



Texas A&M University-Kingsville

College of Education and Human Performance

**Department of Educational Leadership
& Counseling**

**Practicum and Internship
Field Experience Handbook**

Revised January 2025

TEXAS A&M UNIVERSITY-KINGSVILLE
EDUCATIONAL LEADERSHIP AND COUNSELING DEPARTMENT
COUNSELING PROGRAM
EDCG 5357 Counseling Practicum
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Introduction to Practicum/Internship

One of the primary experiences in the master's program in Counseling and Guidance is the clinical coursework embodied in practicum and internship. These courses require students to utilize the knowledge and skills gained in the classroom as they provide services to clients or students. The primary objective of the courses is to provide experiences, consultation, and supervision to help students become effective counselors.

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. Every effort will be made by the Educational Leadership and Counseling faculty to follow and adhere to the standards set forth in the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

The practicum/internship manual serves as a resource for the field site experience. All forms required for practicum and internship are included. Students are responsible for familiarizing themselves with the information in this manual and for abiding by the requirements and policies set forth. Students' faculty advisors have the primary responsibility for assisting them in planning the completion of requirements for the Master's Degree in Counseling and Guidance. Texas A&M University-Kingsville Graduate Catalog supersedes any information in this manual.

The semester before Practicum enrollment and when you have secured a site, students must fill out a Practicum Application and upload the required documents-Unofficial transcripts and liability insurance. Once the application is approved, then you can register for Practicum. [Click link for Practicum Application](#)

Deadlines for Practicum Application Submission

Enrollment Term	Priority Submission	Due Date of Submission
Fall Semester	May 1 st	July 1st
Spring Semester	September 1 st	November 31st
Summer Semester (CMHC only)	February 1st	April 1st

Site and Site Supervisor Requirements

Schools, agencies, and other organizations that are practicum and internship sites for TAMUK counseling students represent a spectrum of counseling delivery programs and services. What they all must have in common is that they meet the requirements for appropriate sites as outlined by the Counseling and Guidance Program at TAMUK. These requirements are consistent with those of our accrediting body, the Council for Accreditation of Counseling and Related Educational Programs (CACREP), and include

- availability of necessary learning experiences.
- availability of appropriate weekly supervision.
- agency/organization support of the student's placement, including allowing the site supervisor sufficient time for student supervision (minimum one hour per week).
- agency/organization non-discriminatory practices (i.e., hiring, acceptance of students)

or clients).

- site supervisor willingness to participate in meeting with practicum/internship instructor, supervisor training
- agency/organization agreement to inform student's practicum/internship instructor of any changes in the student's supervision as soon as possible.
- agency/organization provision of training and/or orientation designed to protect student safety as appropriate to the site.
- site supervisors who have at least a Master's degree in counseling or a closely related field (i.e., psychology, social work), are licensed and certified in their fields, and have at least two years of pertinent professional experience. Students may not see clients if their site supervisors are absent unless there is another qualified supervisor on site. In the case of prolonged unavailability of the site supervisor, the student will likely need to seek a secondary site in order to complete direct hours.
- Students are not to be left alone at the site
- Only 50% can be telehealth
- Telehealth must be conducted in an office and not in the student's home.
- Supervisors cannot charge students for supervision.
- If any issues arise with the student, the site supervisor agrees to implement a Remediation Plan (See page 6)
- It is the responsibility of the student and site supervisor to know the licensing requirements for the residing state.

With permission and guidance from the university internship instructor, students may sometimes use their places of employment for internship placement. Students should be aware that internship is intended to broaden and strengthen both skills and experience; thus, responsibilities beyond those regularly practiced in the job setting must be obtained. In addition, the agency/organization must allow the student to obtain experiences appropriate for a masters-prepared employee.

Students in the school counseling specialization may use the campuses at which they teach as their practicum site, with the approval of appropriate school district personnel, and designation of a site supervisor that meets the requirements outlined above, and the university instructor. However, they may not counsel their own students. **This is an ethical issue related to dual relationships.** Students who work at sites that provide case management should also be aware that case management is not counseling and will not count as such, unless there are job duties that are in alignment with the services approved in the counseling handbook.

Professionalism

Students are expected to conduct themselves in a professional manner. This includes but is not limited to following the field site's dress code, setting and maintaining a consistent schedule, being on time, providing adequate notice if unable to be on site as scheduled, maintaining a professional demeanor, treating clients and peers as individuals deserving of respect, and following all relevant ethical codes, including that of ACA. Students are required to complete their arrangements with their sites and their clients regardless of whether they have completed the required hours for the particular course in which they are enrolled. Students who are asked to leave a site for unprofessional or unethical behavior may be dropped from the course or receive a failing grade. In addition, such an occurrence may trigger other departmental proceedings. Students can only fail Practicum 2 times (6 hours).

Confidentiality

Students are expected to maintain confidentiality of all information related to clients, as well as all information related to cases presented in practicum/internship classes. This is the student's responsibility regardless of procedures in place at the site. Students are responsible to know and follow legal and ethical confidentiality practices of the field placement site, as well as applicable codes of ethics. Knowledge of HIPAA and/or FERPA is expected. In addition, students shall not use any client identifying information in any practicum/internship documentation, including tapes. Students shall secure tapes and other client information that may be necessary for class in a way that is secure, legal, and ethical. Tapes, transcripts, case studies, or other client information used for class shall be destroyed in an appropriate manner (i.e., shredding) as soon as they have been evaluated unless it is the policy of the site to maintain and secure all tapes. Any questions regarding confidentiality must be discussed with the university instructor as well as the site supervisor.

Professional Liability Coverage

Students will need to obtain liability insurance to cover the practicum/internship experience. Verification of liability insurance is required the first day of class and before practicum/internship direct services begin. Choices for liability insurance must be either through ASCA, HPSO, or ACA membership. There are various companies that offer professional liability coverage; you can get this information from the Coordinator of Practicum/Internship. Also, student membership in the American Counseling Association includes acceptable professional liability coverage.

Required Hours for Practicum/Internship

60 hr. Degree Plan

100-hour practicum (at least 40 direct hours)

600 hours internship (I and II- combined) (at least 240 direct hours)

48 hr. Degree Plan

Two 160-hour practicum courses (LPC track)

One practicum course is required for School Counseling only (160 hour practicum)

Speak to your instructor for specific examples of direct and indirect hours.

Below is a list of the items that should be submitted to complete practicum records for each School Counselor candidate:

- 1) Evidence of a minimum of 3 observations
 - a. 2 may be virtual, 1 must be face to face
 - b. The total time for all 3 observations must be at least 135 minutes
 - c. Evidence should include pre-conference and post-conference discussion
- 2) Evidence of 160 clock hours of practicum completed in an accredited school setting
- 3) A signed MOU and any other additional evidence of site supervisor training completed
- 4) Copies of site supervisor credentials, such as a copy of his/her School Counselor certificate
 - a. If a certified school counselor is not available to serve as the site supervisor, such should be documented on the attached exception letter
- 5) Evidence of ongoing support (site supervisor evaluations, mentoring/coaching activities, professional development, etc. as available)

Coordinator of Field Experience

The Coordinator of Field Experience has clearly defined responsibilities that include: admissions to practicum and internships (checking prerequisites and academic/personal status); overseeing practicum and internship policies, ethical practices, and adherence to CACREP standards; coordinating and approving practicum and internship site supervisors for students; coordinating and meeting with practicum and internship professors; providing an orientation to new practicum students and professors; and coordinating and providing supervision training to site supervisors. The field experience coordinator reports to the Department Chair as related to the above set of responsibilities.

Prerequisites

Prerequisites for practicum and internship are subject to change as coursework requirements change. However, at minimum, students must have successfully completed the courses listed below prior to enrolling in practicum. *Students should be mindful that these courses may also have prerequisites, so careful planning is important.*

EDCG 5310: Intro to Counseling and Guidance

EDCG 5311: Theories of Counseling

EDCG 5312: Counseling Techniques

EDCG 5315: Ethics and Legal Issues

EDCG 5321: Abnormal Human Behavior

EDCG 5323: Group Counseling

EDCG 5339: Human Growth and Development

EDCG 5347: Culturally Different

EDCG 5329 Research

EDCG 5355: Career Development

Program Overview

The graduate certificate in Community, Crisis Response, and Rural Mental Health is a 12-hour online program that will meet the educational goals of mental health and helping professionals across the globe. Students will gain knowledge and skills related to the role and function of community and rural mental health care providers, crisis response strategies, and mental health service delivery. The required online courses will include (All courses are 3 credit hours): EDCG 5360: Community/Rural Mental Health Counseling EDCG 5362: Leadership & Advocacy in Rural Communities EDCG 5364: Crisis Counseling EDCG 5312: Counseling Techniques These courses will be delivered completely online.

This is the first and only transcribed sandtray therapy certificate in Texas with a 12-hour program (with 15 clock hours of sandtray therapy supervision), which allows the Texas Behavioral Health Executive Council (BHEC), the National Board for Certified Counselors (NBCC), and potential employers to recognize our students' transcribed certificate through their official transcripts. This transcribed certificate meets the clinical and educational goals to provide sandtray therapy and telehealth sandtray to diverse clients such as children, adolescents, students, adults, families, couples, victims, veterans, and individuals with trauma, PTSD, anxiety, depression, anger, ADHD, grieving, addictions, verbalization, rationalization, and intellectualization issues. The required courses include (All courses are 3 credit hours.)

Required Courses

EDCG 5343 Basic Sandtray Therapy 3

EDCG 5344 Advanced Sandtray Therapy 3

EDCG 5310 Introduction to Counseling and Ethical Practice 3

EDCG 5311 Theories of Counseling 3

Total Semester Credit Hours 12

These courses will be delivered completely online (including virtual classes and supervision).

SECTION I: FORMS FOR PRACTICUM/INTERNSHIP

STUDENT PRACTICUM/INTERNSHIP AGREEMENT

Department of Educational Leadership & Counseling

1. I hereby attest that I have read and understood the ethical standards set forth by the American Counseling Association, the American School Counselor Association, the Texas State Board of Examiners of Licensed Professional Counselors, the American Association of Marriage and Family Therapists, the Association for Specialists in Group Work, Texas Education Agency and any other ethical codes pertaining to counseling and/or therapy.

