DEPARTMENT OF COUNSELOR EDUCATION AND SCHOOL PSYCHOLOGY

THE HELPING CENTER HANDBOOK & PROCEDURAL MANUAL

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Mission

The Helping Center is a training center for graduate-level students in the Counselor Education and School Psychology Department. Helping Center services are provided to campus and community clientele under the guidance of core departmental faculty and approved supervisors. The primary mission of The Helping Center is to train students to work effectively in a clinical/assessment based setting. A secondary mission is to conduct research and grant related initiatives. Finally, the Center maintains a tertiary mission of providing counseling and human development services to members of the campus and local communities. Services provided include counseling (e.g., individual, couple, family, child, and group), assessment (e.g., educational, cognitive, social, and emotional), supervision training, mentoring, career exploration, and wellness. Note, while The Helping Center has its own mission, it adheres to the mission, vision, and process of the Counselor Education and School Psychology Department.

The policies and procedures documented in this manual apply to all practica and experientially based courses utilizing The Helping Center for training and client services. It is expected that all faculty and students engaged in courses in which the Center is used be familiar with the information contained within this manual. Depending on the program of origin, all faculty and trainees must adhere to the American Association of Marriage and Family Therapy, American Counseling Association, and/or the American Psychological Association Ethical Standards and Code of Conduct while in The Helping Center.

Facilities

The Helping Center facilities include a waiting room area, Supervisory Hub, and six center rooms, which are equipped for digital recording, live monitoring, and live supervision of session. The waiting area includes a multipurpose printer and a work station for the Clinic Graduate Assistant (GA). In addition to being designed for supervision, each center room is also equipped to be a clinical workroom, furnished with state-of-the-art technology and computers, and one room serves as a classroom. An additional monitoring area within the Center is the Supervisory Hub. This is a digital recording control room, which has a unique supervision station assigned to every center room. The Helping Center utilizes digital technology in recording the sessions. Students will use a flash drive that holds, at minimum, 32 GB to store sessions. Students must keep all client materials within the clinical area, which will be supervised at all times. This means that flash drives and/or client flash drives are not permitted to leave the clinic area. Practicum instructors and clinic staff will facilitate the storage of flash drives on site. Client files are stored on flash drives in a locked cabinet in the Supervisory Hub. Step-by-step instructions for digital recording procedures are provided during clinic orientations and the first week of practicum, and will also be available in document form in the Supervisory Hub.

In room 316 (Supervisory Hub), there are six stations that include mac minis, monitors, flash drive ports, volume and camcorder controls, One Button, and headphones. These six stations are used for emergency/live supervision and instructional purposes only. The Supervisory Hub may not be used to review previously recorded sessions or write case notes. In addition, this area will be used for recording counseling, couples therapy school psychology sessions, and for group supervision classroom-teaching experiences (i.e., live supervision).
The primary purpose for all Helping Center rooms (i.e., 318, 319, 320, and 321) is to provide space for training and the delivery of services. In Helping Center rooms 318, 319, 320, 321, and 323 there are stations that include desktop computers, monitors, keyboards, mouse, and headphones. The purpose for these stations is to provide a confidential area, within the Center, to write confidential client documentation (e.g., case notes, treatment plans, intake, etc.). A second purpose is to view digital recordings with a supervisor (e.g., faculty member, teaching lecturer, or supervisor in training), and finally these computers allow students to view their sessions while writing their clinical documentation. In order to ensure client confidentiality, students are not allowed to write up clinical documentation, view videos, etc. outside of The Helping Center area. An exception to this rule will be in the form of school psychology scoring responsibilities (see section on school psychology). Further, The Helping Center is void of network connection and does not have internet access. A foundational ethical mandate is to protect confidential client information. All clinic rooms serve multiple purposes (i.e., counseling, supervision, assessment, etc.); however, rooms 311 and 323 are also used for teaching (323) and programmatic functioning (311).

Clients

Practicum clients are generated from a variety of resources, such as courses offered within Plymouth State University, PSU students seeking services, and the greater community. All practicum clients are screened by the Director, who then distributes the clients to appropriate practicum courses. Clients may enter counseling for course credit, seek services on their own, be professionally referred, or be associated with projects. Unless there is a crisis, trainees are never to have clients wait more than 5 minutes beyond their scheduled appointment time. Due to the importance of client care, trainees are not permitted to miss appointments. Trainees who do not show up for an appointment will be subject to suspension of clinical responsibilities and those who frequently miss appointments may fail practicum. In the event that a trainee needs to miss an appointment due to an emergency, the trainee is required to take quick action in notifying appropriate faculty members of the situation so alternative client care can be implemented.

Hours

The Helping Center hours vary, depending on the hours practica are conducted. Typically this includes daytime hours Monday through Thursday, and several evenings per week for skill and practica related courses. These hours are subject to change according to university scheduling, client needs, and supervisory availability. Appointments must be scheduled during regular office hours. Appointments are scheduled according to the university calendar.

The Helping Center does not have emergency or crisis services, 24-hour services, and is not open on weekends. The Helping Center is closed on posted university holidays, during the winter break, and during the weeks between the summer semester/term and the beginning of Fall Semester/term. There are limited services over the summer. Please make clients aware of the university schedule so they will understand these breaks in their treatment beforehand and plans can be made accordingly.
Definitions of Services Provided

The following are basic descriptions of services rendered at The Helping Center. Please look to professional literature for more advanced descriptions of these experiences.

Career Exploration

Career exploration is the process of learning about yourself and the world of work, identifying and exploring potentially satisfying occupations, and developing an effective strategy to realize your goals. The Helping Center works in collaboration with university personnel to provide effective career exploration to students.

Couples and Family Counseling

Couple and family therapy is “the diagnosis, evaluation, assessment, counseling, management and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems, through the professional application of marriage and family therapies and techniques” (http://codes.ohio.gov/orc/4757.01). Couples and families seek counseling to work on relationship issues. Common themes may include healthy communication, setting boundaries, establishing family rules and expectations, parenting, and grief issues.

Counseling

Counseling is defined as, “… a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (ACA, 2010). Individual counseling offered at The Helping Center assists people in exploring a variety of relationship and personal challenges. Clients may discuss topics such as low self-esteem, depression, anxiety, stress, sexual orientation, wellness and lifestyle improvement, grief, and family of origin concerns.

Group Counseling

Group counseling offers multiple perspectives, greater opportunities for feedback and support, and a setting to practice new behaviors and skills. Sharing ideas and developing coping strategies can be beneficial for people with similar concerns. Some groups that are offered consist of an open-ended format with the primary purpose being personal growth. Other groups have specific themes such as: depression, building self-esteem, and coping with anxiety.

Mentoring

Mentoring occurs in a variety of formats and trainees can help, train, and advise Helping Center clientele on variety of matters.

Psychoeducational Evaluation
Psychoeducational evaluations include intellectual, academic, social, emotional, and behavioral assessments. Individuals may be referred for an assessment of intelligence, learning disabilities, developmental disabilities, attentional difficulties and emotional or behavioral problems. Each assessment includes feedback and consultation with recommendations for action including treatment and/or referral to other professionals. Each client also receives a comprehensive written report.

**Supervision**

The Helping Center provides supervisor training for advanced helping professionals. Supervision is a service provided by a more senior member of a helping profession to a more junior member of that same profession. The goal of this training may be to provide a foundational training in supervision or to enhance a practitioners existing skillset.

**Wellness**

Wellness is “a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it [wellness] is the optimum state of health and well-being that each individual is capable of achieving” (Myers, Sweeney, & Witmer, 2000, p. 252). Center trainees provide wellness oriented services to clientele for a variety of purposes.

**Helping Center Personnel**

**Director**

The Helping Center Director, Dr. Stephen Flynn, is responsible for the overall management and enhancement of The Helping Center, including (but not limited to): center technology, clinical infrastructure, services rendered, and Helping Center personnel. Additionally, Dr. Flynn supervises and provides orientation/training to various individuals, including Clinic GAs, Center Personnel, faculty, staff and trainees. Dr. Flynn monitors the clinic for proper functioning and ethical adherence, which includes monitoring all trainee and client activity, creating the yearly clinic report, data collection and analysis, and clinical file maintenance/storage. Further, he serves as a critical incident reporter and director of clinic activities during emergencies. Dr. Flynn collaborates with PSU stakeholders on various clinic and university related activities, including generating client base for the counseling and couple and family practicum courses. Lastly, he ensures that the technology and clinic rooms/area are updated regularly.

**Assistant Director**

The Helping Center Assistant Director, Dr. Christina Flanders, supervises school psychology trainees in their assessment and evaluation of Helping Center Clientele. Additional responsibilities overseen by Dr. Flanders include: assisting with developing school psychology related procedures, technology assistance, coordinating psychoeducational evaluation services between PSU PASS Office and The Helping Center, data management (e.g., computerized record keeping), maintenance of The Assessment Library (e.g., overseeing assessment material checkout and return system and testing cabinet), and the development of additional services.
offered by school psychology trainees. A critical duty is generating client base for the school psychology related courses. Lastly, Dr. Flanders assists the Helping Center Director in producing an annual report dictating school psychological activities and services provided through the Center.

Supervisors

Helping Center supervisors are instructors related to various departmental courses. These supervisors are either core departmental faculty or teaching lecturers with expertise in the area in which they are supervising (e.g., licensed marriage and family therapists supervise couple and family trainees). The Director and Assistant Director provide macro oversight of all services offered at The Helping Center. The supervisor has ultimate responsibility for the services provided to the client, and assumes all legal and professional responsibility for the services provided, and must adhere to Helping Center policies as detailed in this manual. Supervisors will guide their trainees and provide relevant clinical training experiences, supervision, and critique of clinical documentation/evaluation. Helping Center approved supervisory methods include: weekly supervision, the walk-in, phone-ins, consultation breaks, reflection teams, reviewing digital recordings with peer supervisors/faculty, and individual/triad/group supervision meetings.

Professional counseling course supervisors provide oversight to every trainee in their course section. All counseling supervisors are approved by the counseling program core faculty and have experience and professional credentials related to their specialty area (e.g., school counseling, clinical mental health counseling, etc.). School psychology supervisors provide oversight to all evaluations and related activities trainees execute in their course. School psychology supervisors are approved by the school psychology program core faculty, and are either licensed, currently receiving supervision by a licensed psychologist, or are nationally/state certified school psychologists. Couple and family therapy course supervisors provide oversight to every trainee in their course section. All couple and family supervisors are approved by the couple and family therapy program core faculty and have experience and professional credentials related to the practice of couple and family therapy.

Graduate Assistant

The Helping Center will have graduate assistants to assist with the day-to-day operations. These individuals are generally students from the Counselor Education and School Psychology Department programs. They will provide office support, help with appointment scheduling, assist with record keeping, data collection, and any other duties needed to support The Helping Center Director and Assistant Director. A critical duty of these students is to assist the director and assistant director in developing a client base for the clinic.
Helping Center Policies

Confidentiality

Confidential information housed on trainee flash drives includes: confidential documentation, digital recordings from sessions, and other client specific materials that are required to be maintained at The Helping Center at all times. Client files are kept on pre-formatted flash drives and stored in the Supervisory Hub Cabinet that specifies the trainee’s course number. Following the completion of the course which requires client contact within The Helping Center, all documentation will be reviewed, edited, and approved by the trainees practicum instructor, organized, and handed into The Helping Center Director. With the exception of school psychology assessment protocols, confidential materials are not to be removed from The Helping Center.

Flash drives and material from client files are never to be discussed or shown to anyone other than a supervisor, instructor, or in class as directed by an instructor. Other trainees' digital recordings, client files, or live sessions are not to be observed or reviewed by peers unless it is specifically authorized for instructional purposes. Appropriate privacy measures, such as turning off computer screens once you are sure that digital recording is properly commencing, and using headphones when reviewing trainee sessions are to be routinely taken.

IMPORTANT: Failure to adhere to confidentiality measures may result in suspension of ability to utilize the Helping Center for training, failure of practicum, and/or dismissal from the program.

Waiting Room

Clients are provided a waiting room, in Samuel Read Hall Building 317, where they will be met by their trainee. Do not ever discuss client information in this room, or outside of supervision and The Helping Center rooms. If a client initiates discussion of private information in the waiting room, please guide them to a center room. Clients may not know rules of confidentiality, but you do, so please educate your clients and provide good modeling for others by respecting these limits. The waiting room has a multipurpose printer which will, at times, have confidential information faxed in. Please ensure this information is not lying in the printer tray. If you notice unattended information in the tray, please place it in the Fax Information Folder located in the second desk drawer of the Clinic GAs workstation.

A telephone is available for you to make brief contact with client(s) and is located in the waiting room. Never make confidential phone calls unless the waiting room is empty. If you need to make a phone call, and there is someone in the waiting room, ask the faculty on duty if you can use their phone, or schedule the phone call for a different time. Do not use this phone for personal business, or any other reason. Do not conduct sessions on this phone.
Avoidance of Multiple Relationships

All helping professionals utilizing The Helping Center have an ethical obligation to avoid conflicts of interest that could impair their objectivity, effectiveness, or result in harm. Multiple relationships occur when a trainee is in a professional role with a person and: (a) at the same time is in another role with that person; (b) is in a relationship with a relative of or close associate to that person, or (c) promises to enter into another relationship in the future with that person or close associate. If a potentially harmful multiple relationship arises, steps will be taken to immediately resolve it with regard to the best interests of the affected person and with the utmost compliance of the trainee’s ethical codes (e.g., ACA, AMHCA, ASCA, NASP, etc.)

Romantic or sexual relationships between a client and trainee are forbidden and are considered unlawful. Such relations would likely result in immediate dismissal from the professional training program, and could result in civil or possibly criminal charges. Similarly, it would be highly unethical for trainees to: (a) terminate services with a client to circumvent this guideline; (b) initiate romantic relationships with close relatives or friends of the client; or (c) provide services to individuals with whom they have had a previous romantic or sexual relationship.

Not all prior relationships demand that trainees withdraw from any potential Helping Center service, but trainees and staff should immediately inform their supervisor if they know a Helping Center client being discussed so that the potential for harm can be assessed and, if necessary, a plan will be formed to prevent harm. For example, a trainee could step outside the group practicum if a client who happens to be their neighbor is being discussed.

Another situation includes if the client or their family member wants to provide a gift to the trainee or Helping Center. The Helping Center does not accept substantive gifts from clients or their family members and does not take part in bartering. Any gifts or other such offers should be immediately discussed with a supervisor and responded to ethically.

At the conclusion of program practica, trainees cease having all contact with clients. If they are contacted by an ex-client, they explain this obligation making appropriate referrals and inform their supervisor of the contact.

There are essential ethical issues related to internship and practicum (e.g., confidentiality, competence, multiple relationships) that trainees must immediately take into consider. Trainees are required to explore ethical questions with their supervisors and/or The Helping Center Administration at any time. Moreover, you have an obligation to assist your peers using informal peer monitoring and resolution of potential ethical concerns where appropriate, and ultimately an obligation to report serious concerns to The Helping Center Director or Assistant Director.

Respect for Diversity

The Helping Center is committed to supporting prospective counselors, couples and family therapists and school psychologists to develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes,
beliefs, and values. We are committed to providing an inclusive and welcoming environment for all members of our community.

Consistent with this principle, supervisors and trainees do not discriminate on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, or socioeconomic status in the services provided in The Helping Center.

