

Appendices

Counseling Lab Handbook 2023 – 2024

This manual and the information contained herein are the property of the Austin Peay State University Counseling Program. No part of this manual (including any of the forms in the appendices) may be shared, distributed, or used outside of the APSU Counseling Program without the express permission of the APSU Counseling Faculty. The forms here are samples only. The most current forms are located in the counseling lab workroom filing cabinet; only those forms may be used in your clinical work.

The following sample forms are found in this appendix, in the following order:

- **Counseling Lab Interest Form** – This form is used by Counseling Lab graduate assistants to recruit potential volunteers for Counseling Lab services through classroom visits.
- **Request for Services Form** – The screening form used when volunteers first request services.
- **Consent to Receive Services** – Disclosure and informed consent. Must be signed by the volunteer at the beginning of the first session.
- **Intake Information Form**– Basic information questionnaire that volunteers must fill out at first session - and which you must review *before* you begin counseling in the first session.
- **Mental Status Exam Checklist** – Checklist of items completed after first session.
- **Intake Interview Guidelines** – Some basic ideas for conducting an intake session with a volunteer. Includes a brief outline that you may take into session with you.
- **Intake Summary / Intake Summary Guidelines** – Form to summarize basic volunteer information, clinical impressions, diagnosis, and treatment plans. Must be completed before the third session.
- **Session Note** – Form to document the content and process of all sessions and no-shows.
- **Contact Note** – Form to document non-session contact with volunteer and others, including cancellations.
- **Service Plan** – Form to document volunteer resources, and working goals. To be completed during the third session, and reviewed (with a new form) every 30 days.
- **Closing/Transfer Summary** – Form to close a case, required for all volunteers seen in the counseling lab.
- **Counselor-in-Training Evaluation Form** – Given to volunteers after their file is closed for counselor feedback.
- **Closing Letter** – This letter is to be used to let a volunteer that cannot otherwise be contacted that you are going to close the file.
- **Distressed Volunteer Protocol** – Procedure to be followed when you are providing services to a volunteer whom you believe needs additional counseling services.
- **Suicide Assessment Worksheet** – Use this form to guide assessment and thinking to evaluate volunteer suicide risk.
- **Safety Plan** – Form to fill out with a volunteer who needs some specific direction and focus for staying safe when feeling suicidal.
- **Clinical File Audit Form** – Form to be used when closing a file to ensure that the file is complete and ready for grading by clinical course faculty.
- **Clinical Documentation Timeline** – Chart showing what documents must be completed during each session, or prior to the next section. Also posted in the counseling lab workroom.
- **Clinical File Organization: Virtual File** – Chart showing the order and placement of all clinical documents in the virtual chart. Also posted in the Counseling Lab OneDrive file.
- **Clinical Supervision Record** – Form used by individual/triadic supervisors to document client and counselor skill review during supervision.

- **Weekly Supervisee Note** – Form used by supervisees to prepare for individual/triadic supervision. Supervisee should complete prior to coming to supervision.
- **Supervisory Working Alliance Inventory (SWAI)** – Form used by supervisors each session to solicit feedback from supervisees about the supervisory alliance.
- **Supervisor Evaluation Form** – Form used by students to give written feedback to their individual/triadic supervisors.
- **Supervisee Evaluation Form** – Form used by supervisors to give written feedback to their supervisees.
- **Supervision Documentation Timeline** – Chart showing what documents must be completed for each supervision session. Also posted in the counseling lab workroom.
- **Supervisor File Organization: Virtual File** - Chart showing the order and placement of all clinical documents in the virtual chart. Also posted in the Counseling Lab OneDrive file.
- **Instructions for Recording – VALT**
- **Instructions for Recording – Zoom**
- **Counseling Lab Referral List** – This list includes referral sites and services provided that you may use to help provide referral recommendations for volunteers. Referrals should be made following consultation with your supervisor and/or your course instructor.

Counseling Lab Interest Form

Name: _____ Date: _____

Email: _____

Phone Number: _____ Okay to leave message? Yes No

I am interested in Counseling Lab services I am **not** interested at this time

All sessions are video-recorded, observed by other clinicians in training and their supervisors; strict confidentiality is maintained. I agree to receive services I **do not** agree to receive services

All sessions are in-person. All sessions are in-person. Times available for 50-minute sessions (Note: last appointment time M-Tu. Is 3:00, W-Th is 6:00, Friday is 1:00.)

Monday (9am – 4pm) _____

Tuesday (9am – 4pm) _____

Wednesday (9am – 7pm) _____

Thursday (9am – 7pm) _____

Friday (9am – 2pm) _____

Counseling Lab Interest Form

Name: _____ Date: _____

Email: _____

Phone Number: _____ Okay to leave message? Yes No

I am interested in Counseling Lab services I am **not** interested at this time

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Wednesday (9am – 7pm) _____

Thursday (9am – 7pm) _____

Friday (9am – 2pm) _____

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Counseling Lab
Austin Peay State University

Request for Services

Name: _____ Date Contacted: _____
Age: _____ Gender you identify with: _____ Pronouns: _____
Phone Number: _____ Okay to leave message? Yes No
Email: _____

Reason for contacting the lab (in person's own words): _____

1. Informed consent: Services are provided by a clinical team – all sessions are video-recorded, observed by other clinicians and professional supervisors; strict confidentiality maintained.

Person agrees to receive services as described

Person does not agree to receive services, referred to: _____

2. Are you currently a student at APSU? Yes No

3. Currently receiving Counseling: Yes No _____

If yes, share that we don't provide concurrent service

4. Previous Counseling History? (When, for how long, what for): _____

5. Risk Assessment – If suicidal ideation is present, refer to a 24-hr crisis service (855-CRISIS-1)

Suicidality / Self-Harm

Past thoughts: No Yes, (describe) _____

Past actions: No Yes, (describe) _____

Current thoughts: No Yes, (describe) _____

Current actions: No Yes, (describe) _____

Homicidality / Harm to others

Past thoughts: No Yes, (describe) _____

Past actions: No Yes, (describe) _____

Current thoughts: No Yes, (describe) _____

Current actions: No Yes, (describe) _____

6. Substance Abuse History (gathered to assist in appropriate placement in clinic):
 Denied
 Acknowledged – briefly describe (what substances, amount, duration, past treatment)

7. Thought Disturbances: No Yes (describe): _____

8. Possible Dual Relationships
 Denied Acknowledged (who, nature): _____

9. Special accommodations: No Yes (describe): _____

10. Times available for 50 min. appointments:
Monday (9am – 4pm): _____
Tuesday (9am – 4pm): _____
Wednesday (9am – 7 pm): _____
Thursday (9am – 7pm): _____
Friday (9am – 2pm): _____

11. Assignment / Appointment:
Counselor: _____
Counselor informed (date): _____

Not appropriate for Counseling Lab Services
Reason: _____
Referred to: _____

Notes: _____

Counseling Lab GA Signature

Date

Consent to Receive Services

Introduction: Welcome to the Counseling Lab at Austin Peay State University (APSU). This disclosure statement is designed to give you important information about the services we provide. Please read it carefully and ask your counselor if you have any questions. The counselors-in-training at the clinic are graduate students working toward an advanced degree in counseling and are enrolled in an advanced skills course. They work under the supervision of Dr. Kim Coggins, Dr. Jessica Fripp, Dr. Eva Gibson, Dr. Mariama Sandifer, and Dr. Mitchell Toomey.

