



Practicum Manual

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PRACTICUM OBJECTIVES AND REQUIREMENTS

The Practicum experience is considered one of the most important professional activities in which students engage during their degree program. Practicum students are given opportunities to synthesize and apply knowledge gained in their course of study and other academic pursuits. Through the sharing of experiences in both group and individual supervision, students may refine previously learned skills and acquire new skills.

Practicum Objectives

The Practicum is designed to facilitate refinement of counseling and interview skills and the development of new skills. Through closely supervised one-on-one group supervision experiences, the student can expand his or her repertoire of counseling techniques and interpersonal relationship skills.

Through the use of the facilities at the UCD Student & Community Counseling Center, students will be given an opportunity to experience direct and specific feedback from their supervisors through the use of video recording, as well as direct observation through one-way glass.

In the Practicum, students will be expected to demonstrate a commitment to implementing and expanding the following skills:

- Establishing and maintaining a helpful and supportive counseling relationship.
- Development and application of appropriate counseling techniques.
- Maintaining client records, scheduling client appointments, learning about and using community resources when appropriate.
- Working effectively with supervisors and colleagues, including appropriate analysis and presentation of counseling sessions and case studies.
- Continued development of professional behavior.
- Enthusiasm for and commitment to the counseling profession.
- A continued willingness to learn.
- Continued development of personal traits that are conducive to effective counseling, learning and professional development.
- Diagnosis and treatment planning.

Practicum Hours

Prior to enrolling in the Practicum, students will be expected to have completed all of their coursework with no incompletes, excepting the REM courses. If the Practicum class is full, students who have all of their coursework completed will be given priority.

Students signed up for 6 credit hours of Practicum must be prepared to commit a minimum of 150 hours to the Practicum. Distribution of these hours is as follows:

1) Direct contact (one-on-one, and/or couples, families) 21 of the direct hours must be with couples and/or families for CFT Students	40 hrs.
2) Individual supervision (1 hour per week for each week student is seeing clients)	15 hrs.
3) Practicum Class (1 ½ hours per week for 15 weeks)	22 hrs.
5) Peer Observation	15 hrs.
6) Outreach	10 hrs
7) Additional hours-activities approved by Supervisor	58 hrs.
MINIMUM REQUIRED HOURS	150hrs.

If you are in the Couple and Family track, the majority of the direct service hours must be with couples and/or families. A couple means two persons, not necessarily married, who attend sessions and are counseled together by the same counselor. A family may or may not include a couple, but must include a parent or guardian and a child who attends sessions and are counseled together by the same counselor.

Students should be prepared to spend AT LEAST 15-20 hours per week over a 15 week period in Practicum activities (summer Practicum students should be prepared to spend at least 20-25 hours per week over a 10 week period). Due to the varied availability of clients, students should be prepared to spend more hours in one-on-one sessions as the semester progresses.

Normally, students are expected to meet with their clients in the Center facilities at the University. Should special circumstances necessitate meeting at another location, the student must have the prior permission of their Practicum Supervisor and the Practicum Director. In addition, arrangements to see the client for at least three meetings during the semester at the Center must be made in order to obtain supervision by direct observation and/or video recording of a counseling session. Students are required to see a minimum of two clients through the UCD Student and Community Counseling Center during the regular semester.

Evaluation and Grading

In addition to informal evaluations during individual supervisory sessions, Practicum students will be formally evaluated by their supervisors on a variety of skills and activities at midterm and again at the end of the semester. Maintenance of client contact information including contact hour logs and client records will be included in the evaluation as well as attendance at both individual and group supervisory sessions.

Additionally, clients will be given an opportunity to evaluate their counselor as part of client satisfaction surveys, as well as make comments on the services they have received through the Center. Client's comments will be shared with the Practicum student's supervisor if mentioned by name.

Letter grades will be given based on the following considerations:

- Attendance at class meetings.
- Professional/ethical behavior.
- Completion of required number of clock hours.
- Evaluation of skills and performance on Practicum Student Midterm and Final evaluations.
- Timely completion of all paperwork.
- Accurate note taking and record keeping.
- Arranging and attending individual supervision on a weekly basis.
- Following through with clinic policies & requirements.
- Openness to, and incorporation of Supervisor feedback.

The final grade reflects level of performance at the end of practicum. The grade is not cumulative.

A letter grade of "A" indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates excellent counseling skills, high standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession.

A letter grade of "B" indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates strong counseling skills, above average standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession.

A letter grade of "C" indicates that the student did not complete all course requirements in a timely and professional manner, needs to improve counseling skills, may need to examine personal and/or professional standards, appears to

be unwilling to learn or lacking in commitment to the counselor profession. Further, the student will be required to re-take Practicum after s/he has fulfilled the additional stipulations required of him/her by the faculty, and may lead to a re-evaluation of the student's participation in the counseling program by his or her faculty advisor, Practicum supervisor, the Practicum Director, and CPCE faculty. Students may only repeat their Practicum once.

A letter grade of "F" is given in cases of unethical behavior or grossly lacking counseling skills. In this situation, re-evaluation of the student's participation in the program will be done by the Supervisors, Practicum Director, and the Division Director, developing a remediation plan for the student or possibly resulting in dismissal from the program.

In cases where the student has failed to meet the required number of clock hours, a grade of "IW" (Incomplete) will be given. Failure to complete the requirements within one semester will result in re-evaluation of the student's continued participation in the counseling program.

Accommodations

If a practicum student wants/needs accommodations, they must work with the office of disabilities to specify the accommodations they are requesting. If they don't ask for accommodations, it will be assumed that the student is able to perform all the functions required of practicum as outlined in the competency document.

Repeating Practicum

The supervisory team consists of the Clinic Director, clinic staff, and supervisors. The team evaluates students' progress bi-monthly and conducts formal evaluations at midterm and at the end of the semester. The supervisory team may identify students who are not meeting Practicum objectives at the midterm evaluation. In these cases, a formal remediation plan will be designed by individual supervisor and the practicum student. Both will sign the document and track progress. These students may be required to continue in Practicum for a second semester unless they have proven themselves to be proficient by the final evaluation at the end of the semester. Students who are required to repeat Practicum must register for CPCE 5910 for 3 credit hours and must participate fully in the course requirements for the duration of the subsequent semester. Students repeating Practicum may not register for Internship (CPCE 5930) until they have completed Practicum successfully.

Completing Couple and Family Hours

If a student is in the Couple and Family Track and cannot complete the required 16 hours of direct service with couples and families due to a lack of clients, the student may be allowed to move on to Internship if the following requirements are met:

- The student's number of direct service hours totals 30 or more.
- The student has at least 12 hours of direct service with couples or families.
- The student has demonstrated a skill level that the supervisory team agrees is sufficient for Internship.
- The student is performing at an acceptable skill level, has made a concerted effort to complete the required hours, and was only hindered by a lack of couple or family clients on their caseload.

If the student is given permission to move on to Internship, the procedure will be as follows:

- The student will receive an IW in Practicum, which will be changed to the appropriate grade following the completion of the required direct service hours.
- The student will complete the required hours at their Internship site and will submit a final Practicum Log once the required hours have been completed.
- Hours counted toward the completion of Practicum may not be counted as Internship hours.

Mission Statements and Goals

Service to CU Denver Students, Faculty, and Staff - We, at the UCD Student and Community Counseling Center, (hereafter referred to as "the Center"), believe that students' successes are dependent on their emergence as whole human beings, and dedicate ourselves to delivering the best possible help and guidance. We act in partnership with the Mission of this University to enhance students' optimal educational experiences. We help students to establish themselves as contributing individuals responding to "the challenges of an urban environment". The staff of the Center serve as experts and consultants to CU Denver faculty, staff and parents regarding the mental health needs of students. All students receive a service benefit of an intake session and ten (10) additional counseling sessions at no cost. Students may continue beyond the 11th session on a fee for service basis based on income. Students have the option of being seen by one of our licensed professional staff (in this case, sessions are limited) or one of our student counselors on an unlimited basis. Students may wish to transfer to a student counselor when they have reached their session limit with a staff counselor. These benefits are renewed on a yearly basis.