I will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part may result in my removal from practicum/internship and a failing grade, and documentation of such behavior will become part of my permanent record. Disciplinary action for violation of ethical conduct in practicum/internship will be determined by the TAMUK Counseling and Guidance faculty.

2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site. If I am asked to leave my practicum/internship site due to a breach of ethics or any unethical behavior it could result in being dropped from the course and receiving a failing grade.
3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.
4. I understand that I will not be issued a passing grade in practicum/internship unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.
5. I understand that Practicum may only be taken 2 times (6 hours)

Student's Signature _____

Date _____

MEMORANDUM OF UNDERSTANDING FOR TAMUK PRACTICUM EXPERIENCE

**Texas A&M University-Kingsville
Department of Education Leadership & Counseling**

This agreement is made on _____ by and between _____
(Date) (Field site)

and Texas A&M University-Kingsville. The agreement will be effective for a period
(University program)

from _____ to _____ for _____ per week for _____.
(Starting date) (Ending date) (No. hours) (Student name)

Purpose

The purpose of this agreement is to establish the terms of the off-site practicum/internship experience in the field of counseling for the student named above.

Responsibilities of the Department of Counseling, the counselor trainee, and the field placement/practicum site:

The Department of Counseling agrees to:

1. Provide counselor trainees who have completed the required pre-requisites for practicum.
2. Identify a qualified faculty instructor to coordinate the practicum experience.
3. The faculty instructor will be available for consultation with the onsite supervisor regarding trainee progress once per semester for 30 minutes- 1 hour via Zoom.
4. Provide 1 hour weekly individual supervision of the counselor trainee with a faculty instructor or doctoral student supervisor, and monthly group supervision (class).
5. Collaborate with the field placement site regarding placement procedures and concerns. The designated contact person in the counseling program is the Clinical Coordinator.
6. Require the counselor trainee to provide liability insurance.

The field placement/practicum site agrees to:

7. If a Practicum or Internship site is out of the state of Texas, then it is the student and the supervisor's responsibility to adhere to the rules of that state.
8. Practicum-Provide sufficient opportunities for the trainee to fulfill during the semester a minimum of 100 clock hours of counseling related experience with 40 hours of the total being direct client contact (individual, family, and group counseling). Students who are on the school counseling track need a minimum of 160 hours of counseling related experience to meet TEA standards. Sixty out of the 160 hours total will need to be direct hours. The onsite supervisor will assist the counselor trainee in generating direct client contact opportunities.
9. Internship-Provide 300 hours of counseling related experience with 120 hours of the total being direct client contact.
10. Provide opportunities for trainee to regularly record (audiotape/videotape) counseling sessions with informed consent. Tapes are used for the supervision and evaluation purposes. Tapes remain in the possession of the trainee and/or faculty instructor at all times, and all tapes are erased by the end of the semester.
11. Provide a range of experiences to acquaint the trainee with the various duties and responsibilities of a professional counselor and provide oversight of the trainee's work *including* an orientation to the placement site and its policies and procedures.
12. Develop a weekly attendance and activity schedule with the counselor trainee based on a minimum of 8-10 hours weekly spent at the onsite.
13. Provide a safe location, safe environment, and appropriate space to work with adequate supplies and staff support to conduct professional counseling activities. Counselor trainees are not permitted to do home visits unless

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accompanied by their onsite supervisor, to work alone in a building, or be without immediately accessible consultation services.

14. Provide a qualified onsite supervisor who will oversee the trainee's onsite experience and provide a minimum 1 hour weekly of individual supervision of the trainee's work. *NOTE: A qualified onsite supervisor holds a master's degree in counseling, has at least 2 years of counseling experience, and preferably is an LPC (Texas) or appropriate license or certification.* If the trainee uses her/his work setting for practicum, the onsite supervisor must be different from the employment supervisor.
15. Complete a brief PowerPoint training within the first 30 days of the semester.
16. Collaborate with the designated faculty instructor for practicum and the Clinical Coordinator regarding placement procedures and concerns and provide a written evaluation of the counselor trainee's progress at the midpoint and end of practicum.
17. Students cannot be charged for supervision.
18. No more than 50 % can be telehealth.
19. Telehealth must be conducted in a clinical setting-not at the student's home.
20. If a student receives a 1 or 2 on the Midterm Evaluation contact the Faculty and Clinical Coordinator to implement a remediation plan.

The counselor trainee agrees to:

21. Be consistent and prompt in attendance at the onsite. Dress and behave in a professional manner consistent with the practices of the onsite placement.
22. Develop a weekly attendance and activity schedule with the onsite supervisor based on spending a minimum of 8-10 hours weekly at the onsite during practicum.
23. Provide counseling and counseling-related services consistent with the trainee's level of training and supervision and the professional counseling role.
24. Make two audio or video recordings of counseling work throughout the semester for review and evaluation. Recordings are the basis for individual and group supervision meetings. The trainee will follow established guidelines to ensure the security of recordings.
25. Be acquainted with and follow onsite policies and procedures and the directives of onsite supervisors.
26. Purchase liability insurance and adhere to the current ethical guidelines of the American Counseling Association.
27. Maintain documentation in good order and follow guidelines for maintaining the confidentiality of client-related records for both campus and onsite placement.
28. Immediately notify and provide the TAMUK Department of Counseling with a renegotiated field placement contract if there is a change of onsite supervisor or site.

Practicum/Internship Activities

Site Supervisor: Please initial next to each activity to indicate which activities the student will be engaged in under your supervision. Individual supervision is required.

Direct Hours

_____ Individual Counseling

_____ Group Counseling

_____ Family Counseling

_____ Assessment/Intake

_____ Consultation

_____ Psychoeducation

Other: _____

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Indirect Hours

____ Recordkeeping

____ Individual Supervision (**REQUIRED**)

____ Group Supervision (REQUIRED -24 hours)

____ Staff Meetings

____ Training/Workshops

____ Research

Other: _____

Termination: It is understood and agreed upon by all parties to this contract that the onsite placement may terminate the TAMUK practicum experience of the counselor trainee if, in the opinion of the onsite supervisor, the trainee's behavior is detrimental to the operation of the onsite and/or client care. The onsite supervisor will notify the faculty instructor or Clinical Coordinator of a termination action. A TAMUK practicum termination action is separate from any employment relationship the trainee may have at the onsite.

The parties below agree to the terms of this contract:

Counselor Trainee (print)

Trainee signature & date

Onsite Supervisor (print)

Onsite Supervisor signature & date

Practicum Faculty Instructor (print)

Practicum Faculty Instructor signature & date

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School Counseling Consent

The Graduate Program of Counseling and Guidance at Texas A&M University-Kingsville (TAMUK) conducts a Counseling Practicum Course each semester at the college/university. The Counseling Practicum Course is an advanced course in counseling required of all degree candidates in the Counseling Program at Texas A&M University-Kingsville. TAMUK Interns are required to audio- and/or videotape counseling sessions as part of their course and degree requirements.

TAMUK Intern _____ would like to work with your

son/daughter, a student at _____ School. Any counseling sessions in which your child is involved will take place on the school campus during school hours. Our counseling students adhere to the highest standards regarding your rights to confidentiality, including those set forth by the American School Counselor Association, the Texas Education Code, and the school district board policy.

____ My child may receive counseling sessions.

____ My child may NOT receive counseling session.

Some of the counseling sessions conducted with your child may be audio- and/or videotaped and will be reviewed by the TAMUK student's supervisor at Texas A&M University-Kingsville and his/her supervisor at _____ School. **All audio- and videotapes made will be erased** at the completion of your child's involvement in the program.

____ My child may be audio or videotaped during his/her counseling session.

____ My child may NOT be audio or videotaped during his/her counseling session.

We hope that you will take the opportunity to have your child become involved in the TAMUK Counseling Program. If you are interested in having your child participate, please sign the form where indicated. Questions may be directed to your school counselor or TUMUK faculty at 361-593-2889.

Thank you for your cooperation.

Parent or Guardian's Signature

Date

Site Supervisor's Signature

Date

Consentimiento para Consejería Escolar

Nombre del estudiante _____

El departamento de posgrado de Consejería y Orientación en Texas A&M University-Kingsville (TAMUK) ofrece un curso de pasantía en consejería cada semestre en la universidad. El curso de pasantía en consejería es un curso avanzado en el programa de posgrado en consejería que se les requiere a todos los estudiantes de este mismo programa en Texas A&M University-Kingsville. A los estudiantes se les pide que graben audio y/o video de las sesiones de consejería como parte de los requisitos del curso y del programa de posgrado. Su consejero escolar, _____, ha recomendado la participación de su hijo en este programa.

El estudiante de TAMUK, _____ quisiera trabajar con su

hijo/hija, estudiante de _____ School. Todas las sesiones de

consejería en las cuales su hijo se involucre se llevarán a cabo en el campus escolar durante horas escolares. Nuestros estudiantes del programa de consejería se mantienen fieles a los más altos estándares con respecto a sus derechos de confidencialidad, incluyendo los establecidos por la Asociación Americana de Consejeros Escolares, el Código de Educación de Texas y la política de la mesa directiva del distrito escolar.

Algunas de las sesiones de consejería que se llevarán a cabo con su hijo/hija serán grabadas en video y/o audio y serán revisadas por el supervisor del estudiante de TAMUK de la misma universidad y su supervisor de _____ School. Todas las grabaciones de audio y video hechas serán borradas al término de la participación de su hijo/hija en el programa.

____ Mi hijo/hija puede ser grabado en audio o video durante su sesión de consejería.

____ Mi hijo/hija NO puede ser grabado en audio o video durante su sesión de consejería.

Esperamos que usted aproveche la oportunidad de involucrar a su hijo/hija en el programa de consejería en TAMUK. Si le interesa que su hijo participe en este programa, por favor firme la presente donde se indica. Si tiene preguntas se puede dirigir con su consejero escolar o conmigo al hablar al 361-593-2889. Gracias por su cooperación.