The counselors-in-training provide individual services to active APSU students. The lab is open during spring semester for scheduled appointments only. The service is given free of any charge. Your counselor's name is:

_____ . All counselors-in-training are supervised by second year Master's students, Doctoral supervisors, and by the clinical faculty of the Psychological Science and Counseling department. Supervisors monitor clinical cases and provide clinical support and feedback to the counselors. Your counselor's supervisors are:

_____ .

Goals and Outcomes: The primary goal of these sessions is to provide a structure and a setting in which your counselor-in-training can continue to develop and refine counseling skills. As such, these sessions are not counseling; however, during the process of working with your counselor-in-training, you may experience positive changes and improvement. Counselors help individuals help themselves or improve their relationships by assisting them to change their feelings, thoughts and/or behaviors. Your counselor-in-training will likely explore with you new ways to look at things and new things to do and will support you in the process of making changes. Ultimately, however, you will decide the nature and amount of change you wish to make. Your counselor-in-training will discuss your progress throughout your sessions. If at any time you are unhappy with your progress, or the direction your counselor-in-training is taking, please talk about it with them.

Your Responsibilities: Research has found that counseling is more successful when the counselor and client work together to identify areas for change and ways to create change. You can help make your sessions successful by attending all scheduled sessions on time, working with your counselor-in-training to identify things to work on and ways to work on them, and then making a sincere effort to practice the things that you and your counselor-in-training come up with. Toward the end of each session, your counselor will ask you how the sessions are going for you and to identify how you can improve your work together. Your honest answers will improve the services you receive. Attending sessions while under the influence of any mood-altering substance prevents any progress. If it becomes clear that you are under the influence, we will end the session and reschedule for a future date. A repeat occurrence will result in the termination of services (with referrals). Violent or threatening behavior may also result in termination of services and a police report. If for some reason you cannot attend a scheduled session, please call the Counseling Lab or your counselor-in-training in advance. Counselors' schedules are rather full and if volunteers do not cancel appointments with sufficient time, it means that others who could receive services are unable to.

Typically, sessions occur weekly and last 50 minutes. We request that you make a commitment to participate in at least four weekly sessions. The actual duration and frequency of sessions will depend upon your specific goals. Your counselor-in-training will be available to meet with you until the week of April 19, 2024 when their advanced skills clinical experience will end. At that time, your counselor will assist you with appropriate recommendations. You have the right to stop attending sessions at any time. However, it is usually best to do so only after discussing possible risks with your counselor-in-training. If at any point you feel like you want to end your services through the counseling lab, please let your counselor-in-training know.

Benefits and Risks: Most people experience improvement or resolution to the concerns that brought them to the counseling lab. However, the process can be difficult sometimes. Discussing psychological, emotional, and/or

relationship issues occasionally causes some pain and anxiety and making important changes will require effort on your part. You are most likely to see improvement when you are willing to be open and work through difficult issues, even when doing so is hard. Your counselor-in-training will support you in addressing these issues.

Confidentiality and Limits to Confidentiality: Trust and honesty are critical to the development of all therapeutic relationships. Therefore, we place a high value on privacy and the confidentiality of information you share in sessions. However, there are some limits to confidentiality and your counselor-in-training will discuss them with you. Your counselor-in-training, supervisors, and the clinical team will not disclose any information that you communicate without your express written consent, except in the following situations, as allowed by the law:

1. Where an immediate threat of self-inflicted harm exists;
2. Where an immediate threat of physical violence against a readily identifiable victim exists;
3. Where there is reasonable suspicion of abuse/neglect against a child, elder, or other dependent adult (Please note: a volunteer could have a child and identify spanking practices that might be cultural and yet abusive)
4. Where there is an intentional transmission of HIV or AIDS;
5. Where a judge has ordered the release of privileged information (Please note, these sessions serve as practice sessions for your counselor-in-training and any information or notes generated as a part of these sessions is not sufficient for submission in legal proceedings);
6. In the course of criminal or civil actions initiated by you against the counselor;
7. The disclosure is made to medical personnel in a medical emergency.

Your Relationship with your Counselor: Although you may share personal information with your counselor-in-training during the course of your sessions, your relationship must remain professional. The focus of your sessions will be on *your* experiences, concerns and goals. Sexual intimacy between the counselor-in-training and volunteer is *never* appropriate.

Video/Audio-recording: In order to maintain and improve the quality of services provided, all sessions will be audio and video recorded. The recordings are for training purposes and will be viewed by your counselor-in-training, his or her supervisors, and other advanced skills course members in a confidential training context to help improve the clinical skills of your counselor-in-training. The recordings are used in ongoing professional training and regular supervision to improve the services you receive. These recordings are treated with the strictest confidentiality and professionalism, and all recordings are erased at the end of the academic school year. Any other use of these recordings requires your written consent first.

Your Rights: Services are available to all persons regardless of sex, race, color, creed, sexual orientation, handicap and age, in accordance with state and federal laws. You have a right to humane and dignified treatment, courteous and respectful care in safe environment. You have a right to understand and participate in your evaluation and treatment.

Grievance Procedures: If you have any concerns about your sessions or anything else that happens at the counseling lab, please discuss them with your counselor-in-training, or their supervisor. To speak with the supervisor, please contact one of the counseling faculty members:

Dr. Kim Coggins at (931) 221-7234

Dr. Jessica Fripp at (931) 221-7238

Dr. Eva Gibson at (931) 221-6224

Dr. Mariama Sandifer at (931) 221-7416

Dr. Mitchell Toomey at (931) 221-7243

Screening and Emergency Resources: The counseling clinic does not provide emergency services or 24-hour care. Part of the first session will be used to determine if the services we provide meet your needs. If not, we will help you make connections with other providers that can meet your needs. Due to the limited availability of counselors-in training, sessions are only offered one time per week. If you need additional support services beyond what you are receiving, please discuss this with your counselor-in-training. If an emergency arises, please contact one of the following resources:

Student Counseling Services
Ard Building
542 College Street
931-221-6162
dalep@apsu.edu

APSU Police Department
931-221-7786

**Nashville Sexual Assault
Center**
(615) 259-9055

Crisis Hotline
855-CRISIS-1 (855-274-7471)

Crisis Intervention Center
(931) 648-1000

988 Suicide & Crisis Lifeline
988

**National Sexual Assault
Hotline**
1-800-656-4673

**Matthew Walker Health
Center**
(931) 920-5000

**Clarksville Police
Department**
Dial 911

Statement of Agreement:

I have read the information on all pages of this document, have had the opportunity to ask and receive answers to any questions I had, and understand the information and how it relates to my experience in the counseling lab. By signing below, I voluntarily agree to the services and provisions specified above.

_____ Volunteer Signature	_____ Date	_____ Counselor-in-training Signature	_____ Date
_____ Masters Supervisor Signature	_____ Date	_____ Advanced Supervisor Signature	_____ Date

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Austin Peay State University

Intake Information Form

Please fill this form out completely. Remember, all information will be kept confidential and no outsider will be permitted to see your record without your permission. The information will help your counselor-in-training begin to understand you and help you.

Client Name: _____	Date of Birth: _____
Local Address: _____	
Telephone Number: _____	May we leave a message? Y N
Email: _____	Race/Ethnicity: _____
Gender you identify with: _____	Year in School: _____
Sexual Orientation: _____	
Relationship Status: _____	
Religious Affiliation (if any): _____	
Emergency Contact (name, address and phone number): _____	

Have you ever received services for a mental health concern? This includes prior counseling, medication, hospitalization, etc.)

Yes No

If yes, please tell us when, where, for how long, and for what reason:

List any physical health problems for which you currently receive treatment:

Are you currently taking any prescribed or over-the-counter medications or supplements to deal with a physical or emotional health concern?

Yes No

Medication/Supplement Name	Dosage	Intended Purpose
----------------------------	--------	------------------

Are you currently involved in any legal proceedings (arrest, charges, trial, probation, etc.)?

Yes No

If yes, Briefly Describe:

Briefly describe your current use of alcohol (how much, how often, and what). If none, write "None."

Briefly describe your current use of drugs (how much, how often, and what). If none, write "None."

