

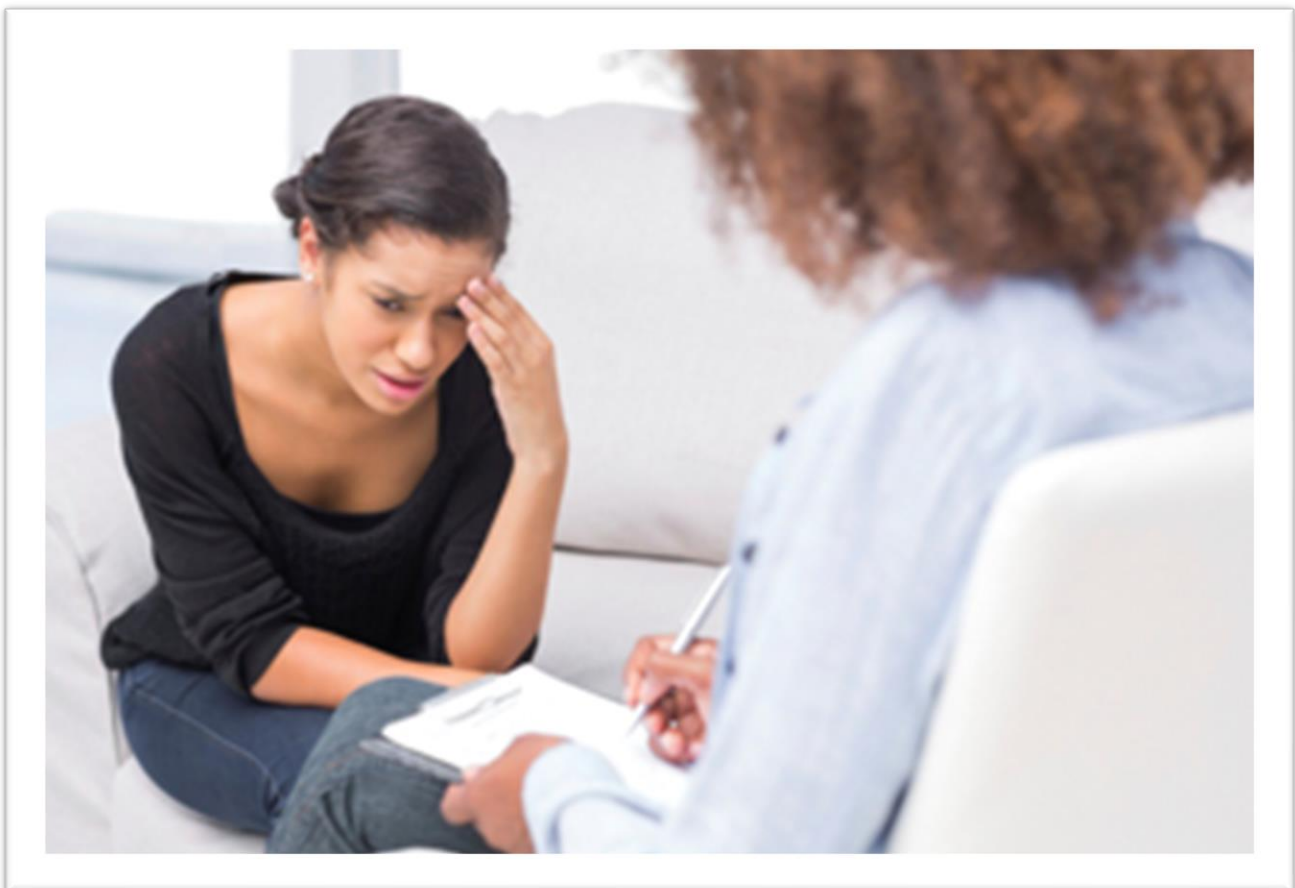


SOUTHERN
ADVENTIST UNIVERSITY

**School of
Education and Psychology**

MS in Counseling

Clinical Mental Health Counseling Practicum Manual



2022-2023 Edition

Forward

This manual is designed for students enrolled in COUN 580 Clinical Mental Health Counseling Practicum II, as well as their faculty supervisors. It includes necessary information for navigating the process of being a Southern Adventist University (SAU) Clinical Mental Health Counseling (CMHC) trainee in Clinical Practicum II and for those who guide them through this process.

Students should read this manual carefully. They will find here the necessary guidelines for advancing through the Practicum II portion of their program, as well as comprehensive listing explaining the roles and responsibilities of trainees. Students will also find all forms needed for advancing through the Practicum process, documenting training experience, and evaluating performance.

Faculty supervisors will find important information about teaching COUN 580 CMHC Practicum II, as well as specific supervisor roles and responsibilities as a professor, but rather to take you easily through the process of supervising our students. Here you will find all forms that you will need for both recording training experiences and evaluating performance.

Please note that when referring to students, from this point forward in the manual, the term candidate(s) or counselor candidate(s) will be used. Where the manual seems incomplete for your purposes, you may direct questions and feedback to the SAU director of graduate studies in professional counseling or graduate enrollment counselor (see contact information below).

The supervisory experience may very likely be one of the most rewarding experiences of your life, both as a supervisee and a supervisor. We look forward to working with you, our faculty supervisor, to provide the quality education our candidates need.

We also look forward to working with you, our candidate. We hope to assist you in providing the best services possible for the clients under your care, as well as facilitating your development into the highly effective professional counselor that you desire to be.

*Faculty & Staff of Graduate Studies in Professional Counseling
School of Education and Psychology
Southern Adventist University*

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Contact Information for Current Clinical Practicum II Faculty Supervisor(s)

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Philosophy and Purpose of the Clinical Practicum Experience

Professional mental health counseling has never been more needed than it is today. The ever changing world of the 21st century provides the benefits of a mobile society, new technologies and increased access to valuable information. However, with these benefits, individuals and families also face unique and diverse emotional wellbeing and mental health challenges that may adversely impact their quality of life.

The Graduate Studies in Professional Counseling (GSPC) program at Southern Adventist University recognizes the importance of developing competent professional counselors who will meet the needs of the clients they serve. To provide the proper training for those enrolled in the program, supervised practicum and internship experiences are made available and are required. This field experience is one of the most critical elements in the program, and it is guided by the overall mission of the School of Education and Psychology (SEP), and the goals and objectives of the GSPC program.

To Serve, To Lead, To Transform

Mission of the School of Education and Psychology

Our mission is to prepare all students to be effective professionals who demonstrate a commitment to the pursuit of truth, wholeness, and a life of service in a diverse society.

Goal of the School of Education and Psychology

The goal of the School of Education and Psychology is to facilitate the comprehensive development of professionals as servant leaders in their communities. The goal is realized by providing opportunities for the counselor candidate to become effective in the following roles: 1) a caring person, 2) an informed facilitator, 3) a reflective decision maker, and 4) a committed professional. Together, these roles lay the foundation for the professional excellence on which the counselor education unit bases the CACREP core curricular experiences and expected learning outcomes.

Core Curricular Experiences and Learning Outcomes

1. As a caring person, the counselor candidate is provided with curricular experiences in the areas of social and cultural diversity, helping relationships, and group work. The counselor candidate is then expected to demonstrate knowledge, skills, and practice requisite to:
 - Effective counseling, prevention, and intervention
 - Service to clients who represent diverse populations
 - Advocacy to better the lives of individuals and communities
2. As an informed facilitator, the counselor candidate is provided with curricular experiences in the areas of assessment, human growth, and development and career development. The counselor candidate is then expected to demonstrate knowledge, skills, and practices requisite for:
 - Meaningful assessment that facilitates a plan of action
 - Diagnosis leading to appropriate treatment
 - Promoting optimal academic development in the school setting
3. As a reflective decision maker, the counselor candidate is provided with curricular experiences in research and program evaluation. The counselor candidate is then expected to demonstrate knowledge, skills, and practice requisite to:
 - Conducting research that contributes to the knowledge base of the profession

- Critically evaluating research and applying current information to decision making
 - Conducting meaningful program evaluations that inform development and enhance services
4. As a committed professional, the counselor candidate is provided with curricular experiences in professional orientation and ethical practice. The counselor candidate is then expected to demonstrate knowledge, skills, and practice requisite to:
- Applying and adhering to ethical and legal standards specific to the counseling practice
 - Adhering to the professional orientation and roles that are relevant to the counseling practice
 - Collaborating and consulting with other professionals, both within the clinical or school setting and with other community professionals
 - Utilizing the foundation knowledge specific to the area of counseling practice, and
 - Leading in the development and management of counseling practice in a clinical or school setting

Mission and Objective of Graduate Studies in Professional Counseling

The mission of the Master of Science in Professional Counseling program is to facilitate the comprehensive development of counselors as servant leaders in their communities. Articulated in the language of the program's conceptual framework, the goal is to provide opportunities for candidates to become effective as caring persons, as informed facilitators, as reflective decision makers, and as committed professionals. Within this framework the objectives of the Master of Science in Professional Counseling program are to prepare graduates who demonstrate the following:

- Evidence of personal and professional dispositions essential for counseling practice;
- Evidence of the knowledge, skills, and practices necessary to implement ACA and/or ASCA professional standards for counseling practice in a multicultural and pluralistic society;
- Evidence that they actively identify with the counseling profession and have knowledge of current developments in the counseling field.

Description of the Clinical Practicum Experience

At Southern Adventist University (SAU), the clinical practicum experience is an arranged, supervised fieldwork of 100 clock hours of clinical mental health counseling services and activities. Candidates participating in this experience are required to enroll in COUN 580 CMHC Practicum II after successful completion of at least 27 credit hours of graduate course work in counseling. This includes an orientation-to-practice course, COUN 579 Clinical Practicum I.

The total of 100 clock hours is equivalent to 2 academic credits (50 per credit hour), and it must include 40 hours of direct, face-to-face contact with clients and/or their families. This practicum experience must take place at the on-campus counseling practicum clinic (Summerour Counseling Center or SCC), on the campus of Southern Adventist University, and it is typically completed over the course of two academic semesters.

The SCC offers counseling services to both SAU students and members of the local community at no cost. It serves the dual purpose of providing counseling practice for clinical mental health counseling candidates, and offering direct services to individuals, couples, and families. SAU counseling faculty

members supervise all candidates' activities. It is their goal to provide not only excellent training for candidates, but also high-quality counseling services for the benefit of the local community.

During Practicum II, candidates are required to meet with their faculty supervisor for one hour of individual supervision and one and a half hours of group supervision weekly. During the supervision time, they are expected to discuss any relevant issues that arise related to their counseling practice. Watching and analyzing their own video recorded counseling sessions, presenting cases, learning about community resources, discussing how to work effectively with diverse cultures, reviewing case charts of all assigned clients, and evaluating relevant legal and ethical issues are examples of supervision activities. At the end of the clinical practicum experience, candidates are expected to demonstrate knowledge, skills, and dispositions that qualify them for enrolling in COUN 581 Clinical Internship and begin their internship work at the determined community clinical mental health counseling site.

Roles and Responsibilities of the Candidate

In order to use supervision sessions as effectively as possible, each counselor candidate must do the following:

1. Video record sessions with each client. After each session, students will review recordings and write clinical notes. In addition, students will identify specific cases and/or issues that they wish to discuss in supervision. Candidates must be prepared to present portions of their recordings during the weekly individual sessions to receive feedback.
2. Twice a semester, candidates must fill out CMHC Practicum Form MP-3, Self-Evaluation of Recorded Counseling Session (see Appendix A) of a chosen client and bring it to the individual supervision session where the case is going to be discussed.
3. Make sure that client records are kept up to date weekly. Case records must be revised and signed by a faculty supervisor during individual supervision session every week.
4. Use the supervision opportunities provided while enrolled in this course to challenge themselves to grow as individuals and as professional counselors. Counselor candidates should become comfortable with their self-development process and be prepared to address counter-transference issues, as well as other personal issues that might interfere with the quality and effectiveness of the counseling services they provide. The process might feel quite uncomfortable at first, but it is only through honest self-examination that counselor candidates will be able to fully mature as professional counselors.

Roles and Responsibilities of the Practicum II Faculty Supervisor

1. Makes certain that the candidate has been approved and registered to enter the Practicum II experience.
2. Provides initial orientation to Practicum II for candidates.
3. Adheres to the ACA Code of Ethics and the ACES Ethical Guidelines for Counseling Supervisors, and models appropriate ethical decision making for candidates.
4. Provides a minimum of one hour per week of individual and/or triadic supervision throughout the practicum.
5. Provides a minimum of one and a half hours per week of group supervision.
6. Provides effective and timely feedback to candidates on their performance using applicable evaluation forms included in this manual.

7. Promptly communicates with candidates if there is any major concern regarding performance or ethics or if any changes need to be made in structure or timing of practicum.
8. Reviews all submitted forms and maintains updated candidate field experience files.
9. Provides additional support and supervision as needed when candidates developmental or remedial performance deficiencies exist.
10. Ensures that all CMHC Practicum II procedures are followed.
11. Ensures that all candidates have a clear understanding of the SCC Emergency Plan (see Appendix D), and that emergency drills are conducted at least 3 times during the semester.
12. Submits a final grade for each candidate.

The Supervisory Relationship

An important part of counselor training is obtaining supervision from an experienced therapist. Counseling faculty members will provide supervision for each Clinical Practicum II candidate. The faculty practicum supervisor is responsible for all cases assigned to counselor candidates under his/her supervision. Therefore, the counselor candidate must ensure that the faculty supervisor is aware of each client being seen and is involved in decisions regarding the course of therapy including: contact with other agencies and professionals, decisions to terminate therapy with a client, and interventions used.

The relationship between the faculty supervisor and the counselor candidate is intended to be collaborative, with each party contributing to the therapeutic process and focusing on the best interest of the client. However, differences in experience among counselor candidates will necessarily lead to differences in the degree of control that the faculty supervisor must express in a particular case. The faculty supervisor will encourage counselor candidates to acquire skills in the following areas:

- a) Establishing therapeutic relationships with clients
- b) Identifying presenting problems
- c) Developing appropriate interventions and therapeutic goals for each particular case

The faculty supervisor will formally evaluate counselor candidates' skills and accomplishments each semester by filling out the evaluation forms as instructed and included in this manual.

Candidates Requirements for Clinical Practicum II

Candidate Qualifications for Clinical Practicum II

1. All candidates are required to obtain a complete background check as part of their admission process for the CMHC program. Candidates enrolling in COUN 580 CMHC Practicum II have fulfilled that requirement by the time they enroll in this course.
2. Before applying to the practicum experience, candidates must have obtained passing scores on their Professional Disposition and Conduct evaluations.
3. Readiness for Practicum II is assessed by the Faculty Forum and Counseling Program Council and based upon the candidate's previous performance. The assessment process enables program faculty to prescribe appropriate remedial experiences when necessary and/or identify areas of concern related to candidate performance, which can then be monitored closely by the faculty supervisor.

Process for Enrolling in Clinical Practicum II

A. Deadlines and Acceptance Procedures

1. Candidates must enroll in COUN 580 CMHC Practicum II following the course sequence that has been provided to them during their first semester in the counseling program. Such sequence must be maintained, unless candidate has obtained signed approval from their academic advisor to deviate from the sequence, due to extenuating circumstances.
2. During the semester prior to enrolling in COUN 580 CMHC Practicum II, prospective candidates must participate in an individual meeting with the Counseling Faculty Forum and discuss their readiness to begin seeing clients. They must have also passed their semester evaluation of professional dispositions and conduct in order to obtain signed approval from their academic advisor and program director to proceed to COUN 580 CMHC Practicum II (see *Counseling Student Handbook* for appropriate form).
3. Candidates must also show proof of current membership in the American Counseling Association and liability coverage through that organization.

B. Enrollment Procedures and Course Participation

1. Immediately after receiving notification of the Counseling Faculty Forum's approval and in agreement with the university's registration schedule, the candidate will be allowed to enroll in COUN 580 CMHC Practicum II.
2. Once enrolled in the course, candidates will receive a copy of the CMHC Practicum Manual from their clinical faculty supervisor. They will be required to read it and attain a good working knowledge of its content during the first week of class.
3. Candidate **will not be allowed to accrue their first hour of practice** or attend individual and supervision unless they have enrolled in COUN 580 CMHC Practicum II, and only after such enrollment has been confirmed.
4. No later than the first week of the semester in which candidates are enrolled, they will be expected to arrange an individual meeting with the faculty supervisor in order to:
 - a. Discuss individual supervision weekly schedule
 - b. Discuss CMHC Practicum Manual requirements
 - c. Complete initial required forms as described in this manual

C. Liability Insurance and Enrollment in COUN 580 CMHC Practicum II

It is required for each candidate to obtain liability coverage through the American Counseling Association while they are enrolled in Practicum II and Internship. For details regarding this coverage contact the ACA Membership Services at 1.800.347.6647, ext. 222 or 703.823.9800, ext. 222 or visit www.counseling.org/Students/ACA_Student_Coverage_FAQs.pdf. In the case of an incident or suit brought against you, please contact HPSO (Healthcare Providers Service Organization) at 1.866.269.4793.

In order to retain liability coverage during their practicum experience, candidates must remain registered for COUN 580 CMHC Practicum II during any semester in which they collect hours toward completion of the requirements. If a candidate has registered for the two academic credits required but

is unable to complete all course requirements by the end of the semester for justified reasons, the candidate will be assigned an *In Progress* (IP) grade. However, he or she will need to register for one additional credit of COUN 580 CMHC Practicum II each semester until the 100 clock hours are complete.

During the Clinical Practicum Experience

A. Formative Evaluations

1. Candidates are required to progress toward meeting the program’s core objectives and expected proficiencies as established by the conceptual framework of the SAU professional counselor education unit and the standards of the Council for Accreditation of Counseling and Related Education Programs (CACREP). Therefore, learning goals and performance indicators that are congruent with these standards have been developed for the clinical practicum experience. These goals and indicators are measure using various formative evaluations.

Form	Frequency	Submission	Who Completes
MP-1 – Individual Supervision Session Report	Weekly	Anthology	Candidate
MP-3 Self-Evaluation of Counseling Session	2x during Practicum	Anthology	Candidate
MP-4 Counseling Session Feedback	2x during Practicum	Anthology	Supervisor

B. Record of Candidate Daily Activities

1. A daily time log will kept by the candidate specifying all practicum activities performed. Candidates record direct and indirect hours online in the time log of their Anthology record. Notes on each entry must clarify that the hours qualify as direct or indirect. Each time log entry is submitted to the supervising faculty for online signature. These notes must be maintained daily. No client identifying information is to be entered in these logs.
2. The time log must document a total of 100 hours of counseling activities at the end of the practicum experience. Time logs indicate direct and indirect hours.
 - a. Direct hours: At least 40 clock hours of direct, face-to-face counseling services must be completed with clients and/or families. These services will include individual and group counseling sessions.
 - b. Indirect hours: At least 60 clock hours of indirect counseling activities. These activities will include the following:
 - Attending one clock hour of individual supervision weekly.
 - Attending one and a half clock hours of group supervision every week.
 - Observing peer counseling sessions and providing feedback.
 - Writing treatment plans, intake reports, progress notes, and termination/transfer summaries, as well as any other pertinent record keeping activity.
 - Using assessment instruments.
 - Consulting with counselors, psychologist, social workers, physicians, supervisors, and/or other professionals concerning clients when needed, as well as making referrals.
 - Reviewing USB’s that contain recorded counseling sessions with assigned clients and reflecting on professional practice with these clients.