Firma del Padre

Fecha

Firma del Consejero Escolar

Fecha

OFF-SITE INFORMED CONSENT FOR AUDIO / VIDEO RECORDING

COUNSELING STUDENT INFORMATION

Intern Name: _____

Practicum / Internship Site: _____

SITE SUPERVISOR INFORMATION

Site Supervisor Name: _____

Title: _____

Phone: _____

Email: _____

UNIVERSITY SUPERVISOR INFORMATION

University Supervisor Name: _____ Title: _____

Phone: _____ Email: _____

INFORMED CONSENT FOR AUDIO / VIDEO RECORDING

As a graduate student, I am required to be under the direct supervision of qualified clinical supervisors. My supervisors review all aspects of the services that I am providing to you. You have the right to know the name of my supervisors and how to contact her or him. This information is listed above. Your signature below confirms that this form has been explained to you, and that you understand the following:

- I am not required and I am under no obligation to have this session recorded.
- I may withdraw my permission at any time during or after the recording session. My care will not change by my decision to be recorded.
- I have the right to review my recording with my student counselor during a counseling session.
- My student counselor receives supervision both at this location and by the faculty at Texas A&M University-Kingsville.
- The contents of this recording will remain confidential within the supervision setting at TAMUK.
- This recording will be destroyed upon completion of the supervisory review of the session.
- This consent expires 180 days from the date of my signature below. I may revoke this consent at any time prior to the expiration date by submitting to the student counselor a request to withdraw my permission.
- The original copy of this consent form will be kept in my records with this agency.
- This recording will only be used as a tool to help my student counselor in assisting me or my family.
- I may contact the counseling program at TAMUK with questions or concerns at 361-593-2889.

SIGNATURES

Clients Signature _____

Date _____

If minor,

Signature of Parent/Guardian _____

Date _____

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Student Counselor's Signature_____

Date_____

Site Supervisor's Signature_____

Date_____

CONSENTIMIENTO INFORMADO PARA GRABACIÓN DE AUDIO/VIDEO INFORMACIÓN DEL INTERN

Nombre: _____

Sitio de prácticas: _____

INFORMACIÓN DEL SUPERVISOR DEL SITIO

Nombre: _____

Título profesional: _____

Teléfono: _____

Email: _____

INFORMACIÓN DEL SUPERVISOR UNIVERSITARIO

Nombre: _____

Título profesional: _____

Teléfono: _____

Email: _____

CONSENTIMIENTO INFORMADO PARA GRABACIÓN DE AUDIO/VIDEO

Como estudiante de posgrado, es un requisito que este bajo la directa supervisión de supervisores clínicos calificados. Mis supervisores revisan todos los aspectos de los servicios que le proporciono a usted. Usted tiene el derecho de conocer los nombres de mis supervisores y como puede contactarlos. Esta información la encuentra en la parte de arriba. Su firma en la parte de abajo confirma que esta forma se le ha explicado, y que usted entiende lo siguiente:

- ☐ Yo no estoy requerido (a) y ni estoy bajo obligación a que se grabe esta sesión.
- ☐ Yo puedo retirar mi permiso a cualquier hora durante o después de la sesión en grabación.
- ☐ Yo tengo el derecho a revisar mi grabación con mi consejero estudiante durante una sesión de consejería.
- ☐ Mi consejero estudiante recibe supervisión tanto en esta locación como por el profesorado en la Texas A&M University-Kingsville (TAMUK).
- ☐ El contenido de esta grabación se mantendrá confidencial entre el profesorado de supervisión en TAMUK.
- ☐ Esta grabación será destruida, una vez finalizado el proceso de supervisión de la sesión.
- ☐ Este consentimiento expira 180 días después de la fecha de mi firma en la parte de abajo. Puedo revocar este consentimiento en cualquier momento antes de la fecha de vencimiento mediante la presentación a mi consejero estudiante de una solicitud para retirar mi permiso.
- ☐ La copia original de esta forma de consentimiento se mantendrá en mis registros con esta agencia.
- ☐ Esta grabación será usada solamente como una herramienta para ayudar a mi consejero estudiante en atender a mi familia.
- ☐ Si tengo dudas o preguntas, puedo contactar al departamento de Consejería y Orientación en TAMUK al 361-593-2889

FIRMAS

Firma del cliente _____

Fecha _____

Si es un menor,

Firma del padre/tutor _____

Fecha _____

Firma del consejero estudiante _____

Fecha _____

Firma del supervisor del sitio _____

Fecha _____

SUPERVISOR'S EVALUATION OF STUDENT (MID and FINAL)

Student Counselor's Performance

Name of Student Counselor _____

Period of Supervision From _____ to _____

Directions for Site Supervisor: Please circle the number that best evaluates the student counselor on each performance over the entire supervision period. If you did not observe the student on a particular performance please indicate using N/A. Please implement a Remediation Plan if a student receives a 1 or 2 for the Midterm Evaluation (see page 28).

General Supervision Comments

	Poor	Adequate	Excellent
1. Demonstrates a personal commitment in developing professional competencies.	1 2	3 4	5 6
2. Invests time and energy in becoming a counselor.	1 2	3 4	5 6
3. Accepts and uses constructive criticism to enhance self-development and counseling skills.	1 2	3 4	5 6
4. Engages in open, comfortable, and clear communication with peers and supervisors.	1 2	3 4	5 6
5. Recognizes own competencies and skills and shares these with peers and supervisors.	1 2	3 4	5 6
6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	1 2	3 4	5 6
7. Completes case reports and records punctually and conscientiously.	1 2	3 4	5 6
8. Actively seeks supervision and feedback from faculty and Clinical Supervisor.	1 2	3 4	5 6

The Counseling Process

9. Researches the referral prior to the first session.	1 2	3 4	5 6
10. Keeps appointments on time.	1 2	3 4	5 6
11. Begins interviews smoothly.	1 2	3 4	5 6
12. Explains the nature and objectives of counseling when appropriate.	1 2	3 4	5 6
13. Is relaxed and comfortable in session.	1 2	3 4	5 6
14. Communicates interest in and acceptance of clients.	1 2	3 4	5 6
15. Facilitates clients' expression of concerns and feelings.	1 2	3 4	5 6
16. Focuses on the content of the clients' problems.	1 2	3 4	5 6
17. Recognizes and resists manipulation by clients.	1 2	3 4	5 6
18. Recognizes and deals with positive affect of clients.	1 2	3 4	5 6
19. Recognizes and deals with negative affect of clients.	1 2	3 4	5 6
20. Is flexible and adaptable to client's needs in session.	1 2	3 4	5 6
21. Uses silence effectively in session.	1 2	3 4	5 6
22. Is aware of own feelings during the counseling sessions.	1 2	3 4	5 6
23. Communicates own feelings to clients when appropriate.	1 2	3 4	5 6

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		Poor	Adequate	Excellent
24.	Recognizes and skillfully interprets clients' covert messages.	1 2	3 4	5 6
25.	Facilitates realistic goal setting with clients.	1 2	3 4	5 6
26.	Encourages appropriate action-step planning with clients.	1 2	3 4	5 6
27.	Employs judgment in the timing and use of different techniques.	1 2	3 4	5 6
28.	Initiates periodic evaluation of goals, action-steps, and process during counseling.	1 2	3 4	5 6
29.	Explains, administers, and interprets tests correctly, including the Outcome Questionnaire.	1 2	3 4	5 6
30.	Terminates the interview smoothly.	1 2	3 4	5 6

The Conceptualization Process

31.	Focuses on specific behaviors and their consequences, implications and contingencies.	1 2	3 4	5 6
32.	Recognizes and pursues discrepancies and meaning of inconsistent information.	1 2	3 4	5 6
33.	Uses relevant case data in planning both immediate and long-range goals.	1 2	3 4	5 6
34.	Uses relevant case data in considering various strategies and their implications.	1 2	3 4	5 6
35.	Uses relevant research from peer-reviewed scholarly journals when planning treatment.	1 2	3 4	5 6
36.	Bases decisions on a theoretically sound and consistent rationale of human behavior.	1 2	3 4	5 6
37.	Is perceptive in evaluating the effects of own counseling rationale of human behavior.	1 2	3 4	5 6
38.	Demonstrates ethical behavior in counseling activities and case management.	1 2	3 4	5 6

Personal and Professional Behavior

39.	Displays commitment to profession.	1 2	3 4	5 6
40.	Practices ethical behavior.	1 2	3 4	5 6
41.	Maintains client confidentiality when working with individual, couples, families, and groups.	1 2	3 4	5 6
42.	Engages in positive working relationship with staff.	1 2	3 4	5 6
43.	Consults with administrator/supervisor regarding concerns.	1 2	3 4	5 6
44.	Demonstrates acceptance of supervision.	1 2	3 4	5 6
45.	Demonstrates good judgment.	1 2	3 4	5 6
46.	Takes initiative in learning new skills.	1 2	3 4	5 6
47.	Is punctual arriving at site and with clients.	1 2	3 4	5 6
48.	Recognizes own competencies and skills and shares them with peers and supervisors.	1 2	3 4	5 6
49.	Communicates in an open, clear, comfortable way.	1 2	3 4	5 6
50.	Recognizes own deficiencies and works to overcome them.	1 2	3 4	5 6
51.	Demonstrates responsible and conscientious behavior.	1 2	3 4	5 6
52.	Demonstrates professional attitude with clients/students, colleagues, and supervisors.	1 2	3 4	5 6
53.	Uses appropriate and current record-keeping standards in accordance with ethical and legal requirements and standards of site and program.	1 2	3 4	5 6
54.	Demonstrates ability to recognize personal limitations and seek consultation and/or supervision as appropriate.	1 2	3 4	5 6

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School Counseling Concentration/Emphasis Only		Poor	Adequate	Excellent
55.	Performs Appropriate documentation in student records, including computer-assisted record keeping	1 2	3 4	5 6
56.	Has knowledge of resources available to schools via district and community and makes appropriate referrals	1 2	3 4	5 6
57.	Consults appropriately with teachers, parents, and administrators.	1 2	3 4	5 6
58.	Conducts programs designed to eliminate barriers and enhance student academic development.	1 2	3 4	5 6
59.	Implement strategies and activities to prepare students for a full range of postsecondary options and opportunities.	1 2	3 4	5 6
60.	Conducts classroom guidance activities utilizing differential instructional strategies appropriate for students.	1 2	3 4	5 6
61.	Assesses and interprets students' strengths and needs, recognizing uniqueness in cultures, languages, values, backgrounds, and abilities.	1 2	3 4	5 6
62.	Ability to administer and interpret educational tests.	1 2	3 4	5 6
63.	Utilizes counseling theories effective in school settings.	1 2	3 4	5 6
64.	Follows school policies and procedures.	1 2	3 4	5 6
65.	Assesses barriers impeding student academic, career, and personal/social development.	1 2	3 4	5 6

Additional comments and/or suggestions _____

Strengths: _____

Areas Needing Development: _____

Date _____ Supervisor's Signature _____

My signature indicates that I have read the above report and have discussed the content with my site supervisor:

Date _____ Student's Signature _____

Pre-Self-Assessment of Basic Helping Skills and Procedural Skills

Purpose:

1. To provide a student with an opportunity to review levels of competency in the performance skills areas of basic helping and procedural skills.
2. To provide student with a basis for identifying area of concentration/emphasis within supervision.