Does anyone in your family have a history of mental health or alcohol/drug concerns?

Yes No

If yes, please list and briefly describe:

List any previous suicide attempts (if none, write "None")

When (month/ year)	Method of attempt
--------------------	-------------------

Have you recently been thinking about hurting or killing yourself?

Yes No

Have you recently been thinking about hurting or killing someone else?

- Yes No

Have you experienced any of the following kinds of abuse in your own life?

Physical abuse Yes No

Emotional abuse Yes No

Sexual abuse Yes No

Rape Yes No

Do you feel safe right now? Yes No

What role does spirituality or religion currently play in your life?

Your Goals:

Goals are very important in counseling. They give us a focus and direction that will help us to help you.

Please list some of the major things that you would like to have us help you with (what do you want to have different in your life?).

1. _____
2. _____
3. _____

How many sessions do you think you might want/need to get back on track?

Anything else you would like to share that will help your counselor understand you:

Please check all of the following that you are currently experiencing:

Feelings:

- | | | | | | |
|-----------------------------------|----------------------------------|------------------------------------|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Helpless | <input type="checkbox"/> Anxious | <input type="checkbox"/> Depressed | <input type="checkbox"/> Shameful | <input type="checkbox"/> Afraid | <input type="checkbox"/> Out of Control |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Guilty | <input type="checkbox"/> Numb | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Excited | <input type="checkbox"/> Sad | <input type="checkbox"/> Hopeful | <input type="checkbox"/> Stressed | <input type="checkbox"/> Inferior |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Moody | <input type="checkbox"/> Tense | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Elated | <input type="checkbox"/> Desperate |

Thoughts:

- Confused Racing Unlovable Obsessive Unattractive Homicidal
- Distracted Sensitive Worthless Paranoid Unintelligent Indecisive
- Suicidal Confident Honest Worthwhile Disorganized

Symptoms/Behaviors for the last year:

- Eating less Procrastinating Skipping class
- Crying Attempting suicide Withdrawing socially
- Alcohol use Binge drinking Injuring self
- Drug use Acting aggressively Recklessness
- Impulsivity Compulsivity Sexual Problems
- Passivity Unable to relax Acting out sexually
- Irritability Disorganization Unable to have a good time
- Financial problems Cannot keep job Don't like weekends or vacations

Physical Symptoms:

- Insomnia Tiredness Excessive sleep Weight gain or loss
- Pain Headaches Light-headedness Tightness in chest
- Dizziness Dry mouth Rapid heartbeat Numbness or tingling
- Vomiting Eating problems Stomach problems

Please list the three items from the above that are causing you the most difficulty/concern:

1. _____ 2. _____ 3. _____

Please list family, friends, support groups or others that are helpful and supportive for you:

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Austin Peay State University

Mental Status Exam Checklist

Client Name: _____ Date of Interview: _____

		Present	Absent
Appearance			
1. Unusual clothing / grooming			
Behavior	Body Movement	2. Unusual speed, restlessness, fidgetiness	
	Facial Expressions	3. Incongruent to content of conversation	
	Speech	4. Unusual speed / volume / quality	
	Relationship to the Counselor	5. Controlling, hostile, provocative	
		6. Submissive, overly compliant, dependent	
		7. Suspicious, guarded, evasive	
		8. Uncooperative, non-compliant	
	Feeling (Affect and Mood)		
9. Incongruent to content of conversation			
10. High lability of affect			
11. Blunted, dull, flat			
12. Euphoria, elation (manic quality)			
13. Depression, sadness			
14. Anger, hostility			
15. Anxiety, fear, apprehension			
Thinking	Intellectual Functioning	16. Hallucinations (note type and content)	
		17. Impaired attention span, easily distracted	
		18. Impaired rational thinking / decisions	
		19. Impaired intelligence	
	Orientation	20. Disoriented: circle- Person, Place, Time	
	Memory	21. Impaired memory: circle-Recent, Remote	
	Judgment	22. Denies presence of problems	
		23. Blames situation / others for problems	
		24. Impaired impulse control	
	Thought Content	25. Obsessions / Compulsions (circle and note)	
26. Phobias (specify)			
27. Delusions (note type and content)			
		Present	Denied
Risk Status			
28. Suicidal ideation			
29. Homicidal ideation			
30. Domestic violence			
31. Problematic alcohol use			
32. Illicit drug use			

Comments: _____

Counselor Signature: _____ Supervisor Initials _____

Intake Interview Guidelines

You have four main goals in your Intake Interview (first session) with a volunteer:

1. Establish rapport and begin building a professional therapeutic relationship – this is not a separate activity or event, but should be attended to at all times.
2. Obtain informed consent for services from the volunteer and help the volunteer begin to understand (intellectually and experientially) the collaborative process of counseling (roles, expectations, etc.).
3. Effectively evaluate and attend to any urgent volunteer needs (suicidality, other crises)
4. Achieve a meaningful, accurate understanding of the volunteer's mental functioning and behavior (including biological, psychological and social domains) to guide effective services.

Although all of these goals will be ongoing throughout your sessions, you need to adequately accomplish them within the first session so as to ethically and professionally provide services to the volunteer. Below are some suggestions for areas of focus in the initial session. Remember that the intake session should not be an interrogation, but a collaborative conversation that helps both you and the volunteer understand their concerns and begin to work collaboratively to resolve them. Your order may not be as linear as the areas are listed below. Be flexible with these guidelines so as to be responsive to your volunteer's unique situation and needs. Use the Intake Interview Outline to help make sure you've adequately addressed each area in the first session so as to write a complete Intake Summary, and to guide conversations in future sessions.

1. Explain How Counseling Works / Obtain Informed Consent:

- Have volunteers complete the *Intake Information* form and read the *Consent* form
 - When complete, scan the *Intake Information* for any issues that must be addressed today (suicidality, safety, psychotic symptoms, etc.)
- Answer any questions about the consent form
- Verbally review the limits to confidentiality (1. Harm to self or others; 2. Suspected abuse of child / elderly / disabled; 3. Very rare legal situations – if you need to defend yourself)
- Discuss seeing each other outside of the counseling lab
- Weekly 50 minute sessions, cancellation, phone messages
- Work in clinical teams, audio/video recording, supervision
- Place to discuss difficult, challenging things, counselor will help and support, but not advise
- Collaboration, volunteer as active participant, volunteer makes ultimate decisions
- Brief, weekly check-in on how things going in general, and with counseling
- Sign the consent form

2. Current Concerns:

- Current problems / symptoms, including intensity, frequency and duration of symptoms
 - Ask specifically about anxiety, mood concerns, adjustment issues, stressors, substance use, social network, suicide, sexuality
- Identify any related / additional concerns (medical, legal, relationship, job / school, substance use) – use follow-up questions as necessary to obtain details
- How do symptoms and concerns impact volunteer functioning (bio-psycho-social)?

- How has volunteer attempted to cope / resolve the concerns? How effective / healthy?
3. Crisis Evaluation & Attention:
 - Suicidal ideation or behavior, self-harm
 - Homicidal and / or violent ideation or behavior
 - Other safety issues (victim concerns, does the volunteer feel safe?)
 4. Background Information Relevant for Understanding the Volunteer's Concerns:
 - Developmental factors
 - Cultural considerations
 - Relationship information (strengths and problems with historical and current support network, extent and quality of current supports)
 - Occupational history (school / work history, military service)
 - History of challenges and concerns (personal & family, including mental health, legal, abuse, other trauma, substance use, etc)
 - Previous experience with mental health services (counseling, hospital, other)
 - Volunteer strengths and resources (bio-psycho-social)
 5. Desired Services:
 - What does volunteer hope to accomplish through these sessions (initial goals)?
 - What does volunteer think is needed to accomplish these goals?
 - How will the volunteer know she is done with these sessions?
- * Remember to leave time to check in regarding the relationship between you and the volunteer – discuss together what could be done to improve your collaborative work together.