All assessments administered in The Helping Center by school psychology interns and practicum students have been reviewed and determined to be culturally appropriate for the populations they serve.

**Professionalism**

While it is difficult, and hopefully unnecessary, to define and elucidate all aspects of professional conduct, a few specific guidelines are offered:

- Trainees are not to discuss clients or practicum experiences in non-practicum setting. This would include hallways, other classes, restaurants, etc. Confidentiality must be maintained, and everything that is practicum-related is considered confidential. Violations of this guideline would constitute grounds for dismissal from the program.
- Keep voices low when near the center rooms. Sound carries, and may interfere with sessions in progress.
- Trainees are expected to dress professionally while in The Helping Center. Professional dress does not include jeans or sports attire. If you are unsure about what constitutes appropriate clothing, or how it affects the delivery of effective service, please discuss this with your supervisor or instructor.
- Make sure you contact your client **immediately** after getting the referral even if you cannot schedule the actual appointment for some time.
- Make sure the center room is tidy before and after your session. Turn off the lights, close the door, etc. In the event that a room has been left in disarray, find out who used the room by checking the room assignment sheet. Notify that person or the Director/Associate Director so that this behavior will not be repeated.
- Make sure there is a tissue boxes in the room, and that the clock works and has the correct time.
- Be sure your client knows your name, the number (603-535-2156), and email address of The Helping Center (**psu-helpingcenter@plymouth.edu**) to utilize if they need to cancel a session. Do not give out personal information.
- Sign up for Center rooms ahead of time. The four interior rooms (318, 319, 320, and 321) take scheduling priority.
- The Helping Center uses a 50-minute client session. Be conscientious in observing this time limit because in all likelihood, another trainee will have scheduled the room for the next hour.
- Be conscientious about the cleanliness of the waiting room. Pick up books and magazines. Throw away garbage. This is a public space and we all play a role in managing its professional appearance.
• The Supervisory Hub must be kept clean and orderly. Do not consume drink or food in this area.
• If you find that equipment needs repair, notify Helping Center Administration as soon as possible.
• Clients should be seen only during regularly scheduled hours.
• Clients may not be seen outside of The Helping Center
• Every client case must be conducted under supervision.
• If you are seeing clients, in any capacity, you must be enrolled in a practicum or an approved experiential course.
• The lock box code for The Helping Center Cabinet key changes on a routine basis and is entrusted to trainees and instructors. Trainees are never to give this code out or to speak of it outside of the confines of The Helping Center.

Professional Liability Insurance

In accordance with CESP Department Practicum policy, you will need to provide proof of liability insurance prior to working with clients. All trainees enrolled in Practicum, Internship, or another course in which they are seeing live clientele are provided with minimum liability coverage by Plymouth State University. However, in keeping with professional standards, all trainees must show evidence that they have their own professional liability insurance prior to being able to see clients. Insurance can be obtained by joining professional associations, specifically AAMFT, ACA, ASCA, AMHCA, and NASP, or purchased separately. Rates are quite reasonable and are typically included in student membership. Please see your program’s practicum handbook for specific information on professional liability insurance.

Client Assignment

Individuals volunteering to serve as clients fill out a Helping Request Form, which provides information for contacting them, and a schedule indicating the times during which they are available for meeting.

Clinic Procedures

Prior to working in The Helping Center, all students must attend a Helping Center Orientation and read the entire Clinic Manual and Procedural Manual. Documentation of the fulfillment of these requirements must be submitted to the Practicum Instructor prior to seeing live clientele. At the end of this manual is the signature form indicating that the trainee has read all of the procedures for The Helping Center. At the conclusion of The Helping Center orientation, names of students who have completed the orientation will be submitted to their respective instructors. The information in this section of the manual pertains to general Helping Center procedures. Please review program-specific sections (e.g., professional counseling, school psychology, and couples and family therapy) for procedures and policies specific to a particular major.

The Helping Center Client Flow
1. Clients will be attained through a variety of processes, including: Outreach via campus community presentations, client walk-in, university/greater community referral, course projects, and through formal arrangements made with particular entities and The Helping Center.

2. The Director and Assistant Director will screen every client for appropriateness of fit for the services offered (e.g., individual, couple, family, child, and group counseling, educational, cognitive, social, emotional assessments, mentoring, career exploration, and wellness).

3. Following this initial screening, all clients must fill in a **Helping Request Form**. **Helping Request Forms** will be sent to the Clinic Graduate Assistant who will enter the initial client data into a database.

4. The Helping Center Director and Associate Director will assign clients to the appropriate practicum section. This information will be kept in a plastic folder housed in the Clinic GAs desk.

5. Practicum instructors will pick up the client information forms and assign the clients to selected trainees in their section of practicum (this needs to happen on a weekly basis).

6. The trainee will make initial contact with their potential client from The Helping Center telephone. If their client is open to receiving services at The Helping Center, they will be scheduled for a mutually convenient time.

7. Information related to client scheduling (or lack thereof) will be communicated with the Clinic GA, practicum instructor, and Center Director. Clinic GA will make an initial email correspondence with clients regarding the nature of services and Helping Center policies. The Clinic GA will create a list of client information and indicate which trainee is providing services.

8. All previously disseminated **Helping Request Forms** will be re-collected by practicum instructors and handed in to the Clinic GA. These forms will be scanned by the Clinic GA and placed on the trainee’s flash drive. Original forms will be shredded by the Clinic GA.

9. All trainees will maintain a record of their upcoming appointment(s) in two locations. The first is the confidential clinic scheduling book. This book is kept in the Clinic GAs desk and never leaves The Helping Center. The second location is on the Room Reservation Sign-up Sheet. These sheets are located on each door of The Helping Center. Trainees should schedule (in pencil) for as many weeks in advance as possible and should frequently update the status of sessions via changing information on the Room Reservation Sign-up sheet or communication with Clinic GA.

10. The Clinic GA will collect information from the Room Reservation Sign-up Sheets, Client Information Forms, and Scheduling books on a weekly basis and enter data into multiple Microsoft Excel spreadsheets.

11. All missed appointments and trainee cancellations should be communicated directly to the Clinic GA. The Clinic GA will communicate any changes in appointment time to the client.

12. Following the termination of clientele, trainees must pick up and complete a **Clinic Client Information Form** from the Clinic GA. All **Client Information Forms** must be handed into the Clinic GA prior to the end of the term in order to receive a grade.
Client Communication

No correspondence may be sent out under the trainee's name. All communication (e.g., letters, email, etc.) must be signed by instructor and supervisor and sent in collaboration with Helping Center administration (e.g., Director, Assistant Director, and GA). If a client finds a trainee’s personal information and reaches out, trainees should avoid responding notify their supervisors immediately.

Messages

Sometimes it becomes necessary to communicate with clients via telephone and/or email message. Trainees are never to give out their home or work phone numbers or email addresses to clients or engage with clients on social media. Messages received for trainees will be communicated to students by our Clinic Staff or your course supervisor/instructor via email or telephone call. It is the trainee’s responsibility to check for email and telephone messages frequently. The department telephone number and email address will be provided to clients for the purposes of contacting you. Those phone numbers are (603) 535-2156 (The Helping Center) or (603) 535-3119 (Counselor Education and School Psychology Department). The Helping Center email address is psu-helpingcenter@plymouth.edu.

Communication Procedures

Keep the following points in mind as you prepare to telephone a client:

- Trainees should never utilize their own phone or give out personal information number/email address. The Helping Center has a phone designated to outside phone calls. Trainees are never to make contact or respond to clientele via personal communication (e.g., personal email address, cell phone, social media). If a client finds a trainee’s personal information and reaches out, trainees should avoid responding notify their supervisors immediately.
- With the exception of the initial phone call and approved reminder calls, trainees are never to call clientele. The majority of client communication comes through the Helping Center Administration via the Helping Center email address and telephone.
- As emerging professionals in a rigorous training program, trainees should demonstrate a sense of dignity during conversations with current and potential clientele. Trainees are considered paraprofessionals and have engaged in discipline related training. Further, they are providing a valuable service, so are encouraged to project confidence and professionalism during conversations with clientele.
- It is essential to vigorously guard client confidentiality. Trainees must ensure they are calling from a quiet unpopulated area, and be certain that passers-by will not overhear conversations.
The Initial Call

- Place the call. Ask to speak to the person you are trying to reach. Once you are speaking to this person, identify yourself—“I'm Jed Smith, a master's student in the counseling program, and I'm calling about your extra credit project in Dr. X’s class. I wanted to set up a time for the two of us to meet at the Helping Center.”
- If the prospective client is not available when you call, leave your name, say that you are calling from the Graduate School about his/her extra credit project in Dr. XYZ’s class, and say that you will call again. Ask if there is a best time to reach the person by phone.
- Do not indicate that you are calling from the Helping Center or that you are calling to set up a counseling/assessment session, as this behavior would constitute a breach of confidentiality.
- Familiarize yourself with the following information so that you may provide it to prospective clients over the telephone:
  - Directions to the university and the Helping Center
  - Information about parking
  - Procedure for canceling an appointment

Canceling Appointments

Clients are responsible for notifying The Helping Center if they must cancel or reschedule an appointment. As a matter of courtesy, we request that the client call (603) 535-2156 or email (psu-helpingcenter@plymouth.edu) at least 24 hours in advance and asks to leave a message for his/her particular trainee.

If a client cancels an appointment, they will communicate this with The Helping Center via the Center email address or phone number. The Helping Center GA will communicate this information to the trainee via email. If the trainee has an emergency and needs to cancel an appointment and reschedule, they will need to email or call The Helping Center as soon as possible and indicate whom the client is and when they are available to reschedule the appointment. Helping Center administration will contact the client and reschedule the appointment. Following this, the trainee will be communicated with regarding the new meeting time and location.

When a client does not show up for a scheduled appointment, the trainee should try to contact the client by phone within 24 hours. The no show and attempt to contact should be documented on the Contact Log in the client’s file, and any conversations with the client should be recorded on an Addendum to the case note. If the trainee does not hear back within 24 hours, they should make one or two more attempts to contact the client. If the trainee does not hear back from the client within a few days the trainee must communicate this with the Clinic GA and have them contact the client with the pre-formatted email asking the client if they plan to continue receiving
services. The Clinic GA will communicate client information to the trainee and his or her practicum instructor.

**Scheduling Rooms**

The Helping Center staff sends out reminder emails to clients the day prior to their scheduled meetings. Trainees are to write the client’s full first and last name in the scheduling book. The clinic scheduling book must be kept in The Helping Center at all times and must be returned to the Clinic GA’s desk after being used. Rooms are also reserved by filling out the forms on the desired room door. If you need to change your appointment please thoroughly erase your previously secured session. Trainees are never to erase someone else’s scheduled session.

When scheduling sessions, use the following letter indicating the nature of service:

- “I” Individual Counseling
- “CF” Couples and Family Therapy
- “G” Group Counseling
- “A” Educational, Emotional, Social, and Cognitive Assessment
- “S 1” Individual Supervision
- “S 2” Triadic Supervision
- “S 3” Group Supervision
- “D” Writing Clinical Documentation and viewing digital recordings
- “T” For any training that does not include working with live clientele (e.g., counseling skills)
- “CE” Career Exploration
- “W” Wellness
- “O” Other—Write out what you are doing

**The Helping Center Procedures for a Typical Session**

After the initial screening has been completed, trainees must follow these basic procedures:

1. Client requests to see a trainee for a session and the request form is submitted
2. Trainee sets up the first appointment and signs out room for appointment
3. Clinic GA sends appointment reminder with directions to The Helping Center
4. Clinic GA enters client information into appropriate databases
5. Client arrives and is sitting in the waiting room
6. Trainee or Clinic GA greets the client
7. Trainee sets up digital technology in the Supervisory Hub by performing the following procedures: attains lock box key, opens up cabinet, retrieves flash drive, locks cabinet, returns key to lock box, inserts flash drive into the port, turns on monitor, presses One Button, turns off monitor, and flips the in use tag from green to red
8. Trainee walks client to scheduled room
9. Trainee turns on white noise machine
10. During session, trainee remembers to use phone for assistance and/or remembers where on duty faculty member is located
11. Trainee schedules the next appointment with client
12. Following the session, trainee escorts client out of The Helping Center
13. Trainee enters Supervisory Hub and performs the following procedures: presses the One Button, removes flash drive, switches the red tag to the color green, opens the lock box, takes key and opens the cabinet, places flash drive into cabinet, locks cabinet, and locks lock box with key inside
14. Trainee schedules the next appointment on room door calendar, using their name, indicating the time they need the room, and for what purpose
15. Trainee turns off white noise machine

Procedures for a Typical First Session

The initial session will provide the foundation for conducting services with a client. During the initial session, information is exchanged, paperwork is completed, and if the client consents to treatment within the structure provided by the Center, the rudiments of a working relationship and an initial impression of issues or concerns is formed. During the initial session trainees will:

1. Explain your role in the context of your education level as a trainee, as well as that of your supervisor, and the nature of services offered (e.g., close monitoring, digital recording, supervision, issues appropriate for trainee level of preparation).
2. Explain the limits of confidentiality (e.g., suicide, homicide, child/elderly abuse and neglect, hazing, and gravely disabled as the result of a mental health disorder).
3. Briefly explain the way sessions will be structured, (e.g., 50 minutes, how cancellations are handled, etc.) and expectations for the treatment process.
4. Describe any potential drawbacks of counseling.
5. Present client with the written Consent for Services statement and obtain his or her signature. (If he/she chooses not to seek services from this setting, be prepared to provide a referral).
6. If consent is given, excuse yourself from the room and enter the Supervisory Hub to turn on the digital recording equipment.
7. Complete the history/intake form.
8. Establish the normal meeting time for the course of treatment.

Note Taking and Supervisory Procedures

All trainees will receive three forms of supervision. Course supervisors (i.e., instructors) will meet with all trainees for weekly group supervision lasting approximately 3 hours and 45 minutes. During this time, trainees must present their completed case notes for the week and prepare a recent session recording to review with professor and peers. The second form of supervision occurs during the actual session via on duty professor who will assist the trainee when called upon. This form of supervision can occur if the trainee is feeling limited in their ability to help a client, if there is an emergency (e.g., suicidal ideation, child abuse and neglect), and if the trainee or practicum instructor has requested this level of supervision. In addition, certain courses may require live supervision, during the course students will meet in the Supervisory Hub with their practicum instructor and observe or provide peer supervision to other
trainees in the course. A third form of supervision is in the form of individuals (i.e., trainee and supervisor) and triadic supervision (i.e., 2 trainees and supervisor). Trainees will sign out a Helping Center Room and meet with their supervisor for supervision. During this session, the supervisor and trainee will review digitally recorded sessions, stopping the digital recording for supervisory feedback.

Every trainee will be assigned a pre-formatted flash drive that they are responsible for maintaining. The flash drive will never leave the confines of The Helping Center. On the flash drive will be folders with course names (e.g., Practicum) and within each course folder will be the appropriate documentation for that course. All trainees will create separate client folders, outside of the course documentation folder, that will be identified by client initials. All documentation related to the client will be placed in their respective folder. All documentation must be in chronological order based on the appropriate session. The sequence of paper work for all programs, with the exception of school psychology, includes: (1) record, (2) informed consent, (3) plan, (4) all progress notes in chronological order, and (5) the following forms on an as needed basis: release of information, group progress note (in chronological order), suicide risk checklist, consultation form, etc. All client documentation must be assessed, edited, approved, and signed/dated by the course supervisor. At the end of term, all completed and approved case files will be turned in to their course supervisors. Course supervisors will hand in all completed case files to The Helping Center Director in a digital format.