Directions:

Circle a number next to each item to indicate your perceived level of competence

Basic Helping Skills

	Poor		Average		Good
1. Ability to demonstrate active attending behavior	1	2	3	4	5
2. Ability to listen to and understand nonverbal behavior	1	2	3	4	5
3. Ability to listen to what a client says verbally, noticing mix of experiences, behaviors, and feelings	1	2	3	4	5
4. Ability to understand accurately the client's point of view	1	2	3	4	5
5. Ability to identify themes in client's story	1	2	3	4	5
6. Ability to identify inconsistencies between client's story and reality	1	2	3	4	5
7. Ability to respond with accurate empathy	1	2	3	4	5
8. Ability to ask open-ended questions	1	2	3	4	5
9. Ability to help clients clarify and focus	1	2	3	4	5
10. Ability to balance empathetic response, clarification, and probing	1	2	3	4	5
11. Ability to assess accurately severity of client's problems	1	2	3	4	5
12. Ability to establish a collaborative working relationship with client	1	2	3	4	5
13. Ability to assess and activate client's strengths and resources in problem solving	1	2	3	4	5
14. Ability to identify and challenge unhealthy or distorted thinking and behaving	1	2	3	4	5
15. Ability to use advanced empathy to deepen client's understanding of	1	2	3	4	5

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problems and solutions

16. Ability to explore the counselor-client relationship	1	2	3	4	5
17. Ability to share constructively some of own experiences, behaviors, and feelings with client	1	2	3	4	5
18. Ability to summarize	1	2	3	4	5
19. Ability to share information appropriately	1	2	3	4	5
20. Ability to understand and facilitate decision making	1	2	3	4	5
21. Ability to help clients set goals and move toward action in problem solving	1	2	3	4	5
22. Ability to recognize and manage client reluctance and resistance	1	2	3	4	5
23. Ability to help clients explore consequences of the goals they set	1	2	3	4	5
24. Ability to help clients sustain actions in direction of goals	1	2	3	4	5
25. Ability to help clients review and revise or recommit to goals based on new experiences	1	2	3	4	5

Procedural Skills

	Poor		Average		Good
26. Ability to open the session smoothly	1	2	3	4	5
27. Ability to collaborate with client to identify important concerns for the session	1	2	3	4	5
28. Ability to establish continuity from session to session	1	2	3	4	5
29. Knowledge of policy and procedures of educational or agency setting regarding harm to self and others, substance abuse, and child abuse	1	2	3	4	5
30. Ability to keep appropriate records related to counseling process	1	2	3	4	5
31. Ability to end the session smoothly	1	2	3	4	5

Student Signature _____

Supervisor Signature _____

Date

Post-Self-Assessment of Basic Helping Skills and Procedural Skills

Purpose:

1. To provide a student with an opportunity to review levels of competency in the performance skills areas of basic helping and procedural skills.
2. To provide student with a basis for identifying area of concentration/emphasis within supervision.

Directions:

Circle a number next to each item to indicate your perceived level of competence

Basic Helping Skills

	Poor		Average		Good
1. Ability to demonstrate active attending behavior	1	2	3	4	5
2. Ability to listen to and understand nonverbal behavior	1	2	3	4	5
3. Ability to listen to what a client says verbally, noticing mix of experiences, behaviors, and feelings	1	2	3	4	5
4. Ability to understand accurately the client's point of view	1	2	3	4	5
5. Ability to identify themes in client's story	1	2	3	4	5
6. Ability to identify inconsistencies between client's story and reality	1	2	3	4	5
7. Ability to respond with accurate empathy	1	2	3	4	5
8. Ability to ask open-ended questions	1	2	3	4	5
9. Ability to help clients clarify and focus	1	2	3	4	5
10. Ability to balance empathetic response, clarification, and probing	1	2	3	4	5
11. Ability to assess accurately severity of client's problems	1	2	3	4	5
12. Ability to establish a collaborative working relationship with client	1	2	3	4	5
13. Ability to assess and activate client's strengths and resources in problem solving	1	2	3	4	5
14. Ability to identify and challenge unhealthy or distorted thinking and behaving	1	2	3	4	5
15. Ability to use advanced empathy to deepen client's understanding of	1	2	3	4	5

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problems and solutions

16. Ability to explore the counselor-client relationship	1	2	3	4	5
17. Ability to share constructively some of own experiences, behaviors, and feelings with client	1	2	3	4	5
18. Ability to summarize	1	2	3	4	5
19. Ability to share information appropriately	1	2	3	4	5
20. Ability to understand and facilitate decision making	1	2	3	4	5
21. Ability to help clients set goals and move toward action in problem solving	1	2	3	4	5
22. Ability to recognize and manage client reluctance and resistance	1	2	3	4	5
23. Ability to help clients explore consequences of the goals they set	1	2	3	4	5
24. Ability to help clients sustain actions in direction of goals	1	2	3	4	5
25. Ability to help clients review and revise or recommit to goals based on new experiences	1	2	3	4	5

Procedural Skills

	Poor		Average		Good
26. Ability to open the session smoothly	1	2	3	4	5
27. Ability to collaborate with client to identify important concerns for the session	1	2	3	4	5
28. Ability to establish continuity from session to session	1	2	3	4	5
29. Knowledge of policy and procedures of educational or agency setting regarding harm to self and others, substance abuse, and child abuse	1	2	3	4	5
30. Ability to keep appropriate records related to counseling process	1	2	3	4	5
31. Ability to end the session smoothly	1	2	3	4	5

Student Signature _____

Supervisor Signature _____

Date_____

PRACTICUM/INTERNSHIP DIRECT SERVICES LOG

Intern Name: _____ Practicum/Internship Site: _____

Date	#Hrs	Ind	Fam	Grp	Activity	Total

Student Signature _____

Total Hours: _____ (This Sheet)

Supervisor Signature _____

Cumulative Total: _____ (Overall-last sheet only)

PRACTICUM/INTERNSHIP INDIRECT SERVICES LOG

Intern Name: _____ Site: _____

Date	#Hrs	Activity	Total

Student Signature _____ Total Hours: _____ (This Sheet)

Supervisor Signature _____ Cumulative Total: _____ (Overall-last sheet only)

CLASS PRACTICUM/INTERNSHIP SUPERVISION LOG

Intern Name: _____ Site: _____

Date	#Hrs	Focus of Discussion	Supervisor Signature

Supervisee Signature: _____

Total Hours: _____ (This Sheet)

Cumulative Total: _____ (Overall)

School Counseling Log

Intern Name: _____ Site: _____

Date	#Hrs	Focus of Discussion	Supervisor Signature

Supervisee Signature: _____ Total Hours: _____ (This Sheet)

Cumulative Total: ____ (Overall)

Supervision Log

Intern Name: _____ Site: _____

Date	#Hrs	Focus of Discussion	Supervisor Signature

Supervisee Signature: _____

Total Hours: _____ (This Sheet)

Cumulative Total: _____ (Overall)

Guidelines for Direct/Indirect Services

Direct Services-Recommended percentages depending on site requirements and instructor approval.

Individual Counseling – (45-55%) 18-22 hours (practicum) and 54-66 hours (internship)

Counseling individual clients and work with the on-site supervisor to create treatment plans and facilitate ideas. Co-counseling is also included.

Intakes/Interviews with clients (Individual Counseling)

Completing intakes and/or interviews over the phone or in person.

Family/Parent Consultation (Individual Counseling)

Communication with family and/or parents of an individual client for assessment and treatment progress. Client must be present.

Guidance Curriculum/Psychoeducation – (20-30%) 8-12 hours (practicum) and 24-36 (internship)

Providing counseling and/or guidance lessons to multiple students/clients, larger than a small group.

Group Counseling – (25-30%) 10-12 hours (practicum) and 30-36 hours (internship)

Counseling involving the application of knowledge and skills in group facilitation.

Testing/Assessment (Individual Counseling) (5%-10%) 2-4 hours (practicum) and 6-12 (internship)

Administering and interpreting counseling related assessments in which the student has been appropriately trained, including risk assessments, career interest inventories, personality inventories among others.

Outreach/Advocacy- (5%-10%) 2-4 hours (practicum) and 6-12 (internship)

Outreach is providing or presenting counseling materials to educate the community/school on mental issues and services available at various sites, including TAMUK counseling and training clinics. Advocacy is helping clients become aware of external factors that act as barriers to an individual's development.

Telehealth- no more than 50 % of direct client contact can be telehealth.

Indirect Services

Case Consultation (can appear in both direct and indirect)

Working with the on-site supervisor to staff cases, discuss any dilemmas and/or progress, and facilitate client goals and treatment planning.

Training/Workshops/Research

Attendance to training/workshops and/or conducting research relevant to specific client cases

Case Notes/Recordkeeping/Case Management

Maintain current case notes on clients, which includes progresses, diagnoses & treatment plans, helping in the assessment of services needed, care planning, and scheduling/rescheduling clients.

Creating activities for clients

Creating activities that are original and relevant to the client, and finding practitioner/research-based activities.