Brief Intake-Interview Outline

Before you sit down with the volunteer, review the Intake Information form:

1. Explain the Counseling Process / Obtain Informed Consent:
2. Explore Volunteer Concerns:
 - a. Duration, severity, history of current concerns (ask about anxiety, mood concerns, adjustment issues, stressors, substance use, social network, suicide, sexuality)
 - b. Simultaneously seek any relevant background information
 - c. At any time if needed, do a crisis evaluation and respond appropriately
3. Get a Sense of the Volunteer's Initial Goals:
4. Set the Next Appointment

Austin Peay State University
Dept. of Psychological Science and
Counseling
M.S. in Counseling Program

M.S. in Counseling
Counseling Lab
Austin Peay State University

Clement Building, Room 307
P.O. Box 4537
Clarksville, TN 37042
(931) 221-6454

Intake Summary

Volunteer Name:

Date:

Counselor:

I. Identification of Volunteer and Problem:

II. History of Present Difficulties:

III. Relevant Background Information:

IV. Psychosocial Adjustment / Strengths and Resources:

V. Diagnostic Statement / Case Conceptualization:

VI. Initial Service Plan:

Counselor Signature

Date

Supervisor Signature

Date

Intake Summary - Guidelines

- I. Identification of Volunteer and Problem:** Include basic identifying information (age, sex, relationship status, ethnic background, whether a parent, occupation, other pertinent identifying information). Indicate who referred the volunteer for services (physician, clergy, other agency, etc.), and why the volunteer was referred, or state that the volunteer self-referred. Capture as nearly as possible how the volunteer describes their reasons for seeking services (including current symptoms). Include frequency, intensity, duration, and onset of the presenting concern(s).
- II. History of Present Difficulties:** How long has the volunteer experienced the current problem? Has it been continuous or intermittent? What has the volunteer tried in dealing with the problem? Elaborate as much as necessary to clarify the history and extent of the presenting problem. Are there themes in the history (either in what the volunteer has experienced, or in their typical coping responses, or relationships with others)?
- III. Relevant Background Information:** Identify developmental factors related to current concerns, including the nature of pertinent family and romantic relationships, educational and work history, military service, cultural considerations and other pertinent background. List any history of difficulties (personal/family mental-health, substance abuse, trauma history, etc.).
- IV. Psychosocial Adjustment / Strengths and Resources:** Nature and quality of social networks. Does the volunteer receive meaningful social support at work, home, church, and other community sources? Where in life does the volunteer feel competent and successful? Identify the volunteer's skills, strengths, and resources that may prove helpful with their current problem.
- V. Diagnostic Statement / Case Conceptualization:** The diagnostic statement and case conceptualization summarizes your assessment findings, provides a way to clearly document volunteer's need, and supports your service recommendations / plans.
- Briefly summarize the most relevant bio-psycho-social data gathered in both formal and informal assessment. Include any information checked *present* on the MSE checklist, presenting concerns, signs, symptoms, relevant past significant events, relevant medical conditions, relevant current stressors and overall level of functioning, including how their customary coping strategies affect their capacity to deal with the problem, as well as your perception of the degree of severity of the client's concerns, supported by the data you have summarized. Also include here any symptom patterns that may be relevant for making a diagnosis.
- Next, use a theoretical and pragmatic framework to organize and make sense of (explain) the volunteer's presentation (concerns and current functioning) and point the way to your counseling recommendations and plans. It can help to briefly describe how the volunteer makes sense of their presenting concerns, but focus on providing a clear, coherent explanation for the volunteer's current situation and needs based on your assessment and professional judgement. (This is how you think about the volunteer, what you **do** belongs under the service plan.)
- VI. Initial Service Plan:** Briefly describe your recommendations / plans for treatment. This should be clearly connected to the diagnostic statement / case conceptualization and will include counseling objectives (focus of treatment), and counseling approach (means that will be used to achieve the objectives – theoretical orientation, specific treatment techniques). Also note modality of services (individual, conjoint, family, group, play, etc.), frequency of sessions, and estimated duration of treatment.

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Session Note

Volunteer Name: _____

Service Date: _____

Counselor Name: _____

Session #: _____

Subjective:

Objective:

Assessment:

Plan:

Next Session: _____

Counselor Signature

Date

Supervisor Signature

Date

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Austin Peay State University

Clement Building, Room 307
P.O. Box 4537
Clarksville, TN 37042
(931) 221-6454

Contact Note

Volunteer Name: _____ Contact Date: _____

Contact with: _____

Relationship to Volunteer: _____

Summary of Contact:

Counselor Signature

Date

Supervisor Signature

Date

Service-Plan

Volunteer Name: _____

Counselor Name: _____ **Date:** _____

Initial Service Plan **Service Plan Review**

Volunteer Strengths / Resources (external sources of support that can contribute to your success in accomplishing your treatment goal):

Service Goals: Note whether goals are new or ongoing. If this is a Service-Plan Review, indicate progress toward goal achievement since the last review (where 0 = no progress, 1 = little progress, 2 = some progress, 3 = much progress, 4 = outcome achieved), and note whether goal will remain a clinical goal for the next 30 days. Write "N/A" in any blank space.

1. Desired Outcome:

2. Desired Outcome:

3. Desired Outcome:

► **Next Review Date (no more than 30 days from today's date):** _____

Volunteer Signature

Date

Counselor Signature

Date

Supervisor Signature

Date

Closing/Transfer Summary

Closing **Transfer To:**

Volunteer Name: _____

Counselor Name: _____ **Date:** _____

Service Summary:

First Appointment:

Cancellations:

Last Appointment:

No-Shows:

Total Sessions Attended:

Initial Presenting Concerns:

Initial Goals:

Progress on Goals:

Factors Enhancing Positive Outcomes:

Barriers to Positive Outcomes:

Reason for Service Termination:

Ongoing Concerns / Future Recommendations:

Counselor Signature

Date

Supervisor Signature

Date

Counselor-In-Training Evaluation Form

Please rate the following aspects of your counseling experience by checking the box that best represents how you feel about **your experience**.

Counselor Name: _____

1. I felt confident that what I said was confidential

Strongly Disagree Somewhat Disagree Unsure Somewhat Agree Strongly Agree

2. My counselor-in-training listened carefully to what I was saying.

Strongly Disagree Somewhat Disagree Unsure Somewhat Agree Strongly Agree

3. My counselor-in-training understood my concerns.

Strongly Disagree Somewhat Disagree Unsure Somewhat Agree Strongly Agree

4. My counselor's responses were helpful to me.

Strongly Disagree Somewhat Disagree Unsure Somewhat Agree Strongly Agree

5. Overall, this counseling experience was a positive experience for me.

Strongly Disagree Somewhat Disagree Unsure Somewhat Agree Strongly Agree

6. In general, I would rate my counselor-in-training as:

Not Helpful Moderately Helpful Extremely Helpful

7. I would recommend this experience to others like me.

Strongly Disagree Somewhat Disagree Unsure Somewhat Agree Strongly Agree

8. What kinds of things about your counseling experience did you find particularly helpful?

9. What kinds of things about your counseling experience did you not find helpful?

10. What did you like about your counselor-in-training?

11. What did you not like about your counselor-in-training?

12. What one thing stood out from your sessions with your counselor-in-training? What might you remember after your sessions are over?

Is there anything else you would like to share? Please write additional comments below. Thank you!