The Center staff is available to help with campus mental health emergencies, and to provide consultation for troubled students and staff. Staff is also available upon request for classroom and departmental in-services on a variety of topics related to college students and mental health. Further, the staff will provide a one-time mental health consultation for any UCD faculty or staff upon request.

Service to the Denver Area Community - The Center provides low cost or no cost mental health and counseling services to students and families in a partnership with the Denver Public Schools. We also provide low cost services to any community member who qualifies for our services. Many of our clients would otherwise go without the benefit of mental health services. Several private and public community agencies refer clients to our Center.

Service to CPCE student training - The Center is part of the professional training program in the Division of Counseling Psychology and Counselor Education at UCD. The Center serves as the "in house" clinical training site and research center. As a clinical training site, the Center provides opportunities for Master's level Practicum and Internship students to provide quality services through different modes of treatment such as individual, couple, family and group counseling under the supervision of qualified clinicians and faculty members. As a research center, this site provides opportunities for research that can improve our understanding of human coping mechanisms and how clinicians can be trained to better serve the needs of a diverse community population.

Philosophy

The staff at the Center believes in a health-oriented model and values an integration of diverse theoretical modalities. Our staff also responds to the developmental challenges individuals and their families may be facing.

Service Delivery Model

Introduction

Increasingly, counseling psychology is moving toward a strength perspective in both philosophy and counseling practice. To quote Martin Seligman, Counseling "... is not just the study of weakness and damage; it is also the study of strength and virtue". The University of Colorado Denver Student and Community Counseling Center has practiced a strength-based approach to helping our clients for several years. Our current logo, *Support, Growth, Solutions*, embodies our focus on support for clients as they learn to optimize their skills and inner resources in order to grow, see possibilities, find solutions and overcome barriers to their academic and personal success.

In order to increase our efficacy, the Center practices a multimodal, strength-based wellness approach. At intake and the first session, all individual UCD student needs are assessed and a resource action plan (Wellness Resources Action Plan or WRAP Sheet) is collaboratively constructed between client and counselor. Center resources include individual, couple, family counseling; group counseling; workshops, testing, case management, crisis intervention as well as on campus and community resources as appropriate. Details about how to access each resource are outlined. Our goal is that each client will utilize all the recommended resources in order to maximize their potential for success and optimal well being.

Strength-Based Core Counseling Service Model

What follows is a description of the strength-based counseling model which is infused in all Center services. The model is trans-theoretical; therefore, it can be integrated with a variety of theoretical orientations and interventions. We are indebted to Dr. Elsie J Smith who authored a major contribution article in *The Counseling Psychologist*, Vol 34 No. 1 January 2006. Much of the model she outlined in that paper has been adapted for use at the UCD Counseling Center.

Definitions

First, here are some definitions the core concepts.

Strengths

Strengths are that which helps a person to cope with life or that which make life more fulfilling for oneself and others. Strengths are not fixed personality traits. They develop from a dynamic, contextual process rooted deeply in one's culture. Strengths can be learned or taught. Strengths are incremental: one strength provides the foundation for achieving another.

Strengths can be classified as:

- Biological - rest, nutrition, compliance with medication, exercise, health status, leisure time
- Psychological
 - Cognitive -intelligence, problem-solving abilities and knowledge
 - Emotional - self esteem, stable mood, optimism, good coping skills, self-reliance, self-discipline
 - Social - belonging and support, friends, family and mentors
 - Cultural - beliefs, values, traditions, stories, strong positive ethnic identity, sense of community and bicultural identity
 - Economic - being employed, having sufficient money, and adequate housing
 - Political - equal opportunity and having a voice in decisions
 - Spiritual - religious tradition, faith, meaning or life purpose beyond the material world

Further, strengths have the following characteristics. They are:

- Culturally bound - Characteristics regarded as strengths in one culture may be viewed as weaknesses in another culture. An example of this is individualistic autonomy.
- Contextual - Strengths are developed within a given situation containing certain characteristics that may either promote or retard human strengths.
- Developmental and lifespan oriented - Some strengths require a certain level of cognitive, physical or experiential development.
- Adaptable and functional - These are core strengths. They reflect a person's ability to apply as many different resources and skills as necessary to solve a problem or to achieve a goals
- Transcend personal, environmental and societal circumstances - Strengths enable resilience.

Categories of Strengths have been identified in the literature:

- Wisdom- the ability to integrate logic and emotion; to take the long view
- Emotional Strengths - insight, optimism, perseverance, putting troubles in perspective
- Character Strengths - honesty, discipline, courage, integrity, perseverance
- Relational and nurturing strengths
- Educational strengths

Holistic

Holistic refers to a wellness approach that addresses the body, mind and spirit (the physical, emotional/mental and spiritual aspects of an individual).

Strength-Based Counseling

An approach to counseling which stresses developing assets, seeks to understand human virtues and to answer the question, "What strengths does a person have to deal effectively with life?" It is a corrective paradigm that allows counselors to see the glass as half full rather than half empty. The perspective maintains that humans have a self-righting tendency that allows them to grow and develop even under persistent, adverse life circumstances.

Core Assumptions of the UCD counseling approach

- Integrative, collaborative and multimodal
- Respectful of clients including their readiness for change
- A collaborative process between counselor and client
- All people have strengths, resilience, innate competence, resourcefulness and unique motivations which can be identified and amplified
- Client directed, non-pathologizing
- Conversations are possibility focused; counseling is infused with hope and optimism
- Empathy and the ability to step into clients's world views are essential to all successful client interactions
- We seek to amplify client's agency and sense of control
- Culture has a major impact on how people view and evaluate human strengths. Counseling focuses on the clients' cultural and individual strengths while understanding and acknowledging the reality of the victimizing effects of racial, ethnic and other forms of discrimination and oppression.

Model/ Tasks of Therapy

The proposed clinical model will consist of four distinct stages: Intake, Joining, Action, and Consolidation.

INTAKE, ASSESSMENT, REFERRAL, WELLNESS RESOURCE ACTION PLAN (WRAP)

All Center clients complete an intake interview. During this phase counselor and client discuss reasons for seeking counseling, concerns, background information, goals and strengths.

Once the intake has been completed the intake counselor will submit the written intake to the Director who will assess the information to determine if the individual/couple/family is appropriate for treatment within the clinic and/or other services within the university and the community. If the clients are not clinically appropriate for the Center, they will receive referrals to other helpful, cost effective care and resources on campus and/or in the community.

If the client/clients are deemed to be appropriate for treatment within the clinic, they will be assigned a counselor(s).

For individual UCD students, assigned client will meet with the client to complete a WRAP sheet, a Wellness Resources Action Plan, suggesting a range of holistic services within the university and the greater Denver community. The goal is to offer access to all resources that will increase the client's likelihood of academic and personal success.

Once the WRAP sheet is complete, the counselor and client will transition to the next phases of the counseling process. The transition may occur in the same session or at the start of the next session depending on the length of time it takes to complete the WRAP sheet.

Couples, families, individual community members are given a list of additional resources; however, they do not complete the WRAP process. They may, however, be encouraged to take advantage of additional Center services such as workshops, screenings, case management, and groups, if they are eligible

The next three stages of the model are the Joining Stage, Middle or Action Stage and the Ending or Consolidation Stage.

Throughout all three of these stages, the counselor will maintain a focus on encouragement and instilling hope. The counselor believes that the client(s) have the strengths needed to resolve their problems and reach their stated goals. The counselor conveys that change is not only possible, but expected and encourages the client throughout.

Given the fact that the clinic will adhere to a 10 session maximum model, the number of sessions to accomplish each task/stage will vary depending on client readiness and other factors.