- Reading extracurricular psychiatry and psychology textbooks, relevant texts, self-help materials, journal articles, and online information with the specific purpose of learning how to best treat a client who has been assigned to the candidate’s case load.
- Attending counseling conferences, seminars, or workshops for professional development, if they have been required by the faculty supervisor.

Important Note: Hours spent completing other courses in the CMHC program or assignments for other courses in the program, as well as attending conferences, seminars or workshops that have not been required by the faculty supervisor, cannot be counted toward indirect practicum hours.

3. Use of technology: The Summerour Counseling Center (SCC) is fully equipped with counseling rooms, video cameras, laptop computers, supervision monitors and all that is necessary for candidates to provide counseling services in-person as well as remotely through telemental health practices. Candidates are trained to be familiar with such equipment at the beginning of their practicum experience and are expected to become skilled in their use during the semester.

End of Practicum II Semester

A. Summative Evaluations

1. At the end of term or when candidates have completed the total number of practice hours required, the faculty supervisor will complete CMHC Practicum Form E-4, Evaluation of Candidate’s Clinical Practice. The assessment is completed online in Anthology.

When completing Form E-4, the faculty supervisor will rate the performance of candidates of a scale of 1 to 5 with “5” representing complete mastery of the performance indicator.

Candidates enrolled in COUN 580 CMHC Practicum II must achieve a minimum rating of “3” on all indicators and a final grade of at least a “B” to be considered competent to enroll in COUN 581 Clinical Internship and proceed to the internship experience.

2. At the end of term, faculty complete the Student Semester Progress and Annual Review form. This form addresses conduct and dispositions expected in the professional counseling role. The form is completed in hard copy (paper) or in Anthology, and discussed with the candidate. Candidates should achieve a total of 63-85 numerical points. Any item rated at Unacceptable will require a remedial action plan.
3. A report noting the experience the candidate has had interacting with diversity (E-2) among clients is completed at end of term or conclusion of Practicum II hours.

Form		Frequency	Submission	Who Completes
E-2	Field Experience Diversity	At conclusion of term or conclusion of Practicum II	Anthology	Candidate
E-4	Evaluation of Candidate’s Clinical Practice	At conclusion of term or conclusion of Practicum II	Anthology	Faculty Supervisor

E5-a	Student Semester Progress and Annual Review	At conclusion of term	Paper or Anthology	Faculty
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B. [Final Grade for COUN-580 CMHC Practicum II](#)

Before the grade can be assigned, the following items are to be shown as complete in the Anthology placement record:

- The MP-1 Weekly Supervision reports (one for each week in which direct hours were logged)
- Two instances of the MP-3 Self-Evaluation of Counseling Session
- Two instances of the MP-4 Counseling Session Feedback
- The E-4 Evaluation of Candidate’s Clinical Practice
- The E-2 Diversity form

Additionally,

- The logs in Anthology must be complete and signed.
- The E-5 Student Semester Progress and Annual Review form, if completed on paper, is to be in the advisor’s folder on the candidate. Alternatively, it may be completed in Anthology.

[Procedures for Client Treatment and Provision of Services](#)

A. [Ethical Conduct](#)

Candidates are expected to follow the code of ethics endorsed by the American Counseling Association (ACA), which includes guidelines pertaining to confidentiality and professional behavior, among others.

B. [Confidentiality](#)

Everyone involved in the counseling process must protect client confidentiality. All information about clients (e.g. names; personal information such as age, gender, occupation, marital status; and issues discussed in therapy) is considered confidential. Information regarding clients should be discussed only in private, during individual and/or group supervision. Case records, USB’s, and assessment protocols must be secured in a locked file in the SCC facilities and the Therapy Notes electronic system, unless that are used expressly for case review, a new session, or supervision purposes. Such materials must be returned to the secure file immediately upon completion of intended use.

C. [Professional Behavior](#)

Candidates are expected to conduct themselves professionally, during their work at the SCC:

- a) Clear professional boundaries must be maintained in the therapeutic relationship.
- b) Candidates dress and appearance should reflect a practicing counseling professional.
- c) Candidates must be punctual and respectful of clients, supervisors, and others.

D. [Case Load](#)

1. Each candidate will be assigned an active caseload of at least 2-3 clients each semester. These clients may include adolescents, adults, or elderly persons. The presenting problem of the clients is to be related to academic, career, or personal/interpersonal concerns. Candidates

should attempt to maintain a therapeutic relationship of six or more visits per client in order to facilitate satisfactory skill development.

2. Faculty supervisor(s) follow up on each of the requests and determine whether the needs of the individual, couple, or family can be appropriately addressed by any of the candidates available, given their level of clinical experience.
3. If the case is not considered to be appropriate for the type of services available at the SCC, the faculty supervisor makes a referral for another local community agency that may be better equipped to provide the needed services.
4. Sometimes, delays may occur due to the time of year – beginning of the semester, summer or Christmas break, or as a result of candidate’s heavier than usual caseloads. If the faculty supervisor feels that such a delay would be imprudent or undesirable, she or he will also provide referrals to community and/or private agencies to any potential clients.
5. If the case is appropriate for the type of services available at the SCC and delays are not expected or considered to be a problem, the faculty supervisor brings the case to group supervision in order to discuss it and find the best possible match between a counselor candidate and the prospective client(s). Consideration is given to counselor candidates’ current client loads and levels of expertise, in addition to client(s) characteristics and needs.
6. Once a client case has been accepted by a counselor candidate, the candidate is responsible for contacting the client or other appropriate persons within 24 hours of the referral.
7. The lower portion of the *Intake Referral Form*, dedicated to the counselor candidate use only, must then be completed by the counselor candidate and returned to the faculty practicum supervisor within three days. At the end of this 3-day period, one of the following must be documented:
 - a. The client was contacted, and a clinical intake was scheduled.
 - b. The prospective client could not be reached by phone despite repeated attempts.
 - c. The client indicated that he or she no longer desires therapeutic follow-up at this time.
 - d. A mutually acceptable appointment time could not be established between the client and the counselor candidate. If the last option occurs, then the faculty supervisor will reassign the client to another counselor candidate for follow-up.

E. Scheduling

1. When the candidate calls to make or confirm the first appointment with a client, he or she should review the initially identified concern, determine who should and who will be present during sessions, and confirm whether the individual(s) will be seen in-person or through telemental health. If receiving services in person, the candidate should give directions to the SCC and in the case of a child client, request that the parent bring court papers confirming legal custody. The client should be informed that although sessions usually last approximately 50 minutes, the first session may be somewhat longer to facilitate the gathering of appropriate intake information. Appointments must be recorded in the scheduling calendar in Therapy Notes. It is the student’s responsibility to uphold the missed appointment and tardiness policies.
2. Candidates and the faculty practicum supervisor must always be mindful of security issues. If the client(s) agree to come in person, the candidate will not be allowed to be alone with the client in the building at any time. As such, the counseling rooms are to be used only when staff are on duty in the Teaching Materials Center (TMC – Summerour Hall, Room 2500), the School

of Education and Psychology Main Office, and when the center receptionist or another candidate enrolled in COUN 580 is on duty at the front desk. Emergency contact numbers are on file in the TMC and posted in the main office of the SCC. As a rule, candidates may also contact Campus Safety for any emergency needs.

3. The Summerour Hall building closes at 8PM from Monday through Thursday and at 2PM on Friday. Therefore, candidates will not be able to schedule in-person appointments with clients after 7PM Monday through Thursday and 2PM on Friday.
4. Because the SAU counselor education program is for training purposes only, it is unable to provide services on a year-round basis. Regular school holidays are observed and due to liability issues, services may not be rendered during these times. Nevertheless, counselor candidates and their faculty practicum supervisors should do everything within their power to protect the best interest of the client(s) (e.g., refer client to another agency, discuss emergency/contingency plans with client prior to break, etc.).

F. Messages

Messages are received on the SCC's main phone number or voicemail system (423.236.2492). Because the counseling schedule coordinator may need to contact candidates outside of class meetings or supervision, all candidates must provide the counseling schedule coordinator and/or their faculty practicum supervisor with current work, home, and/or cell phone numbers and email address(es).

G. Absences

Absences, regardless of reason (illness, car problems, etc.) must be handled in a professional manner. Clients should be contacted and appointments rescheduled. If needed, back-up counselor candidates should be provided for clients. Such arrangements should be discussed with and approved by the faculty practicum supervisor. Counselor candidates must also keep their clients informed of planned future absences (e.g. vacations, school holidays, etc.). Finally, if counselor candidates cannot meet their individual and/or group supervision appointments, they must call their faculty supervisor to reschedule as soon as possible to prevent lapses in active supervision.

H. Fees

Counselor candidates provide counseling services to the community at no charge. Consequently, the counselor education program at SAU does not deny services based upon a client's ability to render payment, monetary or otherwise. Counselor candidates are prohibited by legal and ethical standards from accepting any form of payment or compensation from clients.

I. Denial of Services

Prospective clients may be denied services for the following reasons:

- a) The client's needs exceed the scope of training and competence of the counselor candidate.
- b) There are no available counselor candidates at the time of referral.
- c) Client(s) have missed appointments repeatedly without prior arrangements. Any denial of services or counselor candidate plans to discontinue service to a client should be discussed with the faculty practicum supervisor prior to informing the client.

J. Client Charts

1. Case charts should not be taken from the records area or Therapy Notes except for counseling/supervision purposes and/or case review, activities which are typically scheduled

within the counseling suite or nearby within the same building. *No case chart may be taken outside of the building.* As a matter of ethical practices and professional integrity, counselor candidates should exercise care and discretion when moving confidential materials from one area to another.

2. USB's or other media containing recorded counseling sessions are confidential material. Counselor candidates must supply their own USB. However, once sessions are recorded, the USB's become the property of the SAU counselor education program until they are destroyed. USB's should be stored in the designated file cabinets mentioned above and should be removed only for review, additional recording, or supervision.
3. Identifying data such as the name of the client and his/her date of birth should never be saved or stored on computer hard drives or network folders, as this makes it vulnerable to retrieval by anyone with appropriate computer knowledge. Such identifying information should be typed in only when ready to print out a report but should never be saved.
4. Under no circumstance will candidates be allowed to enter information about any of their clients in their personal computers. All progress notes will be completed in the SCC.
5. Each client's chart should include the following items:
 - a. Consent and Intake Referral
 - b. Initial Intake Form
 - c. Biopsychosocial Report
 - d. Treatment Plans
 - e. Progress Notes
 - f. Termination and/or Transfer Summaries
6. The above items should be kept current, dated, and signed by appropriate parties. These charts will be audited periodically during the semester in order to ensure updates information and accuracy.
7. It is important that case record information be as accurate as a complete as possible. The client's current address and phone number(s), place of employment, emergency contact information, and other personal information help the counselor candidate and faculty supervisor to contact the client quickly, should the need arise.

It is not usual for the SAU counselor education program to receive legitimate inquiries from outside agencies and other professionals 2-3 years after a case has been terminated. Without accurate records of sessions and progress notes for each session, the SCC has no way of supplying the information required in such instances. Similarly, if a client returns for additional serviced 2-3 years after an initial contact or round of therapy, access to accurate client information and complete case notes is of immense value to the new counselor candidate.

8. If information is to be released to and/or obtained from another agency or professional, a properly completed Release of Information form must be signed by the client and retained in the client's chart.
9. Each candidate will demonstrate competency and skills appropriate to his or her level; of experience is assessment, case conceptualization, DSM diagnosis, counseling process and intervention, and report writing.
10. Client problems which are outside the candidates "comfort zone" should be discussed with the faculty supervisor as soon as possible.

Provision of Telemental Health Counseling Services

Telemental health encompasses any form of counseling service that is not conducted on site and face to face. The SCC offers counseling via video conferencing and secure messaging. If individuals' counseling needs are appropriate for telemental health, the SCC is equipped to provide counseling services to them. Clients agree to telemental health services by signing the *Informed Consent for the Provision of Telemental Health Counseling Services* form, which is available to candidates through their faculty supervisor.

Telemental Health Protocol

Distance Practicum:

Videoconferencing Platform: Zoom Pro (Meets HIPAA compliance)

- End-to-end encryption using cryptographic keys ensure that no third party can access the meeting.
- Generate a new link for the client each time you meet with them.
- Send the link using your Proton email account
- Do not share the Zoom link with anyone except your client (and supervisor at his/her request if he/she needs to join the session)

Encrypted Email: Proton email (Meets NIST guidelines for HIPAA compliance)

- Website: <https://protonmail.com/> (remember to use a professional email name)
- Note: Use this email to communicate with clients (e.g., to send the Zoom link they will use for sessions).

Document Encryption: TherapyNotes™ (Meets HIPAA regulation)

- Website: <https://therapynotes.com>
- TherapyNotes is a practice management system that employs “rigorous administrative, physical, and technical safeguards to ensure that our business and TherapyNotes software are compliant with all relevant HIPAA regulations.”

USB Drive Recording: (Encrypted flash drive, stored in a locked container, kept in a locked space)

- Record client sessions to the USB drive (not to the cloud)
- Password protect recording
- Store the USB drive in a locked container when not in use
- The space where the locked container is stored must be kept in a locked space
- Recording should only be reviewed in a private space

Telephone Communication:

- To call a client, please use the black box phone number:
 - Call 423.236.6001
 - When prompted, insert the code *38, and then 2492#
 - When you hear a dial tone, enter 8-1-client phone #. It will appear you are calling from the counseling center
 - If you leave a message, have them return your call at the SCC – 423.236.2492.
- To check messages:

- Call 423.236.2492
- When voicemail comes on, press *, then enter pin 2492#
- Listen to both new and saved messages.
- If you hear a message for one of your colleagues, please save the message and, if possible, alert them there is a voicemail message for them. No need to say who it is from, just alert them.

Teleconferencing Program:

You will see your telehealth clients from Summerour Counseling Center only. You will use a small counseling room set up for this purpose. One camera will face you and the other the laptop, so the supervisor can see both (client and student counselor).

Recording Sessions:

- You will set the encrypted USB drive (provided to you by the clinic) to record your session as usual (by choosing the appropriate room number)
- After the session, proceed as with any other session by watching your session and typing your progress notes at the designated computer areas. Print your session notes and place them in the client's file so the supervisor can access, read, and co-sign them.
- When recording your screen, pay attention to other webpages, email, and programs you have open on your screen. Remember to protect your own privacy and to always maintain professionalism. Close out all unnecessary webpages and programs before you begin recording your session. Although your client will not see these things, you will be sharing the video recording with your supervisor and peers.

General Rules:

- Please remember to secure your client's physical location before starting a teleconference setting. This means asking where they live and where they are now (for the session). Remind the client that the need for **privacy** and that interruption should be avoided as well as noise reductions. Make sure that your environment is clean, uncluttered, non-distracting, and professional in appearance (it should be since you are in the clinic but it is always good to check).
- Pay attention to lighting and eye-gaze level. Remember eye contact is still important even over teleconferencing. Encourage your clients to have adequate lighting and to be visible on screen as well.
- For the first session, you may have to troubleshoot a bit with your clients in order to develop a good system. If they have a poor connection (bandwidth or phone service) encourage them to move closer to the modem, change location in home, close out other windows and programs open on their computer/phone, and, if necessary, to restart their computer/phone. If connection is still poor, please connect with your client through a phone call and complete your session over the phone. Once the session is over, alert your supervisor of the complications. The supervisor will help you assess and make a decision with treatment.

Supervision with Zoom:

Individual and Group Supervision

- Each week your supervisor will meet with you for individual and group supervision via Zoom

- Your supervisor will send you a Zoom link to your Southern email, and post the link on eClass.
 - When it's time for your supervision session, you will login using the link provided.
 - Be sure to have reviewed your counseling session and be ready to share with your supervisor and classmate(s).

Live Supervision

- For live supervision sessions, your supervisor will connect with you via Zoom before your session begins and you will share your screen of the counseling session with your supervisor through Zoom.
- If you are unsure of this setup, please reach out to your supervisor to practice so you are comfortable with the set up.
- Remember to alert your client when a live supervision session will happen.
- **Emergency or crisis:** In the case of an emergency or crisis mid-session, please keep your cell phone nearby to send a text to your supervisor.
 - **Mitchell – 301.803.9404**
 - **Navalón – 269.357.3439**
 - **Freeman – 423.443.2984**
- It is important to remember to not hang-up with your client but remain in session with them. When your supervisor receives the text, they will connect with you on Zoom (the link you use for group and individual supervision). Please see emergency contingency plan below and have the client's emergency information easily accessible.

Privacy and Confidentiality

Risk Assessment

- It's important to analyze your environment and identify possible privacy breaches. This includes potential breaches of privacy through teleconference sessions, documentation, email, and/or texting. Take the time to ensure your phone, laptop, and email are secure and not left visible to others (this includes your family). Make sure passcodes are updated and secure. Be sure the information on the computer is encrypted and password protected. Please use an encrypted USB (provided by the clinic) for keeping all of your client documentation. This should be stored in the client's file in a secure location (inside the safe box/file room). Please do not store other personal information on the same USB.
- If there is a possible breach of information, please alert your supervisor right away.
- Also, remember to educate your clients on how to protect their own privacy. Encourage them to meet you in a private space without others around or within earshot. Educate them on sending information through email and texts. This type of communication (email and texts) should only be used for appointment reminders and rescheduling.
- Have a plan in place of what clients can say if someone walks into their space. You may agree that you will hang up and wait for text from them that all is clear. Alternatively, you may work out another plan that protects their privacy and confidentiality.
- Be sure to go over the informed consent with them and know what they are comfortable with and what they are not.

Telemental Health Etiquette

Background and Environment

- Remember to keep your counseling space clean, clutter free, and professional.
- You should be in a secure and confidential space. It is best not to have doors directly behind you where someone may accidentally enter or mirrors where others can potentially see reflections.
- It is best practice to show your clients the space around you so they can confirm that it is private.
- Clear your desktop or table top space so it is free of clutter and therefore potential sources of noise and distraction.
- Silence phone and computer notifications, clear your computer's desktop before beginning your recording, and close out any potential programs that may interrupt your session (e.g., software updates on your computer, email notifications, instant messaging, etc.).
- Please do not eat during session with your client. If you have water nearby, be sure it is in a container that is not too noisy or distracting. It is likely that a cup of coffee or tea is okay as long as it does not distract the client or you, and/or puts your computer at risk if it is spilled.