Making Referrals

The Helping Center is not prepared to serve all clients. Some clients are referred to agencies or on campus resources that are more appropriate to their needs. Most such referrals are made during the initial screening or the History/Intake session. At times, however, the client's need for other treatment does not become apparent until after treatment is well under way. If a trainee suspects that his or her client requires services other than those provided by the Center, they are to discuss this with their supervisor/instructor. Instructors will help trainees to assess the client's needs and to decide whether this Center is the most appropriate source of service. Appropriate referrals are an important part of quality service. Supervisors and instructors will help trainees to identify possible referral sites which best meet client's needs. Trainees may then present the client with the possible referral sites, and ask the client to select the facility that is most satisfactory to him or her. Trainees are to record any referrals in the case notes, and document the client's responses regarding the referral. For example, that he/she will call for an appointment and will notify the trainee that the appointment has been scheduled.

Request/Release of Information

Client information is never requested or released without the client's specific written consent and the referral form signed. Copies of these forms must be retained in the client's file. In the case of minor clients, a parent or guardian may authorize such action. An exception to this rule may be made when it is suspected that the client may be in danger of harming self, others, hazing, or in cases of child/elderly abuse/neglect. The decision to make an exception may only be made through consultation with supervisors or instructors. Clients are advised of these limits to
confidentiality during the intake interview. Clients who are at risk of harm to self/others are not appropriate for this setting and must be referred to a more appropriate setting.

**Emergency Procedures**

The Helping Center at the Plymouth State University is committed to providing for the safety, security, and welfare of the entire clinic area and campus community. Client emergencies rarely occur in The Helping Center. Sometimes, however, clients do experience serious crises and may require immediate specialized intervention. If, during a counseling session, you feel that this may be the case, ask specific questions to determine the nature of the crisis. *If the client is suicidal or otherwise in crisis, immediately obtain consultation from your supervisor, faculty on clinic duty, clinic staff (GAs), the Clinic Director, Dr. Stephen Flynn, is on site or contact Plymouth State University Police Department (603-535-2330).* Inform the client that you are very concerned about what you are hearing or seeing, and that you would like some assistance with providing the best care for him or her. Below are basic points to consider when working with individuals in crisis. Please see Appendix A for more in-depth instructions.

**Suicide**

If the client is suicidal, immediately obtain consultation from your supervisor, faculty on clinic duty, clinic staff (GAs), or see if Dr. Flynn is on site. The following action steps should be considered: (1) In collaboration with a faculty member or Center staff, assess the degree of risk, (2) inform the client that you are very concerned about what you are hearing or seeing, (3) obtain both verbal and written contract for safety if possible, (4) if the situation is determined to be serious and potentially harmful to your clients, you will need to call Plymouth State University Police Department (603-535-2330), Counseling and Human Relations Center (CHRC) at (603-535-2461), and the PSU Dean of Students (603-535-2206), (5) if the situation is not believed to be lethal, an alternative plan will need to be developed in collaboration with the CHRC and informing them of the situation and referring the student to a CHRC clinician, (6) finally, you will be responsible for developing an effective aftercare plan in collaboration with your instructor and clinic director.

**The National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or http://www.suicidepreventionlifeline.org**

This resource is for any student who wishes to talk with someone in a completely confidential manner either online or via telephone.

**Homicide**

If the client is homicidal, immediately obtain consultation from your supervisor, faculty on clinic duty, clinic staff (GAs), or see if Dr. Flynn is on site. The following action steps should be considered: (1) In collaboration with a faculty member or Center staff, assess the degree of risk, (2) inform the client that you are very concerned about what you are hearing or seeing, (3) activate a plan to protect the threatened party, (4) make contact with the threatened party and inform them of the situation, (5) if the situation is determined to be potentially lethal you will
need to call Plymouth State University Police Department (603-535-2330), Counseling and Human Relations Center (603-535-2461), the PSU Dean of Students (603-535-2206), and, if the intended victim is a minor, New Hampshire Department of Health and Human Services (603-271-6562), (6) finally, you will be responsible for developing an effective aftercare plan in collaboration with your instructor and clinic director.

**Child/Elderly Abuse & Neglect**

If the client mentions abusing a child/elderly person physically, emotionally, and/or sexually or there is evidence of child/elderly neglect you have a legal obligation to respond. If the client had admitted to child/elderly abuse or neglect, immediately obtain consultation from your supervisor, faculty on clinic duty, clinic staff (GAs), or see if Dr. Flynn is on site. The following action steps should be considered: (1) In collaboration with a faculty member or Center staff, assess the degree of abuse and/or neglect, (2) Inform the client that you are a mandated reporter for child/elderly abuse and neglect in the state of New Hampshire and need to inform third party to protect child/elderly person, (3) activate a plan to protect the threatened party (if necessary), (4) Call Plymouth State University Police Department (603-535-2330), Counseling and Human Relations Center (603-535-2461), the PSU Dean of Students (603-535-2206), and/or New Hampshire Division of Children, Youth, and Families (603-271-6562), (5) finally, you will be responsible for developing an effective aftercare plan in collaboration with your instructor, DCYF, and clinic director.

**Child Abuse Reporting**

Child abuse is defined as an act or omission that threatens the health or welfare of a child in one of the following ways:

- **Physical Abuse** - Any non-accidental injury to a child by a parent or caretaker that results in bruises, cuts, burns, bone breaks, or death.
- **Sexual Abuse** - Any sexual activity between an adult and a child, including sexual assault, pornographic images, exploitation, or prostitution.
- **Emotional Abuse** - Language or treatment used by a caretaker to make a child feel threatened, unwanted or unloved.
- **Physical Neglect** - Failure to provide adequate food, clothing, shelter, medical care, or supervision for a child. Counselors-, school psychologists-, and marriage and family therapists-in-training are mandated reporters of suspected child abuse and/or neglect.

The following procedures should be followed when trainees make a determination that a parent/caretaker being seen in therapy is abusing and neglecting/has abused neglected a child. If a trainee has made a determination that there is abuse and/neglect, but the child in question is not in immediate danger (i.e., if you believe the child will be safe if they are to go home with his or her parents/caretakers), a report of the suspicion must be made via telephone by the next business day after learning of the possible abuse. The number to call to make a report is (603) 271-6562. A caseworker will document your call, and New Hampshire Division of Children, Youth, and Families (DCYF) will determine whether to proceed with an investigation. All reports of child abuse made via telephone must be followed by a written report of the call. The person placing
the call must fill out and send to DCYF a form documenting the report (see child abuse reporting form in the clinic manual or request from the clinic director). The written report is used for documentation purposes only. Therefore, it is important that new information not be included in this form. Any new information that is learned subsequent to the initial report must be communicated via a telephone call to the DCYF. If a practicum student is unsure of whether information received in a therapy session warrants a child abuse report, he or she must consult with (a) the faculty on duty (b) the clinic staff or (c) the Counseling and Human Relations Center Staff (603-535-2461). If no other resources are available, the student may call DCYF at (603-271-6562) to discuss the situation. In rare cases, a report of abuse is so grave that a student may believe that a child to is in immediate danger of harm and should not have further contact with parents/caregivers. In such cases, students should consult with faculty, clinic administration, and/or the Counseling and Human Relations Center. The result ought to be calling law enforcement and reporting their concerns. Law enforcement officials will respond and determine whether to place the child in protective custody. If that occurs, the child will immediately be removed from the parent/caretaker and be placed in the custody of DCYF pending an investigation of the report.

**PSU Counseling and Human Relations Center:** (603-535-2461) (on campus dial 5-2461). During most crises, Center administration, faculty member on clinic duty, or supervisor will assist you by walking the student to the CHRC where they will help serve the student in the most appropriate manner.

**Plymouth State University Police Department:** (603-535-2330) (on campus dial 5-2330). The Plymouth State University Police Department assists in creating and maintaining a safe, comfortable environment for the campus community and surrounding areas. During severe crises, the PSU Police Department will likely be notified.

**Practicum in Counseling/Couple and Family Therapy**

Students in the school counseling program must complete a minimum of 40 client contact hours (a minimum of 10 hours in The Helping Center with the remaining hours to be accumulated in the school setting) with the ratio of total hours to be completed between the Center and school sites determined through pre-agreement with the instructor. Students enrolled in the clinical mental health counseling and couples and family therapy major are required to complete a minimum of 40 direct client contact hours for practicum. A majority of these hours will be conducted in The Helping Center; however, other potential places to conduct direct client contact may present themselves in a given term. The practicum instructor in collaboration with The Helping Center Director will determine the amount of on-site and field based client contact.

**Evaluation Tools**

The counseling skills, practicum in counseling/CFT, and internship and seminar in clinical mental health counseling/CFT courses have an evaluation tool that is used as the primary grading method. While individual instructors of these courses have academic freedom regarding how their course is taught, all instructors have agreed to the use the specific evaluation tool within their program. The Counselor Education and School Psychology Department views these
evaluation tools in a developmental way. Specifically, the internship evaluation builds upon the practicum evaluation, which builds on the counseling skills evaluation. Trainees will see consistent grading criteria as they move from counseling skills to practicum and finally to internship. In addition, the grading criteria within the evaluation tools are provided before the beginning of these courses to ensure that the trainee is aware of what will be evaluated. It is the trainee’s responsibility to investigate their understanding of the evaluation tool further if needed with faculty and/or supervisor.

**The Comprehensive Counseling Skills Rubric**

All trainees enrolled in the couples and family therapy, school psychology, and counseling majors will receive an evaluation rubric entitled The Comprehensive Counseling Skills Rubric (CCSR), indicating their effectiveness in executing the various skills. The CCSR takes into account both the numerical score and an overall analysis of counseling skills. It considers strengths, emerging skills and skills that have yet to be demonstrated. Thus, it will be viewed both qualitatively and quantitatively to determine the successful completion of the course. In general, if a student receives a rating of Poor (i.e., average of 1) for any dimension (e.g., invitational skills) they will likely have to redo the course. If a student receives a total score (all dimensions combined) of 6 or less on the evaluation rubric they will likely have to redo the course. In some cases, where appropriate, a plan of remediation will be developed to address skills that are essential to the counseling process and required to pass the course.

**School Psychology**

**Resources and Guidelines on Ethics and Professional Issues**

Ethical competence is a foundational area on which the applied profession of school psychology is built. School Psychologists and school psychology trainees uphold foundational ethical principles in their professional work with clients. These include respecting the dignity and rights of all persons, professional competence and responsibility, honesty and integrity in professional relationships, and responsibility to schools, families, communities, the profession, and society. School psychologists are sensitive and responsive to issues related to cultural differences and how they might affect their work. All school psychology students who work in The Helping Center should be thoroughly familiar with and abide by the National Association of School Psychologists’ Principles for Professional Ethics (NASP, 2010).

There may be times ethical issues or principles related to internship and practicum (e.g., confidentiality, competence, multiple relationships) that school psychology trainees must immediately appreciate. Trainees are invited to explore ethical questions with their supervisors and/or The Helping Center Assistant Director at any time. Moreover, trainees have an obligation to assist peers using informal peer monitoring and resolution of potential ethical concerns where appropriate, and ultimately an obligation to report serious concerns to The Helping Center Director or Assistant Director.
Consistent with this principle, trainers and trainees do not discriminate on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, or socioeconomic status in the services provided in The Helping Center.

All assessments administered in The Helping Center by school psychology interns and practicum students have been reviewed and determined to be culturally appropriate for the populations they serve.

**Internship and Practicum Supervision**

All school psychology interns, per NASP internship guidelines, will be provided with at least two hours of weekly face-to-face supervision while working in The Helping Center. Practicum students will receive a minimum of one hour of face-to-face supervision per week. Trainees will work with their supervisors to determine the test instruments to administer and also with subsequent test analysis, interpretation, and recommendations.

**Evidence-Based Practice**

The overarching goal of internship and practicum training is to provide training in general and specific school psychology competencies (NASP Practice Model, 2010). Within this model, there is a strong emphasis on evidence-based practices.
Procedures Specific to the School Psychology Program

Supervision

Helping Center supervisors are licensed psychologists, being supervised by a licensed psychologist, are nationally certified school psychologists, and/or are New Hampshire state certified school psychologists. Internship and practicum supervision must meet the needs of students and maintain ethical and professional practice standards through NASP and APA.

The exact amount of time devoted to internship and practicum trainees may vary somewhat across faculty supervisors, due to such factors as different services, number and developmental level of student trainees, etc. Each student must be supervised at the level needed to provide acceptable, professional services to clients. The minimum standards of supervision, previously explained, will be one hour for practicum student trainees and two hours for internship students.

Supervisors inform trainees of the goals and objectives of their practicum experience, requirements for the practicum and how they will be evaluated. Practicum activities may involve didactic presentations and readings as well as experiential learning methods and review of
assessment instruments; however, reasonable emphasis should be given to actual clinical work with clients.

Supervisors and trainees should be aware that supervising faculty are ultimately responsible for the delivery of services, and assume professional and legal responsibilities for the student trainees working with clients. Student trainees are required to follow their supervisor’s directives. If a student has a problem over the conduct of a case with a particular supervisor which cannot be resolved with the supervisor, it should be discussed with The Helping Center Assistant Director or Program Coordinator (i.e., Coordinator of School Psychology Program).

Faculty supervisors will complete internship and practicum student evaluations for the course which will evaluate student progress and address any competencies that require additional support.

**Internship and Practicum Expectations, Competencies, & Evaluation**

As indicated earlier, one of the mission priorities of The Helping Center’s is directly tied to internship and practicum training for graduate students enrolled in the School Psychology program. Student trainees working within The Helping Center must be formally enrolled in internship or practicum. Training within the program is designed to be sequential, cumulative and graded in complexity so as to prepare students for further organized training during their internship year. Faculty supervisors work with trainees on developmentally appropriate goals and assignments as they increasingly develop their competencies with administration, analysis and assessment interpretation, academic and social skills interventions, and subsequent evidence-based recommendations. Trainees will develop these skills gradually and will require less direct supervision as competencies further develop.

It is difficult to specify exactly the number of direct hours or cases required for each internship/practicum hour as this may vary based on the trainee skill level and availability of clients requiring services. Additionally, trainees differ in how long it might take them to write up psychoeducational reports. Internship and practicum hours may be counted in the following ways: direct service hours, attendance at group internship or practicum meetings, individual supervision, conducting psychoeducational evaluations (i.e., administration, scoring, report writing), observing or reviewing video of test administration sessions, assisting colleagues, reviewing and learning new assessment instruments, and writing client file notes.

**Evaluations of Competencies**

All internship and practicum students earning credits must maintain logs documenting their hours and activities. These are submitted weekly to their course supervisor and will record their Helping Center experiences for their student file and future certification requirements.