JOINING PHASE

Goals of joining phase:

- Help clients begin to identify and marshal strengths and competencies to confront difficulties
- Form a collaborative treatment alliance
- Create a sense of safety and security - a sense that clients will be respected and not judged
- Meet client where they are at in their process
- Convey that client is seen as a worthwhile human being with positive qualities and strengths
- Take the initiative to explore and bridge differences.
- Identify and highlight client's cultural resources as a source for strength.
- Invite clients to narrate their life stories while re-authoring their story towards a strength perspective--telling one's story, making sense of one's life and viewing oneself as a survivor not a victim
- Encourage clients to look for exceptions, meaning those times when the problem wasn't present or when they would have expected the problem to be present but it wasn't. Clients are helped to see the assets and strengths they used at that time
- Set a focus for treatment and begin to shape treatment goals.
- Instill hope

During this phase, counselors will employ the skills of active listening, reflecting, demonstrating empathy, and summarizing .

Possible questions to clarify and amplify strengths include:

- How have you managed to survive? Change "survive" to another word that implies more than just getting by...thrive? Other?
- What do you do well?
- What do other people look to you for?
- What are your outstanding qualities?
- How have you been able to adapt to change?
- What special characteristics or talents distinguish you from others?
- What's different about the times when the problem is present and when it is not present?

Ideas for assessment

Strength-based assessment has been defined as the "measurement of those emotional and behavioral skills, competencies and characteristics that create a sense of personal accomplishments; contribute to satisfying relationships; enhance one's ability to deal with adversity and stress; and promote one's personal, social and academic development".

Given the fact that clients always attempt to resolve their problems based on how they have defined and understand them, counselors should explore with client their view of the real problems. Clients are encouraged; to reveal what they perceive their problems to be, why they believe the problems exist, what behaviors/situations cause them the most problems and the consequences of the problems. Questions may include:

- How can I be most helpful to you? What is your theory about why you have these problems?
- If there were one question that you were hoping I would ask you, what would that question be?

Encourage and Instill Hope

Encouragement is feedback that emphasizes effort or improvement rather than the outcomes of client efforts. Counselors convey faith that clients will move forward in a positive direction. Counselors talk about the current concern as an opportunity for growth. Encouragement is different from praise and reward. Praise usually involves a judgment (good not bad, right not wrong) Encouragement is not dependent on specific actions where as praise is usually given when one has achieved the desired goal.

Counselors may compliment the client's commitment, effort, and clarity, determination as clients being to change their perspectives on their difficulties and develop a sense of possibilities. The counselor's hope, respect and optimism begin to be transferred to the clients and to serve as the beginning for both a trusting relationship and client change.

The counselor actively helps uncover evidence of clients past successes. Counselors amplify survivor pride as clients acknowledge the pain and suffering that they have experienced; yet, they also report pride in being able to outwit, sidestep or endure that hardship.

In this stage, the counselor helps to rekindle hope by asking about the last time they felt hopeful about life and what life circumstances made them feel hopeful. Possible questions include:

- When was the last time you felt hopeful about your life and circumstances?
- What was going on in your life that made you feel hopeful?

A technique to instill hope is creating a hope chest. Counselors invite clients to imagine a hope chest that would permit their problems to disappear. The counselor posits that three wishes might be granted from the hope chest under the condition that changes must be made to ensure their continuation. Clients are then asked to describe the three hopes that they would take out of the hope chest and how the granting of these hopes might change their present situations. Then ask, what the client will have to do to keep the hopes alive and to sustain the three hopes? The hope questions reveal what clients want to change about their lives and what they are willing to do to sustain those changes.

Counselors guide an exploration of how clients are addressing problems rather than the problems themselves. Client and therapist explore and evaluate modes of coping and current sources of support. Counselors ask clients to recall past successes in solving problems and overcoming barriers. Looking back to life before the problems existed may also help.

Goal Setting

Together, clients and counselors

- Explore the strengths and resources clients have to make the changes they desire
- Establish specific goals that are explicit, operational, realistic and attainable, time limited, observable and measurable.

MIDDLE OR ACTION PHASE

Goals of this stage include:

Assess stage of change and plan appropriate interventions

Collaborate with client to create and execute change plan which includes in session interventions as well as extra therapeutic interventions (homework)

Continuously assess client's progress and motivation for change

Highlight small steps and successes

Normalize and accept setbacks and ambivalence

Help the client is have a novel experience and to try out new behaviors resulting in increasing hope and agency.

Building Strength and Competence

The goals of this stage are: amplifying courage, insight, optimism, perseverance, persistence, and finding purpose.

Counselors help clients realize that they are not powerless to effect change in their lives. This recognition contributes

to a sense of autonomy and agency as clients learn that they can find solutions and experiment with trying out new strategies, skills and beliefs. Building external resources (assets) are key at this stage. Assets may include:

- a. Support, care and love from family, community and teachers
- b. Empowerment and opportunities to contribute and feel valued in their families and communities while feeling safe and secure
- c. Skills to define boundaries and expectations of self and others.
- d. Constructive use of time, enriching opportunities for growth through creative activities, programs, spiritual involvement.
- e. Building a positive self identity to promote a strong sense of client's own power, self-efficacy, purpose, worth, and promise.

Empowering

Explore interconnections between personal and political realities by shifting power to the client. Empowerment is the process of recognizing and promoting the client's competent functioning. During empowerment, the counselor works to develop a critical consciousness about the client's sociopolitical life. Clients explore the social origins of their actions and focus on the context in which the problems occurred. Counselors help clients to recognize that problems are not necessarily within the person, problems can provide insight/growth and that the client possesses a solution for every problem. The client is doing the best s/he would with the awareness and resources he/she has.

Changing

Counselors help clients to understand that change is a process, not an isolated event. Client strengths are viewed as the foundation for making desired changes. Change talk consists of productive dialogue that helps client become aware of what modifications they must make to improve their lives.

Counselors;

- Help clients to focus on what they are doing right regarding the situation
- Identify small steps

Clients begin to:

- View mistakes as opportunities for learning
- See that all is not hopelessness
- Goals of this stage include:
- Recognize and anticipate potential obstacles

Reframing is an important part of this process. As the client experiences the difficulty from a new or different perspective, s/he is able to note positive aspects of the situation. Reframing has been conceptualized as more than just a one step process because several types of client's emotional reactions and behaviors are required. These include; recognition, acceptance, understanding, recognition that there is always a choice for how to view adversity, changing the meaning of the event, deriving lessons from the painful event, redefining themselves around strengths and multiple talents, and taking constructive action around new strength-based identities and perseverance. The client acknowledges, confronts and accepts what has happened.

Changing the meaning of life circumstances is also important. From an existential perspective, clients begin to realize that they have the ability to choose the meaning that they ascribe to events and circumstances in their lives both past and present.

Types of questions that might be utilized in the change process would include:

- Scaling Questions
- Future Questions
- Circular Questions

During this phase, interventions from many different counseling traditions may be employed. Some might include behavioral techniques such as role plays, Progressive Muscle Relaxation or Systematic Desensitization.

Cognitive interventions could include thought stopping, challenging irrational beliefs, pros and cons, ABC analysis.

Gestalt and narrative techniques may also be employed.

Art therapy, guided imagery, sand tray, journaling, bibliotherapy are also possibilities.

The choice of interventions will be informed by case conceptualization, stage of change, and a collaborative exchange between client and therapist.

ENDING OR CONSOLIDATION PHASE

Goals

Recognize and amplify gains and successes

Create a collaborate plan for active maintenance, thereby, building reliance

Amplify new skills, competence and strengths

Review the counseling process

Celebrate successes as part of ending the counseling relationship

Determine future goals and available resources in the Center, the university and the community

Building Resilience

The goal is to fortify client from a recurrence of the same problem or similar problems. This phase explores what clients can put in place and/or do more of to maintain strengths, gains, and positive changes. The client accepts that lasting change mean actively working to maintain gains once change has occurred.