Lighting

- You should have adequate lighting in your physical environment. It is important that the client see your facial features clearly, so reduce shadow.
- Light should illuminate your face and natural light is ideal (i.e., facing a window). If no natural light is available, be sure to locate the light so it is not behind your (which creates dark shadows on the face) or above you (which creates a light halo and causes shadows in the face).
- Encourage your clients to adjust their lighting as well so you can see them clearly.

Wardrobe

- Keep your wardrobe simple and clean. Avoid busy patterns, bright prints, and stripes. These types of patterns can cause visual distraction through the computer, making the video session difficult for the client.
- Although the client will likely only see the top half of your torso, be sure to have professional attire on the bottom half as well. In the event that you need to stand up to adjust lighting or something in your space, you will want to make sure you are professionally dressed.
- Avoid wearing hats, sunglasses, or other things that may create shadows on your face. If you wear glasses, be mindful of potential glares that block the client from seeing your eyes. If this cannot be avoided, please alert your client of it so they will not be distracted.
- It is always best to dress professionally, as if you were going to the SCC for a face-to-face session. This will help you get in the right frame of mind and you will be more prepared for your session.

Noise Reduction

- Assess your environment for noise
 - Think about things that will beep or make noise unannounced (cell phones, fax machines, computer alerts, home phones, door bells, coffee makers, etc.). Try to control as much as possible. If some things cannot be avoided, please alert your client

of the potential interruption (i.e., someone is working outside, road construction, there is a thunderstorm happening, etc.).

Gaze Angle and Eye Contact:

- Gaze angle
 - Your gaze angle should be level with the camera. Avoid an upward tilt angle where clients can see up your nose, and avoid a bird's eye angle where they feel they are looking down on you.
 - It's best to have your computer in a fixed location (like a desk or table), to ensure consistent gaze angle throughout the session.
 - Do not expect the same from your clients. If they are using a cell phone, their image may move around quite a bit.
 - If you are having difficulty with the video image freezing or being pixelated, this may be improved by you and your client remaining still.
- Eye contact
 - Eye contact is still important even in video conferencing.
 - To make eye contact, you will need to look at the camera; however, when you do this, it does not allow you to view your client's face when they are talking. There are some tricks you can use to help reduce this:
 - Move the video image of the client closer to the camera so it appears you are looking at them.
 - Step back from the camera so your gaze angle is not as noticeable.
 - If it cannot be avoided, please alert the client, because it may seem like you are not looking at them.
- Other potential distractions
 - Looking at yourself instead of the client. Try to watch the client and not yourself. Sometimes, as humans, we are prone to do this automatically (just like when there are mirrors around). However, it is important to be mindful of this and try to control for it as much as possible.
 - Typing/writing notes. Avoid unnecessary note writing and typing of notes. If you need to jog something down or check something on your computer (such as your calendar to schedule an appointment), let your client know you are doing this so they will not feel like you are doing other tasks while in session or taking private notes about them.

Summary of Practicum II Requirements

PRACTICUM	
FOCUS	Continued development of counseling skills as demonstrated in the provision of both individual and group counseling, as well as the ability to keep clients' records a professional manner.
HOURS	100 clock hours, typically over 2 semesters
DIRECT CONTACT HOURS	40 clock hours defined only as: <ul style="list-style-type: none"> • Individual counseling • Group counseling • Counseling or consultation with clients' families •
INDIRECT HOURS	60 clock hours of planning, supervision, meetings, record keeping, consultation with other professionals, referrals, etc.
VIDEO RECORDING AND/OR LIVE SUPERVISION	Required
SUPERVISION	<ul style="list-style-type: none"> • 1 hour of individual supervision each week with program faculty supervisor • 1.5 hours of group supervision each week with practicum faculty supervisor

Summary of Required Documents and Forms

During the Process of Applying for Practicum II

- Authorization to proceed to COUN 580 CMHC Practicum II or COUN 581 CMHC Internship as documented during most recent evaluation of Student Semester Progress and Annual Review

During the First Individual Meeting of Candidate and Faculty Supervisor

- Practicum Form A-1 Supervision Contract

During the Practicum II Period (Formative Evaluations)

- CMHC Practicum Form MP-1 Individual Supervision Session Report, weekly in Anthology
- CMHC Practicum Form MP-3 Self-Evaluation of Counseling Session, 2x in Anthology
- CMHC Practicum Form MP-4 Counseling Session Feedback, 2x in Anthology
- Time logs in Anthology maintained by candidate and signed by supervisor

During Last Meeting with Candidate, Faculty Supervisor and SAU Director of Counseling Programs (Summative Evaluations)

- CMHC Practicum Form E-2 Field Experience: Diversity Form (in Anthology)
- CMHC Practicum Form E-3 Evaluation of Practicum Experience (in Anthology)

- CMHC Practicum Form E-4 Evaluation of Candidate's Clinical Practice (in Anthology)
- CMHC Practicum Form E-5 Student Semester Progress and Annual Review (paper, signed/discussed/placed in advisor folder or completed in Anthology)

Summary of Expected Outcomes

Upon successful completion of this course, candidates should be able to:

1. Demonstrate essential interviewing, counseling, and case conceptualization skills. [CACRETP 2.F.5.g]
2. Demonstrate competence in record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling. [5.C.2.m]
3. Demonstrate the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. [2.F.1.j]
4. Demonstrate skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. [5.C.3.a]
5. Apply effective strategies to promote client understanding of and access to a variety of community resources. [2.F.5.k]
6. Demonstrate appropriate use of culturally responsive individual, couple, family, group, and system modalities for initiating, maintaining, and terminating counseling. [5.C.2.j]
7. Screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. [2.D.7.c; 5.C.2.e]
8. Demonstrate appropriate use of diagnostic tools, including the current edition of the DSM. [5.C.2.d]
9. Design developmentally relevant counseling treatment or intervention plans. [2.F.5.h]

APPENDICES

Note: **“A” forms** must be completed at the beginning of practice at any clinical site. **“MP” forms** must be completed between the beginning and end of practice. **“E” forms** must be completed when the candidate is exiting practice at any clinical site.

APPENDIX A

Candidate Forms & Performance Indicators

CMHC Practicum Form A-1 Supervision Contract

Supervision Contract

COUN 580 – CMHC Clinical Practicum II



Purpose: A contract made by the candidate and CMHC program faculty supervisor about their roles and responsibilities, as well as the candidate’s learning goals during the practicum experience.

Completion: By the candidate and CMHC program faculty supervisor during their initial and last meetings regarding the candidate’s practicum experience.

Instructions: Use this form to agree on the roles and responsibilities that will be assumed by the candidate and the CMHC program faculty supervisor during the practicum period. Where candidate’s roles and responsibilities are specified, please check (✓) the learning activities initially planned by the candidate, and whether or not these were accomplished by the end of the practicum period. Once signed, submit to SAU supervisor of CMHC field experience. *Note: This form may be completed in Anthology.*

Candidate’s Name: _____ **Date:** _____

A. Roles, Responsibilities, and Learning Goals of the Candidate:

	Will Do	Completed
I. As a CARING PERSON , the candidate will engage in the following:	✓	✓
1. Maintain an active caseload of at least <u>two</u> (2) diverse clients, seen in individual counseling.		
2. Lead or co-lead at least <u>one</u> (1) small counseling group during the course of the practicum experience.		
3. Become familiar with the steps to follow in order to assist a client in crisis.		
4. Make community referrals as necessary.		
5. Consult with parents/guardians, teachers, school counselors, social workers, medical personnel and other mental health professionals on behalf of clients and their families.		
6. Establish rapport and provide services to clients from diverse groups.		

II. As an INFORMED FACILITATOR , the candidate will engage in the following:	Will Do ✓	Completed ✓
1. Become familiar with practical counseling materials useful for treatment (e.g., books, games, activities, DVDs) and use them regularly during counseling sessions.		
2. Regularly use comprehensive assessment tools to assist in diagnosis and treatment.		
3. Create and actively seek opportunities to integrate technology in all possible tasks and activities.		
4. Intentionally seek opportunities to demonstrate ability to modify counseling interventions to make them appropriate for diverse populations.		
5. Submit an annotated bibliography of counseling materials used during the practicum experience.		
III. As an REFLECTIVE DECISION-MAKER , the candidate will engage in the following:	Will Do ✓	Completed ✓
1. Become oriented to the general procedures and policies of the Summerour Counseling Center, including procedures developed to address crisis/emergency situations.		
2. Video record individual and group counseling sessions.		
3. Participate in at least one hour of individual supervision every week.		
4. Participate in 1½ hours of group supervision every week.		
5. Participate in at least <u>two</u> (2) sessions of peer supervision.		
6. Reflect on his/her own learning needs and participate in one activity that is personally meaningful to him/her. The activity will involve: _____ _____ _____		
IV. As a COMMITTED PROFESSIONAL , <u>at all times</u> , the candidate will engage in the following:	Will Do ✓	Completed ✓
1. Practice ethical and legal standards relevant to clinical mental health counseling, and in agreement with the ACA code of ethics.		
2. Model attitude, language, and attire that are highly desirable in the professional counseling setting.		
3. Maintain updated, organized and accurate client charts that look professional and adhere to requirements established in the CMHC Practicum Manual.		
4. Complete in a timely manner all candidate evaluation forms required for the semester.		

B. Roles and Responsibilities of the Practicum II Faculty Supervisor

1. Makes certain that the candidate has been approved and registered to enter the Practicum II experience.
2. Provides initial orientation to Practicum II for candidates.
3. Adheres to the ACA Code of Ethics and the ACES Ethical Guidelines for Counseling Supervisors, and models appropriate ethical decision making for candidates.
4. Provides a minimum of 1 one hour per week of individual and/or triadic supervision throughout the practicum.
5. Provides a minimum of 1½ hours per week of group supervision.
6. Provides effective and timely feedback to candidates on their performance using the applicable evaluation forms included in this manual.
7. Promptly communicates with candidates if there is any major concern regarding performance or ethics, or if any changes need to be made in structure or timing of practicum.
8. Reviews all submitted forms and maintains updated candidates' field experience files.
9. Provides additional support and supervision as needed when candidates developmental or remedial performance deficiencies exist.
10. Ensures that all CMHC Practicum Clinic procedures are followed.
11. Ensures that all candidates have a clear understanding of the CMHC Practicum Clinic Emergency Plan (see Appendix D of this manual), and that emergency drills are conducted at least 3 times during the semester.
12. Submits a final grade for candidates.

C. Agreement

1. I have carefully read the Clinical Mental Health Counseling Practicum Manual and I am very familiar with its content.
2. I have read and discussed the roles and responsibilities involved in the supervision and clinical practice of CMHC candidates enrolled in COUN 580-Clinical Practicum II, and I am willing to fulfill the expectations pertaining to my position as described above.

Candidate's Printed Name: _____

Candidate's Signature: _____ **Date:** _____

CMHC Faculty Supervisor's Printed Name: _____

CMHC Faculty Supervisor's Signature: _____ **Date:** _____

CMHC Practicum Form MP-1 Individual Supervision Session Report



Individual Supervision Session Report

Purpose: A report of the topic(s) covered during the one-hour individual supervision meeting of candidate with faculty supervisor on weekly basis.

Completion: At the end of the weekly meeting.

Instructions: Please fill out the following chart according to the topic(s) discussed during your individual supervision meeting. This report may be completed by either the candidate or the faculty supervisor and must be placed in the candidate's evaluation file every week. Alternately, the form may be completed in Anthology.

Candidate's Name: _____ **Week #** _____

Faculty Supervisor's Name: _____

SUBJECT	COMMENTS
Focus of the supervision session (weekly topic):	
Strengths of candidate (related to weekly topic):	
Areas for growth:	
Follow-up for next session:	
Ethical concerns:	

Candidate's Signature: _____ **Date:** _____

Faculty Supervisor's Signature: _____ **Date:** _____

CMHC Practicum Form MP-3 Self-Evaluation of Recorded Session

Self-Evaluation of Recorded Counseling Session



Purpose: To evaluate own performance during counseling session in order to increase awareness of areas of strength as well as areas for future growth.

Completion: To be completed by candidate after viewing video recorded counseling session.

Instructions: Carefully watch your video recorded counseling session, at the same time that you reflect on and evaluate the entire experience. Then, provide the information requested below before presenting your video recording or DVD in individual or group supervision. This form must be handed in to the faculty supervisor after presentation of video recording. Alternately, the form may be completed in Anthology.

Candidate's Name: _____ **Date:** _____

Client Initials: _____ **Session #:** _____

1. **Background information. (client description, demographics, presenting problem, major conflict):**

2. **Intended goal. (What was your goal for the session? How were you attempting to accomplish this goal? What happened in the session? Any behavioral observations?):**

3. **Counseling microskills. (What microskills were predominantly used in this session? Were these appropriate to the timing and issue(s) being discuss**

4. **Conceptualization. (Your interpretation of what was happening with the client, hypotheses concerning possible intervention approaches):**

5. What was the point in this session where you felt you needed most help? _____

6. At what point on the recording was the most crucial for the client? (Was there an “Aha! Moment”? Was the point of understanding forced on by you, or did the client come up with his/her own understanding?)

7. Your reaction to the session. (YOUR thoughts and feelings about what happened in the session, what went well (or didn’t go well) in the session, and why): _____

8. What would you have done differently and why. (What are some different counseling skills, responses, and interventions that you might have used instead and why?): _____

9. Plans for further counseling with this client: _____

10. How does this assignment relate to your future work as a counselor? In other words, how (cite examples) will you be able to use and apply the knowledge, skills, and dispositions learned in this assignment in your future work as a counselor? _____

11. Rate your overall performance in this session based on the criteria delineated below:

Level 1	Level 2	Level 3	Level 4	Level 5	Enter Score
Unacceptable. Have no knowledge of how to	Remember & understand central	Apply knowledge of central concepts	Analyze and evaluate the situation, but do not know	Create meaningful responses and	??????

12. Why did you choose to rate your performance at this level? _____

13. What additional supervision and feedback do you feel you need from your faculty supervisor on this assignment? _____

CMHC Practicum Form MP-4 Recorded Session Feedback

Recorded Counseling Session Feedback



Candidate's Name: _____ Course # & Name: _____

Location: _____ Practicum Internship

Purpose: An evaluation of the candidate in terms of his/her counseling knowledge and skills.

Completion: At the time when candidate presents his/her video recorded counseling session during individual or group supervision. Rating is completed by the faculty supervisor.

Instructions: This rubric has been organized using BLOOM'S TAXONOMY (Revised, Anderson & Krathwohl, 2001), which outlines the shifts in thinking that learners experience as they progress from "novice" to more "expert" thinking.



For the purposes of this rubric, **LEVEL 1** represents candidate behaviors that indicate that the candidate does not have access to, or chooses not to access, the information learned about conducting Counseling sessions. He/she is **not able to remember or chooses not to remember professionally relevant priorities in this area.**

LEVEL 2 represents candidate behaviors that indicate the candidate does **remember and understand** professionally relevant priorities, but *struggles to apply* that knowledge and understanding during the Counseling session.

LEVEL 3 indicates that the candidate is able to **apply knowledge of** professionally relevant priorities during Counseling sessions. **This level is expected of successful candidates at the end of their Clinical Practicum II experience.**

LEVEL 4 represents candidate behaviors that indicate both **analysis and evaluation** of Counseling sessions, but the candidate is inconsistent in or unable to *create* appropriate responses.

LEVEL 5 indicates that the candidate is consistently evaluating Counseling sessions in order to **create** professionally meaningful responses that help clients achieve competency in their personal domains. **This level is expected of successful candidates at the end of their Clinical Internship experience.**

For each proficiency, mark the score corresponding to the level of attainment described in the cells of the form, using the scale indicated below. If a proficiency is not applicable or there is not enough information to make an evaluation, please leave it blank. Comments and suggestions for improvement are vital for the candidate's growth. Please feel free to attach additional pages as needed.

Expected Skill	Level 1 Unacceptable	Level 2 Remembers & Understands	Level 3 Applies Knowledge	Level 4 Analyzes & Evaluates	Level 5 Creates	Rating
CSF 1. Rapport with Clients	Makes the client(s) uncomfortable.	Is warm, caring, respectful, non-judgmental, and genuine.	Demonstrates ability to establish working relationships with clients.	Is able to analyze and evaluate the level of rapport established with client(s).	Creates meaningful responses to enhance rapport with client(s), in a manner consistent with Christian ideals.	<input type="checkbox"/>
CSF 2. Management of Process	Jumps from topic to topic and/or engages in chit-chat.	Conducts relatively smooth session with some side-bar discussions that do not contribute to the therapeutic agenda.	Maintains session focused on the therapeutic agenda.	Is able to analyze and evaluate what is happening at each moment during session.	Provides meaningful responses to enhance or improve what is happening at the moment.	<input type="checkbox"/>
CSF 3. Management of Therapeutic Dialogue	Does not respond to client statements, but moves to next question. Interrupts client.	Provides minimal response to client comments.	Acknowledges client communication before making next comment.	Analyzes and evaluates client comments in order to provide meaningful responses.	Provides creative and meaningful responses for client comments.	<input type="checkbox"/>
CSF 4. Delivery of Content	Candidate's questions, comments, and statements are random and lack purpose.	Candidate's questions, comments, and statements seem to have purpose, but candidate appears to be moralizing, lecturing or preaching.	Candidate's questions, comments, and statements are relatively focused and well delivered.	Candidate analyzes and evaluates own questions, comments, and statements in order to improve delivery of content.	Creates meaningful responses to improve delivery of content.	<input type="checkbox"/>
CSF 6. Introduction and Summary	Introduction and summary are not present.	Introduction and summary are rushed or incomplete.	Introduction and summary are present, but not fully connected with session content.	Introduction and summary present purpose and evaluation of session content.	Creative ways are used to present introduction and summary in a comfortable and complete manner.	<input type="checkbox"/>

Expected Skill	Level 1	Level 2	Level 3	Level 4	Level 5	Rating
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Unacceptable	
CSF 7. Management of Emotions	Candidate processes own issues in session or does not know how to help client with his/her emotions.	Candidate tries to manage client's emotions, but is only partially effective.	Candidate is able to manage the client's emotions during the session.	Candidate is able to analyze and evaluate client's emotions.	Candidate consistently manages own emotions, and demonstrates ability to help client manage emotions.	□
CSF 8. Assessment	Candidate does not conduct assessment before setting goals.	Candidate conducts assessment, but assessment may be incomplete.	Does not rush to provide answers or to problem-solve, but conducts thorough assessment before discussing goals.	Analyzes appropriateness of the assessment conducted, and evaluates its accuracy.	Provides appropriate and accurate assessment.	□
CSF 9. Goal Setting	Does not discuss any goals with client.	Projects goals onto client or moves to advice-giving under the guise of goal-setting.	Conducts goals discussion, but may miss important parts of the client's issues.	Analyzes and evaluates all parts of the client's issues.	Counseling goals are primarily the client's, and are thoroughly discussed with the client.	□
CSF 10. Theoretical Congruence	Interventions are not connected to any theory, and are ineffective or inappropriate.	Candidate is clear about the theoretical orientation he/she wants to use, but does not know how to connect it to interventions.	Interventions are not clearly connected to theory, but are developing.	Candidate analyzes and evaluates how his/her interventions are connected to theory.	Therapeutic interventions are theoretically consistent, well delivered and appropriate.	□

Expected Skill	Level 1	Level 2	Level 3	Level 4	Level 5	Rating
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Unacceptable	
CSF 11. Self-Supervision of Counseling	Candidate is not able or interested in evaluating own counseling work.	Interested in evaluating own counseling work, but feels self-conscious or uncomfortable about it.	Evaluates own counseling work, and is fully open and relaxed about discovering areas where he/she needs to improve.	Analyzes and evaluates own counseling work with accuracy.	Is able to appropriately correct issues noted for improvement.	□
CSF 12. Termination	Termination is not present.	Termination is present, but needs improvement.	Termination is acceptable.	Candidate is able to analyze and evaluate termination issues.	Candidate makes appropriate recommendations for the future.	□
Rating	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	Total
	<21	21 - 23	24 - 44	45 - 56	57 - 60	_____
	Expected Rating Range for Practicum			Expected Rating Range for Internship		

Additional Comments:

Supervisor Signature: _____ Date: _____

CMHC Practicum Form MP-5 Counseling Activity Log

Time and Activity Log



Students will log into their Anthology placement record daily and complete their hours and activities in the time log. They will submit each entry to the faculty supervisor for approval and signature.

