying or employed at the Department of Counseling Education and Educational Psychology at Mississippi State University. I am also aware that these laws are applicable to me after termination of study or employment. I further understand that these policies must be followed to protect the welfare of the client and the university.

Third, I, _____, acknowledge that I am personally liable while delivering services to clients in the Counseling and School Psychology Lab and in the field practicum/internship agencies and that I have appropriate professional liability insurance.

Name

Signature

Date

**MISSISSIPPI STATE UNIVERSITY
COUNSELING AND SCHOOL PSYCHOLOGY LAB**

**INFORMED CONSENT TO USE SUPERVISION TAPES
FOR EDUCATIONAL PURPOSES**

I understand that the Counseling and School Psychology Lab is a teaching facility for counselors-in-training. Consequently, all counseling sessions are videotaped. I further understand that these tapes are reviewed by a supervisor who was a doctoral student at Mississippi State University. In addition, I am aware that all supervision sessions between counselors-in-training and supervisors in training are also taped. I was informed that these supervision tapes were also used in staffing sessions in which the supervisor-in-training participated with other supervisors-in-training, by her/his faculty supervisor, and/or by the Director of the Lab.

I give my permission for the tapes of the supervision sessions between (Counselor's Name) and _____ (Supervisor's Name) from _____ to _____ (note dates of supervision sessions) reviewing counseling sessions involving _____ (Note Client's Name) to be used as an educational tool in future doctoral-level supervision and internship classes. These tapes will be kept in a locked file cabinet in the Counseling and School Psychology Lab except when being used in a class. I understand that I may revoke this consent at any time except to the extent that action has been taken. I further understand that unless I revoke this consent, I am giving my permission for the supervision tapes to be used in doctoral-level classes conducted by the Department of Counselor Education and Educational Psychology for an indefinite period.

Client's Name (please print)	Client's Signature	Date
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Name of Supervisor-in-Training (please print)	Signature	Date
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Name of Counselor-in-Training (please print)	Signature	Date
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Witness Signature	Date
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