Evaluating and Terminating

Client and counselor honor the progress that has been made. They determine whether the client has accomplished their goal/goals, whether changes can be attributed to the intervention and what client strengths and environmental resources were most significant in helping to achieve their goals. During termination, counselor seeks to answer questions such as;

- Has the client accomplished what he or she contracted to do?
- What newly gained or amplified strengths will the client be taking away from counseling?
- Does the current situation suggest the need for further counseling?

Ethical Considerations

First and foremost, the theoretical model that is discussed in this document and all interactions between the clinic Clinicians, Faculty, Staff, Students and its clients are built upon the foundation of Kitcheners moral principles of autonomy, nonmalfeasance, beneficence, justice and fidelity.

Prior to starting the Practicum, all student counselors have completed a course on counseling ethics, as well as multiple subject specific classes that discuss ethical standards as they apply in various content areas throughout the counseling profession. Student counselors come to the clinic with significant academic training in theory, interviewing skills, case conceptualization, and multiculturalism. They have been challenged to develop their own theory of clinical change and an integrated theory of practice. In addition, all student counselors will participate in a comprehensive orientation where they will receive training on the strengths-based model prior to seeing clients.

Throughout the practicum experience, students perform all clinical activities under direct/live supervision, and they also receive a minimum of one hour per week of individual supervision and one and a half hours of group supervision, where they can discuss cases, ethical issues, and professional development. While most student counselors enter their clinic experience with limited clinical exposure, the support and constant feedback allows them to meet ACA Ethical standards associated with practicing within one's scope and clinical expertise.

The supervisors and student counselors are well versed on multiple ethical decision making models and are also well versed on the codes of ethics of several professional organizations, including the American Counseling Association, the American Association of Marriage and Family Therapy, the American School Counseling Association and the American Psychological Association.

The clinic supervisors are all either masters or doctoral level professionals who are licensed in the State of Colorado as Professional Counselors, Marriage and Family Therapists or Psychologists. Each supervisor has years of experience as a clinician and as a clinical supervisor. Each supervisor has been integrally involved in the planning and development of this new treatment philosophy and will provide supervision that is consistent with the model.

Multicultural Considerations

The UCD Student and Community Counseling Center Model embraces a cultural understanding of client challenges, strengths and resources. All counselors will demonstrate the following skills in the delivery of all mental health services:

- Utilize clinical interview and appropriate continued questioning to ascertain the worldview of each client.
- Adapt techniques, theory and personal style to meet the client at client's phenomenological reality.
- Treatment goals and plan reflect an understanding of the client in their cultural context.
- Demonstrate comfort level with discussing differences with client.
- Demonstrate a strong commitment to continued personal growth in multicultural competence.
- Bring diversity discussions into supervision.
- Demonstrate awareness of how ones' own diverse background impacts therapist-client interactions.
- Demonstrate awareness of personal, ethnic, racial identity development.
- Awareness of racism and oppression as possible factors in the client's presenting problem.

Training Considerations

The clinic is a joint venture between the UC Denver Student Affairs Department and the Counseling Psychology/Counselor Education Department (CPCE) within the UC Denver School of Education and Human Development. While the clinic is managed, maintained and staffed under the auspices of the Department of Student Affairs, CPCE provides the student counselors, funding for honorarium faculty supervisors, facilitation of practicum seminar classes, and is involved in the development and facilitation of clinical training to insure that the student counselors are prepared to participate in this new clinical model.

As was stated above, all student counselors will participate in an orientation program that includes training on positive psychology and strengths-based counseling models, the practice of brief psychotherapy and ethical issues related to practicing brief psychotherapy. This training program not only prepares students to work effectively within the new clinic model, it also prepares counselors to work within a professional market that is, in part, controlled by insurance and managed care companies that limit the number of sessions covered. This specific brief, strengths-based model prepares student to practice in a way that respects the needs and wishes of the client, while engaging present personal and/or systemic resources in the process of solving problems and developing additional resources needed to continue success after the termination of therapy.

Given the fact that many students will leave this academic setting and seek employment within more traditional, medical model community mental health agencies, it is imperative that the student counselors also receive training in diagnosis, case management, and advanced case conceptualization skills. The practicum seminar classes will assist students to learn to function in both strengths-based and disorder based treatment environments. Within these practicum seminars, students will be expected to complete a variety of assignments that will insure that they are prepared to meet the needs of a variety of treatment/employment environments.

Evaluation and Outcome Research

Research activities will focus on the effectiveness of this new treatment philosophy, the impact of the various components of a holistic model, and new treatment protocols as an effective training vehicle. Research will focus on the effectiveness of the treatment methodology in meeting the emotional, social, and behavioral needs of a college counseling center population, as well as individuals, couples, and families from the community. This investigation will include the study of service utilization, outcome measures of client satisfaction, etc.

Another area of study will be the effectiveness of this new model for training counseling students. This research will focus on requisite skills acquisition, Counselor satisfaction, supervisor assessment, feedback from internship site supervisors of students matriculating from the clinic to community based internship sites, etc. Both quantitative and qualitative methodologies will be utilized.

Conclusion

The clinical faculty of the UCD Student and Community Counseling Center, the academic faculty of CPCE, and the Division of Student Affairs are excited to launch the strength-based service model at the University of Colorado Denver. As the model is implemented and assessed, appropriate changes will be made in the spirit of continuous improvement. We enter this transition with confidence and anticipation that the strength-based approach will increase the ability to support our clients, to facilitate their growth and to assist them in finding solutions. Through recognizing and utilizing their strengths, our clients will be helped to reach their goals and maximize their ability to construct a satisfying and purposeful life for themselves and others.

Quality of Services

The Center is committed to offering high quality counseling services to clients on a restricted basis. As a training facility, the Center has a limited number of students who are allowed to deliver services to clients. These students are carefully selected and supervised by the clinical faculty. The Center operates on a walk-in, referral, and appointment basis. To ensure that clients benefit from the services, all clients are initially screened to determine their counseling needs. The Center maintains a continuous quality assurance program and client satisfaction program.

Limitations of Services

The Center is not able to provide 24-hour care; therefore, the Center provides appropriate referrals to individuals (e.g., in-patient substance abuse, acutely suicidal, homicidal, or psychotic) in need of more intensive treatment and continuity of care. In these cases, supervisors will collaborate with the appropriate agencies in order to assure client safety. Some services may be requested that are beyond the scope of our competencies such as forensic assessments or child custody evaluations. In these cases referrals will be made to other agencies.

Confidentiality and Client Records

The Center will collect and maintain records in written and taped formats in order to provide the highest quality of supervision and counseling services to clients who are seen at the Center. Information collected includes: assessment data, taped recording of sessions, progress notes, and information supplied by other agencies involved with the client. The policies regarding public records will be adopted to preserve the protection of the client's right to privacy and the fulfillment of the professional responsibilities of confidentiality. All information obtained is confidential and can only be released with the client's written consent. The exceptions to the right to confidentiality are when disclosure of records is mandated by federal and state laws such as court order, risk of harm to self or others, and child or elder abuse.

Public Records

In keeping with ethical standards of mental health professionals (American Counseling Association, American Psychological Association, and American Association for Marriage and Family Therapy), all counseling services will be confidential.

Disclosure of Confidential Information

Client Access to Records - Access to records and copies of records will be provided when requested by competent clients, their legal representatives or parents /legal guardians of minors, unless the records contain information that may be misleading and detrimental to the client. When records contain such information, the counselor or agency may provide a report of examination and treatment in lieu of copies of records. Upon a client's written request, complete copies of the client's records will be provided directly to a subsequent treating mental health professional. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client.