Other

Other activities that are relevant to the practicum/internship objectives approved the department.

EVALUATION OF SITE SUPERVISOR BY PRACTICUM/INTERNSHIP STUDENT

Student Name: _____ Date: _____

Field Site: _____

Site Supervisor: _____

E-Mail: _____

Each internship student should complete this form and RETURN IT TO THE SITE SUPERVISOR. Please give feedback for the supervisor and site by circling the appropriate rating (1) poor, (2) fair, (3) good, (4) very good, (5) excellent, or (N/A) not applicable.

A. SUPERVISION SKILLS

- | | | | | | | | |
|-----|--|---|---|---|---|---|-----|
| 1. | Performs supervisory functions as teacher, counselor, or consultant as appropriate. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. | Raises questions that encourage supervisee to explore alternatives of problem solving, seeking solutions, and responding to clients. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. | Establishes good rapport with supervisee. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. | Supports supervisee's professional development. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. | Provides clear and useful suggestions. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. | Is sensitive to individual differences and demonstrates flexibility in the supervisory relationship. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. | Assists supervisee in conceptualizing cases when shared by students. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. | Gives appropriate feedback to supervisee. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. | Confronts supervisee when appropriate. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. | Helps supervisee assess own strengths. | 1 | 2 | 3 | 4 | 5 | N/A |

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- | | | | | | | | |
|-----|---|---|---|---|---|---|-----|
| 11. | Assists supervisee in planning effective client goals and objectives when cases are shared. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. | Has knowledge of supervisee's professional and personal strengths and weaknesses. | 1 | 2 | 3 | 4 | 5 | N/A |

B. SUPERVISOR EFFECTIVENESS

- | | | | | | | | |
|----|---|---|---|---|---|---|-----|
| 1. | Your overall satisfaction with supervisor. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. | Interactions with supervisor contributed to improving your counseling ability. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. | Interactions with supervisor contributed to increasing your self – confidence as a counselor. | 1 | 2 | 3 | 4 | 5 | N/A |

C. SITE EVALUATION

- | | | | | | | | |
|-----|--|---|---|---|---|---|-----|
| 1. | Appropriateness of the site to your orientation within the counseling program. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. | Adequacy of the physical facilities. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. | Receptivity of staff toward you as an internship student. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. | Availability of clients for counseling sessions. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. | Receptivity of clients to you as an internship student. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. | Provided a variety of professional tasks and activities. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. | Availability of needed resources. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. | Staff support for consultation. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. | Provided with appropriate orientation to site and training. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. | Overall rating of this site for future internship students. | 1 | 2 | 3 | 4 | 5 | N/A |

D. COMMENTS

SUPERVISEE REMEDIATION PLAN

Date of Remediation Plan Meeting:

Name of Student:

Supervisor:

Date for Follow-up Meeting:

Description of the problem:

Professional problems: (Examples Below) Not receptive to feedback from supervisor Not open to self-examination Exhibits inappropriate boundaries with clients, peers, colleagues, supervisor, and faculty Not able to retain clients

Procedural Compliance: (Examples Below) Not following policies and procedures of counseling setting or the licensing board

Professional Identity: Does not demonstrate ethical behavior

Counseling Skills problems: (Examples Below) Does not demonstrate basic counseling skills Does not show advanced counseling skills Does not demonstrate a theory orientation Unable to diagnose or conceptualize client cases

Documentation: (Examples Below) Does not submit logs on time Is not documenting treatment plans or notes for client sessions Is not documenting termination forms

Steps already taken by the supervisor:
(Examples: verbal warning on what dates?)

Tasks/Expectations for Acceptable Performance:
(These should be the opposite of the examples above. They need to be clearly defined and specific.)

Consequences for Unsuccessful Remediation (or next steps if not completed):

I, _____, have reviewed the above remediation plan with my supervisor. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below.

Student's Name

Supervisor's Name

Supervisee's comments:

Questions to Ask in Evaluating a Suicidal Ideation

1. What does the future hold for you?
2. Have you ever thought about hurting yourself or ending your life?
3. How would you do it?
4. Where would you get the (weapon, pills, etc.) to do it?
5. Do you have a weapon?
6. Where and when would you do it?
7. Have you ever tried to end your own life?
8. How long ago? How many times?

Questions to Ask in Evaluating a Homicidal Ideation

1. What is the most violent thing you have ever done?
2. Do you ever think that you might physically harm someone?
3. Do you ever get so angry or scared that you feel like hurting someone?
4. Do you have a weapon?
5. Have you ever hit members of your family?
6. Have you had trouble at work lately?
7. How would you go about hurting someone?

TAMUK Counseling Program Crisis Assessment

- 1) Reasons for a crisis assessment (What is happening?)
- 2) Do you have suicidal (or homicidal) thoughts now?
- 3) If yes, how long have you had these thoughts?
- 4) How would you harm or kill yourself (or others)?
- 5) Do you have other dangerous methods to harm yourself (or others)?

TAMUK Counseling Program Safety Plan

Crisis Hotline Number 1-888-767-4493

1) Steps to make the environment safe

a. _____

b. _____

c. _____

2) Warning signs and signals that a problem is developing / Triggers

a. _____

b. _____

c. _____

3) Internal Coping Strategies (things that you can do to cope and stay safe)

a. _____

b. _____

c. _____

4) External Coping Strategies (things that others can do and places you can go)

a. _____

b. _____

c. _____

Client Signature _____ Date _____

* Place original in file- Make client copy.

Suicide Risk Assessment

Risk Factor		Data Gathering
Previous suicide attempts		Directly ask about previous attempts (gestures)
Verbalizing of threats		Take all threats or verbalizations seriously (ideation)
Recent loss of a friend or family member (especially through suicide)		Listen carefully to what the client is telling you
Themes of death evident in conversation, reading selections, or artwork		Ask client to draw for you or bring in artwork to share; ask about recent reading selections
Statements or suggestions that the speaker would not be missed if he/she was gone		Listen carefully to what the client is telling you
Expression of hopelessness, helplessness, and anger at oneself or the world		Extrapolate from the client's talk about the future
Collection and discussion of information on suicide methods, especially if they result in the development of a suicide plan		Determine whether the client has a plan for suicide in the works
Giving away of prized possessions		Listen carefully to what the client is telling you
Physical symptoms such as eating and sleeping disturbances, chronic headaches or apathetic appearance		Directly ask the client if she is sleeping more than usual, or has difficulty falling and/or staying asleep
Sudden and dramatic decline or improvement in academic performance, chronic truancy, or running away		Ask about job performance or grades
Collection and discussion of information on suicide methods, especially if they result in the development of a suicide plan		Determine whether the client has a plan for suicide in the works
Self-destructive acts such as scratching or marking of the body		Keep your eyes open for evidence of self-mutilation
Use or increased use of substances		Directly ask about substance abuse and change in pattern of use
Action		
<u>ALWAYS</u> call your supervisor in and let him/her help you.		
Determine the level of gravity: Low, Moderate, or High Risk		
Low Risk	Sign suicide contract.	
	Establish the client's support network outside the clinical setting.	
	Get in touch with someone in the network. Ask the client whom they would prefer.	
	Give the client and his/her support person a list of suicide hotline numbers, especially local help.	
Moderate Risk	Follow steps for Low Risk.	
	Refer the client to a local psychiatrist or hospital. Encourage the client to make the appointment from your office or offer to make the call yourself.	
High Risk	Follow steps for Low and Moderate Risk. Release client to a family member or friend who can monitor the client until the crisis passes. If no one is available, the Clinical Specialist will confer with the Clinic Coordinator and may call Campus Police, who will in turn call 911 for transport to the hospital for evaluation.	

**Section III: FORMS FOR TAMUK COMMUNITY
COUNSELING CLINIC**

AND

**COUNSELING PROGRAM COMMUNITY
COUNSELING CLIENTS**

**(Only use if your site does not have their own clinical
forms in use)**

New Client Checklist

Client Name

Confidential ID #

TAMUK CCC Counselor(s)

Date

Intake

Date

Informed ConsentEnglish or Spanish
(circle one)

Date

Professional DisclosureEnglish or Spanish
(circle one)

Date

Treatment Plan

Date

Release of Confidential Information (as needed).....English or Spanish
(circle one)

Ongoing OQ or Y-OQ Reports or other clinical symptom measures

Ongoing Case Notes Signed by Counselor and Supervisor After Each Session

Date

Counseling Summary

Date

Case Closed by Above Counselor

Client Intake

Client's Name

Parent/Guardian Name

Address

Phone #s: Home

Male

Female

Age*

Employed

Student

Work

Marital Status

M

S

Current Occupation

School

Dominant Language

Dominant Language

City

State

TX

Zip

OK to Leave Message:

W

Sep

C

How long?

Grade Level

*For referrals for minors (under the age of 18 years), the legal guardian(s) of the client must be informed that they must be physically present to sign the Informed Consent before any services may be provided.

Can you tell me why you are interested in counseling?

DEPRESSION/ANXIETY	SOCIAL/PERSONAL	MARRIAGE/FAMILY	VOCATIONAL/CAREER
Depression	No Friends	Divorce	Unemployed
Sad/Blue/Crying	Lonely	Domestic Violence	Job Interest
Nervous	Anger Control	Parenting	Retirement
Phobic/Fearful	Sexual Abuse History	Relationship	Grades/School
Panic Attacks	Drug/Alcohol Abuse	Blended Family	School Issues
Suicidal Ideation (ADVISE SUPERVISOR)	Trauma/Rape	Infidelity	
	Sexual Identity	Separation	
Previous Suicide Attempts (*ADVISE SUPERVISOR)	Homicidal Ideation (*ADVISE SUPERVISOR)		
	Conduct		
Grief/Bereavement	Court Mandate		
Audio/Visual Hallucinations	Any Court Involvement?		
COMMENTS/OTHER			

Are you taking any medications?