In addition to keeping track of daily activities related to their school psychology internship and practicum training, graduate student performance is also evaluated each semester by the course supervisor. The internship and practicum evaluations, which can be found in the school psychology program handbook, include the competencies outlined in the NASP Model for
Services Provided by School Psychologists (NASP Practice Model, 2010), as well as the Counselor Education and School Psychology Department Student Monitoring Form. Students should be familiar with these forms which may be useful for self-evaluation. Each student is required to review his/her evaluation and student monitoring form with their supervisor at the end of each semester. The purpose is to formally and explicitly highlight strengths and specify areas for future development. This evaluation may also be used to target areas in need of improvement and in the design of a remediation plan if there is a need for formal remediation. All internship and practicum evaluations become part of the student’s program file.

**Process to Respond to Requests for Information**

The PSU PASS Office will be forwarded all psychoeducational evaluation reports for the client after appropriate authorizations are completed. All other requests for release of information will need authorization from the client and release from the Assistant Director or supervising school psychologist. A note will also be placed in the client’s file with the appropriate release form, who requested the report, for what reason the report was requested, and signature of supervisor sending the report.

Additional copies of the psychoeducational evaluation report may be requested by the client and could require additional printing fees. The client must produce photo identification at the time the report is released by the supervisor or Assistant Director.

**Report Preparation and Computers**

Currently, The Helping Center has two computers that school psychology interns and practicum student trainees may use for assessment scoring and word processing. Students will type their own reports in the format previously described. No reports or other confidential information should be saved on PSU Helping Center computer hard drives.

Confidential information on the thumb drive should be deleted or de-identified upon faculty approval of the report, and the client is no longer receiving services. Computer thumb drives with client information should not be used for other purposes and must NOT leave The Helping Center for any reason. This is an important ethical issue. Violation of this administrative rule may result in removal from internship/practicum and disciplinary action. When entering client data into computerized test software, (e.g., KTEA-3, WAIS-IV Scoring), log in using your own special user name and always use the client code and not the client’s name.

**Records Retention**

As The Helping Center has recently opened, it may seem irrelevant to discuss records retention. However, this is addressed here so student trainees know the NASP/APA Guidelines and can answer any related client questions that may come up. The Helping Center’s records retention policy is consistent with the NASP/APA Guidelines and university policies. Client records will be confidentially maintained and destroyed seven years from the date of closing, given the patient is three years older than the age of majority (i.e. age 21). Records from minors are maintained the full seven years and past age 21 as indicated by closing date. It is the position of...
The Helping Center that older records are so outdated as to pose a risk of harmful interpretation greater than any potential use.

**Assessment Library and Online Scoring**

School psychology interns and practicum students will have access to a number of psychological and psychoeducational resources for assessment use and training purposes which are located in the Assessment Library in Samuel Read Hall Building. Please see the responsible Counselor Education and School Psychology GA for access to these materials. Students are required to sign the form located in the School Psychology Handbook.

**Helping Center Approved Documentation**

**Mandatory Documentation for All Clientele**

**Helping Center Request Form.** This is a form that all university based clientele must fill out. This provides important information related to presenting issues, client demographic information, and preferable time for treatment.

**Request for Services and Statement of Confidentiality.** This is our informed consent contract with the client, which describes policies, procedures, and the nature of the services provided by the Center. The client must sign the Consent for Services Statement during the early part of the initial session, prior to turning on the videotape equipment.

**Client Engagement Record.** This form provides information on dates and times the client was here for services.

**Client Information Form.** All trainees must fill out this document upon the completion of treatment. This form is essential for the effective functioning of the center as it provides a direct information related to client experiences in The Helping Center.

**My Plan for Choosing Life Contract.** This form is needed if there is a suicide risk. This contract is filled out to ensure the client’s commitment to safety during treatment. If this form is needed, you must seek supervision and refer the client for additional services. Never leave a suicidal client alone or let them leave without seeking your supervisor’s approval. You and your supervisor will need to seek help through the Counseling and Human Relations Center (603-535-2461) or through the Plymouth State University Police Department (603-535-2330).

**Suicide Checklist.** This form is very important if there is any indication of suicidal thoughts by the client. Trainees carefully review this form in its entirety with client’s presenting with suicidal ideation.

**Referral History.** This form allows you to keep a record of your referrals and tests administered.

**Release of Information Authorization.** This form allows The Center to request information from other health care providers.
Counseling Forms

**Consultation Summary.** This is our approved consultation form. If a trainee runs into an issue they need consultation on, and they consult with another professional (e.g., Center administration, faculty member, supervisor on duty, or another professional outside of their direct supervisor) they will need to fill this form out and attain the appropriate signatures.

**Session Progress Note.** Progress notes are to be recorded after each session. Remember to date and sign all notes. There are different progress notes for individual counseling, group counseling, school psychology, and couples and family therapy.

**Interview/Intake form.** This form is the psychosocial history form - to be filled out during the initial interview session. This form will give you complete information on the client’s presenting problem and history. There are different intake documents for university student clientele and couple and family therapy.

**Individual Service Plan.** The Individual Treatment Plan includes concerns or issues presented by the client, which s/he wishes to address during treatment, the client's goals with respect to the issues identified, and your plan for addressing these issues and goals. If you are unsure of how to complete a diagnosis, please seek the help of your supervisor.

**Career and Life Exploration Record.** Career and life exploration is a service offered at The Helping Center. This form provides a guide for exploring client history, career aspirations, natural abilities, and personal interests.

**Closing Summary.** The Closing Summary Form includes notes regarding what transpired during the counseling session. This form is to be completed upon closing a file. The Closing Summary Form includes a description of the presenting problem, a diagnosis (if applicable), dates of service, termination and referral information.

**Approved Helping Center Evaluation Tools**

**Comprehensive Counseling Skills Rubric.** This is an approved supervisory document. All trainees enrolled in the couples and family therapy, school psychology, and counseling majors will receive an evaluation rubric entitled The Comprehensive Counseling Skills Rubric (CCSR), indicating their effectiveness in executing the various counseling skills.
References


APPENDIX A

CRISIS GUIDELINES
Emergency Management/Crisis Situations

Crisis Management

The following is a suggested five-step approach to handling crises. People are unique, and no approach can be expected to be completely satisfactory in every situation. It does, however, provide a framework to begin to understand how to interact with persons in crisis.

Step 1. Present yourself as a calm person who cares. Essentially, you are saying to the person, “Tell me what is going on for you.”

Step 2. Invite the person to talk. You might ask a question such as, “How can I be of help?” It is better for the person to volunteer information than to ask a series of probing questions. If the person does not volunteer, you might ask some information gathering questions (What happened? Have you talked to anyone about it? Do you want to talk now?) as a way to get started.

Avoid telling the person what they need. For example, avoid: "You just need to calm down."

Step 3. Get help. Involve other people, such as Helping Center Administration, supervisors, or faculty. Do not rely on yourself alone.

Step 4. Action for the client. Perhaps ask: "What can you do that will help reduce your crisis and provide a little light at the end of the tunnel?" People in crisis may have "tunnel vision" and are unaware of the people and resources that can help them. Your calm approach and involving other people can lessen the "threat" and open up potential resources. This is a good time to utilize the Plan for Choosing Life Form (see Appendix B).

Step 5. Follow-up. Keep checking in with the person from time-to-time. Continue to check in for about three months, if possible.

Emergency Situation: The following steps are guidelines to be followed should an emergency situation arise with a client at The Helping Center. An emergency situation is one in which the client presents behaviors, thoughts, or feelings that are beyond the intervention capabilities or experiences of the trainee or what the practicum/course can customarily offer. Usually this means bizarre behaviors, delusional thoughts, hallucinations, suicidal ideation and plans, threats of harm or actual harmful acts to self and/or others, drug or alcohol intoxication, extreme anxiety about real or imagined threats, child abuse by a parent/guardian/caregiver or towards children, extreme emotionality from which the client does not recover, physical reactions, etc.

If you anticipate that a client might be in danger of a crisis, inform your practicum instructor before the session and, if appropriate, give your client(s) the emergency numbers in the PSU or Plymouth area.

Step 1. A trainee should immediately notify the on duty faculty. This could include the practicum supervisor, clinic administration or another faculty member. If you need to leave the.
session temporarily to find the instructor, do not abandon a client who is in danger of harming himself/herself, ask a supervisor or the Clinic GA to help.

**Step 2.** The on duty faculty member should evaluate the situation to determine if the trainee has the ability to facilitate what needs to be done, and if so, should supervise the process very closely in the Supervisory Hub or in the room. If the student is unprepared to handle the situation, the on duty supervisor should intervene and take full responsibility for the emergency.

**Step 3.** Assess the urgency of the situation and the potential of harm to self or others. The client may only need support to get through the emotionality of the moment and someone to call later if the feelings return. If there is a high risk of immediate harm consultation is essential. Consult with your faculty supervisor who can also contact the Clinic Director at home, if he/she is not available on campus. The office administration has the phone numbers of all faculty. If the Clinic Director is not available consult with the Assistant Director or other faculty. The practicum instructor is responsible for deciding what course of action is appropriate for the continuation of client care.

**Step 4.** If hospitalization is indicated, and the client voluntarily agrees, transportation must be arranged. Under no circumstances are trainees permitted to transport (drive, walk, etc.) client’s to outside resources (e.g., emergency room, Genesis, etc.). First, find the faculty member/supervisor on duty and determine if the client has a friend or family member who can transport and accompany him/her to Genesis Behavioral Health ((603) 536-1118) or if Genesis Staff is unresponsive, the Emergency Room (ER) at Speare Memorial Hospital (603) 536-1120. Be sure to make contact with the Counseling and Human Relations Center (603) 535-2461 and the PSU Dean of Students at (603) 535-2206. Do not drive the client yourself.

**Step 5.** If the client will not voluntarily agree to hospitalization in the case of suicidality, extreme risk of self-harm, or imminent danger to others, trainees and the on-duty faculty/supervisor will call the PSU Police Department at (603) 535-2330 (for PSU Students) or 911 (for community clients) from a campus phone. Request transportation of the high-risk client to Genesis Behavioral Health. Tell them a) you are a helping professional, b) the client is not agreeing to hospitalization, and c) this is a crisis. Be aware that the PSU dispatcher will ask many questions about the situation. Be patient and make sure he or she has completed asking questions before you hang up. Once the PSU PD has arrived, be aware that they may use their discretion to decide where exactly (e.g., ER, police station, Genesis, etc.) to transport clients based on their professional assessment of the situation. Also, be aware that they may handcuff the client during transportation because of possible safety risk.

**Step 6.** Before the voluntary/involuntary client arrives at Genesis Behavioral Health, notify the ER (536-1120). Tell them who you are and why you are making the referral for hospitalization. If possible, plan to meet the client, along with your practicum instructor, or another faculty member, at the emergency room and provide support until the hospital staff is able to attend to them.

**Important** - Notify, as soon as possible, all individuals (Clinic Director, on-duty supervisor, faculty) consulted regarding the status of the case. Document the entire situation from the initial
assessment of the emergency until the client was transported. Clearly identify the professionals with whom you consulted, the procedures you followed, and obtain your supervisor’s signature in the documentation. Put a copy in the client’s folder and notify the Clinic Director.

Emergency Contact Information

Genesis Behavioral Health
1. Contact the PSU Dean of Students (603) 535-2206 and Genesis Behavioral Health (603) 536-1118
2. Ask to Speak to “On Call Therapist”
3. Describe the crisis
4. They will ask you for more information regarding the situation and will proceed from there.

If Genesis Behavioral Health is unresponsive follow the below procedures

Speare Memorial Hospital
1. Call PSU police (603) 535-2330, the PSU Dean of Students (603) 535-2206. When on the phone with Speare Memorial Hospital indicate type of crisis, direct them to Samuel Read Hall Building Room 317.
2. They will respond and take individual to emergency room or to another location. We cannot take the person to the hospital.
3. Carefully document all activities related to the emergency situation.

Emergency Telephone Numbers
Give your full name, location, phone number and type of assistance needed.
   - PSU Police Department: (603) 535-2330
   - Counseling and Human Relations Center: (603) 535-2461
   - Dean of Students: (603) 535-2206
   - Plymouth Fire: (603) 536-1253
   - Plymouth Police: (603) 536-1626
   - Speare Memorial Hospital: (603) 536-1120
   - PSU Health Services: (603) 535-2350
   - Northern New England Poison Center: (800) 222-1222
   - Crisis Center of Central New Hampshire: (866) 841-6229
   - Voices against Violence: (603) 536-5999
   - SAGE Center: (603) 535-2387
   - Physical Plant Emergency Line: (603) 254-8407
   - PSU Campus operator: (603) 535-5000
   - The National Suicide Prevention Lifeline: (800) 273-8255

If a client must make contact with their trainee between sessions, it is important that they give office staff the name of the supervisor and a telephone number where they can be reached. Note, trainees are never to give out personal information (e.g., email address, telephone number, etc.) to clientele. Inform clients that calls will be returned as soon as possible and that their trainee is a student and on campus usually only when they have class. If the call is urgent, the client may
be able to speak with a practicum instructor or clinic director. If there is an emergency, clients should call the numbers above, 911, or go to the nearest hospital emergency room, as well as leave a message for their trainee and the practicum instructor for the class.

Suicide Assessment and Treatment

Responding to a potentially suicidal person
The trainee’s initial task is to determine the lethality of the suicidal ideation. It is the helping professionals responsibility to investigate thoroughly all aspects of the following indicators. Contrary to some individual’s beliefs, a caring person who inquires as to whether or not they are suicidal does not drive people to suicide. Consultation is essential when assessing a suicidal client.

1) Important questions to ask a potential suicidal person
   a) Have your problems been getting you down so much lately that you’ve been thinking about suicide?
   b) How would you kill yourself?
      (S) – How specific is the plan?
      (A) – Is the method available to the person?
      (L) – Is the proposed method lethal?
   c) Do you have the means available?
   d) Have you ever-attempted suicide before?
      (C) – Chronology: How long ago was it? The more recent, the greater the risk.
      (A) – Awareness of Lethality: Did the person believe the method was lethal?
      (R) – Rescue: Did the person assist in the rescue or attempt in a place where they would likely be discovered?
      (L) – Lethality: How lethal was the method?
   e) Has anyone in your family ever attempted or completed suicide?
   f) What are the odds that you will kill yourself?
   g) What has been keeping you alive so far?
   h) What do you think the future holds in store for you?

2) Intervention with a suicidal person
   a) Establish a relationship with the person
      i) Reinforce the person for making contact
      ii) Be accepting and non-judgmental
      iii) Try to sound calm, confident, and concerned
      iv) If it is a telephone call, try to get as much information as possible;
      v) Name, location, age, is someone close by (who, how to contact), drug or alcohol
   b) Assess the degree of risk
      i) Use the SAL system (see above for information on the SAL system)
      ii) If it is an emergency:
      iii) Act decisively and with determination.
      iv) Try to remove the weapon or method but not physically.
      v) Do not leave the person alone.
      vi) If a telephone call – obtain help of paramedics and police.
c) If it is not an emergency:
   i) Try to identify the major problem.
   ii) Assess available resources. Ask about friends, neighbors, and relatives who might be helpful.
   iii) Ask about previous successful coping skills.
   iv) Find out what has been keeping the person living so far.
   v) Mobilize the person’s resources – Surround the person with a wall of caring people (minister if religious, neighbors, friends, family, and physician).