CMHC Practicum Form E-1 Verification of Complete Client Charts

Verification of Complete Client Charts



Counselor Candidate: _____

CMHC Program Faculty Supervisor: _____

Semester: _____

<i>Client File Complete</i>	Client File Number	Intake report (typed)	Treatment plan	Progress notes	Termination / Transfer

Faculty Supervisor's Signature _____ Date _____

CMHC Practicum Form E-2 Field Experience Diversity Form

Field Experience Diversity Form



Purpose: To evaluate the richness of diversity available during the field experience.

Completion: To be completed at the end of all field experiences.

Instructions: In the appropriate spaces below, provide specific information about the field experience being completed, and return to the CMHC faculty supervisor.

Candidate's Name _____ Semester & Year _____

Name of Clinical Site: _____

Street Address _____

City/State/Zip _____ Length of Experience in Hours _____

1. Identify the number of clients with the following ethnic backgrounds that you served at your clinical site.

American Indian/Alaskan Native ____ Asian/Pacific Islander ____ African American ____
Caucasian ____ Hispanic ____ Other ____

2. Indicate the number of identified special needs persons that you treated at your clinical site. _____

3. Identify the socioeconomic groups represented by your clients:

4. Identify the number of clients by gender with whom you worked. Males _____ Females _____

5. Identify the ethnicity of your faculty supervisor:

American Indian/Alaskan Native Asian/Pacific Islander Black/African
 Caucasian Hispanic Other

CMHC Practicum Form E-3 Evaluation of Practicum Site



Evaluation of Practicum Site

Purpose: An assessment of the quality of training perceived or experienced by the candidate at the practicum site.

Completion: At the end of the candidate’s practicum experience every semester.

Instructions: Using the scale provided below, mark the number that best corresponds to your perceptions. Once every item has been rated, add up all the marked numbers to obtain a total score, and answer the remaining questions. Turn in this form to the SAU Director of Graduate Programs in Counseling as soon as you finish your practicum semester. Alternately, the form may be completed in Anthology

Candidate’s Name: _____ **Date:** _____

Faculty Supervisor’s Name: _____

Name of Clinical Site: _____

Address of Clinical Site: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Would you recommend this clinical practicum site to others? Yes No

	Strongly Disagree	Disagree	Agree	Strongly Agree
A. THE SETTING				
1. I had appropriate office space to meet with clients and/or their families.	①	②	③	④
2. Video recording of counseling sessions was very easy in the office space available.	①	②	③	④
3. Professional ethics were discussed and exemplified within the practical work setting.	①	②	③	④
4. Problems of discrimination appeared to be handled adequately within the practical work setting.	①	②	③	④

	Strongly Disagree	Disagree	Agree	Strongly Agree
5. Staff members were quite willing to spend extra time to train or teach me in areas where I needed additional help.	①	②	③	④
6. I was viewed by staff members at the clinic as a professional, an equal, and a colleague.	①	②	③	④
B. THE ONSITE SUPERVISOR				
My faculty supervisor...	①	②	③	④
7. Was competent and knowledgeable in the clinical field.	①	②	③	④
8. Fully shared opinions and ideas with me on professional issues.	①	②	③	④
9. Encouraged independent thinking and action.	①	②	③	④
10. Supported and helped me to apply, in my practice, my preferred theory of counseling.	①	②	③	④
11. Wasted little or no time during supervision.	①	②	③	④
12. Fostered a non-threatening environment during supervision.	①	②	③	④
13. Helped me to improve my ability to establish therapeutic relationship with clients.	①	②	③	④
14. Helped me to gain better insight into various client dynamics.	①	②	③	④
15. Helped me to develop better assessment skills.	①	②	③	④
16. Helped me to become more proficient in the use of the DSM-5.	①	②	③	④
17. Helped me to learn how to integrate the use of appraisal instruments, computers, professional literature/research, and multimedia training resources in the overall treatment process.	①	②	③	④
18. Helped me to improve my treatment planning skills.	①	②	③	④
19. Helped me to improve my report writing skills.	①	②	③	④

	Strongly Disagree	Disagree	Agree	Strongly Agree
20. Encouraged me to examine issues of my own that could interfere with the effectiveness of the counseling I provided.	①	②	③	④
21. Facilitated my development of multicultural counseling skills.	①	②	③	④
22. Gave me ample opportunity to fulfill my roles, responsibilities and learning goals according to my <i>Practicum Contract</i> .	①	②	③	④
23. Helped me to be exposed and have ample opportunity to develop the knowledge and skills explained in the COUN 580 course syllabus and the <i>CMHC Practicum Manual</i> .	①	②	③	④
C. MY GENERAL EXPERIENCE	①	②	③	④
24. I was completely satisfied with my practicum experience.	①	②	③	④

TOTAL SCORE: _____

25. Suggestions for improving this practicum experience:

26. What would you have liked to know before you started practicing at this site?

Candidate's Signature: _____ **Date:** _____

CMHC Practicum Form E-4 Evaluation of Candidate's Clinical Practice



Evaluation of Candidate's Clinical Practice

Candidate's Name: _____ Course: COUN 580 _____ COUN 581 _____

Location: _____ Semester: _____

Purpose: An evaluation of the candidate in terms of his/her performance during the practicum and internship experiences.

Completion: At the end of the candidate's field experience at each practicum and internship site. Rating is completed in the online assessment platform (Anthology) by the faculty supervisor for CMHC Practicum II and by the site supervisor for CMHC Internship.

Instructions: This rubric has been organized using Bloom's Taxonomy (Revised, Anderson & Krathwohl, 2001), which outlines the shifts in thinking that learners experience as they progress from "novice" to more "expert" thinking.



For purposes of this rubric, **LEVEL 1** represents candidate behaviors that indicate that the candidate does not have access to, or chooses not to access, the information learned about the profession. The candidate is not able to remember or chooses not to remember professionally relevant priorities.

LEVEL 2 represents candidate behaviors that indicate the candidate does remember and understand professionally relevant priorities, but struggles to apply that knowledge and understanding.

LEVEL 3 indicates that the candidate is able to apply knowledge of professionally relevant priorities. This level is expected of successful practicum candidates.

LEVEL 4 represents candidate behaviors that indicate both analysis and evaluation of professionals situations, but the candidate is inconsistent in or unable to create appropriate responses.

LEVEL 5 indicates that the candidate is consistently evaluation professional situations in order to create professionally meaningful responses (i.e., behaviors and programs) that serve to enhance the clinical mental health counseling program. This level is expected of successful internship candidates.

For each proficiency, indicate the score corresponding to the level of attainment described in the form, using the scale indicated below. If a proficiency is not applicable or there is not enough information to make an evaluation, please leave it blank. Comments and suggestions for improvement are vital for the candidate's growth. The practicum candidate must achieve an overall rating of Level 3 to pass Practicum. The internship candidate must achieve an overall rating of Level 4/Level 5 to pass internship.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 1. Rapport with Clients	Makes the client(s) uncomfortable.	Is warm, caring, respectful, non-judgmental, and genuine.	Demonstrates ability to establish working relationships with clients.	Is able to analyze and evaluate the level of rapport established with client(s).	Creates meaningful responses to enhance rapport with client(s), in a manner consistent with Christian ideals.
CMHC 2. Management of Process	Jumps from topic to topic and/or engages in chit-chat.	Conducts relatively smooth session with some side-bar discussions that do not contribute to the therapeutic agenda.	Maintains session focused on the therapeutic agenda.	Is able to analyze and evaluate what is happening at each moment during session.	Provides meaningful responses to enhance or improve what is happening at the moment.

	Level 1	Level 2	Level 3	Level 4	Level 5
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Expected Proficiency	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 3. Management of Therapeutic Dialog	Does not respond to client statements, but moves to next question. Interrupts client.	Provides minimal response to client comments.	Acknowledges client communication before making next comment.	Analyzes and evaluates client comments in order to provide meaningful responses.	Provides creative and meaningful responses for client comments.
CMHC 4. Delivery of Content	Candidate's questions, comments, and statements are random and lack purpose.	Candidate's questions, comments, and statements seem to have purpose, but candidate appears to be moralizing, lecturing or preaching.	Candidate's questions, comments, and statements are relatively focused and well delivered.	Candidate analyzes and evaluates own questions, comments, and statements in order to improve delivery of content.	Creates meaningful responses to improve delivery of content.
CMHC 5. Diagnostic Process	Lacks understanding of DSM diagnoses and lacks skills to apply.	Has a working knowledge of DSM diagnoses but lacks skills to apply.	Has a working knowledge of DSM diagnoses, and emerging skills for application of knowledge.	Is able to diagnose with supervision and is confident with therapeutic skills for treatment.	Is comfortable with diagnosis and therapeutic treatment.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 6. Therapeutic Skills (silence, encouragement, empowerment, confrontation)	Therapeutic skills are random and do not function to facilitate a therapeutic relationship.	Therapeutic skills are developing, but candidate feels insecure about using them.	Candidate is beginning to feel more comfortable about using therapeutic skills.	Therapeutic skills are used with confidence, and candidate is able to analyze and evaluate their effectiveness.	Uses therapeutic skills creatively; therapeutic skills are well chosen for the situation.
CMHC 7. Introduction and Summary	Introduction and summary are not present.	Introduction and summary are rushed or incomplete.	Introduction and summary are present, but not fully connected with session content.	Introduction and summary present purpose and evaluation of session content.	Creative ways are used to present introduction and summary in a comfortable and complete manner.
CMHC 8. Management of Emotions	Candidate processes own issues in session or does not know how to help client with his/her emotions.	Candidate tries to manage client's emotions, but is only partially effective.	Candidate is able to manage the client's emotions during the session.	Candidate is able to analyze and evaluate client's emotions.	Candidate consistently manages own emotions, and demonstrates ability to help client manage emotions.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 9. Diversity Competency	Demonstrates intolerant behaviors toward persons different from themselves.	Respects persons different from themselves, but does not know how to meet their needs.	Demonstrates knowledge of diversity issues in counseling, and applies these concepts with guidance from supervisor.	Analyzes and evaluates situations affected by diversity issues in an effort to learn and provide interventions effective for the individual client.	Celebrates diversity, actively works to cross boundaries of differences, and provides interventions that are effective for each individual client.
CMHC 10. Recognition of Normal and Abnormal Development	Lacks understanding and ability to apply knowledge to practice.	Understands normal and abnormal development but lacks ability to apply knowledge to practice.	Understands normal and abnormal development and demonstrates emerging ability to apply knowledge to practice.	Understands normal and abnormal development and demonstrates consistent ability to apply knowledge to practice.	Understands normal and abnormal development and demonstrates the ability to make therapeutic decisions with reference to human development and evaluation.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 11. Assessment	Candidate does not conduct assessment before setting goals.	Candidate conducts assessment, but assessment may be incomplete.	Does not rush to provide answers or to problem-solve, but conducts thorough assessment before discussing goals.	Analyzes appropriateness of the assessment conducted, and evaluates its accuracy.	Provides appropriate and accurate assessment.
CMHC 12. Goal Setting	Does not discuss any goals with client.	Projects goals onto client or moves to advice-giving under the guise of goal-setting.	Conducts goals discussion, but may miss important parts of the client's issues.	Analyzes and evaluates all parts of the client's issues.	Counseling goals are primarily the client's, and are thoroughly discussed with the client.
CMHC 13. Theoretical Congruence	Interventions are not connected to any theory, and are ineffective or inappropriate.	Candidate is clear about the theoretical orientation he/she wants to use, but does not know how to connect it to interventions.	Interventions are not clearly connected to theory, but are developing.	Candidate analyzes and evaluates how his/her interventions are connected to theory.	Therapeutic interventions are theoretically consistent, well delivered and appropriate.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 14. Theory-specific Case Conceptualization	Significant problems with case conceptualization, such as misunderstanding key theoretical concepts, mixing theories, or missing significant diversity issues.	Inconsistent or incorrect use of theory-specific conceptualization elements. Ignores subtle diversity issues.	Case conceptualization narrative uses theory-specific concepts to address salient client issues.	Thoughtful and specific case conceptualization narrative that includes discussion of major theory-specific elements; addresses diversity and unique client needs.	Thoughtful and specific case conceptualization narrative using theory-specific elements; integrates diversity, trauma, substance abuse, and subtle diversity issues; unique and specific.
CMHC 15. Termination	Termination is not present.	Termination is present, but needs improvement.	Termination is acceptable.	Candidate is able to analyze and evaluate termination issues.	Candidate makes appropriate recommendations for the future.
CMHC 16. Readiness for Crisis Intervention	Does not know how or is not interested in providing counseling and support to clients and families facing emergencies.	Has theoretical knowledge of how to approach situations, but does not know how to apply this knowledge.	Is somewhat able to apply knowledge of how to deal with client/family emergencies, but still needs guidance and support.	Is able to analyze and evaluate approaches commonly used in agencies to address client/family emergencies.	Is able to use/propose creative and appropriate ways to address client/family emergencies.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 17. Use of Referrals	Has no knowledge of referral sources in the community to deal with crises such as suicidal ideation, violence, abuse, depression, etc.	Has compiled a list of referral sources, but is not familiar with the services they provide.	Is familiar with all referral sources available in the community, and feels confident about contacting any of them for help.	Is able to analyze and evaluate the quality of the referral sources available in the community to deal with crisis.	Is able to create professionally meaningful responses in order to address crisis situations.
CMHC 18. Small Groups for Clients' Identified Needs or Interests	Does not know how to conduct small groups to respond to clients' identified needs or interests.	Has knowledge of how small groups work, but feels inadequate or appears insecure about applying that knowledge in an actual group.	Conducts small groups with clients, but guidance and support from site supervisor are still needed in order to ensure effectiveness.	Is able to analyze and evaluate his/her own performance as a small group counselor.	Conducts effective, interactive small groups without much direction from site supervisor.
CMHC 19. Consultation with Other Professionals	Has no knowledge of consultation concepts or is unwilling to consult with other professionals in the community.	Understands the process of consultation and is willing to consult, but is insecure about doing it.	Is able to participate as an observant in a consultation meeting conducted by the site supervisor with other professionals.	Is able to analyze and evaluate the situation consulted with other professionals, and identifies appropriate action in response.	Consults effectively with other professionals, and confidently takes appropriate action based on the consultation.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 20. Collaboration	Does not think collaborating with others is important, and fails to collaborate with those in the community.	Understands the importance of collaboration, but is unmotivated, or motivated by external factors to do so.	Is motivated and participates in collaboration activities as suggested by the supervisor.	Is able to analyze and evaluate how collaboration activities will benefit the agency and the community at large.	Actively seeks out opportunities to collaborate with peers, professionals, and the community at large, in a manner consistent with Christian service ideals.
CMHC 21. Teaming	Candidate is unaware of the needs of peers and other professionals in the counseling office, and acts in own self-interest.	Becomes aware of the needs of others when prompted to do so.	Demonstrates awareness of the needs of others without being prompted to do so.	Analyzes and evaluates counseling program's team interpersonal dynamics, as well as specific situations affecting the needs of teammates.	Is able to balance the needs of self and others to allow for smooth functions within the agency.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 22. Self-Supervision of Counseling	Candidate is not able or interested in evaluating own counseling work.	Interested in evaluating own counseling work, but feels self-conscious or uncomfortable about it.	Evaluates own counseling work, and is fully open and relaxed about discovering areas where he/she needs to improve.	Analyzes and evaluates own counseling work with accuracy.	Is able to appropriately correct issues noted for improvement.
CMHC 23. Follow-Through with Tasks/Work	Tasks/work is usually left undone.	Tasks/work is done with prompting from others.	Tasks/work is completed without prompting.	Analyzes and evaluates the quality of tasks/work completed.	Is highly motivated to complete tasks without prompting, and work is high quality, thoughtful, and complete.
CMHC 24. Attendance	Is frequently late or absent without calling.	Is late or absent a few times without calling.	Is late or absent several times, but calls in.	Is late or absent a few times, but calls in.	Is almost never late or absent, and always calls in.
CMHC 25. Ethical Behavior	Has violated at least one ACA ethical principle.	Operates with minimal awareness of ethical issues in the counseling setting.	Is aware of ethical issues in the counseling setting, but still needs guidance from supervisor.	Takes time to analyze and evaluate specific ethical situations encountered, and frequently consults with supervisor about these situations.	Demonstrates highly ethical behavior, awareness of ethical codes, and sensitivity to ethical issues in the agency setting.

Expected Proficiency	Level 1	Level 2	Level 3	Level 4	Level 5
	Unacceptable	Remembers & Understands	Applies Knowledge	Analyzes & Evaluates	Creates
CMHC 26. Growth Activities	Is neither interested nor participates in available in-service training or professional associations' opportunities for membership.	Knows that participating in these activities and associations is important, but uses excuses to not participate (e.g., too busy, lack of financial resources).	Participates in available in-service training and maintains membership in at least one professional organization.	Analyzes and evaluates his/her own growth needs in order to determine what kind of training or professional organizations will be most beneficial to him/her.	Actively seeks opportunities to participate in in-service training and professional organizations. Is able to explain current issues in the counseling field, as published in professional organization journals.
CMHC 27. Use of Feedback	Does not take ownership of problems that are the source of negative feedback.	Takes ownership of problems with prompting.	Takes responsibility and makes changes suggested in feedback.	Analyzes and evaluates negative feedback in order to understand contributing factors.	Actively seeks feedback and takes responsibility for making changes to improve skills in timely manner.