None

ANTIDEPRESSANTS	ANTI-ANXIETY	MOOD STABILIZERS	ANTIPSYCHOTIC
Prozac	Lexapro	Tegretol	Haldol
Paxil	Luvox	Lithium, Escalith,	Risperdal
Zoloft	Serzone	Lithane, Lithobid	Xyprexa
Tofranil	Effexor	Depakote	Thorazine
Wellbutrin	Cymbalta		Clozaril
Celexa			Serentil
STIMULANTS	BETA BLOCKERS	OPIATE BLOCKERS	OTHER/UNKNOWN
Ritalin	Inderal	RiVea	
Dexedrine			
Cylert			
Concerta			
Adderall			

How Long

Prescribing Doctor

Have you ever received psychiatric treatment or counseling?

Yes

No

If yes, name of provider

Reason for termination

Confidential ID#

Assigned to Counselor

Intake Completed by

on

*Supervisor's Comments:

Professional Disclosure

I, _____, agree to be counseled by a practicum/intern graduate student in the Department of Educational Leadership & Counseling at Texas A&M University-Kingsville (TAMUK).

I further understand that I will participate in counseling interviews that will be audio taped or videotaped. This tape will be confidential and will only be viewed or listened to for supervision purposes. I am aware that counseling rooms at the Community Counseling Clinic are equipped with closed-circuit cameras and that students and/or supervisors may be watching my counseling sessions. I understand that any individual observing my counseling session has been trained in the ethical standards of the counseling profession, including my right to confidentiality.

I understand that a faculty member or the site supervisor will supervise the student. The supervisor may sit in the counseling session(s) as part of their supervisory responsibilities.

I further understand that information given on measures regarding treatment progress may be used by students and faculty for research purposes. I understand that no identifiable information given will be utilized for research purposes. I also understand that I may withdraw my permission to have my information used for research purposes at any time.

Client's Name

Client's Age

Client's or Guardian's Signature

Date

Counselor's Signature Date

Declaración Profesional **(Professional Disclosure Statement)**

Yo, _____, estoy de acuerdo en recibir consejería de un interno practicante del estudiantado post graduado del Departamento de Especialidades Escolares de Consejería y Orientación en TAMUK.

Comprendo que participaré en entrevistas de consejería grabadas en audio y video casete. El casete será guardado en confidencia y será visto y escuchado solo para propósitos de supervisión. Estoy enterado que los cuartos de consejería en la Clínica de Asesoría y Orientación son equipados con cámaras circuito cerrado y que estudiantes y/o supervisores pueden estar mirando mis sesiones. Comprendo que cualquier individuo que observa mi sesión ha sido entrenada en los estándares éticos de la profesión de consejería, inclusive mi derecho a confidencialidad.

Yo entiendo que un supervisor del magisterio supervisará al estudiante. El supervisor pudiera estar en las sesiones como parte de sus responsabilidades de supervisión.

Entiendo que información sobre medidas relativas a la evolución puede utilizarse por los estudiantes y profesores para fines de investigación. Entiendo que no identificable dado será utilizado para fines de investigación. También entiendo que puedo retirar mi permiso para que mi información para fines de investigación en cualquier momento.

Nombre del Cliente

Edad del Cliente

Firma del Cliente o Tutor (Guardián)

Fecha

Firma del Consejero

Fecha

Informed Consent

Below are listed important facts about your counseling. Please read them carefully. If you have any questions, please discuss them with your counselor.

Session Duration: A session is 45 to 50 minutes. Sessions under 30 minutes are not effective; clients who are late 15 minutes will not be seen and will be counted as a No Show.

Fee Information: Individual and group counseling is free for 12 sessions.

Cancellation Policy: If you need to cancel or reschedule an appointment, please notify the clinic as soon as possible. After two missed appointments, you will be removed from the counselor's caseload.

Confidentiality: All information and records will be kept confidential, and will be held in accordance with state laws regarding the confidentiality of such records and information. However, records and/or information will be released regardless of consent under the following circumstances:

1. According to state and local laws, counselors must report all cases of physical and/or sexual abuse or neglect of minors or the elderly to the appropriate agency;
2. According to state and local laws, counselors must report all cases in which there exists a danger to self or others to the appropriate agency;
3. In the event that a client is in need of emergency services and other medical personnel need to be contacted;
4. In the event that our records may be subpoenaed by the court.

Emergency/On-Call Services: The Clinic does not provide on-call services. If in crisis, the client should call 911 or MHMR crisis hotline at 1-888-767-4493.

Treatment of Minors: Treatment of children under 18 will be provided only with the consent of the legal guardian. By signing this consent form, the client acknowledges that he or she is the legal guardian (as established by the state or by the divorce decree) of any minor present for counseling. Minors must be accompanied by parent/guardian to every appointment. If parent feels the need to speak with child's counselor please advise receptionist before session starts, enabling the counselors to make necessary time arrangements to speak with parent/guardian.

I have read and understand this statement of informed consent. I consent to counseling with the knowledge of the above conditions.

Client Name

Age

Client/Guardian Signature

Date

Witness Signature

Date

Consentimiento Informado (Informed Consent)

Esta es una lista de factores importantes de su consejería. Por favor léalos cuidadosamente. Si tiene alguna pregunta, por favor, pregúntele al consejero.

Duración de Sesión: Una sesión es de 45 a 50 minutos. Sesiones no deberían de durar menos de 30 minutos; clientes que lleguen 15+ minutos tarde no serán atendidos y serán contados como una Falta.

Información de Costo: Consejería individual y en grupo es gratis por 12 sesiones.

Póliza de Cancelación: Si usted necesita cancelar o cambiar su cita, por favor notifique a la Clínica lo mas pronto posible. Después de faltar dos sesiones, se le quitara de la lista de casos del Consejero.

Confidencialidad: Toda información y archivos serán guardados confidencialmente, y se tendrán en acuerdo con las leyes estatales que conciernen la confidencialidad de este tipo de archivos e información. No obstante, archivos y/o información se harán disponibles a pesar del consentimiento bajo las siguientes circunstancias:

1. Según las leyes municipales y estatales, los consejeros tienen que reportar todo caso de abuso sexual y físico, o negligencia de menores o ancianos a la agencia apropiada.
2. Según las leyes municipales y estatales, los consejeros tienen que reportar todo caso en que exista peligro para sí mismo u otros a la agencia apropiada.
3. En el evento que el cliente necesite asistencia de emergencia y otro personal médico tenga que ser llamado.
4. En el evento que los archivos sean requeridos por el Juez.

Servicios de Emergencia/Teléfonos a Llamar: La Clínica no provee servicios para el cliente en caso de emergencia. Si hay crisis, el cliente deberá llamar 911 o MHMR en el 1-888-767-4493.

Tratamiento de Menores: Tratamiento de niños menores de 18 años se proveerá solo con el consentimiento del tutor legal (guardián). Al firmar este formulario de consentimiento, el cliente reconoce que el o ella es el tutor legal (guardián), según lo establecido por la ley estatal o por decreto de divorcio para cualquier menor de edad que se presenta para consejería. Menores deben ser acompañados del guardián a cada cita. El o la guardián debe ser planificado al mismo tiempo para la Sesión Paternal de Refuerzo. Si el guardián desea hablar con el consejero deben avisar la recepcionista al llegar, permitiendo al consejeros hacer los arreglos para hablar con ellos.

He leído y entiendo estas declaraciones de consentimiento informado. Consiento a la consejería con el conocimiento de las condiciones previamente mencionadas.

Nombre del Cliente

Edad

Firma del Cliente / tutor (Guardián)

Fecha

Firma del Testigo

Fecha

Informed Consent- Group

Below are listed important facts about your participation in group counseling. Please read them carefully. If you have any questions, please discuss them with your counselor.

Session Duration: Most group sessions are 50-60 minutes. If you will be more than 15 minutes late you will not be allowed to enter the group session. Doing so may interrupt the group dynamics.

Fee Information: Group counseling is free.

Group Policy: Most of the group services that are offered at the Community Counseling Clinic are considered “open” groups unless otherwise noted. Open groups are groups that allow new members to join at any time. If you decide not to participate in the group out of courtesy it is recommended that you call and let the staff know. It is not necessary to call if you will be missing just one session.

Confidentiality: All information and records will be kept confidential, and will be held in accordance with state laws regarding the confidentiality of such records and information. However, records and/or information will be released regardless of consent under the following circumstances:

1. According to state and local laws, counselors must report all cases of physical and/or sexual abuse or neglect of minors or the elderly to the appropriate agency;
2. According to state and local laws, counselors must report all cases in which there exists a danger to self or others to the appropriate agency;
3. In the event that a client is in need of emergency services and other medical personnel need to be contacted;
4. In the event that our records may be subpoenaed by the court.

Emergency/On-Call Services: The Clinic does not provide on-call services. If in crisis, the client should call 911 or MHMR at 1-888-767-4493.

Treatment of Minors: Treatment of children under 18 will be provided only with the consent of the legal guardian. By signing this consent form, the client acknowledges that he or she is the legal guardian (as established by the state or by the divorce decree) of any minor present for group counseling.

I have read and understand this statement of informed consent. I consent to group counseling with the knowledge of the above conditions.

Client Name

Age

Client/Guardian Signature

Date

Witness Signature

Date

Consentimiento Informado - Grupo (Informed Consent)

Esta es una lista de factores importantes de su consejería. Por favor léalos cuidadosamente. Si tiene alguna pregunta, por favor, pregúntele al consejero.

Duración de Sesión: La mayoría de las sesiones de grupo duran entre 50 y 60 minutos. Si llega más de 15 minutos tarde, no se le permitirá la entrada a la sesión. El permitirlo puede interrumpir al grupo.

Información de Costo: Consejería individual y en grupo es gratis.

Póliza de sesión en grupo: La mayoría de los servicios de grupos que ofrece la Clínica de Consejería son “abiertos”, a menos que se diga lo contrario. Los grupos abiertos son aquellos que permiten que ingrese algún miembro en cualquier momento. Si decide no seguir participando en el grupo, le recomendamos y le agradeceríamos la cortesía de llamar para avisar al personal. Pero no es necesario que llame para avisar que faltará solo a una sesión de grupo.