Disclosure of Confidential Information to Third Parties - A client may request that information regarding assessment data, test interpretations, or other information gathered in the course of counseling be released to other appropriate mental health professionals. These requests must be in written form through the completion of an Information Release Form, which can be obtained from the counselor-in-training or the clinical supervisor. Telephone requests will not be honored, but the Information Release Form can be mailed to the caller. The form includes: a) the individual or agency to whom the information is to be released; b) the kind of information to be released; c) the reason for requesting the release; d) the client's date of birth; e) the client's signature; and f) the signature of a witness.

Disclosure of Confidential Information Prior to Consent - (i.e., disclosure due to health and safety emergencies) Information may be released from client records to appropriate persons in connection with an emergency if the knowledge of such information is deemed necessary to protect the welfare of a client or other persons. A counselor has a legal responsibility to follow procedures for dealing with potentially violent clients when he or she becomes aware of potential violent behavior on the part of the client. Counselors have an ethical responsibility to follow procedures for dealing with potentially suicidal behavior on the part of the client. Counselors have a legal responsibility to report to the local police authority or to the local child protection services any instance of suspected or reported child abuse.

Disclosure Pursuant to Requirements of Law - Confidential information will be released if so ordered by a court of competent jurisdiction or otherwise as the law requires. In such a case, an attempt will be made to notify the client prior to the compliance.

Disclosure for Research Purposes - Clients participating in research studies conducted by the UCD Student and Community Counseling Center will be informed of the safeguards against disclosure in the research design. Research studies of this nature demand prior client knowledge and consent. All research studies will have obtained permission from the Human Subjects Board prior to the collection of data.

Research Projects Involving Clinic Records and Clients - Due to the need for confidentiality of client records and the requirements for the protection of human subjects, it is necessary for all proposed research projects to be reviewed and approved by the Human Research Committee, the clinical faculty, and the Division Director prior to implementation.

Fees

UCD and DPS students are eligible for up to 10 free sessions per academic year. For clients who are members of the greater Denver Metro community, there will be a sliding fee scale which will be used to determine payment for counseling services based on family size and annual household income.

Parental Consent for the Counseling of Minors

All minors (under 16) will be required to have parental or guardian consent for services. In cases where minors live with a legal guardian, a court document must be presented giving the guardian the right to provide permission for mental health services. For clients 16-18yrs old, the center strongly recommends written parental consent.

1. In order to provide counseling for a child under the **age of 18**, the Center requires signed parental consent from the child's legal guardian/guardians. When treating an adolescent, an agreement with parents can be discussed

at intake about what information will and will not be shared with parents. Parents and therapist should sign the agreement describing the parameters of limited confidentiality of the minor child. In cases of emergency, the Center will inform the parent or legal guardian regardless of any previously signed agreements.

2. In cases of divorce, a parent who has legal custody of the child may give consent. "Legal Custody" is a designation as a result of a court action.
3. In case of divorce, if both parents have "joint custody", then it is recommended that both parents sign the consent forms. Where there is joint custody and a dispute arises about the necessity of our the type of treatment provided to the minor child or children, either parent shall be allowed to obtain necessary medical treatment for the minor child without violating the joint custody order (C.R.S. 14-10-123.5)
4. If only one joint custody parent signs the consent, a letter should be sent to the other parent informing him/her that counseling services are being provided.
5. If a parent has "sole custody" of a minor child that parent with the authority to make all major decisions concerning the child's health, education and general welfare. His or her consent is all that is required by the Center to provided counseling for the minor child. In emergency situations, the non-custodial parent may consent to necessary medical treatment for a minor child. Even in those situations where a non-custodial parent does not have the right to control the patient's care, he or she can request the patient's medical records. (C.R.S. 14-10123.5)
6. A parent of a minor, by a properly executed power of attorney, may delegate another person, for a period not exceeding nine months, any of his or her powers regarding care, custody and decision-making responsibility, including the power to consent to medical care and treatment (C.R.S. 15-14-104)
7. Health care providers should assume that no other person possesses the authority to authorize a minor's medical record. The primary exception to this rule is where a court has awarded legal custody to another family member or institution. Under Colorado law a court may award legal custody of a minor to another party when it is in the minor's best interest. Any court appointed guardian is awarded the power to authorize medical care and treatment for the minor.
8. Minors of at least ***fifteen years of age*** can consent to treatment without parental notification.

Common Questions when working with Children

Who must give consent to treat a minor child?

If the couple is married/cohabitating: both parents must sign*

If the couple is separated/ no longer together but not formally divorced: both parents*

If the couple is divorced: The parent who has decision-making authority. The courts usually determine this in the case of divorce by decree or court order. At times there will be a joint decision-making and in that case both parents must sign consent. Parents must produce the legal document that states who has decision-making authority before first session can occur. *

**If one parent cannot attend the session to sign in person, they may get their signature notarized and then send in via another family member, fax or mail.*

Parents who have decision-making authority both have access to the child's file.

When must authorization be obtained?

By the beginning of the first counseling session. If a parent and child arrives for a session prior to all the authorizations being in place, you must let them know you cannot see them for counseling. If you are very clear about this when scheduling the appointment over the phone it will hopefully not be an issue.

Who is responsible for obtaining authorization?

The ongoing counselor. If one parent came to the intake, and the other parent has decision-making powers but will not be involved with counseling, it is good practice for the counselor to call the other parent personally to inform them of their hope to work with their child, obtain the authorization and ask if the parent would like to meet them or has any questions.

If the client is over 15 years old, must I get authorization?

Legally, no. If the client comes with their parents to session, it can be good practice to have the parent sign if it is a comfortable relationship.

I have a 13 year old who is coming to individual child therapy. What do their parents do during session?

The parent must stay in the waiting room during the session for any client under 15 years old.

I have a transfer client who I don't believe has both parents' signatures authorizing treatment. What do I do?

Always check before seeing the client. Call the parent who has been the contact and explain that we have a policy regarding obtaining authorization for working with children. If the parent is divorced, they must either a) produce the court document stating that they have sole custody or b) get you the notarized signature from the other parent or c) put you in contact with the other parent to come in to sign the form. If the parents are married/cohabitating, they must bring in the other parent's signature (notarized or the other parent can come in person and sign). Keep a copy of the court order with decision-making orders in client file.

What do I do during the mid-session break with my child client? He/She is too young to be in the room alone.

Get the parent from the waiting room to wait in the therapy room with your client. In general, we don't leave kids under 10 alone in a therapy room unless they are very comfortable and established here.

How should I communicate to the parent about a child's progress in therapy?

In the first session, bring the parent in the beginning of the session to sign your disclosure form. During that time, with the child present, ask how the parent wants to be informed re: therapy. Generally, we have parents come in 5 minutes before the end of every session or every other session and we talk about what occurred in therapy in front of the child in vague terms (i.e. "Maria and I played a question and answer game. Maria talked about a child in her class who is frustrating her"). In session with the child, you will want to let the child know you will soon be bringing their parent in, and ask the child what they want their parent to hear, and preferably encourage the child to communicate directly to the parent. I would also strongly suggest talking to the parent in the very first session during the disclosure how often times children don't just "talk" about their problems in the way adults do, but they show us their problems and work them out through play, art, and metaphor. This helps mitigate the common problem of parents wanting the counselor to just get their child to talk out all their problems in an adult-like manner, and not understanding that therapy can still be helpful even if the child doesn't talk out their problems.

In session, my client reported that the parent whom they only live with two weekends a month is hitting them. What do I tell the parents?

The parent with decision-making powers must be informed. Our general policy is to also tell the parent who is named as the abusing parent as well. Ask your supervisor for guidance.

My client, age 14, just told me in session that she has older friends (16 & 17) who let her drive their cars after they have all been drinking. What do I do?

The parent with decision-making powers must be informed. This would fall into the area of "safety risk" where we need to notify the parent. Be overt with the client that you need to inform their parent and that you would like the client to be involved. Be aware that the parent may need/ask for guidance on how to handle the situation with their child.