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Additional Comments:

Candidate Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

CMHC Practicum Form E-5a Student Semester Progress & Annual Review

Student Semester Progress and Annual Review

Master of Science in Counseling

*Clinical Mental Health Counseling
Professional School Counseling*



Student Name: _____ **Program Area:** _____ **Date:** _____

Term & Year Admitted _____ **Current GPA:** _____ **Program Checkpoint #:** _____

Purpose: To provide ongoing evaluation and feedback to students regarding their academic performance, clinical skills, and professional conduct and disposition.

Completion: This instrument can be used for semester progress assessments, annual reviews of student performance, and readiness for field experience or graduation. Please indicate the specific purpose for which this instrument is being used at this time. More than one box may be checked.

Semester Progress **Annual Review** **Readiness for Practicum II** **Readiness for Internship**
Readiness for Graduation

Instructions: Indicate the level that most closely describes the performance being demonstrated by the candidate. The “not observed” rating should be used sparingly, as all elements listed are considered essential to effective counseling practice. Receiving an unacceptable score on any element of this Student Semester Progress and Annual Review will trigger the onset of a remedial process and plan as deemed necessary by the Counseling Program Council. For additional information, refer to the Southern Adventist University *Counseling Student Handbook*.

Unacceptable (0)	Developing (1)	Expectation Met (2)	Expectation Exceeded (3)
Evidence that student is performing as indicated for this proficiency is not provided, is incomplete, or fails to be convincing.	Evidence that the student is performing as indicated for this proficiency is at a developing level.	Evidence that the student is performing as indicated for this proficiency is at an acceptable level.	Evidence that the student is performing as indicated for this proficiency is at a level that exceeds what is expected.
I. ACADEMIC PERFORMANCE			
1. Demonstrates competent knowledge and performs well across multiple academic areas as evidenced by semester final grades and grade point average (GPA). A minimum GPA of 3.00 is required to remain in the program.			Rating: 0 1 2 3
II. CLINICAL SKILLS PERFORMANCE			
1. Demonstrates competent and progressively appropriate clinical skill development as evidenced by classroom role-plays, presentations, and field experience evaluations provided by instructors and clinical site supervisors.			Rating: 0 1 2 3

III. PROFESSIONAL CONDUCT AND DISPOSITION				
<i>Caring Person</i>				
<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
1. Genuineness, Empathy, and Interest in Others				
Fails to demonstrate genuineness, empathy and/or interest in the welfare of others.	Endeavors to demonstrate genuineness and empathy; sometimes or usually shows an interest in the welfare of others.	Consistently demonstrates genuineness, empathy, and interest in the welfare of others.	Proactively conveys a clearly genuine empathy and caring interest in the welfare of others in a manner that facilitates effective communication.	0 1 2 3 not observed
2. Sensitivity to Others				
Disregards the feelings, thoughts, and/or needs of others.	Endeavors to exercise sensitivity to the feelings, thoughts, and needs of others.	Consistently displays sensitivity to the feelings, thoughts, and needs of others.	Consistent display of sensitivity to the feelings, thoughts, and needs of others; is clearly effective in facilitating open communication.	0 1 2 3 not observed
3. Respects Autonomy				
Fails to respect the autonomy and beliefs of others and/or imposes own personal beliefs on others.	Understands and tries to respect the autonomy and beliefs of others; sometimes approaches imposing personal beliefs on others.	Respects the autonomy and beliefs of others and refrains from imposing one's personal beliefs on others.	Respect for the autonomy and beliefs of others is conveyed in a manner that enhances the candidness and comfort level of the dialog.	0 1 2 3 not observed
4. Cultural Sensitivity				
Fails to exhibit sensitivity to individual and cultural identities of others, and/or fails to act respectfully in interactions with others.	Endeavors to exhibit sensitivity to the individual and cultural identities of others; displays a degree of cultural competence by usually acting respectfully and skillfully in interactions with others.	Consistently exhibits sensitivity to the individual and cultural identities of others and displays cultural competence by consistently acting respectfully and skillfully in interactions with others.	Consistent sensitivity to the individual and cultural identities of others, along with cultural competence, effectively contribute to enhanced openness and effectiveness of dialog.	0 1 2 3 not observed
5. Personal Wellness – Physical Health				
Shows disregard for habits of self-care and/or wellness that contribute to physical health.	Is working toward establishing daily habits of self-care and wellness that contribute to physical health.	Demonstrates commitment to self-care and wellness by practicing daily habits that contribute to physical health.	By example and influence in self-care and wellness, encourages others to practice daily habits that contribute to physical health.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
6. Personal Wellness – Mental Health				
Shows disregard for habits of self-care and/or wellness that contribute to mental health.	Is working toward establishing daily habits of self-care and wellness that contribute to mental health	Demonstrates commitment to self-care and wellness by practicing daily habits that contribute to mental health.	By example and influence in self-care and wellness, encourages others to practice daily habits that contribute to mental health.	0 1 2 3 not observed
<i>Informed Facilitator of Learning and Growth</i>				
7. Information into Practice				
Seems unable to translate academic information into practice.	Demonstrates some ability to translate academic information into practice.	Demonstrates ability to translate academic information into practice.	Effectively draws on academic information to enhance practice.	0 1 2 3 not observed
8. Open-mindedness				
Appears close-minded to ideas, learning, and/or needed change.	Endeavors to remain open to ideas, learning, and change.	Remains open to ideas, learning, and change.	Seeks exposure to ideas, learning, and potential growth informed by current studies, presentations, publications or media in the field.	0 1 2 3 not observed
9. Follows Procedures and Policies				
Disregards the procedures and/or policies of the school or counseling agency of placement.	Sometimes follows the procedures and policies of the school or counseling agency where completing field experience.	Follows the procedures and policies of the counseling program.	By example and influence, encourages other to follow the procedures and policies of the counseling program.	0 1 2 3 not observed
10. Facilitates Learning				
Shows lack of concern for facilitating learning and/or growth of students or clients served.	Endeavors to facilitate learning and growth for students or clients served.	Facilitates learning and growth for students or clients served.	Professional skills, demeanor, and commitment support enhanced learning and growth for the students and clients served.	0 1 2 3 not observed
11. Willing to Adjust and Improve				
Makes little or no effort to cooperate with remediation plans (when applicable); appears to make little or no effort to adjust or improve behavior.	Cooperates with remediation plans (when applicable) and endeavors to adjust or improve behavior.	Continually endeavors to adjust and improve behavior.	Personal and professional behavior consistently supports and enhances effective professional practice.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
12. Accepts Supervision and Consultation				
Appears unable to engage productively with supervisions and/or consultations with site supervisor.	Is learning to engage productively with supervisions and consultation with site supervisor.	Engages in productive supervisions and consultation with site supervisor.	Engagement in supervision and consultation activities contribute to the effectiveness of clinical practice.	0 1 2 3 not observed
13. Aware of Impact on Others				
Appears unaware of how personal actions impact others.	Can act with awareness of how personal actions impact others.	Consistently acts with awareness of how personal actions impact others.	Awareness of how personal actions impact others leads to increasingly effective communication and professional practice.	0 1 2 3 not observed
Reflective Decision-Maker				
14. Maintains Objectivity				
Appears unable to maintain the objectivity appropriate to the situation or setting.	Can demonstrate objectivity appropriate to the situation or setting.	Consistently demonstrates objectivity appropriate to the situation or setting.	Demonstrates consistent objectivity appropriate to the setting, and a demeanor that encourages objectivity in others, contribute to effective dialog.	0 1 2 3 not observed
15. Maturity and Judgment				
Often fails to exhibit maturity and/or good judgment in reactions and behaviors.	Can exhibit maturity and good judgment in reactions and behaviors.	Consistently exhibits maturity and good judgment in reactions and behaviors.	By example and influence, encourages maturity and good judgment on the part of others.	0 1 2 3 not observed
16. Accepts Responsibility for Own Actions				
Chooses not to accept responsibility for actions and/or problems.	Endeavors to accept responsibility for actions and problems.	Accepts responsibility for actions and problems.	Acceptance of responsibility for actions and problems leads to growth and/or changes that result in more effective life skills or professional practice.	0 1 2 3 not observed
17. Manages Own Issues				
Appears unable or unwilling to manage personal mental health, emotional problems, stress, and/or interpersonal issues.	Is making progress toward managing personal mental health, emotional problems, stress, and/or interpersonal issues effectively.	Manages personal mental health, emotional problems, stress, and/or interpersonal issues effectively.	By example and influence, encourages others to manage personal mental health, emotional problems, stress, and/or interpersonal issues effectively.	0 1 2 3 not observed
18. Demonstrates Integrity				
Appears deficient in personal and professional integrity.	Demonstrates personal and professional integrity in stated thoughts and actions.	Consistently demonstrates personal and professional integrity in stated thoughts and actions.	By example and influence, encourages personal and professional integrity in professional practice.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
19. Use of Constructive Feedback				
Appears indifferent or resistant to constructive feedback from others.	Sometimes solicits constructive feedback from others and/or usually considers and responds thoughtfully to such feedback.	Solicits, considers, and responds thoughtfully to constructive feedback from others.	Grows personally and/or professionally as a result of soliciting, considering, and responding to constructive feedback from others.	0 1 2 3 not observed
20. Self-reflection				
Appears unable or unwilling to participate in self-reflection and self-exploration.	Is learning to participate in self-reflection and self-exploration.	Participates in self-reflection and self-exploration.	Self-reflection and self-exploration effectively lead to personal and professional growth.	0 1 2 3 not observed
21. Accuracy and Truthfulness				
Shows lack of commitment to communicate information truthfully and/or accurately.	Endeavors to communicate information truthfully and accurately.	Consistently communicates information truthfully and accurately.	While maintaining truthfulness and accuracy, demonstrates wisdom and sensitivity in the communication of information.	0 1 2 3 not observed
22. Respects Interpersonal Boundaries				
Appears to lack awareness of or chooses not to respect appropriate interpersonal boundaries.	Exhibits some awareness of and respect for appropriate interpersonal boundaries.	Consistently exhibits awareness of and respect for appropriate interpersonal boundaries.	Recognizes even subtle signals from others that interpersonal boundaries are at issue, and adjusts communication to convey sensitivity, respect, and acceptance.	0 1 2 3 not observed
23. Aware of Personal Beliefs				
Appears unable to recognize personal beliefs, values, needs, strengths, and/or limitations as such; and/or gives little or no indication of understanding their potential influence on personal or professional performance.	Exhibits some awareness of personal beliefs, values, needs, strengths, and limitations; theoretically understands their potential influence on personal and professional performance.	Consistently exhibits awareness of personal beliefs, values, needs, strengths, and limitations, and is guided by an understanding of their potential influence on personal and professional performance.	Proactively seeks greater awareness of how personal beliefs, values, needs, strengths, and limitations may influence personal and professional performance, and uses such awareness to enhance communications and practice.	0 1 2 3 not observed
Committed Professional				
24. Professional Identity				
Appears unable or chooses not to maintain professional identity as a counselor.	Endeavors to maintain professional identity as a counselor.	Consistently maintains a professional identity as a counselor.	Consistent attention to maintain professional identity as a counselor effectively supports and contributes to effective practice.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
25. Respects Privacy				
Fails to respect the privacy and/or confidentiality needs of others.	Sometimes respects the privacy and confidentiality needs of others.	Consistently respects the privacy and confidentiality needs of others.	Recognizes possible privacy and confidentiality issues and is proactive in protecting the needs of others for privacy and confidentiality.	0 1 2 3 not observed
26. Maintains Ethical Guidelines				
Gives little or no indication of understanding ethical guidelines for counselors and/or disregards ethical guidelines.	Theoretically understands and tries to maintain the ethical guidelines for counselors as published by the profession.	Understands and consistently maintains the ethical guidelines for counselors as published by the profession.	Along with consistent adherence to ethical guidelines, recognizes possible ethics issues that may need clarification and seeks consultation when necessary.	0 1 2 3 not observed
27. Professional Growth				
Shows little or no interest in learning, training, or experiential processes and opportunities for personal or professional development.	Is beginning to engage in learning, training, and/or experiential processes and opportunities for personal and professional development.	Engages actively in learning, training, and/or experiential processes and opportunities for personal and professional development.	Actively identifies areas in which he/she would like to grow and seeks learning, training, and/or experiential processes and opportunities to develop those interests.	0 1 2 3 not observed
28. Prioritization of Interests				
Chooses not to prioritize the interests of clients over self-interests.	Sometimes fulfills the expectation that interests of clients are to be prioritized over self-interests when providing professional services.	Consistently prioritizes interests of clients over self-interests when providing professional services.	Is proactive in ensuring that interests of clients are prioritized over own interests when providing professional services.	0 1 2 3 not observed
29. Sensitivity to Role and Dynamics				
Seems unaware of an/or fails to appropriately manage the role differences and power dynamics that may exist in relationships and settings.	Is aware of role differences and power dynamics that may exist in relationships and settings, and endeavors to manage them appropriately.	Consistently demonstrates sensitivity to role differences and power dynamics that may exist in relationships and settings; manages the role differences and dynamics appropriately.	Is particularly effective in navigating role differences and power dynamics in a manner and to an extent that open, trusting dialog is supported.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
30. Attention to Professional Appearance				
Disregards expectations of professional appearance, attire, and/or demeanor as appropriate to different settings.	Shows awareness of how professional appearance may influence others and is willing to choose appropriate attire and to order demeanor as expected in different settings.	Consistently exhibits appropriate attire and demeanor as expected in different settings, and is guided by awareness of how professional appearance may influence others.	In addition to attire that is consistently appropriate for different settings and awareness of how professional appearance may influence others, shows a demeanor that contributes to open, confident dialog.	0 1 2 3 not observed
31. Refrains from Substance Abuse				
Uses behavior – and/or mind-altering substances that impede professional functioning.	Demonstrates commitment to avoid using behavior- or mind-altering substances that impede professional functioning.	Demonstrates commitment to avoid, and does not use behavior- or mind-altering substances that impede professional functioning; makes this practice a consistent way of life.	In addition to own commitment and consistent practice of avoiding behavior- or mind-altering substances, uses personal influence to encourage others to choose lifestyle habits that contribute to wellbeing.	0 1 2 3 not observed
32. Effective Relationships				
Appears unable to establish and/or maintain effective and functional relationships personally, professionally, and/or therapeutically.	Endeavors to establish and maintain effective and functional relationships personally, professionally, and therapeutically.	Establishes and maintains effective and functional relationships personally, professionally, and therapeutically.	Addresses potentially difficult relationships as opportunities for creative outreach that overcomes the difficulty and establishes functional communication.	0 1 2 3 not observed
33. Professional Communication				
Engages in communication that is not respectful, professional, and/or appropriate to the setting.	Endeavors to communicate with clients and colleagues respectfully and professionally using appropriate written, oral, and non-verbal language.	Consistently communicates with clients and colleagues respectfully and professionally using appropriate written, oral, and non-verbal language.	Written, oral, and non-verbal communications are consistently respectful, professional, and appropriate, and enhance effective dialog with others.	0 1 2 3 not observed

<i>Unacceptable (0)</i>	<i>Developing (1)</i>	<i>Expectation Met (2)</i>	<i>Expectation Exceeded (3)</i>	<i>Rating</i>
34. Fulfills Obligations				
Often fails to fulfill obligations promptly, consistently, and/or reliably.	Sometimes fulfills obligations promptly, reliably, and according to expectations stated by professor or supervisor.	Consistently fulfills obligations promptly, reliably, and according to expectations stated by professor or supervisor.	Anticipates obligations and needs and takes initiative to meet them promptly and reliably, within the expectations of the practice.	0 1 2 3 not observed

Scoring (Ranges are based on numbers from Section III ratings only)				
<34 = Unacceptable	34 – 62 = Developing Any item at Unacceptable requires a remedial action plan.	63 – 85 with no item below Developing = Expectation Met.	86 – 102 with no item below Developing and no more than 2 items at Developing = Expectation Exceeded.	Score: _____

Comments:

FACULTY ACTION TAKEN:

Advanced to Next Semester: _____ Advanced to Practicum II: _____

Advanced to Internship: _____ Approved for Graduation: _____

Advancement to Next Step in the Program Approved with Remedial Conditions (See attached remediation plan): _____

Advancement to Next Step Denied (see attached rationale with suggestions or alternatives): _____

Faculty Advisor: _____

Faculty Member: _____

Faculty Member: _____

Program Director: _____

*Please return the completed form to the Unit Assessment System Manager of the School of Education & Psychology, PO Box 370; Collegedale, TN 37315-0370, or fax to (423) 236-1765.
For questions on this form, please call (423) 236-2846 or send email to haydene@southern.edu.*

APPENDIX B

Client Chart Forms

CMHC Practicum Intake Interview/Report

COUN 580 Clinical Practicum II

Intake Interview/Report



1. An **Intake Report** must be written within two working day of the intake interview. The purpose of the intake interview is to assess the client’s problem and to formulate a tentative **Treatment Plan**. In order to develop a **Treatment Plan**, it is necessary to gather as much background information about the client as possible, in addition to noting the current presenting problem(s). The **Intake Report** assists the clinician in formally articulating clinical impressions and treatment recommendations. Sample intake worksheets follow.
2. An intake interview should take no longer than two sessions.
3. The **Intake Report** must be typewritten.
4. The following areas should be noted in an **Intake Report**:
 - **Identifying Data:** This refers to age, gender, marital status, and racial/ethnic background of the client. The referral source (e.g. “self-referral” or “referred by family physician”, etc.) and reason for the referral should also be noted in this section.
 - **Presenting Problem(s):** This section should be a brief description of the primary presenting complaint(s) as reported by the client.
 - **History of Presenting Problem(s):** This section should give background information or other relevant information pertaining to the presenting complaint(s).
 - **Psychosocial History:** This section should contain information regarding a client’s family history, as well as information about a client’s current marital/partner relationship. In addition, the following histories should also be obtained: developmental, abuse, educational, occupational, social, recreational, and legal.
 - **Medical and Psychiatric History:** As the name suggests, this section should include information about the client’s past/current medical and psychiatric histories. Note whether or not the client found past psychiatric assistance helpful, as well as which interventions proved most useful.
 - **Mental Status Exam:** This section should include information about the client’s appearance, speech, eye contact, motor behavior, orientation to his/her surroundings, attention, concentration, and memory processes. In addition, the following areas are also discussed: mood/affect, thought processes, thought content, verbal/conceptual reasoning, abstract thinking skills, judgment, insight, and intelligence. Also, any illusions, delusions, and/or hallucinations are noted in this section. Finally, past and current drug use/abuse are discussed, along with past or current suicidal and/or homicidal ideations.