Confidencialidad: Toda información y archivos serán guardados confidencialmente, y se tendrán en acuerdo con las leyes estatales que conciernen la confidencialidad de este tipo de archivos e información. No obstante, archivos y/o información se harán disponibles a pesar del consentimiento bajo las siguientes circunstancias:

1. Según las leyes municipales y estatales, los consejeros tienen que reportar todo caso de abuso sexual y físico, o negligencia de menores o ancianos a la agencia apropiada.
2. Según las leyes municipales y estatales, los consejeros tienen que reportar todo caso en que exista peligro para sí mismo u otros a la agencia apropiada.
3. En el evento que el cliente necesite asistencia de emergencia y otro personal médico tenga que ser llamado.
4. En el evento que los archivos sean requeridos por el Juez.

Servicios de Emergencia/Teléfonos a Llamar: La Clínica no provee servicios para el cliente en caso de emergencia. Si hay crisis, el cliente deberá llamar 911 o MHMR al 1-888-767-4493.

Tratamiento de Menores: Tratamiento de niños menores de 18 años se proveerá solo con el consentimiento del tutor legal (guardián). Al firmar este formulario de consentimiento, el cliente reconoce que el o ella es el tutor legal (guardián), según lo establecido por la ley estatal o por decreto de divorcio, para cualquier menor de edad que se presenta para consejería de grupo.

He leído y entiendo estas declaraciones de consentimiento informado. Consiento a la consejería de grupo con el conocimiento de las condiciones previamente mencionadas.

Nombre del Cliente

Edad

Firma del Cliente / tutor (Guardián)

Fecha

Firma del Testigo

Fecha

Professional Disclosure - Group

I, _____, agree to be counseled by a practicum/intern graduate student in the Counseling and Guidance program at Texas A&M University-Kingsville (TAMUK).

I further understand that I will participate in group or individual counseling sessions that may be audio taped or videotaped. This tape will be confidential and will only be viewed or listened to for supervision purposes. I am aware that counseling rooms at the Community Counseling Clinic are equipped with closed-circuit cameras and that students and/or supervisors may be watching my individual or group counseling sessions. I understand that any individual observing my counseling session has been trained in the ethical standards of the counseling profession, including my right to confidentiality.

I understand that a faculty member or the site supervisor will supervise the student. The supervisor may sit in the counseling session(s) as part of their supervisory responsibilities.

Client's Name

Client's Age

Client's or Guardian's Signature

Date

Counselor's Signature

Date

Declaración Profesional - Group(**Professional Disclosure Statement**)

Yo, _____, estoy de acuerdo en recibir
consejería de un interno/practicante del estudiantado de posgrado del Departamento Psicología Educativa
y Liderazgo en el programa de Consejería y Orientación en Texas A&M University (TAMUK).

Comprendo que participaré en sesiones de consejería, individuales o en grupo, grabadas en audio y video
casete. El casete será guardado en confidencia y será visto y escuchado solo para propósitos de
supervisión. Estoy enterado que los cuartos de consejería en la Clínica de Asesoría y Orientación son
equipados con cámaras circuito cerrado y que estudiantes y/o supervisores pueden estar mirando mis
sesiones individuales o de grupo. Comprendo que cualquier individuo que observa mi sesión ha sido
entrenada en los estándares éticos de la profesión de consejería, inclusive mi derecho a confidencialidad.

Yo entiendo que un supervisor del magisterio supervisará al estudiante. El supervisor pudiera estar en las
sesiones como parte de sus responsabilidades de supervisión.

Nombre del Cliente

Edad del Cliente

Firma del Cliente o Tutor (Guardián)

Fecha

Firma del Consejero

Fecha

Client Intake- Group

Name: _____
(First) (Last) (Middle)

Name of parent/guardian (If under 18 years): _____
(First) (Last) (Middle)

Birth Date: ____/____/____ Age: ____ Gender: ☐ Male ☐ Female

Marital Status: ☐Never Married ☐Domestic Partnership ☐Married ☐Separated
☐Divorced ☐Widowed

Please list any children/age: _____

Address: _____
 (Street and Number) (City) (State) (Zip)

Home Phone: _____ May we leave a message? ☐ Yes ☐ No
Cell/Other Phone: _____ May we leave a message? ☐ Yes ☐ No

Are you currently employed? ☐No ☐Yes

If yes, what is your current employment situation? _____

Why have you decided to come to the clinic at this time? _____

Describe any particular concerns, fears or questions you have regarding your participation in counseling:

How did you hear about the clinic? _____

[illegible]

OFFICE USE

Confidential ID# _____ Completed by _____ on _____

Group: _____

Assigned Counselor: _____

Client Intake- Group

Nombre: _____
(Primer) (Apellido) (Segundo nombre)

Nombre del padre/tutor (si es menor de 18 años): _____
(Primer) (Apellido) (Segundo nombre)

Fecha de Nacimiento: / / Edad: Sexo: ☐ Masculino ☐ Femenino

Estado civil: ☐Soltero ☐Unión Libre ☐Casado ☐Separado
☐Divorciado ☐Viudo

Enliste, si tiene, hijos y sus edades: _____

Dirección: _____
(calle y número) (ciudad) (estado) (código postal)

No de teléfono de casa: _____ ¿Nos permite dejar un mensaje? ☐ Sí ☐ No
Celular/Otro: _____ ¿Nos permite dejar un mensaje? ☐ Sí ☐ No

¿Está trabajando actualmente? ☐No ☐Sí

En caso de que sí, ¿Cuál es su situación laboral actual? _____

¿Por qué decidió asistir a la clínica en este momento? _____

Escriba cualquier duda, preocupación o pregunta en particular que tenga respecto a su participación en las sesiones de consejería: _____

¿Por quién o cómo se entero de la clínica?

[illegible]

PARA USO DE LA OFICINA

Confidential ID# _____ Completed by _____ on _____

Group: _____

Assigned Counselor: _____

Client Psychosocial History

Client ID _____ Date _____

Completed By _____

PROBLEM	
Current Symptoms	<i>What brings you to counseling?</i>
Beliefs About Symptoms	<i>Why do you think this happened to you? What does your family say about this?</i>
Personal History of Psychological Disorders	<i>Have you ever felt like this/had these problems before? What did you do about it then?</i>
Family History of Psychological Disorders	<i>Has anyone in your family had similar problems?</i>

CURRENT CONTEXT	
Physical Condition	<i>How's your health? Any medical problems?</i>
Drug and Alcohol Use	<i>Do you use drugs and/or alcohol?</i>
Intellectual and Cognitive Functioning	<i>Do/did you have any problems at school or work? Are you able to think clearly?</i>
Involvement with Legal/Correctional System	<i>Have you ever been arrested?</i>
Coping Style	<i>What do you do when the problem gets really bad? How do you make yourself feel better?</i>
Self-Concept	<i>How do you feel about yourself?</i>
Family	<i>Tell me about your family?</i>
Sociocultural Background	<i>Are there any cultural factors that make this problem easier/harder to deal with?</i>

Religion and Spirituality	<i>How would you describe yourself in terms of religion/spirituality?</i>
---------------------------	---

RESOURCES/BARRIERS	
Individual Resources	<i>What are your personal strengths that might help you get through this?</i>
Social Resources	<i>Do you have any friends or family that you can turn to or count on to help you with this?</i>
School and/or Work	<i>Tell me about work/school.</i>
Community Resources	<i>Do you participate in any community activities or clubs? Sports? Family-oriented activities?</i>
Mentors and Models	<i>Who do you look up to? Who do you wish you were more like?</i>
Obstacles to Change	<i>What or who stops you from doing things that would make this problem go away?</i>
Therapeutic Relationship	<i>How do you think that I could best help you? What do you need from your counselor?</i>
Outcome Expectations	<i>How will you know when counseling is working? What do you want things to look like when we finish?</i>
Other	

Client Psychosocial History (Spanish Translations)

Client ID _____ Date _____

Completed By _____

PROBLEM	
Current Symptoms	<i>¿Que razón lo hizo venir a terapia?</i>
Beliefs About Symptoms	<i>¿Porque cree que esto le paso a usted? ¿Que dice su familia sobre esto?</i>
Personal History of Psychological Disorders	<i>¿Alguna vez ha tenido algún problema similar o se ha sentido de esta manera? ¿Que fue lo que hizo para solucionar el problema en ese momento?</i>
Family History of Psychological Disorders	<i>¿Algún miembro de su familia ha tenido algún problema similar?</i>

CURRENT CONTEXT	
Recent Events	<i>¿Que lo motivo a buscar ayuda? ¿Ha tenido problemas últimamente?</i>
Physical Condition	<i>¿Como esta de salud? ¿Tiene algún problema medico?</i>
Drug and Alcohol Use	<i>¿Usa drogas o alcohol para poder sobrellevar la situación o el problema?</i>
Involvement with the Law	<i>¿Alguna vez ha sido arrestado? ¿Alguna vez ha tenido que ir a corte a defenderse?</i>
Intellectual and Cognitive Functioning	<i>¿Ha tenido algún problema en la escuela? ¿Puede pensar claramente?</i>
Coping Style	<i>¿Que hace cuando los problemas realmente empeoran? ¿Que hace para hacerse sentir mejor?</i>
Self-Concept	<i>¿Cree que estos problemas son su culpa? ¿Cómo se siente de usted mismo?</i>
Family	<i>Tell me about your Family?</i>

Sociocultural Background	<i>¿Existen factores culturales que puedan hacer este problema mas fácil/ difícil de confrontar?</i>
Religion and Spirituality	<i>¿Cómo se describiría en términos religiosos/espiritualidad?</i>

RESOURCES/BARRIERS	
Individual Resources	<i>¿Cuáles son sus fortalezas personales que puedan ayudarlo a superar esto?</i>
Social Resources	<i>¿Tiene amigos o familiares con los que puede contar para ayudarlo en esto?</i>
School and/or Work	<i>Cuénteme sobre su escuela o trabajo?</i>
Community Resources	<i>¿Usted participa en alguna actividad comunitaria o club? ¿Deportes? ¿Actividades en familia?</i>
Mentors and Models	<i>¿A quien admira? ¿Cómo quien le gustaría ser?</i>
Obstacles to Change	<i>¿Quién o que lo detiene para tratar de solucionar este problema?</i>
Therapeutic Relationship	<i>¿Cómo cree que yo le voy a poder ayudar mejor? ¿ Que necesita de su consejero?</i>
Outcome Expectations	<i>¿Cómo sabrá que la consejería esta funcionando? ¿Qué quiere que las cosas parezcan cuando terminemos?</i>
Other Comments/Observations	<i>Use this space to make note of non-verbal behavior, your reactions to the client's answers, etc.</i>

Treatment Outline

Client's Confidential ID #

Age

Sex

CCC Counselor(s)

Date of Initial Session

Client Demographics:

Problem Assessment

1.