M.S. in Counseling
Counseling Lab
Austin Peay State University

Date:

Dear _____,

According to my records, you missed our scheduled appointment on _____ at _____, and I haven't heard from you. Since I have been unable to reach you by phone or email, I wanted to let you know that I will not be able to hold your time slot open unless you call me right away to schedule a new appointment. You may have decided that you are done with sessions for the time being, or things are just very busy for you right now. If either of these are true for you, please call to let me know so that I can close your file. If I haven't heard from you by _____, I will go ahead and close your file to keep our records up to date. If at some point in the future, you decide that you want to return to counseling, you can contact Student Counseling Services at (931) 221-6162.

As always, feel free to contact me if you have any questions.

Respectfully,

Counselor-in Training

Clinical Supervisor

Community Resources:

ASPU Student Counseling Center: (931) 221-6162
Crisis Intervention Center: (931) 648-1000
Suicide & Crisis Lifeline: 988
Crisis Hotline: 844-CRISIS-1 (855-274-7471)
Nashville Sexual Assault Center: (615) 259-9055
National Sexual Assault Hotline: (800) 656-4673
Matthew Walker Health Center: (931) 920-5000
The Ross Behavioral Group: (615) 338-6341
Centerstone Clarksville: (931) 920-7200

Distressed Volunteer Protocol

In the event that you are providing services to a volunteer whom you believe needs additional counseling services, please refer to the following protocol to ensure volunteer safety and welfare:

1. Locate a counseling faculty member who is present on campus to jointly assess the needs of your client with you. These faculty members include: Coggins, Fripp, Gibson, Sandifer, and Toomey. Also, see the *Emergency Contacts List* included in the appendices.
2. In the event that further assessment with faculty results in the perceived need for further professional mental health treatment, the following options should be used:

- a. If immediate action is not warranted (no imminent risk or danger of harm to self or others), you may refer your client to the APSU Counseling Services office at:

Ard Building
931-221-6162
counselingservices@apsu.edu

- b. If it is determined that there is real and foreseeable danger of harm to self or others, a referral to a crisis assessment provider must be made to further evaluate necessary treatment measures. The Tennessee Department of Mental Health & Substance Abuse Services oversees all regional Mobile Crisis Services. This hotline is available 24 hours a day, 7 days a week. To be connected to a local Mobile Crisis Provider, please call the following number:

855-CRISIS-1 (855-274-7471)

3. In the event of real and foreseeable danger that could compromise your personal safety, your volunteer's safety, or the safety of the campus community, contact the APSU Police Department at 931-221-7786 or dial 911 for the Clarksville Police Department.
4. After ensuring volunteer safety and access to appropriate services, meet with a counseling faculty member and your faculty clinical supervisor to process any clinical concerns and ensure that necessary paperwork is completed in a comprehensive and timely manner. In this meeting, you may also assess for the need of additional volunteer follow-up.

Suicide Assessment Worksheet

Volunteer Name: _____

Date of Assessment: _____

Clinical Approach: Consider the past 12 months

Relevant Demographics:

Current Stressors:

Volunteer's Subjective Distress Level: High Moderate Low

Chronic Risk Factors: (-past trauma; -substance abuse history; -major health concerns; -self/family history of MH concerns; -prior suicide attempt; -self-harm behaviors; -prior MH hospitalization)

Note other chronic risk factors:

Acute Risk Factors: (IS PATH WARM)

- I – Ideation: any signs that volunteer is considering suicide; command hallucinations
- S – Substance Abuse: increased or excessive alcohol or drug use
- P – Purposelessness: no reason for living; no sense of purpose in life
- A – Anxiety & Agitation: anxiety, agitation, unable to sleep or excessive sleep
- T – Trapped: feeling like there's no way out; resistance to help
- H – Hopelessness: hopelessness about the future, about self
- W – Withdrawal: perceived sense of isolation; withdrawal from family, friends, society
- A – Anger: rage, uncontrolled anger toward self/others; seeking revenge
- R – Recklessness: level of impulsivity; acting reckless or engaging in risky activities
- M – Mood Change: dramatic mood changes (positive or negative)

Protective Factors: (-evidence of healthy coping skills; -optimism/future orientation; -supportive social network; -strong family connections; -cultural/faith beliefs supporting self-preservation; -restricted access to means)

Note other protective factors:

Volunteer's risk level based on Clinical Approach: High Moderate Low

Empirical Approach:

Volunteer's Suicidal Desire (does the volunteer have a desire to cease living?):

Suicidal Capability (is the volunteer capable of acting on the desire – including plan, means?):

Suicidal Intent: (does the volunteer have intention to act on the desire?):

Buffers / Social Connectedness (what might stop the person from acting?)

Volunteer's risk level based on Empirical Approach: High Moderate Low

Overall Risk Level: High Moderate Low

Counselor & Supervisor Initials: _____

Safety Plan

- Counselor, fill out two copies of the form with your volunteer (one to volunteer, one to file).

Volunteer Name: _____ Today's Date: _____

This plan is designed to help me keep myself and others around me safe. I know that life can be difficult sometimes, even for long periods of time. I also agree that life can get better, and this plan is to help me identify and plan to do things that will help me feel better.

Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing for me:

1. _____
2. _____
3. _____

Internal coping strategies- things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity, etc.):

1. _____
2. _____
3. _____

People and social settings that provide support or distraction:

1. _____
2. _____
3. _____

Family members or friends I can contact who may offer to help resolve a crisis (include phone numbers):

1. _____
2. _____
3. _____

Professionals or agencies I can contact during a crisis

1. _____
2. _____
3. Mobile Crisis Services: 855-CRISIS-1 (855-274-7471)
4. Suicide & Crisis Lifeline Phone: 988

Things I can do to make my environment safe:

1. _____
2. _____
3. _____

★ If at any time I don't feel I can keep myself safe, even with the above activities and people, I agree that a brief hospital stay will be the best way to make sure that I stay safe long enough to start feeling better. I can go to the hospital myself, have a friend or loved one take me, or call the police (911) and they will help me get to the hospital.

I will review this plan next week with my counselor, and each week after, making any necessary additions or changes, until we both feel that it's not necessary to continue reviewing it.

Volunteer Signature

Date

Counselor Signature

Date

Clinical File Audit Form

This must be completed when closing each your files prior to the last day of classes. Check boxes to indicate items are present, complete, and signed by necessary individuals (or mark as n/a if you don't have that item for this file). Include your initials in the last column to indicate that you checked each item in the file.

Item	Present	Complete	Signed			Initials
			Counselor	Supervisor	Volunteer	
Clinical File Audit Form						
Request for Services Form						
Intake Information						
Consent to Receive Services						
MSE Checklist						
Intake Summary						
Session Notes & Contact Notes *Be sure you have one for each session including your final session.						
Service Plans/Reviews (included chronologically with the notes)						
Closing/Transfer Summary						
Any other relevant documentation (safety plan, letter, etc.)						

Clinical Documentation Timeline

Below are listed the documentation tasks / items that should be completed during or after the session – before the next scheduled session

Session 1:

- Intake Information Form (emailed to volunteer prior to session or completed prior to or during session)
- Consent to Receive Services (reviewed and signed in session)
 - 2 complete copies, a signed copy for the file and a copy for the volunteer
- Mental Status Exam Checklist
- Session Note

Session 2:

- Session Note
- Intake Summary

Session 3:

- Service Plan
 - The service plan must be reviewed with the volunteer, and a new service plan form filled out every four weeks from the date of the original service plan
- Session Note

Each Subsequent Session:

- Session Note
 - For all sessions and no-shows
- Contact Note
 - One for each time you have contact with the volunteer outside of a session, or the volunteer calls and leaves a message for you (including cancelled or rescheduled sessions), and each time you have contact with someone other than the volunteer (as permitted by the Consent to Release of Information).