- **Clinical Impressions:** This section lists the DSM diagnosis. *Always validate your clinical impressions in visible, concrete ways. For example, if you list a Major Depressive Disorder, make sure that somewhere in your report you justify this diagnosis by listing all relevant symptomology that led to that particular diagnosis (e.g., “The following symptoms have all been present on some level for more than three weeks: sleep onset insomnia, decreased appetite with a corresponding loss of 10 lbs., depressed mood; diminished interest in activities normally enjoyed, poor concentration, and suicidal ideations.*
- **Summary:** This section brings together all previous background information in a way that helps the reader understand the client, client’s personality and current coping skills, the presenting problem(s), and the variables that contribute to the current presenting problem(s).
- **Treatment Recommendations:** This section describes what treatment issues will be addressed (e.g., low self-esteem, anger management, stress management, etc.) and which counseling modality will be employed in this process (e.g., individual, marital/partner relational, family, or group therapy). In addition, an estimated time frame will be noted (e.g., 6-8 sessions), as well as the recommended therapeutic approach (e.g. cognitive-behavioral, Gestalt, client-centered, etc.).

NOTE: An example of an intake report can be found on the next page.

SAMPLE INTAKE INTERVIEW REPORT

COUN 580 Clinical Practicum II SAMPLE INTAKE INTERVIEW Case # 0000



Name: Noname, Jane

Age: 30

Sex: Female

DOB: March 21, 1976

Assessment Date: September 21, 2021

Report Date: September 20, 2021

Identifying Data: The patient is a 30-year old married Caucasian female. She is a native of Germany. This referral was from Dr. Gulley, who requests assistance with Axis I diagnosis.

Presenting Complaint: "I'm having some problems with my husband. . . I've been very depressed these last few weeks."

History of Presenting Complaint: The client notes that she has had periods of depression on and off over the years, since age 10 or 11. She also notes that she eats when she is depressed and that this behavior has increased since she moved to the United States four months ago. She notes that eating generally makes her feel good, although gaining weight does not.

Current neurovegetative symptoms include the following: sleep onset insomnia (it generally takes her 60- 90 minutes to fall asleep at night), increased appetite with a corresponding weight gain of 20-40 lbs. Over the last two months, depressed and irritable moods (she cries about once a week, on average); concentration problems, and low energy levels.

A history of hypomanic symptoms was noted to include the following: racing thoughts, accelerated speech, distractibility, and an increase in goal-directed activity.

Psychosocial History: The client is the oldest of two girls. Her biological parents divorced when she was eight. She lived with her mother and sister after the divorce and rarely saw her father as a result. She notes that her mother eventually remarried. However, she reports that she had many difficulties getting along with her stepfather, describing him as critical and demeaning. In fact, she notes that he was also physically abusive towards her. "He would strike me in the face when I didn't listen to him. . . once he pushed me into a wall and broke my arm." She describes her mother as passive and noted that she did nothing to protect her. The client denies a history of sexual abuse.

The client reports that her biological parents and her stepfather are all still alive. She has no contact with her biological father, and limited contact with her mother and stepfather. She relates that she is closest to her mother, but even this relationship is not an emotionally close one. She maintains the most contact with her sister who is married and has two children of her own. Her entire family still resides in Germany.

SAMPLE INTAKE INTERVIEW REPORT

The client married her current husband six months ago. She moved to the United States two months after the marriage. This is her first marriage, as well as her husband's first marriage. She and her husband have no children. She also states that she has no children from previous relationships.

The client notes that she and her husband possess differing views about his current military career. He is in the Army, but would prefer leaving the service. She does not want him to leave the Army, in that she believes it would be hard for him to get another job that provides her with the same health benefits as does the military. These discussions have recently escalated into heated arguments between them.

The client readily admits that she has many difficulties with temper control. She traces this back to her childhood, noting that she would sometimes destroy objects in her room when upset. Now, she typically only screams when angry and "on occasion" throws things. She has also been angry with her husband because he socializes "quite a bit" with the females in his unit. She admits that she tends to be unforgiving if someone, like her husband, is not able to change behavior to immediately meet her needs. In this situation, her husband has not agreed to decrease his level of socializing with females and this continues to feed her anger against him.

The client denies difficulties with bulimia and/or anorexia nervosa. She simply eats when depressed. As noted earlier, she has gained weight as a result of the overeating.

The client worked full-time as a secretary in a medium-sized grocery store before moving to the United States. She notes that her job was simply that, "Just a job—a means to an end."

The client notes an absence of any social support at this time outside of her husband. She reports that her neighbors tend to talk about her, and she does not feel free to really trust them. The few people she has invited over to visit her apparently went through some of her things when she was not in room. When asked how she knew this to be true, she commented, "I could tell by their actions when I returned to the room." She feels that sometimes people are out to get her because she is a foreigner and thus "different." Regarding her previous support system in Germany, she notes that although she developed friendships, they tended not to be long-term friendships.

The client notes that when she was a child, she was often afraid to be alone. She states that she imagined creatures living underneath her bed, and this often frightened her. She notes that she is currently afraid of being alone at home, and sometimes sees "shadows" in the house that frighten her.

The client denies a history of legal problems or difficulties.

The client reports that she consumes approximately two pots of coffee a day. She smokes a pack of cigarettes daily. In addition, she consumes about one glass of wine a day. However, she denies a history of drug use or abuse, and denies a history of alcohol abuse.

Medical and Psychiatric History: The client denies difficulty with kidney, liver, or lung disease. She had some difficulties with her thyroid in the past, but as far as she knows she has no current problems in this area. She also denies difficulties in the following areas: asthma,

SAMPLE INTAKE INTERVIEW REPORT

allergies, arthritis, cancer, cardiovascular functioning, diabetes, hypertension, low blood pressure, seizures, and strokes. The client has a history of gastrointestinal distress, including a history of ulcers. However, at present, no problems in this area are noted. She has also had a history of problems with tension headaches and takes aspirin or Motrin for these problems when they occur.

The client is currently on birth control pills. She is not on any other medications at this time. She has no known medication allergies.

The client denies a history of major illnesses, injuries, or surgeries.

The client saw a psychiatrist at age 10 or 11 for depression; however, she did not find that process very helpful. In recent years, a general practitioner once gave her some anti-depressant medications, which she reported improved her mood somewhat. The client denies a family history of drug or alcohol abuse. However, she does report a history of depression in her family (her maternal grandmother). There is also a history of schizophrenia (a cousin).

Mental Status Exam: The client remained distant in the interview and her responses were quite guarded at times. She was appropriately dressed. Eye contact was good and motor behavior appeared normal. She was O x 3 in that she did not really know the date or day of the week. Attention and concentration appeared normal (7/7 for serial sevens, 5 correct for digits forward, and 4 correct for digits backward). Memory processes also appeared intact (3/3 for recent and remote recall). Stated mood was "depressed" and affect appeared congruent with stated mood. Thought processes were clear; however, thought content revealed some paranoid ideations. Similarity responses suggest intact verbal conceptual reasoning processes, and proverb responses suggest intact abstract reasoning skills. Insight and judgment responses; however, demonstrate some impulsive tendencies. For example, she noted that she would "Yell fire!" if she saw smoke in a movie theater. The client denies a history of drug and/or alcohol abuse, as well as suicidal and homicidal ideations.

Clinical Impressions:

296.89 r/o Bipolar II Disorder, Most Recent Episode Depressed, Moderate, 305.90 r/o Caffeine Intoxication, 301.83 r/o Borderline Personality Disorder, Muscle Tension Headaches, r/o Thyroid Disorder, History of Ulcers (No Current Problems Noted), Problems with Primary Support Group (Marital Problems)

Summary: In general, this client often appears to question the motivations of others and her obtained history suggests a distrusting and overly suspicious nature. She apparently feels alienated from others, including her husband. She is especially critical of her husband's level of emotional commitment to her at this time. She also reports difficulties with anger control and readily admits to a low tolerance for frustration. Note here that when the client reported for an appointment with this examiner, an appointment which the examiner was unable to meet due to illness, the client became extremely angry at the secretary and left the clinic visibly upset, despite the fact that several attempts were made to reach her to cancel this appointment. A Bipolar II disorder is currently suspected, as well as a Borderline Personality Disorder.

SAMPLE INTAKE INTERVIEW REPORT

Treatment Recommendations: A medical evaluation should first be sought to rule out a thyroid dysfunction problem. In addition, it would be helpful to obtain old psychiatric records from Germany in order to examine any additional diagnostic and/or treatment information that could be pertinent to her current treatment process. An interview with the spouse to gain additional information regarding this client's family background, as well as current marital difficulties, may also prove helpful.

Initially, a combined cognitive restructuring and behavioral modification approach may prove helpful. The client will need to develop more effective communication patterns with her husband—patterns that will hopefully diminish the current distance between them. This may only be accomplished by entertaining other interpretations regarding his current behavior, as well as finding more effective ways to communicate her current fears. The client may also have the ability to benefit from either individual and/or group interventions. With group intervention, such a client would have the opportunity to test out her general interpersonal perceptions more fully with other group members. Great care; however, needs to be taken to develop a firm bond with this client before restructuring is attempted in a group or individual setting. Otherwise, strong resistances to therapy are likely to surface. Developing a therapeutic relationship with the client is thought to be a significant part of the therapeutic process, that is, the very foundation of the process. Finally, if a mood disorder is confirmed as suspected, then a pharmacological intervention may also be warranted.

_____ Ima Counselor, Ph.D.
Director, Therapies-R-Us Counseling

CMHC Practicum Initial Intake Referral Form

COUN 580 Clinical Practicum II INITIAL INTAKE REFERRAL FORM



Name: _____ Date: _____ Time: _____

Phone contact _____

If someone else answers the phone or voicemail picks up, do you want us to leave a detailed message with our name, number, and reason for the call?

Yes No

Identifying Information

_____ Gender: Male Female

Age: _____

Current Concerns

Why are you seeking counseling? _____

When did this begin? (give dates) _____

Counselor Assignment

Preference for counselor gender Yes _____ No _____

If yes, what is your preference? Male _____ Female _____

What times are you available for counseling?

Mornings _____ Afternoons _____ Evenings _____

Counselor Candidate Assigned: _____ **Date:** _____

FOR COUNSELOR CANDIDATE USE

- I have made several unsuccessful attempts to telephone this client in the past three days.*
- I will not be seeing this client because he/she is no longer interested in counseling.*
- We could not successfully arrange a time, thus, the client needs to be reassigned.*
- I contacted the client and will be seeing him/her on _____(date) at _____(time).*

CMHC Practicum Consent Form



CONSENT FORM

Southern Adventist University Counselor Education Program provides counseling and psychological services to members of the surrounding community. The program has been established as a training facility for students working towards a Master's degree in Counseling. A component of student counselor training includes using client data for research that will inform counseling effectiveness and educate the community regarding the counseling services provided. No information that would identify the client is included in such research. Additionally, the teaching staff and professional counselors supervise all practicum student counselors in order to evaluate student progress. Audiotape, videotape, and live observation may all be used in the supervision process. Supervisors also review written case records.

It should be clearly understood that any information obtained from the client is treated with **strict confidentiality** and that such information will not be released to any person or agency except in the following instances:

1. With prior written consent of the client, or in the case of an unemancipated minor, the consent of his/her parent or legal guardian.
2. In response to an appropriate court order.
3. To appropriate authorities in the event that information is revealed or received that in the counselor's professional judgment (and/or the professional judgment of the counselor's supervisor) indicates that there is a clear and imminent danger to the client, another individual, or society.
4. As otherwise required by federal, state, or local law (e.g., Tennessee state law requires that child abuse be reported to Child Protective Services).

I have read the above statements and understand them. I hereby give my informed consent to:

1. Faculty supervision of counseling sessions provided by student practicum counselors.
2. Faculty supervisor review of counseling sessions through audiotapes, videotapes, and/or live supervision *in order to evaluate student counselor performance/progress*, with the understanding that strict confidentiality will be preserved.
3. Supervisors to examine and review written case records.
4. Group supervision case reviews.
5. Use of client data (identifiable information removed to maintain client confidentiality) for research and training purposes.

I further hold neither SAU personnel (counseling practicum students or faculty providing supervision), nor the agency/institution in which counseling services were held, responsible for any harm incurred while participating in counseling.

Name of Client (Please Print)

Signature of Client

Signature of Counselor-in-Training (as Witness)

Date

CMHC Practicum Consent Form for Unemancipated Minor

CONSENT FORM FOR USE WHEN CLIENT IS AN UNEMANCIPATED MINOR



Southern Adventist University Counselor Education Program provides counseling and psychological services to members of the surrounding community. The program has been established as a training facility for students working towards a Master's degree in counseling. The teaching staff and professional counselors supervise all practicum student counselors in order to evaluate student progress. Audiotape, videotape, and live observation may all be used in the supervision process. Supervisors also review written case records.

It should be clearly understood that any information obtained from the client is treated with **strict confidentiality** and that such information will not be released to any person or agency except in the following instances:

1. With prior written consent of the client, or in the case of an unemancipated minor, the consent of his/her parent or legal guardian.
2. In response to an appropriate court order.
3. To appropriate authorities in the event that information is revealed or received that in the counselor's professional judgment (and/or the professional judgment of the counselor's supervisor) indicates that there is a clear and imminent danger to the client, another individual, or society.
4. As otherwise required by federal, state, or local law (e.g., Tennessee state law requires that child abuse be reported to Child Protective Services).

I have read the above statements and understand them. I hereby give my informed consent to

1. Faculty supervision of counseling sessions provided by student practicum counselors.
2. Faculty supervisor review of counseling sessions through audiotapes, videotapes, and/or live supervision *in order to evaluate "student counselor" performance/progress*, with the understanding that strict confidentiality will be preserved.
3. Supervisors to examine and review written case records.
4. Group supervision case review.

I further hold neither SAU personnel (counseling practicum students or faculty providing supervision), nor the agency/institution in which counseling services were held, responsible for any harm incurred while participating in counseling.

Name of Client (Please Print)

Signature of Parent or Guardian

Signature of Counselor-in-Training (as Witness)

Date

I hereby certify that I am the parent/guardian of the above named client, who is under 18 years of age, and consent to the terms of this Consent Form for the client. If the parents are divorced, the form must be signed by the custodial parent or, in the case of joint custody, by at least one parent. Custodial parents and legal guardians must provide photocopies of legal letters of guardianship or custody order as the case may be.

Signature of Parent/Guardian

Signature of Counselor-in-Training (as Witness)

Date

Request/Authorization to Release Confidential Records & Info

REQUEST/AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS AND INFORMATION

I hereby authorize _____ (person or facility) at _____ / _____ (agency name/phone) to release information from records about _____ (client's name), born on _____ (day/month/year), for the following purpose(s):

- Further mental health evaluation, treatment or care Treatment planning
 Rehabilitation program development or services Other: _____

The records concern the time between _____ and _____. The information to be disclosed is marked by an "x" in the appropriate boxes below.

- Intake and discharge summaries Developmental and/or social history
 Medical history and evaluation(s) Educational records
 Mental health evaluations Progress notes, and treatment or closing summary
 Other

Select only one of following:

- Please forward the records to the address at the top of this form, clearly marked
"Attention: _____ [insert name of candidate's faculty supervisor]"
 Please forward records to this address: _____

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: Do not release _____ Release _____

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their consents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within 90 days, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

Client Signature: _____ Client Name (Printed) _____

Signature of Parent/Guardian/Representative Printed Name and Relationship Date

I witness that the person understood the nature of this request/authorization and freely gave his/her consent, but was physically unable to provide a signature.

Signature of Counselor in Training (as Witness) _____

Printed name _____

Copy for Source of Records _____ Copy for Recipient of Records _____

**Free Counseling Services are offered by Southern Adventist University Masters in Counseling students. All services are supervised by professionals.*

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

Client's Rights & Responsibilities

CLIENT'S RIGHTS AND RESPONSIBILITIES

Counseling Process

Counseling involves many different methods and techniques. In that each individual is unique, interventions are, as much as possible, tailored to a client's personality style as well as to his/her presenting problem(s).

Sessions are often weekly and approximately 45-55 minutes in length. In addition, the number of counseling sessions may extend up to, but not surpass ten weekly sessions, unless the student counselor, in collaboration with his/her Faculty Practicum Supervisor, feel that additional sessions will be necessary. You may end counseling sessions at any time. If you decide to terminate counseling, you are encouraged to discuss the termination with the student counselor.

Missed Appointments

If you are unable to keep an appointment, please call (423) 236-2493, 24 hours in advance to cancel the appointment. Two missed appointments without advance notice will result in immediate termination of the counseling process. However, you can sign up for counseling again at a later date, and will be assigned to the next available student counselor when one becomes available.

Consultation Policy

It is understood that all statements made to a student counselor are of a confidential nature, and generally, except for consultation and supervision, may not be disclosed by the student counselor to anyone without prior written consent by you, the client. However, at times it may be necessary for the student counselor to consult with his/her faculty practicum supervisor regarding the counseling process. Consultations can be helpful in assisting student counselors with proper assessment, treatment, and/or referral.

Confidentiality

Counselors must maintain confidentiality except in special circumstances. By law the counselor is required to report cases of suspected child abuse, elder abuse, as well as danger to "self" or to "others." Suspected child abuse must be reported to the Child Protective Services (CPS). Finally, in the case of a child or adolescent (minors under the age eighteen), there are some limitations to confidentiality in that parents or legal guardians have a legal right to know what is going on in the counseling process.

In order to help clients effectively, student counselors will be asked to record all counseling sessions. Faculty practicum supervisors, and counselor trainees will review segments of the tapes provided by students in individual and group supervision. Supervisors will monitor the counseling process to ensure that the student counselors are utilizing appropriate counseling interventions with their clients.

Your Right and Consent for Treatment

The right to consent: “You have the right to refuse treatment/counseling. Treatment/counseling cannot be given to you without your informed voluntary consent. In addition, you have the right to withdraw from treatment any time during the counseling process.”

The right to dignity: “It is your right to be treated with consideration, respect, and recognition of your dignity as an individual.”

Benefits and Risks of Counseling

There are many potential benefits to counseling. As people gain insight into their problems, they have the potential to make productive changes in their lives—changes that can manage or eliminate the problems they are currently experiencing. However, psychosocial growth is not always without cost—

personal, social, or economic costs. For example, as individuals begin to make productive changes in their lives, loved ones may be threatened by such changes, and as a result, may distance themselves from these individuals. Regardless of the potential gains to counseling, clients must understand that emotional costs may also exist. Thus, informed consent regarding the counseling process is essential at the beginning of the counseling process.

I have read the preceding information, understand my rights as a client, and give permission for my student counselor to diagnose and treat me or my dependents.