3) Do’s of suicide intervention
   a) Try to be positive and emphasize the most desirable alternatives.
   b) Try to be calm and understanding.
   c) Use constructive statements to help separate confused feelings and define problems.
   d) Mention the person’s family, friends, minister, and neighbors as sources of strength and help. If any of these are rejected, back off quickly and move on to others.
   e) Emphasize the temporary nature of the person’s problems. Explain how the crisis will pass in time.

4) Do not’s of suicide intervention
   a) Don’t sound shocked by anything the person tells you.
   b) Don’t stress the shock and embarrassment that the suicide will be to the family before being certain that this is not exactly what the person hopes to accomplish.

Managing the Suicidal Client

Each suicidal person is unique and must be evaluated within the context they present. The following is a general outline that may be helpful in managing the suicidal client.

It is important to deal with all presenting problems but it is critical to address the major concern of suicide first, often putting the other problems on hold until after the crisis is appropriate.

1) During the initial crisis, trainees must be active and take responsibility because the client may not be in a position to make decisions on their own. Trainees may have to assume the authoritarian role in the relationship until the client is able to resume self-responsibility.

2) Controlling impulses – The least restrictive, effective alternative must be employed with the client to control impulses. In some cases that may mean a personal contract whereas in other situations a referral for assessment of medication and/or hospitalization is appropriate. Utilization of other community resources, such as police and designated mental health professionals must be considered.

3) Health professional must be consulted.

4) Plan of action is dependent on circumstances and may include the following interventions:
   a) Mild Risk interventions based on coping with self-harming impulses
      i) Ask for a no-harm contract (see Plan for Choosing Life)
      ii) Anxiety reduction
iii) Alternative ways of coping through crisis
iv) Mobilizing social support
   (1) Ask for the number of a family member or friend that you can call to support
   them.
v) Learning new life skills including problem-solving, decision-making skills.
vi) Learning new situational skills
   (1) Intervening in negative thought and feeling process.
vii) Develop a Crisis Response Plan
viii) On-going suicidal assessment and follow-up particularly after there seems to be
      an apparent period of improvement. It is common for clients who respond to
      treatment, particularly psychotropic medications, to gain enough strength to
      carry out a decision to commit suicide whereas before they had insufficient
      energy to do so. Please note, it is also common to see improvement in clients
      after they have committed to a decision to end their life.

b) Moderate Risk interventions: Includes all of 5a above and additionally consider;
i) Evaluate for possible short-term hospitalization.
ii) Increase frequency of outpatient visits.
iii) Increase availability of resources (e.g., phone contacts; emergency response
     plan. Identify Support group).
iv) Contacting significant others to develop a network
v) Remove lethal means.
vii) Emphatically instruct not to commit suicide.
vii) Emphasize that suicide is not a good solution; emphasize hope.
viii) Clarify conditions under which client should pursue additional interventions
      (e.g., emergence of intent).

c) Severe-Extreme Risk intervention: These clients need swift and directive
   intervention. A direct but supportive manner of action is needed to ensure their
   safety. Such actions may involve contacting the police to transport client to hospital
   for evaluation. Client should be informed of the manner of action.

Common Failures in Suicide Assessment:
1. Failure to document. **Document the following:**
   a. Conducted thorough suicide assessment (report specific findings).
b. Obtained relevant historical information.
c. Obtained previous treatment records (or have sent for them).
d. Directly evaluated suicidal thoughts and impulses.
e. Consulted with supervisor.
f. Discussed limits of confidentiality.
g. Implemented appropriate suicide interventions.
h. Provided appropriate resources to the client (e.g., phone numbers)
i. Contacted authorities (e.g., police, hospital) and family members.
2. Failure to evaluate for suicide risk at intake and subsequently throughout treatment when risk
   indicators are present.
3. Inadequate history-taking or failure to secure previous records.
4. Failure to evaluate the adequacy of current interventions.
5. Failure to clearly specify treatment plan including criteria for hospitalization.
6. Failure to safeguard the outpatient environment.

Dealing with Dangerous or Aggressive Behavior

General Principles
1. Safety first: Protect yourself and others
2. Enlist the help of supervisors and peers if possible
3. Maintain calm but firm tone of voice and body language
4. Resist provocation to anger (but be aware of your own emotions). Remember that aggression begets aggression.
5. Set limits on dangerous behavior in a non-threatening manner
6. Attempt to de-escalate the situation by “talking down” the individual
7. Do not argue with delusions!
8. Time is your ally in most circumstances
9. Make only calm, deliberate motions
10. The stressed person’s ability to reason abstractly disintegrates, and he/she will respond more to isolated stimuli and less to context of the situation.
11. Assaultive patients are looking for controls and reassurances that they will receive help and will not have to do anything they will be ashamed of or embarrassed about later.
12. Never challenge the individual’s self-esteem. Rather, support his/her ability to remain calm, cooperative and in control.
13. Pay attention to your gut! Temper your emotional reaction with rational thinking
14. Interventions which decrease the perceived threat and diminish feelings of impotence have the greatest chance for success.
15. Never try to set limits on feeling, only on actions. You have to help the client differentiate between feelings and actions.
16. Avoid win-lose, right-wrong situation. Calmly repeat limits and present reality. Be firm, but understanding. Do not shout, argue, or become emotionally involved.
17. Do not corner the individual physically or psychologically. Withdraw from power struggles. Use logical and natural consequences, rather than reward and punishment. Offer choices, enlist cooperation. If at all possible, allow someone to “save face.”
18. Provide truthful reassurance and do not make promises you can’t keep.

Concerns about a client who may have been abusing substances prior to session

If you suspect that your client has been abusing substances prior to coming to the session, you will ask:
1. How did you get to the Center today?
2. How much did you use/drink today?
3. What did you use/drink today?

It is inappropriate to conduct therapy or a psychological assessment with a client who is under the influence of alcohol or drugs. In this situation, you must inform your client that you cannot have a regular session, and that you will meet at another time, when he or she is sober. You must determine:
1. Is there a friend or relative available to give your client a safe ride home?
2. Will the client be safe after he or she has gone home?
3. If the client does not have a ride, the faculty supervisor or trainee will call a taxi to take him/her home. If the client responds negatively and refuses to wait for the ride, the trainee will inform the client that the police will be called to assist. Then the supervisor will call the Police and inform them that the client is under the influence and intending to drive home.
4. If the client is willing to wait for a ride, the trainee will wait with the client in a Center room and must assure that the client has safe transportation home.
5. Make your supervisor aware of the situation.
APPENDIX B

CLIENT RESOURCES AND COURSES UTILIZING CLIENTS
POTENTIAL REFERRAL SOURCES

University Community
- The Q/PSU Pride/Queer Council
- Center for Global Engagement
- Counseling Human Relations Ctr.
- Ctr. for Young Child. & Families
- Black Student Union
- S.A.G.E. Center
  - MA 150
  - EN 120
  - PS 2010
  - IS 1111
  - CODI 2050/60
  - C.A.R.E Team

Outside Community
- Community Churches
- Res Life/CA Staff
- Campus Ministry
- Dept. of University Studies
- COEHHS
- Health Services
- Academic Probation
- PASS Office
- Writing Center
- Career Services
- Financial Aid/Billing
- Undergraduate Studies

School Counseling Practicum (Fall/Spring)
(Need 10 hours per trainee)

Clinical Mental Health Counseling Practicum
(Fall/Spring)
(Need 40 hours per trainee)

Couples & Family Therapy Practicum
(Fall/Spring)
(Need 20 hours per trainee)

SY6500 Ed. Asst. & Cons. (Winter)
SY 6400 Admin. Ind. Intel. Tests (Fall)
SY 6300 Social Emotional Beh. Asst. (Spring)
SY Internship (Fall/Win./Spr.)

SY Practicum 1: Asst., Int., & Cons. (Winter/Sum.)
SY Practicum 2: Integration & Case Studies (Spr./Sum.)
APPENDIX C

REFERRAL DECISION TREE
Client Referral Decision Tree
Before accepting any client, be sure we have availability.

Client presents as suicidal, homicidal, hallucinating, delusional, experiencing severe delirium, mania

- Student
  - 9am-4:30 pm
  - After 4:30 pm

Client displays symptoms of severe depression, hopelessness; is about to quit school or is missing a significant amount of class due to depressive or addictive symptoms.

Client displays symptoms of paranoia, anxiety, or fear of the outside world.

Client reports traumatization of a significant manner (e.g., raped, beaten, molested, stalked, recent abortion, etc.) or if they are returning from war.

A family or couple

- Family Practicum being held
  - No
  - Yes

Academic Disability/504 Plans for PSU students

- School Psych Pract.
  - No
  - Yes

Child

- Child Aged 2.5 - 9
  - No
  - Yes

Sadness, adjustment, career choice, college decision making, having trouble deciding on a major, drinking too much lately, problems with peer relationships, normal intimate relationship problems, issues with family of origin (not involving molestation, etc.), grades are low, problems fitting in, etc.

Client presents with symptoms related to autism or has a developmental disability.

Client desires our services to be of use in a legal proceeding. Specifically, our clinicians-in-training do not attend court proceedings.

Considerable medical problems, which are largely affecting the individual’s emotional state (e.g., late stage cancer, AIDS, Influenza, or another contagious illness).
APPENDIX D

MANDATORY DOCUMENTATION FOR ALL CLIENTELE
Form 1  
Plymouth State University  
Counselor Education and School Psychology Department  
The Helping Center  
Request Form

Name__________________________________________

Gender__________________________

Address__________________________________________  
Street or Dorm Address – Apt #,  
City, State, Zip

Work Phone ___________________________  
Home Phone ___________________________

Best time and phone # to reach me__________________________________________

Email Address__________________________________________

May we leave a voice mail?   Yes___No____   
May we leave an email?   Yes___No____

Course Prefix and Number_________Section #________Instructor__________________________

Course Prefix, Number, Section Number, and Instructor of the class in which you are to receive the extra credit. (You must meet the number of required sessions and have your instructor’s approval to receive the extra credit.)

Please check particular issues you would like to discuss with a trainee:
Stress_____Wellness_____Relationships_____Self-Exploration_____Roommate Conflict_____
Academic_______Career_______Other________________________________

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I, __________________________ (CLIENT NAME – please print), hereby give my permission for recording my sessions at the Plymouth State University Helping Center. I understand that any recordings will be used solely for the purpose of supervision. I understand that if my helper believes I present serious and foreseeable harm to myself and/or others, he or she is required by law to report this information. I also understand that any taped material will be erased after I end treatment.

Signed_____________________________ (Client signature)  
Date___________________________
Trainee:

Please date the number of hours you talked with the individual (client) and return this form to the Administrative Assistant in CESP as soon as you have terminated with the counselee. She will return it to the student’s instructor.

1  2  3  4  5  6  7  8

Request Form (cont.)

The Counselor Education and School Psychology Department at Plymouth State University has as one of its primary functions the responsibility of educating and training professional counselors, couples and family therapists, and school psychologists. These helping professionals will function in a variety of situations: elementary and secondary schools, colleges and universities, pastoral counselors, mental health counselors, family counselors, rehabilitation counselors, and a host of related helping professions.

An integral part of a counselor’s, therapist’s and school psychologist’s preparation program is participation in Practicum. This may be likened to a student teaching for those preparing to teach in that the counselors, couples and family therapists, and school psychologist actually conduct counseling interviews with many individuals during the final phase of their preparation. These interviews are digitally recorded for review by the counselor/therapist/school psychologist and his or her supervisor. The purpose of these digitally recorded sessions (called critiques) is to assist the professional counselors/couples and family therapists/school psychologists-in-training in further development of their operational procedures in their respective field.

Any and all material discussed in an interview is strictly confidential. It is the helper’s responsibility to uphold this basic ethical standard. The Code of Ethics or Ethical Standards of the counseling, couple and family therapy, and school psychology profession guarantee the rights of the individual being counseled over and above any other responsibility.

You are being given the opportunity to participate in these sessions with the helping professional-in-training. Many topics and concerns that people have beneficilly discussed with counselors in the past may include vocational/professional plans and goals, social or personal concerns, or a request for information as assistance in arriving at an appropriate decision. Some previous participants have merely been inquisitive as to what a counseling or therapy session really involves. This, too, is a legitimate reason since some of you will undoubtedly consider counseling as a profession.

All of the counseling sessions will take place in the six counseling rooms located on the third floor of the Samuel Read Hall building. You may participate in six (usually 40-50 minutes) or more sessions. On the form on the other side of this page, please write your name and indicate your phone number if you have one or an address where you may be contacted for an appointment which will be mutually convenient for you and the helping professional.

Unless you specifically request to be contacted early this semester, you may be contacted at any time during the semester. If you have questions or would like to be contacted immediately sometime during the semester, contact your instructor.
Form 2

Plymouth State University
Counselor Education and School Psychology Department
The Helping Center
Request for Services and Statement of Confidentiality

I, ___________________________ am applying for counseling, couples and family therapy, or school psychological services at the Plymouth State University Helping Center (HC). I understand that most information revealed in treatment will be held in strictest confidence, except when authorized by me in writing. I understand that professional staff of HC may access academic and other university records in support of my care. I understand that for my protection and for the protection of others any suicidal or homicidal gesture will necessitate a breach of confidentiality. Entities who may be informed include: state sanctioned mental health treatment centers, local hospitals, The Plymouth State University Police Department, and The Dean of Students. I understand for the protection of vulnerable parties any indication of child or elderly abuse may be informed to outside resources including (but not limited to): Child protective services and law enforcement.

I acknowledge that the HC may disclose information in the following situations:

1. Client consents to such disclosure;
2. If you are likely to do harm to yourself;
3. If you are likely to do harm to others;
4. If you report suspected abuse or neglect of a child, elderly person, resident of an institution, or a disabled person;
5. If you are a victim of hazing, a perpetrator of hazing, or you disclose knowledge of someone being hazed;
6. If you are gravely disabled as the result of a mental health disorder;
7. A Court Order mandates disclosure;
8. The disclosure is made to medical, psychological, or other emergency personnel in a medical emergency or to qualified personnel for research, psychological audit, or program evaluation.

Graduate students from the Counselor Education and School Psychology Department staff the Helping Center. All sessions are digitally recorded. A faculty member along with graduate students learning clinical skills observe the sessions. Your helper receives consultation and suggestions from the supervisor(s) reviewing these digital recordings. These activities are intended to ensure you that you are receiving the highest quality service. All digital recordings and case records will be retained in a confidential file. The digital recordings will be erased at the end of all sessions. As per New Hampshire Statutes, aside from the above exceptions to confidentiality, client information is confidential and not released without your written authorization.

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<td>Clinician Signature</td>
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If client is a minor (under 18 years of age):

Residential Parent/Guardian Signature: ___________________________ Date: _______

2nd Parent/Guardian Signature: ___________________________ Date: _______
Form 3
Plymouth State University
Counselor Education and School Psychology Department
The Helping Center
Client Engagement Record

Date: ___/___/___  Birthdate: ___/___/___  Gender: _____
Marital Status: _____  Ethnicity/National Origin: __________________________  Age: _____
Name: ______________________  Campus phone: __________  Mail Box: _____
Home Address: __________________________

In Case of Emergency, Person to contact: __________________________
Address: ______________________  Relationship: __________  Phone: ______________________

Primary Care Physician: ______________________  Referral Source: ______________________
Trainee: ______________________  Semester/Year: ______________________

Currently in treatment with Psychiatrist/Psychologist/Counselor?  □ Yes  □ No  Release on File?  □ Yes  □ No
Referral: Self, Conditional, Probationary, Alcohol or Drug, Mandated, Extra Credit, Career Professional
Reason for treatment/goal: __________________________

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TOTAL/SUB TOTAL
*Please number the sessions and no show(s). Example: #1, #2, #3, etc
In efforts to make sure our clinic is maintaining best practices and better meeting the needs of our clients we need your help in gathering valuable information. Please fill in all of the blanks for each client you started a file on this semester. We appreciate you helping us with this necessary task.