Final Session:

- Counselor Evaluation Form (optional; to be completed by volunteer)
- Session Note
- Closing or Transfer Summary
- Clinical File Audit Form

Clinical File Organization: Virtual File

Documents are listed as they should be saved in the virtual clinical file

Within your personal Counseling Lab OneDrive class folder, you will create a separate folder for each volunteer and name the folder using the volunteer initials or assign a volunteer number (etc. "Volunteer 1"). The documents for that volunteer will be saved within their clinical folder. Your notes from class and/or supervision will remain in your personal Counseling Lab OneDrive folder and will not be saved into a volunteer folder.

In order to support growth and revision, you may create a "Work Folder" in which you place documents awaiting supervisor review and signatures. Once you have a completed document, move the document to the appropriate volunteer folder.

Outside of client files:

Proof of Liability Insurance_ your last name

Counseling Lab Handbook Signature Form_ your last name

In each client file:

Request for Services (Volunteer Initials) – required for all volunteers who schedule an appointment

Consent to Receive Services (Volunteer Initials) – required for all volunteers who attend at least one session

Intake Information Form (Volunteer Initials) – required for all volunteers who attend at least one session

Mental Status Exam Checklist (Volunteer Initials) – required for all volunteers who attend at least one session

Intake Summary (Volunteer Initials) - required for all volunteers who attend at least one session

Session Note (Volunteer Initials, date of session) – required for all sessions scheduled with volunteers

(attended or no shows). Date should be written in the following format: MM.DD.YY

Contact Note (Volunteer Initials, date of contact) – required for all contacts with volunteers (phone or email).

Date should be written in the following format: MM.DD.YY

Service Plan (Volunteer Initials, date of session) – completed in the third session. Date should be written in the following format: MM.DD.YY

Closing Summary (Volunteer Initials) or Transfer Summary (Volunteer Initials) – required for all volunteers who attend at least one session.

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Clinical Supervision Record

Supervisee Name: _____ Service Date: _____

Supervisor Name: _____ Session #: _____

Check all Topics Discussed:

Duties & expectations	<input type="checkbox"/>	Comprehensive skills evaluation	<input type="checkbox"/>	Cases & assessment	<input type="checkbox"/>	Information & referral	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	Process recording	<input type="checkbox"/>	High risk issues	<input type="checkbox"/>	Evaluation issues	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	Decision making	<input type="checkbox"/>	Progress notes	<input type="checkbox"/>	Diversity issues	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	Problem solving	<input type="checkbox"/>	Goals & objectives	<input type="checkbox"/>	Ethical issues	<input type="checkbox"/>
School topics & deadlines	<input type="checkbox"/>	Initiative	<input type="checkbox"/>	Treatment planning	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	Crisis intervention	<input type="checkbox"/>		
Time management	<input type="checkbox"/>	Self-awareness	<input type="checkbox"/>	Practice/ Intervention skills	<input type="checkbox"/>		
Learning plan	<input type="checkbox"/>	Accountability	<input type="checkbox"/>	Specific EBP techniques	<input type="checkbox"/>		

Comments:

Note strengths demonstrated by peer supervisee:

Challenges:

Tasks to be completed by the next supervision session or date specified:

 Supervisor Signature

 Date

Weekly Supervisee Note

Supervisee Name: _____ **Service Date:** _____

Supervisor Name: _____ **Session #:** _____

What I did well this week:

1. _____
2. _____
3. _____

Things I would like to/need to work on:

1. _____
2. _____
3. _____

Things I have improved or learned:

1. _____
2. _____
3. _____

Goals for next week:

Questions or concerns for supervisor:

Supervisee Signature Date Supervisor Signature Date

Supervisory Working Alliance Inventory (SWAI)

(Efstation, Patton, & Kardash, 1990)

The SWAI is designed to measure the working alliance in supervision from both a supervisor and supervisee perspective. Higher scores are generally indicative of alliances that are more effective. The SWAI can be used as an ongoing repeated measure of the SWA.

Instructions: Indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisor (or how you would like to work with a supervisee). Estimate the frequency of occurrence within supervision on the seven-point scale from almost never to almost always

Scale:	1 almost never	2 rarely	3 occasionally	4 sometimes	5 often	6 very often	7 almost always
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Client focus	Circle most relevant						
1. I help my supervisee work within a specific treatment plan with his/her consumer.	1	2	3	4	5	6	7
2. I help my supervisee stay on track during our meetings.	1	2	3	4	5	6	7
3. My style is to carefully and systematically consider the material that my supervisee brings to supervision.	1	2	3	4	5	6	7
4. My supervisee works with me on specific goals in the supervisory session.	1	2	3	4	5	6	7
5. In supervision, I expect my supervisee to think about or reflect on my comments to him/her.	1	2	3	4	5	6	7
6. I teach my supervisee through direct suggestion.	1	2	3	4	5	6	7
7. In supervision, I place a high priority on our understanding the clients' perspective.	1	2	3	4	5	6	7
8. I encourage my supervisee to take time to understand what the client is saying and doing.	1	2	3	4	5	6	7
9. When correcting my supervisee's errors with a client, I offer alternate ways of intervening with that client.	1	2	3	4	5	6	7
10. I encourage my supervisee to formulate his/her own interventions with his/her client.	1	2	3	4	5	6	7
11. I encourage my supervisee to talk about their work in ways that are comfortable for him/her.	1	2	3	4	5	6	7

Rapport	Circle most relevant						
12. I welcome my supervisee's explanations about his/her client's behaviour.	1	2	3	4	5	6	7
13. During supervision, my supervisee talks more than I do.	1	2	3	4	5	6	7
14. I make an effort to understand my supervisee.	1	2	3	4	5	6	7
15. I am tactful when commenting about my supervisee's performance.	1	2	3	4	5	6	7
16. I facilitate my supervisee's talking in our session.	1	2	3	4	5	6	7
17. In supervision, my supervisee is more curious than anxious when discussing his/her difficulties with clients.	1	2	3	4	5	6	7
18. My supervisee appears to be comfortable working with me.	1	2	3	4	5	6	7

Identification	Circle most relevant						
19. My supervisee understands client behaviour and treatment technique similar to the way I do.	1	2	3	4	5	6	7
20. During supervision, my supervisee seems able to stand back and reflect on what I am saying to him/her.	1	2	3	4	5	6	7
21. I stay in tune with my supervisee during supervision.	1	2	3	4	5	6	7
22. My supervisee identifies with me in the way he/she thinks and talks about his/her clients.	1	2	3	4	5	6	7
23. My supervisee consistently implements suggestions made in supervision.	1	2	3	4	5	6	7

Scoring
Client focus: sum items 1 through 10, then divide by 10
Rapport: sum items 11 to 18, and then divide by 8
Identification: sum items 19 to 23, and then divide by 5
Higher scores are indicative of alliances that are more effective.
Norms derived from the Efstation and colleagues (1990) study for supervisor version; 5.48 for Client focus subscale, 5.97 for the Rapport subscale and 5.41 for the Identification subscale.

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Supervisor Evaluation Form

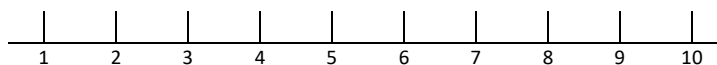
Supervisee Name: _____

Supervisor Name: _____

	Very Effective	Effective	Not Effective	Not Observed
1. Helps create a safe environment.				
2. Structures supervision sessions.				
3. Provides useful feedback.				
4. Encourages my active involvement				
5. Is available and accessible.				
6. Encourages questions.				
7. Helps me understand volunteer dynamics.				
8. Supports me.				
9. Challenges me to grow.				
10. Helps me look at my own issues.				
11. Provides helpful suggestions.				
12. Is flexible and open.				
13. Is fair and respectful.				
14. Helps me address ethical issues.				
15. Helps me with client documentation.				
16. Is multiculturally responsive.				
17. Invites self-reflection/evaluation.				
18. Seeks my ideas and input.				
19. Helps me consider my own theory.				