Name of Client

Signature of Client

Date

Name of Counselor-in-Training (as Witness)

Signature of Counselor-in-Training (as Witness)

Client Intake Form

Southern Center for Counseling and Emotional Wellness

Client Intake Form

Date: _____

Name: _____
Last First Middle

Initial: _____

Date of birth: _____ Male: _____ Female: _____ Other: _____

Number of individuals in your household (including yourself): _____

Address: _____

Living Arrangement Satisfaction: POOR EXCELLENT
1 2 3 4 5 6 7

Ethnicity: Asian _____ African/Caribbean/Black _____ Caucasian/White _____
Hispanic/Latino _____ Native American/Alaskan Native _____ Other _____

Marital Status: Single _____ Married _____ Divorced _____

Highest Level of Education: _____

Employer/Position: _____

Employment Satisfaction: (poor) 1 2 3 4 5 6 7 (excellent)

Phone: _____ Email: _____

Calls will be discreet. Is it ok to leave a brief message? YES / NO

Best way to contact you: Call/ Email _____

Referred by: _____

Emergency Contact:

Name Relationship Phone:

We will only contact this person if we believe it is a life or death emergency. Please sign, granting us permission to do so. (Signature): _____

Please briefly describe your presenting concern(s): _____

PLEASE CHECK ALL THAT APPLY & **CIRCLE** THE MAIN PROBLEM(S):

DIFFICULTY WITH:	Now	Past	DIFFICULTY WITH:	Now	Past	DIFFICULTY WITH:	Now	Past
Anxiety			Family/Friends			Poor Health		
Depression			Marriage/Partnership			Nausea		
Mood Swings			Children			Head Injury		
Anger			Employer/Co-Worker			Headaches		
Panic			Communication			Fatigue/Low Energy		
Fear/Phobia			Academics			Shortness of Breath		
Excessive Worry			Finances			Dizziness		
Violent Temper			Legal Problems			Muscle Tension		
Impulsiveness			Sexual Concerns			Pregnancy		
Repetitive Actions			Sexual Abuse History			Eating Problems		
Intrusive Thoughts			Child Abuse History			Severe Weight Gain		
Hearing/Seeing Things			Domestic Violence			Severe Weight Loss		
Feeling Manic			Sleeping Too Little			Frequent Vomiting		
Self-Injurious Acts			Sleeping Too Much			Emotional Eating		
Thoughts of Suicide			Getting to Sleep			Careless Mistakes		
Thoughts of Homicide			Waking Too Early			Loss of Memory		
Alcohol			Nightmares			Concentration		
Drugs			Grief			Hyperactivity		

Blackouts			Guilt			Easily Distracted		
Computer Use Excess			Spiritual Issues			Motivation		
Pornography			Perfectionism			Completing Tasks		
Gambling			Social Isolation			Fidget Frequently		
Gaming			Trusting Others			Irritability		

What are your goals for counseling?

How long do you expect to be in counseling in order to accomplish these goals (or at least feel like you have the tools to accomplish them on your own)? _____

Please, include any additional information you would like to share:

****The following information on this form will help guide your treatment.
Please try to fill out as much as you are comfortable disclosing.****

FAMILY HISTORY (Check all that apply)

Drug/Alcohol Problems	Anxiety/Panic	"Nervous Breakdown"	
Legal Problems	Abuse	Psychiatric Hospitalization	
Depression	Schizophrenia	Learning Disabilities	
Suicide	Domestic Violence	Hyperactivity	

MENTAL HEALTH HISTORY:

Have you ever sought help from a psychiatrist, psychologist, or other mental health professional? YES / NO

(Please list approximate dates and reasons):

Did this treatment help? YES / NO How could it have been better?

Please describe any triggers (events or persons) that can precipitate a crisis for you:

Ever received outpatient treatment: YES / NO. If yes, please describe when, by whom, and nature of treatment:

Psychiatric Hospitalization: YES / NO. If yes, please describe when, where, and nature of treatment: _____

Current and Past Medications:

Name	Dosage	Reason	Prescribing Doctor	Current/Past

PHYSICAL HEALTH HISTORY:

Primary Care Physician: _____

Allergies: _____

Do you exercise regularly? YES / NO

MEDICAL HISTORY:

Please explain any current medical problems, symptoms, or illnesses:

—
Previous medical hospitalizations/serious illnesses/accidents (Approximate dates and reasons):

—
Do you smoke or use tobacco? YES / NO If yes, how much per day/week?

_____ Do you consume caffeine? YES / NO If yes, how much per day? _____

_____ Do you drink alcohol? YES / NO If yes, how much per day/week/month?

Do you use any non-prescription drugs? YES / NO

If yes, what kind(s) and how often?

Have any of your friends or family members voiced concern about your substance use? YES / NO

Have you ever been in trouble or in risky situations because of your substance use? YES / NO

SOCIAL SUPPORT

Describe your current social support system:

Current level of satisfaction with your friends and social support: **POOR** 1 2 3 4 5 6 7 **EXCELLENT**

SPIRITUAL/CULTURAL HISTORY:

Religious Background: _____

Is spirituality important in your life? YES / NO Explain:

Cultural Background: _____

Are there any cultural issues that contribute to current problem:

MILITARY HISTORY: Never in military/Active Duty/Retired/Veteran/Reserve/Incidents

LEGAL HISTORY: None / Prior arrest / Prior Conviction / Prior probation / Court ordered treatment

ABUSE HISTORY:

Physical _____ Sexual _____ Verbal/Emotional _____ Spiritual _____ Neglect _____

SELF-CARE:

Please briefly describe your coping mechanisms and self-care:

Briefly describe your eating patterns:

How much sleep do you get per night on average?

What do you do for exercise? How often?

****You have completed the intake paperwork. If you have any questions or concerns regarding this intake, please talk to your counselor.****

CMHC Practicum Client Chart Treatment Plans

Treatment Plans

1. A **Treatment Plan**, like the **Intake Report**, must be written for every client within two working days of completing the intake interview. The **Treatment Plan** outlines the problems and goals of treatment, the means by which treatment goals are to be achieved, and how the counselor will know whether treatment goals have been achieved or not.
2. The **Treatment Plan** may be modified whenever the counselor feels that it is necessary. Any such modification should be recorded as a **Progress Note** with the subheading "**Revised Treatment Plan.**" Modifications may be necessary in that presenting problems can sometimes be "smokescreens" for more pressing problems. In addition, in some cases a full diagnostic picture will not be clear until several sessions have passed. Finally, in some situations, the initial treatment plan may prove ineffective, thus necessitating revision.
3. The following areas should be noted in a treatment plan:
 - **Presenting Problem:** This is a simple, generalized statement of why the client has come in for counseling.
 - **Treatment Goal(s):** This is a generalized statement about what the client and counselor hope to achieve in therapy. "To" statements are helpful here (e.g., "To resolve . . .," "To increase . . .," "To reduce . . .," etc.).
 - **Objectives:** This section "specifically" or "concretely" outlines behavioral outcomes desired. Not only does this area identify the concrete behavioral changes desired, but also how often the behavioral changes will be attempted/practiced.
 - **Strategies:** This is the only section counselors will complete without the help of the client. Here the therapist identifies what type of interventions will be used (individual, marital/partner relational, family, or group), how frequently sessions will occur (once per week, two times per week, once per month, etc.) and what therapeutic modalities will be utilized (insight therapy, REBT, Gestalt therapy, client-centered therapy, etc.).

***NOTE: An example of a treatment plan can be found on the next page.**

SAMPLE TREATMENT PLAN

Date: _____

Case Number: _____

Presenting Problem

This client notes that he is tired of being “used” at work by his coworkers. He feels that his co-workers sometimes neglect their own duties, and then turn to him to “clean up their mess.” The stress at work is now having a negative impact on his home situation. He is more impatient with his wife, and arguing at home has increased.

Treatment Goals

1. To diminish work-related stress by not only establishing more appropriate boundaries with co-workers through assertiveness training, but also establishing more effective work-related “stress management” techniques.
2. To reduce marital tensions by not only improving communicational skills, but also developing mutually shared and rewarding interests.

Objectives

1. The client will attend an intensive two-week “assertiveness training” group process.
2. The client will identify at least five assertiveness techniques that can be attempted at work with co-workers. At least one new technique will be attempted each week for the next five sessions.
3. The client will identify at least five stress management techniques that can be utilized at work. At least one new technique will be attempted each week for the next five sessions.
4. The client will identify at least five communicational techniques that can be practiced with his spouse. At least one new technique will be attempted each week for the next five sessions.
5. The client will identify at least five “mutually-attractive” recreational and/or social interests that can be pursued with his spouse. At least one new interest will be explored each week for the next five sessions.

Strategies

This client will attend an intensive two-week “assertiveness training” group process run by _____, a co-therapist, and myself. This group process begins Thursday, August 21 at 5:00 PM, and ends September 4 (two sessions each week, Mondays and Thursdays, for a total of four sessions). In addition, the client has agreed to attend 6-8 individual sessions with me (once per week) to continue working on the following: 1) establishment of appropriate work-related boundaries, 2) development of more effective stress-management techniques, and 3) creation of more productive communicational patterns between him and his wife.

Cognitive-behavioral interventions will initially be used.

Client Signature

Date

Counselor-in-training Signature

Date

Supervisor Signature

Date

CMHC Practicum Client Chart Progress Notes

Progress Notes

Progress notes document all of the counselor's involvement with a client chronologically. In addition to documenting individual sessions, progress notes also record group sessions, phone conversations, cancelled or failed appointments, consultation sessions, treatment summaries, and supervisory sessions conducted on a client.

It is advised that progress notes be typewritten, as this greatly enhances the ease of reading a client's chart/record(s).

Progress notes for each session should be completed immediately after a session to maintain the greatest accuracy. All entries must be authenticated (i.e., signed by the student counselor) at the end of the entry. If, upon writing or re-reading a progress note, a correction is required, all corrections should be "lined" out and initialed by the counselor. Up-to-date client files should be brought to each supervision session

Progress Notes: Therapy Sessions

1. Each therapeutic contact with a client must be recorded in a progress note. Summaries of several sessions in one note are not acceptable.
2. It is strongly recommended that a progress note be written immediately after each session; it must be completed within one working day of the session.
3. It is strongly recommended that, in consideration of the counselor's time, client confidentiality, and the ease of reading the record, the progress note be brief, succinct, and specific. The longer a progress note, the more likely it is to contain excess information which will be available to the court (if the chart is subpoenaed), or to the client (if he/she demands to see his/her chart).
4. The specific content of the note is left to the discretion of the counselor. However, at a minimum, the information below should be noted, following what are sometime referred to as SOAP notes:
 - (Subjective)—Clinician's impressions of the client and the session, addressing such topics as the nature of the therapeutic alliance, the client's mood and level of functioning and the progress made since the last session.
 - (Objective)—Information on the content of the session and any important experiences or concrete changes in the client.
 - (Analysis)—Making sense of the data referred to in the previous two sections, interpreting or commenting on the significance of that information. At this point, an appropriate DSM-IV-TR diagnosis could also be noted in the first note and modified later if needed.
 - (Plan/s)—In this last section of the progress note, clinicians develop both short- and long-range plans. Particular attention is paid to suggested between-session tasks, important topics that need to be discussed further, other issues needing attention, and plans for future interventions.

****NOTE: An example of a progress note can be found on the next page.***

SAMPLE PROGRESS NOTE

Date: _____

Case Number _____

Gregory arrived late for the session, avoided making eye contact, and seemed anxious and uncomfortable throughout the session. (S) He reported that he had three drinks, following an unsuccessful job interview, and was disappointed that he had only been able to maintain his sobriety for two months. Conflict with his wife has escalated as a result of Gregory's drinking. (O) Despite some good initial use of stress management and other coping skills, Gregory was unable to maintain his abstinence from alcohol when confronted with stress and perceived rejection. He continues to need help in both understanding the risk of relapse and strengthening his coping skills. Gregory was helped to identify triggers for his relapse, and taught to make better use of relaxation and stress management skills. (A) Gregory agreed to practice the skills reviewed in this session and to attend an extra AA meeting each week. The next session will follow up on these plans, and continue to strengthen his ability to remain alcohol-free. Attention should also be paid to his interactions with his wife. (P)

Wannabie A. Therapist
Student Counselor

Faculty Supervisor

Note: *The letters in parentheses in the progress note above are included to show the different aspects of the SOAP format—it is not necessary to type them in your notes, which can flow as a continuous paragraph.*

Progress Notes: Group Therapy

1. Regarding confidentiality, a “group progress note” that is photocopied and put into each group member’s chart is not acceptable. Clients have the legal right to review their records. Thus, a group progress note, especially one containing the counselor’s assessment of several or all group members, infringes upon client confidentiality.
2. **An individual progress note MUST be made in each group member’s chart for each session**, but the note may be brief. In fact, the note may be briefer than one for an individual session. One way to reduce the time spent writing notes for each group member is for co-leaders to alternate writing notes each week, or for each facilitator to be responsible for the progress notes of half the group.
3. Progress notes should be written directly after the group session.
4. **Under no circumstances should a progress note in one client’s chart contain any specific reference to another group member.** Even the first names or initials may not be used. References to other group members should be made only generically (e.g. another group member shared . . . one of the female group members reported. . .)

Progress Notes: Supervision Sessions

Case files containing up-to-date **Progress Notes** are to be brought to weekly supervisions for signature of faculty practicum supervisor. A note on whether or not an audiocassette or videotape was reviewed is appropriate.

Progress Notes: Phone Conversations

A progress note must be made to document telephone contact with a client, particularly if anything of therapeutic significance (e.g., crisis intervention) occurred. Keep in mind that confidentiality must always be protected as much as possible, and that cordless phones and some digital cell phones are not 100% secure from outside listeners. Unsuccessful attempts to reach a client by phone should also be documented, giving the date and time the phone call was attempted.

Progress Notes: Failed and Cancelled Appointments

A progress note must be made noting any failed or cancelled appointments. The note must also document what steps the counselor took to follow-up the failed or cancelled appointment (e.g., whether a client was contacted and another appointment re-scheduled, whether a letter was sent, etc.). It is not sufficient to write, “failed” or “cancelled appointment.” Follow-up steps must be taken and recorded.

Progress Notes: Consultation

1. Consultation with any other clinician regarding a client will be entered by the person consulted under the heading “Consultation,” and should be placed in the client’s file, along with the date consulted. No specific format is required for a consultation, but the reason for the consultation must be noted, along with recommendations made by the consulted clinician.

2. When seeking consultation, make sure that the referral question is articulated as clearly as possible.
3. When referring for psychological testing or a pharmacological evaluation, never dictate: 1) which test(s) should be used to answer the referral question, or 2) what medications should be considered in your client's situation. You are only asking the consulting clinician for his/her assessment and/or recommendations for treatment.
 - Appropriate Examples: *"Please evaluate as to whether psychological testing may be helpful in ruling out psychotic dysfunction for this client,"* or *"Please assess this client for the appropriateness of a pharmacological intervention in relationship to his/her Axis I diagnosis of Major Depression."*
 - Inappropriate Examples: *"Please administer MMPI-2 to rule out psychotic dysfunction,"* or *"Please consider prescribing Prozac for this client's depressive symptomology."*

Progress Notes: Transferring Clients

1. If transferring a client to another clinician, write a short progress note describing your rationale for doing so.
2. Make sure that a Transfer Summary is also written (see example).

CMHC Practicum Client Chart Termination Summary

Termination Summary

1. A termination summary must be written when a client terminates from treatment or is terminated by the counselor. A termination summary must be written for the closing of every case, even if a client is only seen for an intake interview.
2. The purpose of this entry is to summarize the entire treatment process. It is one entry that is the most likely to be sent to other professionals requesting information about a client.
3. The termination summary should be completed as soon as possible after the counselor knows the client will no longer be in treatment.
4. The following areas should be noted in a termination summary:
 - Presenting Problem(s):** This section is similar to what is required for the intake report, but can be more succinct.
 - Course of Treatment:** This section summarizes the entire course of treatment, specifying what treatment modalities were used, the duration and frequency of treatment, as well as the client's response to treatment.
 - Reason for Termination:** This is a brief statement as to whether termination was mutually agreed to by the client and the counselor or initiated by either the client or the counselor alone. In addition, the reason for termination is also clearly stated.
 - Clinical Impressions:** This is the DSM diagnosis (including code numbers).
 - Outcome and Referral:** This section describes the specific treatment outcomes. A simple statement such as "improved" or "unimproved" is not acceptable. Instead, an evaluation should be made as to whether or not each treatment plan goal was met or not. If the client was referred to another clinician or agency, this should be noted as well. It is also appropriate to include any recommendations for further treatment in case the client contacts the same counselor at a future time.

****NOTE: An example of a termination summary can be found on the next page. The page following also contains an example summary form suitable for the purpose.***

SAMPLE TERMINATION SUMMARY

Date _____

Case Number _____

Presenting Problem

This patient notes that he is tired of being “used” at work by his co-workers. He feels that his co-workers sometimes neglect their own duties, and then turn to him to “clean up their mess.” The stress at work is now having a negative impact on his home situation. He is more impatient with his wife, and arguing at home has increased as a result.

Course of Treatment

The patient enrolled in an intensive two-week “assertiveness training” group process to learn more effective assertiveness techniques. In addition, a commitment to 6-8 individual sessions, utilizing a cognitive-behavioral modality, was obtained. It was decided that these sessions would focus on the following: 1) establishment of appropriate work-related boundaries, 2) development of more effective stress-management techniques, and 3) creation of more productive communicational patterns between the client and his spouse.

Reason for Termination

In that treatment goals were successfully achieved, the counseling process was terminated by mutual consent on the 28th of September, 2006.

Clinical Impressions

V62.20 Occupational
Problem

V61.10 Partner Relational
Problem

Occupational Problems (Co-Workers Conflicts)
Problems with Primary Support Group (Marital
Tensions)

Outcome and Referral

The client was successful in meeting both treatment goals established in his initial treatment plan. Appropriate stress-management and assertiveness skills were developed, and as a result, the client was able establish more effective boundaries with his colleagues at work. In addition, the client was not only able to improve communication skills, but also nurture recreational/social pursuits with his spouse—thereby significantly reducing current marital tensions. The client understands that if further services are needed, he can contact the Counseling Services Coordinator for later follow-up.

Ima Counselor, Ph.D.
Director, Therapies-R-Us Counseling
Center

CMHC Practicum Client Chart Termination Summary Form

Client _____ Date _____

Therapist(s) Signature(s) _____

1. Main Reason for Termination

- The planned treatment was completed.
- The client refused to receive and/or participate in services.
- The client was unable to afford continued treatment or did not pay bills on time.
- There was little or no progress in treatment.
- This is a planned pause in treatment.
- The client needs services not available here, and so was referred to _____

2. Source of termination decision

The decision to terminate was: Client-initiated Therapist-initiated
 A mutual decision Other (be specific) _____

3. Treatment sessions

Referral date _____ First contact date _____ Last session date _____
 Number of sessions: Received _____
 Canceled _____ Did not show _____ Other _____
 TOTAL _____

4. Kinds of services rendered

- Individual psychotherapy, for _____ sessions
- Couple/family therapy, for _____ sessions
- Group therapy, for _____ sessions
- Other _____

5. Treatment goals and outcomes. Code outcomes as follows: N = no change, S = some or slight (25-35%), M = moderate (about 50%), V = very good (about 75-100%), E = exceeded

Goal	Goal achievement

Other notable aspects of treatment outcome, change, or progress _____

Signed _____
 (Student counselor)

 (Faculty supervisor)

CMHC Practicum Client Chart Transfer Summary

1. The purpose is to provide a summary of treatment at the date of transfer and to enable the new therapist to reformulate the treatment plan.
2. The heading "Treatment Transfer Summary" should be used.
3. The following areas should be noted in a transfer summary: presenting problem(s), course of treatment, and reason for transfer (see descriptions of these sections in the termination summary earlier outlined).