Tape Recording and Observation

Informed Consent for Recording and Observing Sessions - Clients will be first informed of The Center's policy on recording and observation of counseling sessions when they call to obtain information or to make an appointment at

The Center. Additionally, they will receive written information about taping and observation of sessions. This information packet will inform potential clients of The Center's requirement that all clinic sessions be observed.

Consent for Recording - Clients are to be informed that their sessions' audio or video tape will be used for training and supervision purposes and that the information is kept confidential as is all client information (as is set forth on the section on confidentiality). A signed consent form indicating their agreement to the taping and observation of session requirements must be completed before the first session. If a community client refuses to be taped or observed, the counselor-in-training will provide referrals to other counseling agencies.

Professional Liability Insurance

All persons delivering services in The Center (e.g., both faculty and students) are required to have a professional liability insurance policy currently in effect. The limits of liability will be \$1 million, \$3 million.

Supervisor Responsibilities with Supervisees Counseling Clients

The faculty supervisor will be responsible for the quality of care provided clients seen at The Center by supervisees under his/her direction. The supervisor will work with the supervisee working with the client. However, in some cases in which the supervisee is judged not yet adequately trained to work with a particular client situation, the supervisor may take over the responsibility for the case. In such situations, the supervisor and the supervisee will consult together about the case before such decision is finalized.

PROCEDURES

Information Giving and Intake Procedures

1. Phone calls or requests for information about The Center will be handled by counseling center's administrative assistants who will be responsible for providing information about the counseling center to interested callers.
2. Interview of prospective clients will be handled by counselors in training under the supervision of clinical supervisors. During the interview, appropriate preliminary intake information will be gathered in order to assess eligibility and the possibility of a client being seen at The Center. Intake information will be given to the Clinic Director who will assess whether or not The Center is appropriate for the client. If the client is accepted for services, a counselor will call the client and arrange an appointment time for services. The first three sessions provided to clients are considered continued assessment and treatment plan development sessions.

Appointments

Appointments are to be scheduled by individual counselors. Counselors are responsible for updating the schedule book at the Front Desk of The Center to reflect their schedule appointments and room number. Client appointments are to be scheduled only when a supervising faculty member is on call in the department.

Client Record Keeping Procedures

In order to comply with The Center's ethical, professional, and legal responsibility to maintain records on behalf of past, present, and potential clients in a confidential manner, a professional file will be developed on each client containing: a) initial assessment interview notes, b) intake summary and case treatment plan, c) case progress notes, d) termination summary, e) client consent documents, e) assessment reports, and f) any other documents appropriate to the treatment of the client. This professional client file will be maintained in a secured room for 5 years beyond termination of client services.

A client who asks to see his/her/their record may receive a (verbal) summary from any counselor involved or from the Clinic Director/supervisor if the counselor is no longer on the clinic staff.

In accordance with applicable federal and state laws, the requirement for written release is waived in a health or safety emergency for the duration of the emergency. The following must be considered in determining whether disclosure without prior written consent may take place:

1. The seriousness of the threat to the health and safety of the student or other individuals
2. The need for the information to meet the emergency
3. Whether the parties to whom the information is being disclosed are in a position to deal with the emergency
4. The extent to which time is of the essence in dealing with the emergency

The counselor acknowledges the responsibility in making decisions regarding disclosure of information and to whom such information may be disclosed. Consultation with a Clinical Supervisor or the Clinic Director should be sought. In some cases, it may be appropriate for the information to be communicated through the Clinical Supervisor or Clinic Director if direct contact between the counselor and the recipient would be inappropriate.

Procedural Guidelines for Dealing with Potentially Violent Clients

A counselor in the UCD Student and Community Counseling Center has a legal responsibility to follow certain procedures when he/she becomes aware of potentially violent behavior on the part of the client.

- A. Evidence of Potentially Violent Behavior -The following criteria is sufficient cause for notification to the intended (identifiable) victim and for the invocation of these procedures:
 1. When there is a clear and immediate probability of physical harm to the client.
 2. When there is a clear and immediate probability of danger to other individuals.
 3. When there is a clear and immediate probability of danger to society.

- B. Procedures to Follow
 1. Evaluation and Documentation--As part of the process of identifying the intended violent action (threatened violence towards a specific victim), the counselor should immediately:
 - a. Notify their clinical supervisor or other clinical faculty designated in the Counseling Center (This conversation should be noted in writing and signed by both parties).
 - b. Assess the potential for violence by referring to the checklist in Appendix G.
 2. Based upon consultation, a mutual decision will be made with respect to the level of danger and whether to begin crisis management procedures.
 - a. It is recommended that the supervising faculty consult at least one other clinical faculty to assess danger and determine a course of action.
 - b. In cases where there appears to be no real danger, in the opinion of at least two clinical faculty members, a decision may be made to proceed no further in the evaluation at that time.
 - c. In cases where there appears to be reasonable concern for danger, a decision may be made to undertake further evaluation. In those instances, the following steps 3 through 8 may be initiated so long as there remains reasonable concern.
 3. The clinical faculty will meet to determine a treatment plan, intervention strategies, or to consider options such as further psychological assessment, referral to an outside professional, or other appropriate medical/psychiatric collaboration.
 4. Continual contact with the Clinic Director and other supervising faculty.

5. In cases involving UCD students, appropriate University officials will be notified.

Notification of Client, Police and Intended Victim (see relevant policies for further details)

1. Notify the client at the time of disclosure, as set out in the section above, that you have a duty to warn the intended victim and the local police.
2. Notify the police, or other appropriate agencies. This should include the police in the community of the intended victim. Be specific about the threat and the nature of the assistance required.
3. Notify the intended victim. Be specific regarding the nature of the threat and other steps in process or steps intended (i.e., phone call, certified mail)

Data Collection and Evaluation of Services

Data pertaining to the characteristics and quality of the services offered, the nature of the client populations served, and types of problems encountered will be routinely collected to assist the Counseling Center in its research on particular client difficulties and future planning. Types of data collected may include the following:

- client information containing demographic information about the client/client system and the nature of his or her concerns
- counseling goal identification
- evaluation of services
- assessment of client systems functioning

Clients requesting more than one simultaneous counseling modality

Clients at the Center may request more than one treatment modality. For example: a family who is seeking family counseling may also request individual child treatment. Or one or both partners in couples counseling may request individual adult counseling in addition to their couples work.

The general Center policy is that a client may be in only one treatment modality at a time.

This policy does not apply to situations where, for instance, a child and a mother are both receiving individual therapy from different therapists and are not also in conjoint therapy.

Exceptions that may be granted to this general policy based on the individual case and therapeutic needs of the clients. Therefore, if a student/counselor would like the Center to consider a treatment plan that involves more than one simultaneous counseling modality for a client, the following procedures will be followed:

1. Discuss the rationale for an exception with your individual supervisor
2. Complete the request form outlining the request and the rationale signed by both the student/counselor and the supervisor
3. Submit the written request to the clinic Director for review. The clinic Director will have the final approval authorization.

If the request is approved:

1. Clients will be notified that all treatment will be reviewed every semester and may or may not receive approval for the next semester.
2. Clients are aware that they are financially responsible for all treatment provided.

Sick Time

The Staff of the UCD Student and Community Counseling Center and Practicum Training Clinic recognize that we as professionals are committed to our work life as well as to our personal relationships including the care and welfare of

our children. At times, we recognize that parenting responsibilities will trump our professional commitments. When children are ill, in need of home care, and other childcare arrangements are not viable, we encourage and support both staff and trainees staying home even if that means rescheduling clients. We do not support bringing sick children and/or children who are in need of childcare to the Center. For several reasons, sick children and/or young children need to be cared for at home, not at work. If on occasion, staff or trainees need to stop by the Center for a few minutes, children may accompany them.

Case Management Services

UCD student clients can access case management services at the counseling center as needed, and case management meetings do not count against their available ten counseling sessions. If a client is in crisis, at risk of crisis, or struggling to access necessary on or off-campus resources, talk to the Case Manager (and your supervisor) about whether case management is appropriate.