Adapted from Campbell, J. M. (2000). *Becoming an effective supervisor: A workbook*. Routledge/Taylor & Francis Books.

On a scale from 1-10 (1=very poor, 10 = excellent) circle the number that reflects your perception of this supervisor's work with you (their support of your clinical work and growth).



What did you find helpful about your supervisor?

What do you wish your supervisor had done differently?

Supervisee Signature

Date

Austin Peay State University
Dept. of Psychological Science and
Counseling
M.S. in Counseling Program

M.S. in Counseling

Counseling Lab

Austin Peay State University

Clement Building, Room 307
P.O. Box 4537
Clarksville, TN 37042
(931) 221-6454

Supervisee Evaluation Form

Supervisee Name: _____

Supervisor Name: _____

Part 1:

After reviewing your supervisee's practice sessions with volunteer client(s), use the following scale to rate their competence in these sessions and growth over the semester:

1 = inadequate

**2 = needs
improvement**

3 = satisfactory

4 = proficient

Skill	Rating	Notes
Opening: Opened and closed the session smoothly and effectively.		
Nonverbal Cues: Exhibited appropriate, effective use of body language, vocal tone, facial expressions, and eye contact to convey warmth, positive regard, and acceptance. Aware of client's nonverbal cues.		
Attending: Demonstrated interest, focused on the client, encouraged the client to speak through the use of verbal and nonverbal encouragers.		
Active Listening: Demonstrated the ability to follow the client with understanding in all aspects of communication.		
Reflection of Feelings: Demonstrated and communicated empathy by reflecting client emotions, explicit and implicit.		
Reflection Content: Demonstrated active listening via clarification, paraphrasing, and summarization.		
Probing/Questioning: Demonstrated the use of purposeful, open questions to keep the session on track and to encourage further communication and understanding of the client's world.		

<p>Use of Silence: Allowed appropriate silences and demonstrated the ability to tolerate silence during the session.</p>		
<p>Closing: Closed the session smoothly and set direction for the next session.</p>		
<p>Relationship Building: Demonstrated the ability to develop a working alliance and rapport with client</p>		
<p>Immediacy: Discussed directly and openly what is going on in the here and now between the client and counselor. Demonstrated appropriate self-disclosure regarding counselor-client relationship. Invited the client to discuss and work on the relationship in session.</p>		
<p>Case Conceptualization: Sophisticated analysis that coherently and succinctly relates how the client's presenting concerns developed and are maintained. Clearly tied to a counseling theory. Used theory and understanding of client to help direct counseling choices.</p>		
<p>Attendance: Attended supervision sessions consistently. Communicated in a timely manner regarding rescheduling, etc.</p>		
<p>Preparedness: Arrived to supervision prepared to discuss cases. This includes completed supervision and clinical documentation, review of video recorded sessions, meaningful questions and content, etc.</p>		
<p>Participation: Actively engaged in the supervision process by initiating discussions, providing meaningful feedback to peers, demonstrating an openness to feedback, etc.</p>		

Part 2:

1. Please identify your supervisee's areas of strength.
2. Please identify your supervisee's areas of needed growth.
3. Please include any additional information you would like to share regarding your supervisee.

Supervision Documentation Timeline

Below are listed the documentation tasks / items that should be completed during or after the session – before the next scheduled session

Prior to each session:

- Weekly Supervisee Note: (to facilitate counselor self-supervision and to focus supervision; completed by supervisee)

After each session:

- Clinical Supervision Record (one per supervisee; completed by supervisor)
- Supervisory Working Alliance Inventory (SWAI; completed by supervisee)

After final session:

- Supervisor Evaluation Form (completed by supervisee; submitted to COUN 5180 instructor)
- Supervisee Evaluation Form (completed by supervisor; submitted to COUN 5420 instructor)

Supervision File Organization: Virtual File

Documents are listed as they should be saved in the virtual supervision file

Within your personal Counseling Lab OneDrive class folder, you will create a folder for supervision. In this file you will include electronic copies of the Peer Supervision Notes for each of your supervisees each week.

Your notes from class and/or supervision of supervision will remain in your personal Counseling Lab OneDrive folder and will not be saved into a supervision folder.

Clinical Supervision Record (Supervisee Initials, date of contact) – required for all supervisees each week. Date should be written in the following format: MM.DD.YY

SWAI (Supervisee initials, date of contact) – required for all supervisees each week. Date should be written in the following format: MM.DD.YY

Instructions for Recording and Reviewing Videos – VALT

To begin recording:

1. Access the VALT system using the link valt.apsu.edu
2. Login using your APSU login credentials
3. On the home screen you will see the list of available rooms. Choose the room you will be using a click “Start Recording”
4. This will open a box for you to include information regarding your recording.
5. Label your recording using the following guidelines
 - a. Counseling Session:
 - Recording Name: Your last name and first initial (e.g. Coggins K)
 - Supervisor Name: your 2nd year peer supervisor (e.g. Ari Allen)
 - Instructor Name: your COUN 5420 instructor
 - Client Number: you can use a number or your volunteer’s initials to denote which volunteer is attending this session (DO NOT INCLUDE COMPLETE VOLUNTEER NAMES).
 - Session Number: the number of your session (first, second, etc.)
 - Type of Session: Individual
 - General Notes: can leave blank
 - b. Supervision Session:
 - Recording Name: Your last name and first initial (e.g. Coggins K)
 - Supervisor Name: your faculty supervisor (e.g. Dr. Coggins)
 - Instructor Name: your COUN 5180 instructor
 - Client Number: you can use a number or your supervisee’s initials to denote which supervisee is attending this session
 - Session Number: the number of your session (first, second, etc.)
 - Type of Session: Supervision
 - General Notes: can leave blank
 - c. Group Counseling Session:
 - Recording Name: Your last name and first initial (e.g. Coggins K)
 - Supervisor Name: can leave blank
 - Instructor Name: your COUN 5430 instructor
 - Client Number: can leave blank
 - Session Number: the number of your session (first, second, etc.)
 - Type of Session: Group
 - General Notes: can leave blank
6. Click “Start Recording”
7. The session is now recording. You can tell because the room is listed in red and shows the time count beside the room number.
8. Log out of the computer and go conduct your counseling session.

To end recording:

1. Access the VALT system using the link valt.apsu.edu
2. Login using your APSU login credentials

3. Choose the room you recorded in.
4. Press the “Stop” button.

To review video:

1. Access the VALT system using the link valt.apsu.edu
2. Login using your APSU login credentials.
3. Choose the “Review” tab along the left side of the screen.
4. Find the video you would like to review. You can search using any of the words included in the information box used to label the video (e.g. supervisor, counselor, instructor, etc.)
5. Click on the recording name of the video you would like to review.
6. The video should open and begin playing. You can use the buttons at the bottom of the video to play, pause, and skip through the video.
7. If you want to include a marker, click on the “Marker” button at the top of the video window. The marker will be placed at the spot of the video when you pressed the button.
8. Choose “add new marker”
9. Fill in the following information
 - Marker Name: title to help identify content of the marker
 - Skills Demonstrated: optional drop-down menu
 - Notes: Any notes you want regarding that point in the session
10. Markers can be used by counselors, supervisors, and/or instructors to help provide feedback, ask questions, or mark specific parts of the session. When you are in the list of videos you can see all of the markers included with any video in the list of recordings.