CMHC Practicum Client Status Report

Case Number: _____

Date of Intake: _____ Student

Counselor Assigned: _____

DISPOSITION (check one of the following)

Terminated on _____.
(Date)

Remaining with original counselor.

Transferring to a different counselor.

PAPERWORK (check if completed)

Intake Report (final revised copy, typed)

Treatment Plan (final revised copy, typed)

Progress Notes (up-to-date and complete)

Termination or Transfer Summary (final revised copy, typed)

Completed by: _____ Date: _____
Faculty Practicum Supervisor

Counselor in training: _____ Date: _____

APPENDIX C

Emergency Procedures and Medication

Emergency Procedures

Potential clients who call in crisis should be referred to a hospital emergency room, crisis intervention hotline, Valley Psychiatric Hospital, or the police. Numbers for these resources are below:

Emergency	911
Campus Safety (SAU) digits)	236-2100 (on campus dial last four digits)
Chaplain's Office (SAU) digits)	236-2574 (on campus dial last four digits)
Chattanooga Police Department	698-2525
Child Abuse Reporting Service	1877-542-2873 54-ABUSE
Collegedale Police Department	396-3133
Contact of Chattanooga (Crisis Hotline)	899-5719
Teaching Materials Center	236-2661 (on campus dial last four digits)
Testing and Counseling Center (SAU)	236-2782 (on campus dial last four digits)
Crisis Response Services	634-8995 or 634-3766
Domestic Violence Hotline	755-2700
Adult Protective Services	1888-277-8366
Hamilton County Sheriff's Department	622-0022
Moccasin Bend Mental Health Institute	265-2271 Partnership for Families, Children, and Adults Crisis Intervention
Sexual Assault and Rape Crisis Hotline	755-2822
Family Violence Hotline	755-2700
Valley Hospital RESPOND Crisis Line	755-2700
	499-2300

The SAU counselor education program is not equipped to deal with crisis situations and thus it is unwise and unsafe to attempt to provide more than brief phone counseling/referral. It is in the best interest of the client, the student counselor, and SAU that referral to an appropriate crisis intervention provider is made as soon as possible.

If an established client requesting immediate services calls for counseling services during operating hours (8AM – 5PM), that client will be advised that either the Counseling Services Coordinator or the Graduate Studies Coordinator will attempt to reach the client's student counselor within 15 minutes of receiving the call and have the student counselor return the client's call. If this proves impossible, student counselor's faculty practicum supervisor or another counseling program faculty member will assess the situation, and take whatever action is judged necessary. **If the student counselor is able to make contact with the client in crisis and feels that the client may do harm to self or others, or if the situation presents possible legal ramifications, a supervisor should be contacted IMMEDIATELY. IT IS THE STUDENT COUNSELOR'S RESPONSIBILITY TO INFORM THEIR CLIENTS OF THE ESTABLISHED CRISIS RESPONSE PROCEDURE AND OF WHAT TO DO IN CASE OF AN EMERGENCY.**

If a crisis develops during a therapy session, the student counselor should contact his/her faculty practicum supervisor, or another available counseling program faculty member. If there is concern for the physical safety of the student counselor, the client, or others, the SAU Campus Safety office should be contacted at once.

Voluntary Hospitalization

If a client is in clear and imminent danger of harming him/herself or others, or needs inpatient treatment for other reasons, it is recommended that the student counselor take the following steps:

1. Contact the faculty practicum supervisor, another faculty practicum supervisor for consultation.
2. Notify the client and/or client's family as to the need for hospitalization (for the safety and best interest of the client). To be admitted for a voluntary hospitalization, the client must be willing to go. If the client agrees to proceed with the hospitalization, the student should do everything possible to aid the process.

NOTE: The faculty practicum supervisor must be included in the decision-making process.

3. Once it is decided that hospitalization is to occur, it is best to call the hospital/facility to inform them that the client will be coming in for an evaluation. Better still, if the student counselor can go with the client, he/she may be able to contribute information during the evaluation process.
4. Arrange for the transportation of the client by a family member or another responsible adult to the hospital/facility.
5. Local hospitalization facilities include the following: Private Facilities
 - Parkridge Valley Adult and Senior Campus 894-4220
7351 Courage Way, Chattanooga, TN 37421

State Facilities

- Moccasin Bend Mental Health Institute (*adults only*) 265-2271
100 Moccasin Bend Road, Chattanooga, TN 37405
6. Document all actions taken and decisions made in the client's file. Document the names of the individuals consulted and what recommendations were given.

Involuntary Hospitalization

If a client is in clear and imminent danger to himself/herself or others, and refuses voluntary hospitalization, student counselors take the following steps:

1. Attempt to keep the client talking at the counseling site, but never put yourself in any physical danger when working with the client.
2. Contact your faculty practicum supervisor immediately. If not available, contact the Counseling Services Coordinator or another counseling program faculty member.
3. The faculty practicum supervisor will assume direct responsibility for trying to talk the client into voluntary hospitalization or will consult with the police and/or District Attorney's Office for the purpose of petitioning for involuntary hospitalization.
4. The client should be taken directly from the counseling site to a hospital/facility. If a client is dangerous, call 911 for assistance.
5. If the client leaves the counseling site and a faculty practicum supervisor cannot be reached, contact the police immediately.
6. Document all the actions taken and decisions made in the client's file. Include details regarding who you spoke to and all recommendations given.

Child Abuse

If a client under 18 years of age reports that he/she has been abused physically, mentally, or sexually, or if a client indicates that he/she has abused an individual under the age of 18, the following steps are required:

1. The faculty practicum supervisor should be contacted immediately.
2. The student counselor should call Child Abuse Reporting Service at 1877-542-2873 (1877-54ABUSE) and report the incident.
3. The student counselor should document telephone conversation with the Child Abuse Reporting Service representative in the client's file.

Elder Abuse

If an elderly client reports that he/she has been abused physically, mentally, or sexually, or if a client indicates that he/she has abused an elderly person in their care, the following steps are required:

1. The faculty practicum supervisor should be contacted immediately.
2. The student counselor should call Adult Protective Services at 1877-277-8366 and report the incident immediately.
3. The student counselor should document telephone conversation with the Adult Protective Services representative in the client's file.

Threat of Homicide

If a client threatens to kill or harm someone, the following steps are required:

1. The threat should be taken seriously.
2. The student counselor should consult with his/her faculty practicum supervisor, the Counseling Services Coordinator, or another counseling program faculty member immediately.
3. The student counselor should call the police.
4. The student counselor should attempt to warn the intended victim(s).
5. The student counselor should document his/her actions in the client's file.

Threat of Suicide

1. The threat should be taken seriously.
2. The student counselor should consult with his/her faculty practicum supervisor, the Counselor Services Coordinator, or another counseling program faculty member immediately.

Consult guidelines for voluntary and involuntary hospitalization above.

Medication

If medication seems necessary, the student counselor should call the faculty practicum supervisor for a consultation. If approved by the faculty practicum supervisor, the student counselor should call the client's family physician, a psychiatrist, or an appropriate agency to arrange for a medication or pharmacological evaluation. The client should sign a **Release of Information** form and the student counselor should document his/her consultation in the client's file.

APPENDIX D

Directory of Resources

Local SAU Counseling Program Faculty

Name	Office Phone	Email
Professor Tami Navalón	423.236.2647	tnavalon@southern.edu
Dr. Ileana Freeman	423.236.2960	ileanaf@southern.edu

HAMILTON COUNTY SERVICES

Adolescent Pregnancy Prevention	209-8152
AIDS Education	209-8272
AIDS-HIV Case Manager	209-8276
Child Support	209-6707
Child Support Info Hotline	209-6707
Children's Special Services	209-8080
Child Health Services	209-8050
Department of Education	209-8400
Before/After Child Care	893-3530
Student Services Department	209-8496

District Attorney's Office	209-7400
Equal Employment Opportunity	209-6144
Family Planning/Birth Control	209-8050
Health Services Recorded Info	209-6120
After hours emergencies	893-8010
Branch Health Centers:	209-8496
Birchwood Clinic	961-0446
Homeless Health Clinic	265-5708
Ooltewah	238-4269

Humane Society	624-1754
Juvenile Court	209-5250
Sheriff's Department	622-0022
Social Services	209-6833

CHATTANOOGA SERVICES

Bradford Health Services (Crisis response)	892-2639
CADAS: Substance Abuse Services	756-7644

207 Spears Avenue, Chattanooga, TN 37405	
Community Kitchen	756-4222
South East Career Center	894-5354
Erlanger Health System	778-7000

Human Services	209-6800
Child Care Program	757-0952
Foster Grandparent Program	757-5509
Head Start/Early Head Start Program	493-9750
Low Income Energy Assistance	757-5524
Social Services	757-5541
Johnson Mental Health	870-9033
Crisis Response Services	634-8995
413 Spring Street, Chattanooga, TN 37405	

Neighborhood Services and Community Development	425-3700
Police:	
Non-emergency Police Services	698-2525
Police and Accident Reports	698-2525
Crime Stoppers	698-3333
Domestic Violence Task Force	755-2700
Crime Stoppers	698-3333

Calhoun, GA Services

Walker County Sheriff's Department	706-638-1909
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Cleveland, TN Services

Hiwassee Mental Health Center 1855 Executive Park, Cleveland,	479-5454
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CHILD WELFARE SERVICES

(battered children, foster care, adoption, casework consultation)

Bachman Memorial Home	(423)479-4523
Behavioral Research institute	(423)479-1590
Bradley County Juvenile Court	(423)728-7081
Bethany Christian Services	(423)622-7360
Children's Home Chambliss Shelter	(423)698-2456
Child Shelter Home, Inc. (TN Baptist)	(423)892-2722
Children's Advocacy Center	(423)266-6918
Dept. of Children's Services (Bradley County)	(423)478-0300
Dept. of Children's Services (Polk County)	(423)338-5332
Dept. of Human Services (Bradley County)	(423)478-0300
Dept. of Human Services (Polk County)	(423)338-5332
Four Points, Inc.	(706)638-1555
Holston Home for Children	(423)855-4682
New Life Maternity Home	(423)478-5351
Partnership for Families, Children and Adults	(423)755-2822
Tennessee Home Ties	(423)479-0413

DAYCARE SERVICES

Child Care	(423)757-0953
Day Care/Family Resource (children)	(423)478-3727
Head Start	(423)493-9750
The Parent's Place	(423)629-4174

EDUCATIONAL SERVICES (Cleveland, Bradley County)

Cleveland City School Preschool Program	(423)339-0681
Center for Community Career Education , UTC	(423)425-4475
Free Developmental Testing - City	(423)472-9571
Free Developmental Testing - County	(423)476-0620
Head Start	(423)479-4210

J.O.Y. Center	(423)476-5584
Junior Achievement	(423)476-6772
Kids on the Block	(423)478-5437
Life Challenge	(423)476-6627
The Learning Center for Adults and Families	(423)478-1117
Pre-School Program (Bradley County Schools)	(423)476-0620
Siskin Foundation	(423)634-1700

HEALTH SERVICES

AIDS - Information	(423)476-0568
Alcohol and Drug Treatment	(423)624-7451
Alcoholics Anonymous (confidential)	(423)499-6003
Alzheimer's Association	(423)265-3600
American Cancer Society	(423)267-8613
American Red Cross	(423)472-1595
Arthritis Foundation	615)254-6795
Benton Family Health Center	(423)338-2831
Beverly Cannon Massage Therapy	(423)472-8646
Birth Defects Center	(423)778-2222
Blind Vital Center	(423)624-0025
Bradley Memorial Hospital	(423)559-6000
Candlelighters	(423)874-5734
Chattanooga Cares	(423)265-2273
Chattanooga State Tech Disability Support Services	(423)697-4452
Children's Advocacy Center	(423)266-6918
Children's Special Services (Health Dept.)	(423)209-8000
Epilepsy Foundation	(423)756-1771
Hamilton County Health Department (Ooltewah)	(423)238-4269
HealthSouth Chattanooga Rehabilitation Hospital	(423)698-0221
Hispanic Outreach	(423)264-5708
Kidney Foundation	(423)265-4397
March of Dimes Birth Defects	(423)267-7172
Muscular Dystrophy Association	(423)855-0645

Narcotics Association	(423)899-6500
Nancy's House	(423)559-8592
New Hope Pregnancy Care Center	(423)479-6683
Orange Grove Center, Inc.	(423)629-1451
Reality House (Halfway House)	(423)479-0353
Ronald McDonald House	(423)778-4300
Sequoyah Health Center	(423)842-3031
Signal Center for Special Children	(423)614-0199
Siskin Hospital for Physical Rehab	(423)634-1200
Sky Ridge Medical Center	(423)339-4100
The VITAL Center	(423)624-0025
TennCare Information	(423)634-6200

HOME HEALTH CARE

Home Health Care in Chattanooga	(423)499-0018
Family Home Health	(423)559-6092
Good Neighbors, Inc.	(423)266-1772
Hospice of Chattanooga	(423)267-6828
Home Health Care of East Tennessee	(423)479-4581
Memorial Hospital Home Health	(423)476-1001
NHC Homecare	(423)745-4246
TLC Home Nursing	(423)476-5800

HOTLINES AND EMERGENCY ASSISTANCE

AA - Alcoholics Anonymous No Listing	(423)499-6003
AIDS Hotline	(423)265-2273
Chattanooga Cares/Aids Hotline	(423)265-2273
Children's Advocacy Center	(423)266-6918
Cleveland Emergency Shelter	(423)478-1458
Emergency Management Agency (Hamilton County)	(423)209-6900
Emergency Medical Service (Bradley County)	(423)479-4121
Harbor Safe House	(423)476-3886

Life Challenged of Cleveland	(423)476-6627
Middle Tennessee Poison Center	(800)288-9999
Narcotics Anonymous - No listing, confidential	(423)899-6500
Sky Ridge Medical Center	(423)559-6000
United Way	(423)265-8000
United Way of Bradley County (Food)	(423)479-8575
TN crisis line	1800-809-9957

INFORMATION AND REFERRAL SERVICES

Bradley/Cleveland Community Services	
Dept. of Children's Services (Bradley County)	
Dept. of Children's Services (Polk County)	(423)338-5332
Dept. of Human Services (Bradley County)	(423)478-0300
Dept. of Human Services (Polk County)	(423)338-5332
United Way 211	(423)265-8000

MENTAL HEALTH SERVICES

ARC of Hamilton County, INC.	(423)624-6887
Behavioral Research Inst.	(423)479-1590
Bradley/Cleveland Developmental Services	(423)472-5268
Bright Outlook	(423)559-6109
Children's Advocacy Center	(423)266-6918
Cumberland Hall for Kids	(423)499-9007
Dept. of Mental Health and Retardation	(423)622-0500
Fortwood Center	(423)266-6751
Hiwassee Mental Health Center	(423)479-5454
The Youth Counseling Services in Cleveland	(423)476-1933
Tennessee Home Ties for Children & Families	(423)479-0413

YOUTH PROGRAMS

Boy Scouts of America	(423)892-8323
Boys & Girls Clubs of Chattanooga	(423) 266-6131
Boys & Girls Clubs of Cleveland	(423)472-7301
Cleveland Public Library	(423)472-2163
Girl Scouts of the USA	(423)877-2688
YMCA	(423)476-5573
AA - Alcoholics anonymous (no listing confidential)	(423)499-6003
Blind Vital Center	(423)624-0025
Bradley County Juvenile Court	(423)476-0538
Bradley/Cleveland Developmental Services	(423)472-5268
Chattanooga State Community College Disability Support Services	(423)697-4452
Division of Rehabilitation Services	(423)478-0330
HealthSouth Chattanooga Rehabilitation Hospital	(423)698-0221
Care Support Center Chattanooga	(423)238-9636
Orange Grove Center Inc.	(423)629-1451
Reality House (Halfway House)	(423)479-0353
Signal Center	(423)614-0199
Siskin Hospital for Physical Rehabilitation	(423)634-1200
South Cleveland Recreation Center	(423)559-3322
TEAM Evaluation Center	(423)622-0500
TEAM Evaluation Center's Family Support Program	(423)622-0500

SERVICES TO THE ELDERLY

(Senior activity centers, homes of the aged, etc.)

Alexian Brothers Community Services	(423)698-0802
Bradley County Nursing Home	(423)472-7116
Community Services	(423)479-4111
Department of Human Services (Bradley County)	(423)478-0300
Department of Human Services (Polk County)	(423)338-5332
Life Care of Cleveland	(423)476-3254
Partnership for Family, Children and Adults	(423)755-2822

Rural Transportation	(423)478-3053
Signal Centers	(423)698-8528
Signature Health Care of Cleveland	(423)476-4444
Senior Congregate Nutrition	(423)559-2171
Senior Home Delivered Meals	(423)479-4111
Social Security Administration	(423)339-0519
Wellington Place	(423)479-8899

SUPPORT GROUPS

AA 39 meeting sites. (call central office)	(423)499-6003
AL-ANON Family groups	(423)499-6003
Alzheimer's Support Group (at UTC Campus)	(423)425-4546
Attention Deficit Disorder	(423)876-1241
Bridgemakers (Grief Support Group)	(423)472-1969
Candlelighters (Parents of children with cancer)	(423)874-5734
Cancer (Memorial Cancer Center)	(423)495-7778
Cardiac (for patients, families or anyone touched by heart disease)	(423)495-7764
Children's Advocacy Center (for sexually abused children)	(423)266-6918
Diabetes Support Group	(800)342-
Diabetes (Chattanooga Lifestyle Center)	(423)778-9400
Divorce Care	(423)648-2963
Divorce Support Group	(423)902-7502/778-9400
Eating disorders, GM & Associates	(423)894-9878
Epilepsy Support Group	(423)634-1772
Families Anonymous (family members of substance abusers or	(423)886-6425
Family Resource Agency/Harbor House Battered and Abused Women	(423)479-9339
Forever Angels (for people who have lost an unborn or newborn	(423)559-6722
Forward (Grief Support Group)	(423)476-6181
Gamblers Anonymous	(423)892-1410
Hearts United	(423)559-6032
I Can Cope Breast Cancer Support Group	(423)622-4454
Journey of Hope (Families of mentally ill)	1877-924-4483
La Leche League (Breastfeeding mothers)	(423)875-0421/517-8902

Light House (female spouses of sexual addicts)	(423)499-9335
LUPUS (for those with immune disorders)	(423)320-2135
Memorial Hospital Cancer Support Group	(423)495-7730
Memorial Hospital GRIEFCARE Support Group	(423)495-7730
Memorial Hospital Prostate Cancer Group	(423)495-7730
Memorial Hospital Wellness Program (For Breast Cancer Survivors)	(423)495-7730
Narcotics Anonymous	(423)899-6500
Ostomy Association	(423)877-1988