For instance, if a client on your case load has been released from psychiatric hospitalization in the last month and is struggling academically, the Case Manager could meet with your client in addition to your counseling sessions in order to help them navigate academic resources and connect to continuing psychiatric care. Case management is available during most school breaks, as well, providing more continuity and help with transitions to off-campus providers.

PRACTICUM SUPERVISION

Supervision is one of the most important learning aspects of your practicum experience. Here are some tips to maximize your supervision experience.

Supervision Hours

1) Individual Supervision	1 hour/week.
2) Live Supervision	every session
3) Practicum Class/Supervision	1.5hrs/week

Individual Supervision

- Come to individual supervision prepared
- know and prioritize your needs
- keep a supervision notebook
- give your supervisor an up to date list of your clients
- identify a session or part of a session to view with your supervisor
- identify any personal concerns or individual reactions to clients that may get in the way of your effectiveness and bring them up with your supervisor
- bring up any concerns in the supervisory relationship or with your practicum experience in general
- check in with your supervisor about your progress/goals
- identify any possible ethical and/or safety concerns with your supervisor

Live Supervision

- Fill out yellow supervision sheet with specific goals for the session
- Alert the live supervisor to any planned session strategy before the session begins
- Take a break earlier rather than later in the session
- When there are safety issues or other concerns, take a break and check in
- Check in at the end of the session to get feedback from the supervisor
- Be open to different perspectives.

- Be willing to move from your comfort zone and try new strategies as suggested by your live supervisor.

Practicum Class/Supervision

- Do your readings
- Keep a practicum experience journal
- Participate and support your peers
- Ask for time if you need it. Peer supervision can be very helpful!!!



Practicum Competencies

4/2011

Name: _____

Supervisor: _____

Date: _____

<input type="checkbox"/> Initial Review <input type="checkbox"/> Midterm Evaluation <input type="checkbox"/> Final Evaluation

SECTION 1: PROFESSIONAL RESPONSIBILITIES

- 1) Individual Supervision
- 2) Group Supervision
- 3) Record Management
- 4) Professional Behavior
- 5) Ethical Behavior

SECTION 2: CLINICAL SKILLS AND RESPONSIBILITIES

- 6) Initial Intakes
- 7) Therapeutic Structure, Treatment Planning, and Goal Setting
- 8) Counseling Theories and Case Conceptualization
- 9) Therapeutic Alliance
- 10) Core Counseling Skills and Techniques
- 11) Multicultural and Diversity Integration

SECTION 3: COUNSELOR IDENTITY DEVELOPMENT

- 12) Evaluation of Self as Professional Counselor
- 13) Self-Knowledge

SECTION 4: SPECIALIZED COUNSELING SKILLS

14) Couple and Family Skills and Techniques

15) Play Therapy

SECTION 1: PROFESSIONAL RESPONSIBILITIES

1) Individual Supervision

Rating 1-5

- Is punctual.
- Is prepared for each meeting (as directed by individual supervisor).
- Identifies supervision needs and goals to achieve.
- Initiates interactive dialogue with supervisor.
- Informs supervisor of potential crises, safety concerns, or unfamiliar situations.
- Maintains openness to new or different clinical procedures, techniques, and concepts.
- Is willing to receive and use feedback.

Comments:

2) Group Supervision (based on feedback from group supervisor)

Rating 1-5

- Gives specific and informative feedback to group members.
- Receives and integrates feedback in a non-defensive manner.
- Values and utilizes group supervision as a venue for meaningful self-disclosure and self-reflection.
- Demonstrates effective skills in case presentation.
- Formulates diagnostic impressions using the DSM-IV multiaxial classification system.
- Completes all course assignments and requirements.

Comments:

3) Record Management

Rating 1-5

- Accurately completes all required paperwork in neat, readable, concise manner.
- Completes paperwork in a timely manner without reminders.

- Expresses information clearly and effectively, including intakes, progress notes, treatment plans, and termination summaries.
- Keeps records confidential.

Comments:

4) Professional Behavior

Rating 1-5

- Presents professional appearance.
- Effectively communicates needs and concerns.
- Is respectful of others' time.
- Exhibits respectful and courteous behavior.
- Understands and maintains appropriate interactions and boundaries with clients and colleagues.
- Respectful of others' values and preferences.
- Furthers professional development through workshops, seminars, readings, etc.
- Demonstrates a commitment and adherence to the operation and mission of the Center.

Comments:

5) Ethical Behavior

Rating 1-5

- Demonstrates an awareness and understanding of ethical practice as outlined by all relevant ethical codes (e.g., ACA, AAMFT) and Center policies and procedures.
- Demonstrates awareness of and compliance with all state and federal laws related to mental health practice.
- Understands the importance of ethical behavior.
- Demonstrates critical thinking in ethical decision-making.
- Readily seeks consultation for unique or unusual situations.
- Effectively practices ethical decision-making and intervention (e.g., child abuse reporting, domestic violence, suicidal assessment and intervention, understanding dual relationships).

Comments:

SECTION 2: CLINICAL SKILLS AND RESPONSIBILITIES

6) Initial Intakes

Rating 1-5

- Orients client to center policies and procedures.
- Demonstrates ability to easily develop rapport with new clients, communicating authentic caring versus being a "technician."
- Develops a connection for the client with the Center rather than to the intake therapist as an individual.
- Uses clinical judgment and clarifying questions to thoroughly cover all areas of client history and functioning that are associated with the presenting problem.
- Thoroughly assesses risk factors such as homicide, suicide, domestic violence, and ability to manage tasks of daily living.
- Follows clinic intake protocols and completes the full intake assessment within a 50-minute session.

Comments:

7) Therapeutic Structure, Treatment Planning, and Goal Setting Rating 1-5

- Assists client in identifying salient treatment issues and themes.
- Formulates collaborative treatment plan with client, including long-term goals, short-term goals and objectives as well as interventions.
- Assess client progress towards treatment goals.
- Continuously evaluates and resets therapy goals.
- Directs the focus of session towards discussion and interventions related to treatment goals and objectives.
- Monitors counseling expectations and agreements (e.g., session time, fee for service, scheduling appointments).
- Recognizes the need for referral and collaboration with outside resources.

Comments:

8) Counseling Theories and Case Conceptualization Rating 1-5

- Applies counseling theories and techniques appropriate to each client and clinical situation.
- Demonstrates an ability to use a pluralistic and integrated approach to clinical work.
- Assesses client readiness for change.
- Uses case conceptualization to direct interventions.
- Designs and delivers affective, cognitive, and behavioral interventions.

Comments:

9) Therapeutic Alliance

Rating 1-5

- Employs core conditions of the counseling relationship: empathy, unconditional positive regard and authenticity.
- Shows acceptance of client ambivalence about counseling and change.
- Recognizes value of processing client-therapist relationship including differences, conflicts, and empathic failures.
- Facilitates stages of counseling process—engagement, working, consolidation, termination.

Comments:

10) Core Counseling Skills and Techniques

Rating 1-5

Demonstrates competent use of the following:

- Attending behavior
- Display of warmth, genuineness, and caring
- Amplifying client strengths
- Minimal encouragers
- Normalizing
- Open-ended questions
- Succinct language
- Pacing/Timing
- Reflections of thought and feeling
- Summarizing
- Tolerating silence
- (Re)focusing
- Self-disclosure
- Underlining
- Highlighting inconsistencies

Comments:

11) Multicultural and Diversity Integration

Rating 1-5

- Utilizes suitable questioning to ascertain client worldview and level of acculturation.
- Demonstrates comfort level discussing and processing differences with clients initially and throughout the stages of therapy.