2.

3.

Total Initial OQ/YOQ

Highest Subscale

Goals

Immediate

Intermediate

Long Term

Supervisor's Recommendations

1.

2.

3.

Revised Goals

1.

2.

3.

Client's Signature

Date

Counselor's Signature

Date

Supervisor's Signature

Date

Treatment Plan

Client Name: _____ Date: _____

Problem Area #1

Problem : _____

Indicators: _____

Goal: _____

Objectives:

1. _____

Methods: _____

2. _____

Methods: _____

3. _____

Methods: _____

Problem Area #2

Problem : _____

Indicators: _____

Goal: _____

Objectives:

1. _____

Methods: _____

2. _____

Methods: _____

3. _____

Methods: _____

Problem Area #3

Problem : _____

Indicators: _____

Goal: _____

Objectives:
1. _____

Methods: _____

2. _____

Methods: _____

3. _____

Methods: _____

**DSM-V Preliminary Diagnostic Impressions (for educational and training purposes only. Not intended as a final diagnosis)*

Diagnostic Impressions:

Counselor: _____ Date: _____

Supervisor: _____ Date: _____

Session Notes

Session

Client ID _____ Date _____ No. _____

Between Sessions Documentation

Date	
<input type="checkbox"/>	<i>Use this space to document any phone calls, cancellations, or communication with others regarding this case that occurred between the last session and this one.</i>

Current Session

Oriented to Person _____ Place _____ Time _____ Physical Appearance Appropriate or Inappropriate
Changes in Eating Document Changes Only Sleeping Changes Medication Changes
Current Risk Factors: None ___ Suicidal Attempt ___ Suicidal Ideation ___ Other _____
Action Taken: N/A _____
Referral to: N/A _____

Treatment Goal(s) Addressed Today (List Verbatim): _____

Subjective:

Impressions/Notes: (What the client said you believe should be documented) _____

Objective:

Session Treatment Strategies and Narrative: (What happened in session) _____

Reference: *Describe any materials and specific interventions used and sources of these:* _____

Consultation with Client's Parent or Guardian *If your client is a minor, document your consultation regarding the client's progress.*

Assessment:

Goal progression *Document evidence of change (OQ score, client/other report, etc.):* _____

Plan:

Future Treatment Strategy: _____

Supervisor's Comments

Counselor _____ Date _____ Supervisor _____ Date _____

Notes

Client ID

[illegible]

Release of Confidential Information

I, _____, agree to the release of information, otherwise confidential, to the party listed below with the following conditions:

1. Information may be obtained from and provided to the parties listed below;
2. Only information that will be helpful and/or useful to my treatment may be released;
3. This consent will apply only to the parties specified in the release form; and
4. My permission may be revoked at any time.

Records or information will be shared between:

_____	&	_____
<i>Counselor</i>		<i>Position or Relationship to Client</i>
_____		_____
<i>Agency</i>		<i>School or Agency</i>
_____		_____
<i>Address</i>		<i>Address</i>
_____		_____
<i>City, State, Zip</i>		<i>City, State, Zip</i>
_____		_____
<i>Phone</i>		<i>Phone</i>
_____		_____
<i>Fax</i>		<i>Fax</i>

Client's Name

Client/Guardian Signature

Date

Autorización para publicar y/o utilizar información confidencial

Yo, _____, autorizo el uso y/o publicación de información confidencial entre los interesados que aparecen adjunto, solo en las siguientes circunstancias:

1. La información solo podrá ser proporcionada por las personas interesadas, y/o que aparecen en este documento;
2. Solo se publicara información relevante y que será utilizada con el propósito de el bienestar dela persona y/o el tratamiento indicado;
2. Este consentimiento solo será válido para las personas interesadas que aparecen en este documento; y
3. Mi consentimiento podrá ser revocado en cualquier momento.

Información confidencial se publicara entre

_____ y _____ <i>Terapeuta/Consejero(a)</i>	_____ <i>Puesto o relación al cliente</i>
_____ <i>Agencia</i>	_____ <i>Escuela o Agencia</i>
_____ <i>Domicilio</i>	_____ <i>Domicilio</i>
_____ <i>Ciudad, estado, código postal</i>	_____ <i>Ciudad, estado, código postal</i>
_____ <i>Teléfono</i>	_____ <i>Teléfono</i>
_____ <i>Fax</i>	_____ <i>Fax</i>

Nombre del Cliente

Firma de Cliente/ Guardián

Fecha

Counseling Summary

Confidential ID _____ Counselor _____

Appointment History

	Dates														
Present															
No Show															
Cancelled															
Counselor Cancelled															

Goal Summary

List each goal from the Treatment Plan.	Goal Achieved?
1. <i>List goals verbatim</i>	
2.	
3.	

Additional/Modified Goals

List each additional or modified goal.	Goal Achieved?
1.	
2.	
3.	

Status at End of Semester

- ☐ Goals Achieved / Client WILL NOT Return Semester
- ☐ Ended/Client WILL NOT Return Semester
- ☐ Ended/Client WILL Return
- ☐ Referral to Another Agency (_____)
- ☐ Terminated Due to Non-Attendance (Client contacted on _____ and _____)
- ☐ Recommended for Group Counseling:
 - ☐ Social Skills for Children (6-12y.o.) Skills for Adolescence (13-17) Parenting Skills Relationship Skills for Adults

OQ Scores

Initial _____

Final _____

Difference _____

Filed Closed On: _____ Supervisor Signature: _____ Date: _____

File Management Checklist:

Location of items in the clinical record

1. **Open File** (Client is currently receiving counseling services at TAMUK CCC.)

Left Side of File	Right Side of File
<input type="checkbox"/> New Client Checklist	<input type="checkbox"/> Counseling Summary
<input type="checkbox"/> Client Intake Form	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Professional Disclosure	<input type="checkbox"/> Case Notes
<input type="checkbox"/> Release of Confidential Information (if used)	<input type="checkbox"/> OQ Reports
<input type="checkbox"/> Letters or Correspondence	<input type="checkbox"/> Psychosocial History
<input type="checkbox"/> File Management Checklist	<input type="checkbox"/> Any other materials used in counseling
	<input type="checkbox"/> Safety Contract (if used)

2. **Closed File** (Client completed counseling or services were terminated and client is no longer receiving counseling services at TAMUK CCC.)

Please place a check (✓) next to each item, signifying it is located in the required order. This is to be completed at the time of client termination of services.

Left Side of File	Right Side of File
<input type="checkbox"/> File Management Checklist	<input type="checkbox"/> Counseling Summary
<input type="checkbox"/> New Client Checklist	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Client Intake Form	<input type="checkbox"/> Case Notes
<input type="checkbox"/> Professional Disclosure	<input type="checkbox"/> OQ Reports
<input type="checkbox"/> Release of Confidential Information	<input type="checkbox"/> Psychosocial History
<input type="checkbox"/> Letters or Correspondence	<input type="checkbox"/> Any other materials used in counseling
	<input type="checkbox"/> Safety Contract and Safety Plan

Counselor Signature: _____ Date: _____

File Management Evaluation

Student Counselor _____ Semester _____

Client ID:		YES	NO	COMMENTS		
	New Client Checklist			Total Number of Client Contact Hours		
	Intake Complete					
	Informed Consent			Total Number of No Shows		
	Professional Disclosure					
	Psychosocial Complete					
	Treatment Plan					
	Session Notes			Beginning OQ	Above	Below Clinical Range
	OQ Reports			Ending OQ	Above	Below Clinical Range
	Counseling Summary			OQ Difference		

Client ID:		YES	NO	COMMENTS		
	New Client Checklist			Total Number of Client Contact Hours		
	Intake Complete					
	Informed Consent			Total Number of No Shows		
	Professional Disclosure					
	Psychosocial Complete					
	Treatment Plan					
	Session Notes			Beginning OQ	Above	Below Clinical Range
	OQ Reports			Ending OQ	Above	Below Clinical Range
	Counseling Summary			OQ Difference		

Client ID:		YES	NO	COMMENTS		
	New Client Checklist			Total Number of Client Contact Hours		
	Intake Complete					
	Informed Consent			Total Number of No Shows		
	Professional Disclosure					
	Psychosocial Complete					
	Treatment Plan					
	Session Notes			Beginning OQ	Above	Below Clinical Range
	OQ Reports			Ending OQ	Above	Below Clinical Range
	Counseling Summary			OQ Difference		

Supervisor _____ Date _____

Student Name _____ Client's First Name _____

Rater's Name _____ Date _____

	Remarks
How did counselor establish rapport with client?	Social conversation Changes in eating/sleeping/medications Follow-up on last week's session or between session work
Which elements of the OQ were discussed?	Gains Losses Suicide or critical issues
What is the current treatment goal?	Verbal statement of short, intermediate, or long-term goal
What is the current treatment strategy?	Intervention
Did the counselor inappropriately take responsibility for the client's problem?	Band-aiding, advice giving, and/or making the client "feel better"
How did student counselor move the session beyond an intellectual level?	Show of emotion Gave client permission to emote
Which client statements did the student counselor inquire about further?	Explored underlying feelings associated with what client is saying Vertical as opposed to horizontal questioning
How did the student counselor convey respect for the client's values?	Diversity issues Multiculturally responsive
Give examples of the student counselor's use of the client's language.	Language Perceptions Metaphors
Describe the non-verbal behavior of the client.	Physical posturing Facial expressions Eye contact
Describe the non-verbal behavior of the student counselor.	Physical posturing Facial expressions Eye contact
How did the student counselor use silence?	Waited too long Rushed to fill in the silence
How did the student counselor terminate the session?	Goal progression Next week's treatment goal Confirm next week's appointment