**Counselor Name:**

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**Client Name:**

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<th>Age</th>
<th></th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Year in School</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Referral Source</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Presenting Concerns (concerns you focused on in session and were on your plan)</th>
<th>Stress, Anxiety, Relationship issues, academic concerns, career, depression, personal issues, not identified, other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Suicide Risk Checklist (check box to right if applicable)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>No-harm Contract (check box to right if applicable)</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of sessions attended (if never seen put 0).</th>
<th></th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of no-shows (this doesn’t include cancellations or rescheduling)</th>
<th></th>
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<tbody>
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<table>
<thead>
<tr>
<th>Psychoeducational assessments completed</th>
<th></th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Dates of sessions (indicate date and the day of the week)</th>
<th>Ex.: 1/25/10 Mon.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
I am choosing life by getting help for my problems, taking better care of myself, and using my hope kit. If I am having thoughts of harming myself or committing suicide, I will get help immediately by:

Talking to a life-affirming friend, such as ____________________________

Contacting emergency services at ____________________________

Making a counseling appointment by calling ____________________________

Making a psychiatric appointment by calling ____________________________

I will also take better care of myself by:

Thinking about ____________________________

Handling my feelings by ____________________________

Doing something positive, such as ____________________________

My hope kit includes these reminders of what gives me a sense of hope about my life:

______________________________________________________________

______________________________________________________________

______________________________________________________________

In signing my Choosing Life Plan I agree to not harm myself or others throughout my treatment at The Helping Center.

Client: ____________________________ Date: ________________

Trainee: ____________________________ Date: ________________
# Form 6

Plymouth State University  
Counselor Education and School Psychology Department  
The Helping Center  
**Suicide Risk Checklist**

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Date</th>
<th>Trainee Name</th>
<th>Supervisor’s Name</th>
<th>Checklist Total</th>
<th>Person(s) you contacted for assistance</th>
</tr>
</thead>
</table>

**Instructions:** Circle each response. Column with the most circles/responses is the risk presented.

<table>
<thead>
<tr>
<th></th>
<th>Lower Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Suicide Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Details</td>
<td>Vague</td>
<td>Some Specifics</td>
<td>Well thought out; knows when, where, how</td>
</tr>
<tr>
<td>B. Availability of means</td>
<td>Not available, will have to get</td>
<td>Available, has close by</td>
<td>Has in hand</td>
</tr>
<tr>
<td>C. Time</td>
<td>No specific time or in future</td>
<td>Has time set in mind</td>
<td>Immediately</td>
</tr>
<tr>
<td>D. Lethality of method</td>
<td>Pills, cut oneself</td>
<td>Drugs and alcohol, car wreck, carbon monoxide</td>
<td>Gun, hanging, jumping</td>
</tr>
<tr>
<td>E. Chance of Intervention</td>
<td>Others present most of the time</td>
<td>Others available if called upon</td>
<td>No one nearby; isolated</td>
</tr>
<tr>
<td>2. Previous suicide attempts</td>
<td>None or one of low lethality</td>
<td>Multiple of low lethality or one of medium lethality; history of repeated threats</td>
<td>One of high lethality or multiple or of moderate</td>
</tr>
<tr>
<td>3. Stress</td>
<td>No significant stress</td>
<td>Moderate reaction to loss and environmental stress</td>
<td>Severe reaction to loss or environmental stress</td>
</tr>
<tr>
<td>4. Symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Coping behavior</td>
<td>Daily activities continue as usual with little change</td>
<td>Some daily activities disrupted; disturbance in eating, sleeping, school work</td>
<td>Gross disturbances in daily functioning</td>
</tr>
<tr>
<td>B. Depression</td>
<td>Mild, feels slightly down</td>
<td>Moderate, some moodiness, sadness, irritability, loneliness, and decrease of energy</td>
<td>Overwhelmed with hopelessness, sadness, and feelings of worthlessness</td>
</tr>
<tr>
<td>5. Resources</td>
<td>Help available; significant others concerned and willing to help</td>
<td>Family and friends available but unwilling to help consistently</td>
<td>Family and friends not available or hostile, exhausted, injurious</td>
</tr>
<tr>
<td></td>
<td>Communication aspects</td>
<td>Direct expression of feelings and suicidal</td>
<td>Interpersonal suicide goal (“they’ll be sorry, I’ll show them”)</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Life style</td>
<td>Stable relationships, personality, and school performance</td>
<td>Recent acting out behavior and substance abuse; acute suicidal behavior in stable personality</td>
</tr>
<tr>
<td>8</td>
<td>Medical status</td>
<td>No significant medical problems</td>
<td>Acute but short term or psychosomatic illness</td>
</tr>
</tbody>
</table>

**If there are two or more Medium OR High Risk responses you must seek additional help from a supervisor or faculty member.**

Assessing Trainee ____________________________ Date ________________

Supervisor ____________________________ Date ________________
### Referral History

<table>
<thead>
<tr>
<th>Referral</th>
<th>Client</th>
<th>Trainee</th>
<th>Date Referred</th>
<th>Reason for Referral</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Counselor Education and School Psychology Department
The Helping Center

Release of Information Authorization

Client Information:

Name: ____________________________________________

First     Middle     Last

Birthdate: ________________________________

______________________________________________________________________________

I hereby authorize: The Helping Center at PSU
17 High St. MSC# 58
Plymouth, NH 03264

To release information to: ☐ Yes ☐ No

To receive information from: ☐ Yes ☐ No

Agency/Provider: ____________________________ Address: ____________________________________________

Area Code & Telephone Number: ____________________________

Information to be disclosed: (Mark each item)

☐ Yes ☐ No Treatment Summary ☐ Yes ☐ No Discharge Summary
☐ Yes ☐ No History of recent medications
☐ Yes ☐ No Current Medical conditions/treatments ☐ Yes ☐ No Evaluation Reports
☐ Yes ☐ No Current Medications ☐ Yes ☐ No IEP(individualized Education plan)

Other: ____________________________________________

Re-release information from: ____________________________

I understand that I have no obligation to authorize this release. This release shall expire ninety (90) days from the date of signature. I also understand I may void this authorization for release at any time by informing my provider of services in writing. This information may be re-released with my written authorization. My signature below indicates that I have read this information, or have had it read to me and that I understand the contents.

Client/Guardian Signature: ____________________________ Relationship: ____________________________ Date: _________

Trainee Signature: ____________________________ This agreement will automatically expire on ___/___/____ or in the event of ____________________________
Consultation Summary

Client: ___________________________  Trainee: ___________________________

Consultant: _______________________  Supervisor: ________________________

Day/Time of Consult: ________________

Presenting Problem: ____________________________________________________

Recommendations or Referrals Made to Supervisee/Trainee

Refer Client to:

- [ ] First Call for Help
- [ ] PASS Office
- [ ] Counseling and Human Relations Ctr
- [ ] Academic Affairs
- [ ] Medical/Dental checkup
- [ ] Other: _____________________

Trainee’s signature & Date ___________________________  Consultant signature & Date ___________________________

Supervisor signature & Date ___________________________

Original - Client’s file (if appropriate)

Copies - Supervisor & Consultant
APPENDIX E

COUNSELING FORMS
**Session Progress Note**

Client’s Name(s): ___________________________  Session #: ______

Counselor’s Name: ___________________________  Supervisor’s Name: ___________________________

<table>
<thead>
<tr>
<th>Date:</th>
<th>Length:</th>
<th>Type: Individual</th>
<th>Payment:</th>
</tr>
</thead>
</table>

**“SOAP” Notes:**

**S: Summary**
- *what was said & done.
- *Themes
- *Insights
- *Techniques (e.g. empathic listening, interpretation, information gathering)
- *with rationale for use (e.g. relationship building, discrepancies)

**O: Observations**
- *speech,
- *affect, *behaviors,
- *observed and reported symptoms

**A: Assessment**
- *of the session &
- *major concerns,
- *changes since last session.

**P: Plan**
- *to achieve treatment goals.
- *Current goal and progress towards goals
- *Future directions
- *Homework

Counselor’s Signature/Date: ___________________________

Supervisor’s Signature/Date: ___________________________
Name: __________________________________ Date: ___/___/___ Birthdate: ___/___/___ Gender: ______

Relationship Status: □ Single □ Married □ Divorced □ Widowed

Ethnicity/National Origin: __________________________ Age: __________________

Race: □ White/Non-Hispanic □ African American/Black □ Asian or Pacific Islander
□ Hispanic/Latino(a) □ American Indian or Alaska Native

Phone: _____________ Address: ______________________________________________________________________________

Assessing Clinician: ______________________________________

In case of Emergency, person to contact: ___________________________ Relationship: __________________________

Address: ___________________________ Phone: ___________________________ Psychiatrist: __________________________

Primary Care Physician: ___________________________ Referral Source: __________________________

Have you had any professional counseling in the past? (Counselor, Psychologist, Minister):

Name of Person: ___________________________ Address ___________________________

For how long: ___________________________ For what reasons: ___________________________

What was this experience like for you:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Identified Presenting concern(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**If suicide risk assessment is necessary fill out appropriate forms at this time**

History of Presenting concern (include estimated date of onset and concurrent events, intensity, frequency, and changes):

*Important: Ask client for times when the problem is absent or less severe.*
Medical History

Describe any medical problems that you have had in your life: (Ask if any Pain issues; rate 1-10…10=high amt of pain)

__________________________________________________________

Are you presently taking any prescribed medication and, if so, what for? (Ask for Name, dosage, prescribed use vs actual use if differ)

__________________________________________________________

Current Health (Describe any current medical problems; prescription drugs):

__________________________________________________________

Previous Psychiatric Treatment (Describe outpatient treatment, hospitalization; any prescription drugs):

__________________________________________________________

ALCOHOL AND DRUG USE

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount Used Now</th>
<th>Frequency of Use Now</th>
<th>Age of 1st use</th>
<th>Are you using now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caffeine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
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</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
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<tr>
<td>Street drugs (illicit/recreational)</td>
<td></td>
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</tr>
<tr>
<td>Laxatives</td>
<td></td>
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</tr>
<tr>
<td>Diet pills</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Only use the CAGE Assessment when the client has concerning frequency in substance use

CAGE: (Must ask verbatim)

<table>
<thead>
<tr>
<th>Question</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever felt that you should Cut down on your use?</td>
<td>Y / N</td>
</tr>
<tr>
<td>Have people Annoyed you by criticizing your use?</td>
<td>Y / N</td>
</tr>
<tr>
<td>Have you ever felt bad or Guilty about your use?</td>
<td>Y / N</td>
</tr>
<tr>
<td>Have you ever used in the morning to steady your nerves or get over a hang over?</td>
<td>Y / N</td>
</tr>
</tbody>
</table>
**CAGE Score: _______ (Y = 1, N = 0; 2 or greater = clinically significant)**

**AUDIT: (Must ask verbatim)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>0 = Never 1 = Monthly or less 2 = 2 - 4 times per month 3 = 2 - 3 times per week 4 = 4 + times per week</td>
</tr>
<tr>
<td>2. How many drinks do you have on a typical day when you are drinking?</td>
<td>0 = None 1 = 1 or 2 2 = 3 or 4 3 = 5 or 6 4 = 7 – 9</td>
</tr>
<tr>
<td>3. How often do you have 6 or more drinks on one occasion?</td>
<td>0 = Never 1 = Less than monthly 2 = Monthly 3 = Weekly 4 = daily/almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>0 = Never 1 = Less than monthly 2 = Monthly 3 = Weekly 4 = daily/almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</td>
<td>0 = Never 1 = Less than monthly 2 = Monthly 3 = Weekly 4 = daily/almost daily</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>0 = Never 1 = Less than monthly 2 = Monthly 3 = Weekly 4 = daily/almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>0 = Never 1 = Less than monthly 2 = Monthly 3 = Weekly 4 = daily/almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>0 = Never 1 = Less than monthly 2 = Monthly 3 = Weekly 4 = daily/almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured as a result of your drinking?</td>
<td>0 = Never 1 = Yes, but not in the last year 2 = Yes, during the last year</td>
</tr>
<tr>
<td>10. Has a relative or friend, or a doctor or health worker been concerned about your drinking or suggested you cut down?</td>
<td>0 = Never 1 = Yes, but not in the last year 2 = Yes, during the last year</td>
</tr>
</tbody>
</table>

**AUDIT Score = __________ (8+ = clinically significant)**

Other drug use-
Describe…

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

### Education & Employment History

What is the highest level of education you have achieved? __________
College GPA: _________
Academic Major? _________

Academic Probation: □ Yes □ No
Academic Advisor: __________________________________________________

Total Semester Credits Earned? __________
Projected Graduation Date: __________

Academic Concerns:

________________________________________________________________________

________________________________________________________________________

School Related Activities:

________________________________________________________________________

________________________________________________________________________
List past work experience (most recent first):

<table>
<thead>
<tr>
<th>Job</th>
<th>Employer</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Career of Choice: __________________________________________

**Family History**

Parents; Living/Deceased _______________ Ages ______ Married ___ Divorced ___ Step-Parents ___

Occupations __________________________________________

**How is/was you relationship with your:**

F43. Mother  □ very good  □ generally good  □ rocky  □ poor  □ abusive
F44. Father  □ very good  □ generally good  □ rocky  □ poor  □ abusive
F45. Step parent  □ very good  □ generally good  □ rocky  □ poor  □ abusive
F46. Siblings  □ very good  □ generally good  □ rocky  □ poor  □ abusive
F47. Step-siblings  □ very good  □ generally good  □ rocky  □ poor  □ abusive

**Describe parental relationships- past and current**

If separated, for how long? ______________
If divorced, how long ___________________
Did your parent(s) attend college? ______________
What is his/her /their present occupation ______________

Family history of emotional issues or concerns (alcohol; drug use; mental or emotional illnesses; phobias; severe depression; anxiety; addictions; compulsive disorders; etc.):

________________________

________________________

**Sibling(s) (Age(s); Describe relationships past and current):** __________________________

________________________

________________________

**Social History**

Describe your support system (Friends, Family, Church, and Community):

________________________

________________________

Has another person ever abused you?  □ Physically  □ Emotionally  □ Sexually  □ None Reported

**If suicide risk assessment is necessary fill out appropriate forms at this time**
Onset of abuse/ frequency/duration:

Abuser(s)

Please describe your intimate relationship(s):

Are you in a committed relationship? □ Yes □ No How long? 

Are you sexually active? □ Yes □ No Are there children involved in this relationship?

Please describe your present partner and relationship:

Have you had a committed relationship in the past?

Why/how did these partnerships end?

If you have children, describe your relationship with them:

Wellness History

Personal well-being.

How aware are you of your stress level?

How do you relax? What ways do you incorporate general wellness into your life?