Instructions for Recording – APSU Zoom Account

Zoom:

1. Sign into the Zoom web portal using your APSU account at this link:
<https://apsu.edu/online/technology/zoom.php>
2. Start Zoom meeting as the host
3. Click the option to “Record”
4. If there is a menu, select “Record on this Computer” (*You must choose this option rather than “Record to the Cloud” for all volunteer sessions)
5. You will see a recording indicator in the top-left corner while recording is active.
6. After the meeting has ended, Zoom will convert the recording so you can access the files.
7. Once the conversion process is complete the folder containing the recording files will open.
8. By default, the audio/video file (MP4) will be named **Zoom_0.mp4**. The audio only file (M4A) is named **audio_only.m4a**,
9. Save the MP4 file in the following format “Your last name, Volunteer Initials, Session date”. For example: Coggins, Z.C., 01.28.21
10. Upload the MP4 file to your Counseling Lab OneDrive folder.
11. For more information and support see: <https://support.zoom.us/hc/en-us/articles/201362473-Local-recording>

Counseling Lab Referral List 2024

Site	Phone	Services Provided
*Autism Education & Therapy Center 941 Professional Park Drive Clarksville TN autismetc.org	(615) 376-0034	Client support for those on autism spectrum; familial support network for parents and caregivers
*APSU Counseling Services 524 College Street Clarksville, TN apsu.edu/health-and-counseling/counseling	(931) 221-6162	Individual and group counseling, outreach programs, emergency services
*Blanchfield Army Community Hospital (Fort Campbell) Behavioral Health 646 Joel Dr, Fort Campbell, TN 42223 blanchfield.amedd.army.mil/	(270) 798-4269	Adult Behavioral Health services to Duty service members who are assigned to non-tenant units at Fort Campbell
*Camelot Care 545 Mainstream Drive, Suite 110 Nashville, TN thecamelotdifference.com	(615) 678-6283	Intensive In-Home Services, foster care, outpatient therapy
*Centerstone 1820 Memorial Circle Clarksville, TN centerstone.org	(931) 920-7200	School-based therapy; outpatient services; mobile crisis
*Clarksville Therapy 1521 Dunbar Cave Road, Suite 2 Clarksville, TN	(931) 302-5007	Individual counseling, outpatient services
*Community Counseling Center 509 West 9 th Street Hopkinsville, KY communitycouns.org	(270) 886-1515	Inpatient facility for substance abuse at county jail; provides DUI and outpatient treatment support group; perpetrator only outpatient support group for domestic violence
*Connect Counseling 203 Harnett Ct. Clarksville, TN 37043	(931) 614-7397	Individual and group counseling, outpatient services
*Cumberland Hall Hospital 270 Walton Way Hopkinsville, KY cumberlandhallhospital.com	(270) 889-2101 (270) 886-1919	Provides psychoeducational groups, acute inpatient care for adults and adolescents, Outpatient and partial hospitalization for active duty service members
Emerald Therapy Center, LLC 3227 Coleman Rd Paducah, KY *also Murray, KY	(270) 534-5128	Non-profit and victim's advocacy; developed own addictions treatment program (PHP, IOP) Trauma and substance use
*Encompass 104 Center Pointe Drive Clarksville, TN 37040	(931) 494-8619	Substance Abuse Outpatient with co-occurring mental health

		-step below detox and inpatient; assist with placement
*Health Connect America 286 Clear Sky Ct, Clarksville, TN https://healthconnectamerica.com/	(931) 933-7200	We provide community-based, office-based, and home-based therapy, case management, medication management and counseling for children, adolescents, adults, and families.
*Imani Behavioral Health 933 Tracy Lane Suite D Clarksville, TN	(931) 542-6637	Veterans, children and families
*Insight Counseling Centers 516 Madison St, Clarksville, TN http://insightcounselingcenters.org/	(615) 383-2115	Psychotherapy to individuals, couples and families. Offers spiritually-integrative counseling approaches.
*Integrative Therapy Nashville 16 th Ave South, Nashville, TN 37212 melanie@integrativetherapynashville.com		Outpatient
*Jean Crowe Advocacy Center – Metro Office of Family Safety 100 James Robertson Parkway, Ste 114 Nashville, TN 49ashville.gov/Office-of-Family-Safety	(615) 862-4767	Victims of domestic violence, crisis counseling, court advocacy for victims, sexual assault, child abuse and elder abuse
*Living Free Therapy 129 Haven St., Suite B Hendersonville, TN 37075	(615) 589-5339	
*Matthew Walker Comprehensive Behavioral Health 230 Dover Road Clarksville, TN	(931) 920-5000	Comprehensive center serving immigrants, individuals with substance use, depression, anxiety but also provides healthcare services
*Matters of the Heart TN 129 Haven Street Suite A Hendersonville, TN mattersoftheheartcounseling.org	(615) 557-5500	Private practice servicing range of issues such as trauma, couples and families, spirituality etc.
*Mending Hearts 4305 Albion St, Nashville, TN https://mendingheartsinc.org/	(615) 385-1696	A residential recovery-oriented therapeutic community for women who are or are at risk of becoming homeless as a result of their addiction to drugs, alcohol or both.
*Pennyroyal Center – Genesis West Residential Program 209 Burley Avenue Hopkinsville, KY https://pennyroyalcenter.org/	(270) 886-5163	Drug court, outpatient, crisis, substance use (short term inpatient facility for dual diagnosis clients)
*Psychological Science and Counseling Clinic 510 College Street Clarksville, TN	(931) 221-6178	Psychological and behavioral health care for individuals, families, and groups Comprehensive psychological assessment services

clinicdirector@pscclinic.org		*sliding fee scale
*Restorelife Behavioral Health 128 North 2 nd Street, Suite 202 Clarksville, TN Restorelifebh.com	(615) 348-5806	Grief groups, individual counseling, couples and families
*The Refuge Center 103 Forrest Crossing Blvd. Suite 102 Franklin, TN 37064	(615) 591-5262	Group, adolescent, individual counseling covering a variety of issues; incorporates spirituality into practice
*Ross Center Behavioral Group 2295 Raleigh Court, Suite B Clarksville, TN http://www.rossbg.com/	(615) 338-6341	Individual therapy, premarital counseling, couples' therapy, family therapy, addiction therapy, personal development, and intensive outpatient.
*Serenity Counseling and Mediation Center 563 S. Water Ave., Suite E Gallatin, TN 37066	(615) 963-5611	
*Sexual Assault Center 101 French Landing Drive Nashville, TN www.sacenter.org	(615) 259-9055	Individual with children, adults as well as group for sexual assault survivors, rape survivors and non-offending caregivers and loved ones, trauma, play therapy, EMDR, animal assisted
*Soldiers and Families Embraced (SAFE) 1812 Haynes Street Clarksville, TN 37043 www.soldiersandfamiliesembraced.org	(931) 591-3241	Individual Counseling, Youth Counseling, and Couples Counseling for Active Duty, Active Duty Dependents, Veterans, Veteran Dependents.
*Steven A. Cohen 775 Weatherly Drive Clarksville, TN 37043 https://www.cohenveteransnetwork.org/	(931) 221-3860	Offers brief, client-centered therapy for a variety of mental health issues. Veterans and their families are eligible for low to no-cost, personalized, and evidence-based mental health care.
*Sunrise Counseling Services 3929 Lamar Drive, STE A Clarksville, TN 37040 2321 Rudophtown Road Clarksville, TN 37043 sunrisecounselingservices.org	(931) 494-6803	Therapists specialize in treating children, adolescents, adults, couples and families for a wide variety of presenting concerns
*Trauma Therapy Center 1521 Dunbar Cave Road, Suite 5 Clarksville, TN harrisprofessionalcounseling.com	(615) 541-4648	Private practice servicing range of issues to include emotion focused therapy, spirituality, provides services and training with the emotional brain limbic system; trauma
*Trinity Behavioral Health Services 151 B Hatcher Lane Clarksville, TN trinitybehavioral.com	(931) 563-0110 (931) 919-2641	Private practice specializing in diagnosing mental illness, working with children, adults, adolescents; provides individual, marriage and family therapy