- Adapts treatment goals, techniques, style, and interventions to reflect an understanding of client in his or her cultural context.
- Brings diversity issues into supervision, including discussion of personal reactions to client-therapist differences.
- Understands biases in the larger system around mental health diagnosis, ability to access services and overall oppression.
- Understands how oppression may impact client.
- Demonstrates awareness of sexual orientation, gender and racial identity development.
- Demonstrates ability to work within client's respective belief system, value system, and worldview while recognizing personal beliefs, values, and worldview.
- Displays a strong commitment to continued personal growth in multicultural competence.

Comments:

SECTION 3: COUNSELOR IDENTITY DEVELOPMENT

12) Evaluation of Self as Professional Counselor

Rating 1-5

- Demonstrates interest in improving counseling skills through reviewing videotapes and utilizing professional resources including supervisors, peers, texts and journals.
- Assesses level of consonance and dissonance with client.
- Demonstrates awareness of impact on others and shows ability to use flexibility and non-defensiveness in addressing issues and/or conflicts.
- Shows awareness of transference and counter-transference issues with clients and is willing to examine them.

Comments:

13) Self-Knowledge

Rating 1-5

- Demonstrates knowledge and introspection regarding personal background and belief system in regard to culture, ethnicity, and diversity, and recognizes how these may influence counseling process.
- Demonstrates openness to self-reflection and growth through seeking feedback and engaging in personal therapies such as art therapy, music therapy, and psychotherapy.
- Demonstrates tolerance for fallibility in self and others.

- Shows healthy boundaries between professional and personal life, including emphasis on self-care.

Comments:

SECTION 4: SPECIALIZED COUNSELING SKILLS

14) Couple and Family Skills and Techniques

Rating 1-5

Conceptualization

- Conceptualizes clients in a systemic rather than individualistic fashion.
- Understands how differences in client background may impact their beliefs around relationship dynamics.
- Empowers clients and their relational systems to establish effective support structure.
- Recognizes strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.

Skills and Techniques

- Works towards joining with all the people in the counseling room.
- Engages each member through treatment process and balances participation as appropriate.
- Defuses intense and chaotic situations to enhance emotional safety of all participants.
- Utilizes co-therapist relationship as a model for effective communication.
- Facilitates client communication with each other instead of through therapist as suitable.
- Keeps emphasis away from "problem of the week" and focus on underlying themes.
- Assesses risk of domestic violence and takes appropriate action (e.g., safety plan, consult with supervisor).

Comments:

15) Play Therapy

Rating 1-5

Conceptualization

- Assess child's social and cognitive development and designs suitable interventions.
- Views the child in a full systemic context, including academic, family, social, cultural..
- Articulates difference in direct and nondirective play therapy styles.
- Works toward understanding underlying feelings/cognitions behind behaviors.

- Understands role as play therapist with child.

Skills & Techniques

- Joins successfully with child.
- Uses developmentally suitable child-friendly language.
- Demonstrates ability to be playful.
- Utilizes metaphor through play.
- Designs and implements techniques as appropriate (e.g., puppets, sand tray, art).
- Includes other systems as appropriate (e.g., family, school, community, mentors).

Comments:

SCORING CRITERIA AND GUIDELINES

The final rating for practicum performance will be based on the student's performance level at the conclusion of the course (rather than based on an average of all of the student's performances during the semester). Thus, the two earlier ratings (i.e., initial review and midterm evaluation) are considered formative in purpose. For the final overall rating, the supervisor will make a holistic judgment using the individual category scores (e.g., group supervision) as a guide.

CATEGORY RATING FOR INITIAL AND MIDTERM EVALUATION

5. Advanced: Student demonstrates consistent and insightful mastery in all areas.
4. Proficient: Student demonstrates consistent mastery in all key areas.
3. Developing: Student demonstrates inconsistent mastery across areas.
2. Needs Improvement: Student does not demonstrate mastery of many key areas.
1. Unacceptable: Student does not demonstrate mastery in most areas.

OVERALL RATING FOR FINAL EVALUATION

- 5 Advanced (Green Light to Internship)
- 4 Proficient (Green Light to Internship, with areas identified for development)
- 3 Developing (Yellow Light to Internship, pending completion of improvement plan)
- 2 Needs Improvement (Red light for Internship, probationary status)
- 1 Unacceptable (or does not provide evidence)

General Comments:

Student Name: _____

Student Signature: _____ **Date** _____

Supervisor Name _____

Supervisor Signature: _____ Date _____

INTAKE PROCESS

Keep in mind this may be the clients' first contact with the clinic. Having a positive experience is very important to their continued treatment.

You can help the client have a positive experience by focusing on the person and using the paperwork as a guide. Be familiar with the forms before you meet with the client so that you will not be sifting through paperwork while they are telling their story. It is very important for the new client to feel heard and understood during the intake.

Be aware that, for many clients, coming to therapy for the first time is a very difficult step, which they may have been working towards for quite some time.

Be aware that some clients may not be appropriate for a student and/or the clinic (e.g. active psychosis, high risk of suicide, high risk of violence, active domestic violence, and severe untreated substance abuse). All situations are different and if any of these issues arise, take a break and consult with the attending supervisor. Sometimes a referral will be made in the intake if the person is clearly not appropriate. If the person is a UCD student, then a licensed clinician may see them.

Paperwork

Receptionists will give the following paperwork to clients when they arrive

- 1) Blue Emergency Information Card
- 2) Client Information Form
- 3) Financial Agreement
- 4) Green Disclosure Forms (two copies, one for the client to take and one for the file)

After the client has filled out and returned the above paperwork, add the client's Initial Contact Form from the binder at the front desk and a blank Intake Form and give the clipboard to the Intake Counselor.

Steps

Step 1 Greet your client in the lobby.

Step 2 Begin by reviewing confidentiality (Note: confidentiality can be broken if there is concern that the client is at risk for harming self or others, in cases of child or elder abuse, or if the information is court-ordered). Make sure they have read and signed the disclosure form and see if they have any further questions. Remember to sign the disclosure form yourself.

- Step 3** Explain the way the clinic operates including: treatment team, one-way mirror, phone calls, mid-session breaks, and videos. Be sure they understand how confidentiality applies. (Tapes for example, are only used for learning purposes, are kept under lock and key, are frequently taped over, and are erased at the end of the semester.) If they have objections to the procedures, see if you can explore the issue with them. One benefit of our clinic is that clients receive the advantage of several minds working in their best interest. If they refuse, and they are a **UCD student**, then they can see a clinician. However, clinicians' schedules are less flexible and there may be a waiting list.
- Step 4** Look over the financial agreement and be sure they understand their obligation, if any. UCD students get 10 free sessions per **academic year**. Remember to sign and date the agreement.
- Step 5** Make sure information is complete on the client information form and the blue emergency card.
- Step 6** Make sure the client understands that the purpose of the intake is to gather current and historical information so that we can have as much information as possible regarding their situation in order to best meet their treatment needs. The outcome of the intake may be either to refer the client in to the counseling center to be seen by a student therapist, or a clinician or they may be referred out to another agency.
- Step 7** *What brought them in?*
- Gather as much information as you can about the description of the problem. Be curious. Offer empathy and yet keep in mind you will probably not be the therapist. Offering validation and hope where appropriate can be very helpful. This is where you will likely spend the most time during the intake.
- Shift back to the form questions when you have a clear sense of the problems. Be sure to have familiarized yourself with the form, it will be very helpful to you at this point.
- Always keep in mind that it is often difficult to talk to a stranger about one's problem. It can be very helpful to acknowledge the client's process, in a sincere way, during, or at the end of the intake.
- Step 8** Explain that the information will be passed on to the clinic director to assess whether the counseling center can meet the client's needs. If the client is referred in to the counseling center, someone should call them in a few days to set up an appointment. If the client is referred out, they will be contacted and provided with referral information.
- Step 9** Once you have completed the intake, check in with the supervisor behind the glass with any questions and for feedback regarding your intake. (Remember you can always break if you are having difficulty during an intake or if you think a referral may be necessary.)
- Step 10** Place all completed intake information in the Clinic Director's box in the Administrative Assistant's office.