Presenting Problems Checklist

Relational Issues
<table>
<thead>
<tr>
<th>Marital/Partner</th>
<th>Parent/Child</th>
<th>Child/Adolescent</th>
<th>Family System</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Arguing/conflict</td>
<td>___ Communication</td>
<td>___ ADHD</td>
<td>___ Blended Family</td>
</tr>
<tr>
<td>___ Children</td>
<td>___ Defiant Behavior in Child</td>
<td>___ Alcohol/Drug Abuse</td>
<td>___ Boundary Issues</td>
</tr>
<tr>
<td>___ Communication</td>
<td>___ Discipline</td>
<td>___ Enuresis/Encopresis</td>
<td>___ Death</td>
</tr>
<tr>
<td>___ Divorce</td>
<td>___ Emotional Abuse</td>
<td>___ Learning Disabilities</td>
<td>___ Disengagement</td>
</tr>
<tr>
<td>___ Ex-Spouse</td>
<td>___ Peer relationship</td>
<td>___ Legal Charges</td>
<td>___ Economic</td>
</tr>
<tr>
<td>___ In-Laws</td>
<td>___ Physical Abuse</td>
<td>___ Lying</td>
<td>___ Enmeshment</td>
</tr>
<tr>
<td>___ Infidelity</td>
<td>___ Running Away</td>
<td>___ School</td>
<td>___ Flexibility</td>
</tr>
<tr>
<td>___ Money</td>
<td>___ Sexual Abuse</td>
<td>___ Sexual Identity</td>
<td>___ Incest</td>
</tr>
<tr>
<td>___ Physical Abuse</td>
<td>___ Step-Parent</td>
<td>___ Communication</td>
<td>___ Life-Cycle Transition</td>
</tr>
<tr>
<td>___ Separation</td>
<td>___ ADHD</td>
<td>___ Stealing</td>
<td>___ Mental Illness</td>
</tr>
<tr>
<td>___ Sexual Difficulties</td>
<td>___ ADHD</td>
<td>___ Boundary Issues</td>
<td>___ Physical Illness</td>
</tr>
<tr>
<td>___ Step-Parenting Roles</td>
<td>___ ADHD</td>
<td>___ Step-Sibling</td>
<td>___ Power Struggles</td>
</tr>
<tr>
<td>___ Blended Family</td>
<td>___ ADHD</td>
<td>___ Suicidal Risk</td>
<td>___ Rigidity</td>
</tr>
</tbody>
</table>

**Personal Issues**

<table>
<thead>
<tr>
<th>Adjustment Problem</th>
<th>Financial Problems</th>
<th>Phobias</th>
<th>Sexual Assault</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety/Panic Attacks</td>
<td>Grief or Loss</td>
<td>Physical Abuse</td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td>Career Decisions</td>
<td>Impulse Control</td>
<td>Psychological Problems</td>
<td>Sexual Dysfunction</td>
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<td>Crying Spells</td>
<td>Legal</td>
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<td>Sexual Orientation</td>
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<td>Medical Issues</td>
<td>Psychotic Features</td>
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<td>Mood Swings</td>
<td>Racial/Cultural Concerns</td>
<td>Suicide Ideation</td>
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<tr>
<td>Developmental Issues</td>
<td>Obsession/Compulsion</td>
<td>Self Esteem</td>
<td>Weight Management</td>
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<tr>
<td>Eating Disorder</td>
<td>Personality Disorder</td>
<td>Self Harm</td>
<td>Other</td>
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Personal Goals of Counseling:

1. 

2. 

3. 

**Conclusion of Interview**

Is there anything we have not covered that is important for me to know about or that you would like me to know about?
**If suicide risk assessment is necessary fill out appropriate forms at this time**

Assessment Counselor-in-Training: ___________________________ Date: ____________

Supervisor: ___________________________ Date: ____________

Comments: ________________________________________________

Assessment Counselor-in-Training Initials: ____________ Supervisor Initials: _______
Form 12

Plymouth State University
Counselor Education and School Psychology Department
The Helping Center
Individual Service Plan

(Must be completed by session #2)

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<th>DOB: / /</th>
<th>Number of Sessions:</th>
<th>Type of Counseling:</th>
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<td>Gender:</td>
<td>Last Date Seen:</td>
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<td>(CMHC/CFT Students Only)</td>
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Brief History Narrative

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Concerns Addressed

List all that apply

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<th>Behavior/Actions to be Changed</th>
<th>Interventions planned or used during counseling</th>
<th>Short Term Results Desired</th>
<th>Long Term Intervention/Method Planned</th>
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<td>Client Signature</td>
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<tr>
<td>Counselor-in-Training Signature</td>
<td>Date</td>
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<tr>
<td>Counseling Supervisor Signature</td>
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Identifying Information

Name: ___________________________ (Last) ___________________________ (First)

Address: ________________________________________________________________

Telephone: ___________________________ Date of Birth: ___________________________

Gender: □ M  □ F   □ Other

Race: □ White/Non-Hispanic      □ African American/Black       □ Asian or Pacific Islander
      □ Hispanic/Latino(a)        □ American Indian or Alaska Native

Marital Status: □ Single            □ Married                     □ Separated   How Long? __________
      □ Divorced                  □ Life Partner                 □ Widowed

Spouse/Significant Other’s Name: ___________________________________________

Spouse/Significant Other’s Occupation: _______________________________________

Children: Name  Age  Occupation

____________________________________  ______  ________________________________
____________________________________  ______  ________________________________
____________________________________  ______  ________________________________
____________________________________  ______  ________________________________
____________________________________  ______  ________________________________

Father’s Occupation: ___________________________ Level of Education: _______________

Mother’s Occupation: ___________________________ Level of Education: _______________

Siblings: Name  Age  Occupation  Marital Status

____________________________________  ______  ________________________________  ______
____________________________________  ______  ________________________________  ______
____________________________________  ______  ________________________________  ______

Counselor Education and School Psychology

17 High Street  MSC 58  Plymouth, NH 03264-1595  T (603) 535-3119  F (603) 535-2117
EDUCATION

High School: ___________________________ Year Graduated: ____________

Post Secondary Training/Education:
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<th>Major</th>
<th>Year Completed</th>
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Additional Education (courses, workshops, certifications, licenses)

EMPLOYMENT HISTORY

Work Experience: (list most recent job first and work backward)
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Special hobbies, leisure interests, volunteer work, etc.: 

CAREER DEVELOPMENT INFORMATION

Describe your “dream job”. Assume no barriers to achieving it.
Who or what has had the greatest influence on your career choice(s)?

What was your childhood occupational interest or fantasy?

What leisure activities or hobbies do you enjoy now and/or have you enjoyed in the past?

Do you have any physical limitations or challenges that affect learning? (list conditions and their effect on your career development)

What aspects of your work situations have been most satisfying? (i.e., salary, autonomy, coworkers, tasks, responsibilities, variety, etc.)

What aspects of your work situations have been most dissatisfying?

What career concerns bring you to counseling at this time?
Form 14

Plymouth State University
Counselor Education and School Psychology Department
The Helping Center
Group Counseling Progress Note

Name of Group: ____________________________  Client Name: ____________________________

Significant Client Themes: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Emotions Expressed by Client: □ Happiness  □ Satisfaction  □ Fear  □ Loneliness
□ Sadness  □ Regret  □ Anger  □ Shame  □ Rage  □ Confusion  □ Isolation
Other(s) _______________________________________________________________________
____________________________________________________________________________

As Evidenced By (specific statements or actions): ______________________________________
____________________________________________________________________________
____________________________________________________________________________

Outcomes of Tasks or Techniques: __________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Additional Information: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Trainee  Date  Supervisor and Faculty  Date

Trainee  Date  Supervisor and Faculty  Date
Closing Summary

Client: ___________________________  Trainee: ___________________________  Supervisor: ___________________________

Demographic Description of Client: ____________________________________________

Presenting Problem: ___________________________________________________________

DIAGNOSIS (CMHC/CFT Only): _________________________________________________

Dates and Frequency of Service:

Client seen from __________ (initial interview) to __________ for a total of __________ sessions

Goals:

(1)

(2)

(3)

Summary of Progress toward Goals:

(1)

(2)

(3)

Reason for Termination:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Recommendations or Referrals Made to Client:

__________________________________________________________________________

__________________________________________________________________________

Trainee’s signature & Date ___________________________  Supervisor signature & Date ___________________________
APPENDIX F

COUPLE AND FAMILY THERAPY FORMS
Client(s) Name: ___________________________ Date: ___________ Session # __________

In Attendance: __________________________

Check-In (re: homework, focus for the past week, progress, what’s working):

Data from the Session (topics discussed, progress/regression observed, exceptions, etc):

Relational Processes Observed or Discussed:

Current Systemic Hypothesis/Assessment:

Plan and Homework or focus for between sessions (based on hypothesis and plan):

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<th>Graduate Clinician</th>
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<th>Supervisor and Faculty</th>
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Client Name: ____________________ Date of Plan: ____________________

Counselor: ____________________ Supervisor: ____________________

1. **Statement of the Presenting Problem** (in client’s words):

2. **Working Contract with Clients**:

3. **Contact with Other Involved Professionals**:

4. **The Outcome Questionnaire 45 (given to every individual member)**
   - Summary of total client scores
   - Summary of symptom distress subscale
   - Summary of interpersonal relationship subscale
   - Summary of social role performance subscale

5. **Dyadic Adjustment Scale**
   - Dyadic Consensus
   - Dyadic Satisfaction
   - Dyadic Cohesion
   - Affectional Expression

6. **Genogram**: With relational processes included
   Attach form separately

7. **Family of Origin Scale**
   - Autonomy score/interpretation
   - Intimacy score/interpretation

8. **Family System (FAST) TEST**:
   - Cohesion
   - Cross generational Coalition
   - Hierarchy/Hierarchy reversal
   - Types of relational structures
   - Perception of the family
   - Differences in perception
   - Test Behavior
   - Interaction
   - Follow up interview

9. **FACES Circumplex Hypothesis**:
   - Balanced Cohesion
   - Balanced Flexibility
   - Disengaged
   - Enmeshed
   - Rigid
   - Chaotic
   - Family Communication
10. **Build-A-House Technique**
   Attach Form Separately

11. **Marschak Interaction Method (MIM)**
   A. How well the parents can:
      - Structure the environment and set clear, appropriate expectations and limits
      - Engage the child in interaction while being attuned to the child’s state and reactions.
      - Respond in a nurturing way to the child’s needs
      - Provide appropriate challenge
   B. How well the child can:
      - Accept structure from the adult
      - Engage with the adult
      - Accept nurturing care from the adult
      - Respond to appropriate challenge

12. **Dominant Family Narrative (and possible alternative subplots):**

13. **Systemic Hypothesis** (structural, strategic, intergenerational, solution focused, attachment theory, narrative, multi-cultural, experiential, and other methods as applicable): 

14. **Treatment Plan from Hypothesis and Client Goals:**

   **Clients’ Goals:**
   1. 
   2. 
   3. 

   **Counselor Recommended Goals (Gleaned from Assessments):**
   1. 
   2. 
   3. 

   **Planned Overall Approach** (structural, experiential, intergenerational, solution-focused, resiliency, attachment theory, narrative, multi-cultural, and methods as applicable):

   **Relational Process or Processes to Intervene with:**

   **Next Step in Treatment:**

15. **Structure of Treatment:** (who is included in sessions, how frequently are sessions scheduled, how long do you expect sessions to last?)

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<th>Graduate Clinician</th>
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<th>Supervisor and Faculty</th>
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**Form 18**

Plymouth State University  
Counselor Education and School Psychology Department  
The Helping Center  
**Couples, Marriage, & Family Intake Form**

**Date of 1st Session** __________________________, 20 ________

Name: ________________________________________  
Birth date: ___/___/______  
Gender: □ Male □ Female □ Other

Address: ______________________________________

City, State, Zip Code: __________________________

Phone Numbers:  
Home: __________________________ May we leave messages here? □ Yes □ No  
Cell: __________________________ May we leave messages here? □ Yes □ No  
Email: __________________________ May we leave messages here? □ Yes □ No

Primary Care Physician: __________________________  
Address: ______________________________________  
City, State, Zip: __________________________

Psychiatrist: __________________________  
Phone Number: __________________________

Address: ______________________________________  
City, State, Zip: __________________________

Other members involved in counseling:

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<thead>
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<th>Name</th>
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Other important family members or members of household, not involved in therapy:

Name: __________________________  
Age: ______  
Relationship: __________________________
Name: __________________________ Age: _____ Relationship: ____________________
Name: __________________________ Age: _____ Relationship: ____________________
Name: __________________________ Age: _____ Relationship: ____________________

How were you referred to us? ______________________________________________________

May we acknowledge the referral? (this is not required) (initials) ___________ Yes ___________ No

If yes, phone number of referring person/agency: ______________________________________

What are the primary reasons you chose the Counseling and School Psychological Services Center?
(check up to three that apply best):
- ☐ Affordability ☐ Strength-based services
- ☐ Reputation of clinic ☐ Focus on relational therapy
- ☐ Trust in Person who referred me/us ☐ Timeliness of first appointment
- ☐ Location ☐ Person who did the intake call
- ☐ Other: ________________________________

Ethnicity (check all that apply to family members):
- ☐ American Indian/Alaska Native ☐ African American/Black ☐ Asian or Pacific Islander
- ☐ Hispanic/Latino(a) ☐ White, not of Hispanic/Latino(a) origin
- ☐ Multiracial ☐ Other: ________________________________

Income Level for Family per year:
- ☐ $1 to 10,000 ☐ $10,001-20,000 ☐ $20,001-30,000 ☐ $30,001-40,000
- ☐ $40,001-50,000 ☐ $50,001-60,000 ☐ $60,001-70,000 ☐ $70,001 or more

Couple’s Relational Composition: ☐ Male/Female ☐ Male/Male ☐ Female/Female ☐ Other

Please indicate your religious affiliation, if any. List more than one, if more than one in the family: ________________________________

Have you participated in therapy or counseling in the past? ☐ Yes ☐ No

If yes, tell me about your experience of therapy (positive, negative, mixed, etc.): ________________________________

____________________________________

____________________________________

What would you like to gain from our work together (therapy goals): ________________________________

____________________________________

____________________________________

What is going well in your family at this time: ________________________________

____________________________________
Have you or members of your family been or are currently the victims of abuse (physical, sexual, emotional): ________________

___________________________________________________________________________________________________________________

Are you or someone in the family currently suicidal or homicidal: __________________________

___________________________________________________________________________________________________________________

Medications being taken by yourself and family members (name medications):

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Describe any compulsive/addictive behaviors in yourself or other family members (drug, alcohol, gambling, spending, sex, etc):

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Communication (briefly describe strengths and/or concerns about family communication): __________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Physical (briefly describe strengths and/or concerns about the physical health of yourself or family members): __________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Play/Recreation/Fun Together (briefly describe strengths and/or concerns about play and recreation for yourself or the family):

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Stresses: Please describe any significant stresses that are affecting you or your family at this time, or from the past: ______

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Safety: Please share any issues of safety such as violent behavior, hitting, pushing, shoving, physically restraining another person, or intimidation that are a concern in the family: __________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________
Resources/Strengths: Please describe some of the resources and strengths you have in your life for yourself or your family (friends, family, job, spiritual beliefs, support, etc):


What are you or your family not willing to do differently at this time:


When therapy is successful, how will we know:


How motivated are you and your family members to succeed in therapy at this time:
(ons a scale from 1 to 10, 1 – no motivation to 10 – most important thing to me now):

Name: _______________________________ Rating (1 to 10): ________
Name: _______________________________ Rating (1 to 10): ________
Name: _______________________________ Rating (1 to 10): ________
Name: _______________________________ Rating (1 to 10): ________
Name: _______________________________ Rating (1 to 10): ________
Name: _______________________________ Rating (1 to 10): ________

Who might you want to be involved in the therapy that is not here today:


If you prefer to do individual therapy without family members, partner/spouse, please share the primary reason that you have for that preference:


PLEASE READ THIS ENTIRE DOCUMENT AND OTHERS GIVEN TO YOU:

Thank you for sharing this personal information. Let me know if you feel uncomfortable signing any of them or if you have any questions.
APPENDIX G

SCHOOL PSYCHOLOGY FORMS
<table>
<thead>
<tr>
<th>Date:</th>
<th>Length:</th>
<th>Type: Individual</th>
<th>Payment:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation Notes:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What type assessment was conducted?**
(i.e., intelligence, academic, social/emotional, etc.)

**Specific assessment administered?**
(i.e., WAIS-IV, WJ-IV, KTEA-3, WIAT-III, SMALSI, BASC-2, etc.)

**Relevant behavioral observations during the assessment?**
(i.e., inattention, disorganized thinking, self-corrections, etc.)

**Plan for additional or continued assessment?**
(i.e., more assessment information is needed, testing incomplete)

School Psychology Student’s Signature & Date:

Supervisor’s Signature & Date:
As a school psychology trainee, I will be receiving university supervision in the Helping Center. This will also include peer consultation related to the assessments completed with clients. To understand assessments and evaluations better, I must collect information about clients before, during, and after sessions. Therefore, I am asking you to help by allowing me to record our sessions, and also by filling out some questionnaires about different parts of your life and education. Video and audio recordings are sometimes used as aids in the supervision process, in the education of school psychologists, and in research. I need to have your written permission to make and use these recordings and materials for these purposes.

I would also be grateful for your consent to use your evaluation materials in my other practicum/internship related activities. Your material may be useful in supervision, consultation with other student trainees, or for scientific research. For these purposes, I might use any of the following:

- Evaluation notes I or other professionals have taken during or after our sessions.
- Psychological test responses and scores, questionnaires, checklists, and similar data collection forms.
- Electronic or other recordings (such as audiotape, videotape, video disc, transcriptions, case notes, physiological monitoring, or any other recording method) of any interview, examination, or treatment with me.
- Observation of our meetings by the university supervisor or other student trainees, using videotapes or adjacent observation rooms.

When I use the above mentioned materials from my evaluations, I do not want anyone who hears, reads, or sees it to be able to identify the clients involved. Therefore, I would conceal your identity by creating a unique code when scoring your evaluation data, will store your information in a secure location, and will immediately destroy the video and audiotapes upon completion of the academic term. I may use other methods (including those not yet available) that would be consistent with my professional code of ethics and professional guidelines for the maintenance of confidentiality.

These materials will be presented only to my university supervisor, practicum/internship seminars, and other individuals who have appropriate release of information forms completed. Therefore, I am asking you to read and sign the following:

I, the client (or his or her parent or guardian), consent to the recording of my sessions for the purposes described above. The purpose and value of recording have been fully explained to me, and I freely and willingly consent to this recording.

This consent is being given in regard to the services being provided by the student trainee named below. I agree that I am to receive no financial benefit from the use of the materials. I understand that if I do not agree to the uses of these materials or the recording of meetings as indicated, I will be referred to another professional who can complete the evaluations. I understand that I may ask for the recording to be turned off or erased at any time during my sessions.
I understand that I am fully responsible for my own participation in any and all exercises and activities suggested by the student trainee. I agree not to hold the student trainee legally responsible for the effect of these exercises on me, either during the session or later.
I give the student trainee named below my permission to use the materials for research, supervision, and practicum/internship seminars.
I hereby give up my rights to any and all interests that I may have in the materials. I agree to let the student trainee/university supervisor be the sole owner of all the rights in these materials for all purposes described above.

_______________________________________________  ______________________
Signature of client (or parent/guardian)          Date

____________________________________________
Printed name

I, the student trainee, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_______________________________________________  ______________________
Signature of student trainee                      Date

_______________________________________________  ______________________
Signature of university supervisor               Date
Form 21

Plymouth State University
Counselor Education and School Psychology Department
The Helping Center
Release/Authorization to Release Confidential Records and Information

A. Person or facility: ________________________________________________________________

Address: ________________________________________________________________________

Phone: __________________________

B. Identifying information about me/the client

Name: ___________________________________________________________________________

Address: ________________________________________________________________________

Phone: __________________________  Birthdate: ________________________________

Parent/guardian (if applicable): _____________________________________________________

Address and phone of parent/guardian: ______________________________________________

C. I hereby authorize the source named above to send, as promptly as possible, the records listed below marked by an X in the boxes below. (The items not to be released have a line drawn through them.) Page numbers are indicated where appropriate. Written dates indicate when those records were mailed to the requester.

| ☐ Treatment plans, recovery plans, aftercare plans. | ☐ Psychiatric evaluations, reports, or treatment notes and summaries. |
| ☐ Workshop reports and other vocational evaluations and reports. | ☐ A letter containing dates of treatment(s) and a summary of progress. |
| ☐ Psychological evaluation(s) or testing records, and behavioral observations or checklists completed by the client. | ☐ Information about how the patient’s condition affects or has affected his or her ability to complete tasks, activities of daily living, or ability to work. |
| ☐ Admission and discharge summaries. | ☐ Social histories, assessments with diagnoses, prognoses recommendations, and all similar documents. |
| ☐ Academic or educational records. | ☐ Achievement and other tests’ results. |
Other: ____________________________________________

______________________________________________________________________________________________

D. Select only one:

☐ Please forward the records to the address in the letterhead at the top of this form.
☐ Please forward the records to the address written above.

E. I authorize the source named above to speak by telephone with the student trainee identified in part N, below, about the reasons for my/the client's referral, any relevant history or diagnoses, and other similar information that can assist with my/the client's receiving being evaluated or referred elsewhere.

F. I understand that no services will be denied me/the client solely because I refuse to consent to this release of information, and that I am not in any way obligated to release these records. I do release them because I believe that they are necessary to assist in the development of the best possible educational recommendations for me/the client. The information disclosed may be used in connection with my/the client's treatment.

G. This request/authorization to release confidential information is being made in compliance with the terms of the Privacy Act of 1974 (Public Law 93-579) and the Freedom of Information Act of 1974 (Public Law 93-502); and pursuant to Federal Rule of Evidence 1158 (Inspection and Copying of Records upon Patient's Written Authorization). This form is to serve as both a general authorization, and a special authorization to release information under the Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act Amendments of 1974 (Public Law 93-282), the Veterans Omnibus Health Care Act of 1976 (Public Law 94-581), and the Veterans Benefit and Services Act of 1988 (Public Law 100-322). It is also in compliance with 42 C.F.R. Part 2 (Public Law 93-282), which prohibits further disclosure without the express written consent of the person to whom it pertains, or as otherwise permitted by such regulations. It is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191.

H. In consideration of this consent, I hereby release the source of the records from any and all liability arising therefrom.

I. This request/authorization is valid during the pendency of any claim or demand made by or in behalf of me/the client, and arising out of an accident, injury, or occurrence to me/the client. I understand that I may void this request/authorization, except for action already taken, at any time by means of a written letter revoking the authorization and transfer of information, but that this revocation is not retroactive.

J. I agree that a photocopy of this form is acceptable, but it must be individually signed by me, the releaser, and a witness if necessary.

K. I affirm that everything in this form that was not clear to me has been explained. I also understand that I have the right to receive a copy of this form upon my request.

This Release of Information is valid for one year from the date of signature.
M. Signatures:

____________________________________  __________________________  __________________
Signature of client  Date  Printed name

N. I, a school psychology student trainee, have discussed the issues above with the client and/or his or her parent or guardian. My observations of behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

____________________________________  __________________________  __________________
Signature of student trainee  Date  Printed name
I, ______________________________________, agree to allow the student trainee named below to perform the following services:

- ☐ Psychoeducational testing, assessment, or evaluation
- ☐ Report writing
- ☐ Consultation with university supervisor
- ☐ Consultation with practicum/internship seminar

I understand that these services may include direct, face-to-face contact, interviewing, or testing. They may also include the student trainee’s time required for the reading of records, consultation with others, scoring of tests, interpreting the results, and any other activities to support these services. If I have questions or concerns about this assessment, the student trainee/university supervisor agrees to be available to discuss these after completion of the testing and interviews.

I understand that there is no fee for this service.

I understand that this evaluation is to be done for the purpose(s) of disability evaluation for the PASS Office at Plymouth State University.

I also understand the student trainee agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the National Association of School Psychologists and the American Psychological Association, as well as with the applicable state and federal laws.

2. Tests will be chosen that are suitable for the purposes described above. These tests will be given and scored according to the instructions in the tests’ manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.

3. Tests and test results will be kept in a secure place to maintain their confidentiality.

4. The report of the findings of this assessment will be sent to the PSU PASS Office once permission to exchange information is granted for the client.
I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate.

__________________________________________
Signature of client (or parent/guardian)       Date

I, the student trainee, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person’s behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

__________________________________________
Signature of student trainee                  Date
APPENDIX H

APPROVED HELPING CENTER EVALUATION TOOLS
# COMPREHENSIVE COUNSELING SKILLS RUBRIC

Trainee:  

Supervisor:  

Date: ____________  (circle one)  Counseling Skills  Practicum  Internship  Other: ____________

**Part A:** Use the scale below to rate the trainee’s skill level and provide a supporting example per rating. As applicable, provide a recommendation for improving a respective rating. Calculate the group score by summing ratings per section and dividing by the number of items not receiving “NA.”

<table>
<thead>
<tr>
<th>Score</th>
<th>Description of Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>Superior</strong> skill: is consistently present and used intentionally with superior precision, and is an advanced facilitation for the client.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Excellent</strong> skill: is consistently present and usually used intentionally with excellent precision, and is an effective facilitation for the client.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Acceptable</strong> skill: is used somewhat intentional, with some precision, and is an acceptable facilitation for the client.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Substandard</strong> skill: is inconsistent and, at times, not used with intentionality, and is a substandard facilitation for the client.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Poor</strong> skill: does not enhance counseling and may be hurtful to client; not performed correctly and/or understood.</td>
</tr>
<tr>
<td>NA</td>
<td>Skill not applicable at this time/ has not been introduced.</td>
</tr>
</tbody>
</table>

## INVITATIONAL SKILLS

In addition to understanding invitational skills, trainees recognize the appropriate occasions to use them, frequency of use, and multicultural, developmental, and contextual issues that may serve as a benefit or negative consequence to the use of the skill.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>Example</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nonverbal Communication</strong></td>
<td>Is culturally and contextually appropriate with eye contact, facial expression, posture, gestures, and spatial distance; maintains open and relaxed posture; conveys professional dress. Flexibly uses variations in nonverbal communication given client’s multicultural background.</td>
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<tr>
<td><strong>Encouragers</strong></td>
<td>Uses nonverbal minimal encouragers including elaborating/attending behavior, natural body style of encouragement, congruency with client’s bodily movement, leaning forward, and head nodding; verbal</td>
<td></td>
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</tr>
</tbody>
</table>
minimal encouragers used (e.g., Oh?, So?, Then?, And?, Umm-hmm, uh-huh, tell me more, repetition of key words).

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>Example</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocal Tone</td>
<td>Uses vocal tones appropriate for the session and goals. Communicates caring, acceptance, and congruence with the context of the session. Comprehends multicultural nuances in vocal tone and makes the appropriate adjustment.</td>
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<tr>
<td>Observation</td>
<td>Observes and conveys awareness of differences in counselor and client verbal and nonverbal behavior within key areas (e.g., client speech, grooming, posture, build, gait, hesitation, stammer). Is able to filter observation through a multicultural lens and understands culturally bound verbal and nonverbal behavior.</td>
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<tr>
<td>Silence</td>
<td>Uses unfilled pauses or periods of silence to serve various functions in the counseling sessions (e.g., reducing own level of activity, slowing down session pace, giving client time to think, and returning responsibility to the client).</td>
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</tbody>
</table>

**GROUP SCORE:**

**ATTENDING SKILLS**

In addition to understanding attending skills, trainees recognize the appropriate occasions to use them, frequency of use, multicultural, developmental, and contextual issues that may serve as a benefit or negative consequence to the use of the skill.

<table>
<thead>
<tr>
<th>Goal Setting</th>
<th>Collaborates with client to establish goals that are related to the presenting issues. Demonstrates ability to identify issues and themes that the client presents and funnels them down to treatment goals.</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Open-Ended Questioning</td>
<td>Asks open questions that encourage client disclosure; understands types of questions (i.e., what, how, when, where, who, could, would); avoids overuse.</td>
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<tr>
<td>Close-Ended</td>
<td>Uses closed ended questions to obtain particular</td>
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<td></td>
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</tbody>
</table>
### Questioning
Information. Close-ended questions begin with words such as: are, do, can, is, and did, and they can be answered with yes, no, or another short response. Avoids overuse.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>Example</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| Clarification| Asks the client to elaborate on vague, ambiguous, or implied statements, with the request for clarification usually expressed as a question beginning with phrases such as “Are you saying this?” or “Could you try to describe that?” or “Can you clarify that?”.
Clarifications can also be in the form of statements with a questioning connotation, with phrases such as, “They are always talking about you?” |
| Paraphrasing | Rephrases the client’s primary words and thoughts, paying selective attention to the content part of the message and translates the client’s key ideas into their own words.                           |
| Summarizing  | Ties together multiple elements of client’s message, identifying themes or patterns; skill used as a tool for feedback or as a focusing method for interrupting client “storytelling.”                         |
| Normalizing  | Noting appropriately commonality of issues without inappropriately minimizing important issues. This often starts with phrases like, “It is normal” or “Most people would.”                              |
| Reflecting of Feelings | States succinctly the feeling and the content of the problem expressed by the client on the implied and stated level, adding to a paraphrase an emotional tone or feeling word (e.g., hurt, mad, sad, jealous, confused, terrified, and scared). |
**INFLUENCING SKILLS**

In addition to understanding influencing skills, trainees recognize the appropriate occasions to use them, frequency of use, and multicultural, developmental and contextual issues that may serve as a benefit or negative consequence to the use of the skill.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>Example</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>Advocates for the welfare of clients, groups, and the counseling profession within systems. Seeks to eliminate obstacles and hindrances that prevent access, progress, and development. For example, “We need to establish more after school programming for low income families.”</td>
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</tr>
<tr>
<td>Immediacy</td>
<td>Recognizes here and now feelings, expressing verbally something occurring at a particular moment within the session; makes note of patterns, themes, client/counselor relationship issues, and discussion of currently experienced emotions.</td>
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</tr>
<tr>
<td>Challenging and Pointing out Discrepancies</td>
<td>Describes appropriately discrepancies, conflicts, and mixed messages apparent in the client’s feelings, thoughts, and action.</td>
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</tr>
<tr>
<td>Feedback</td>
<td>Provides concrete and honest reactions based on observation of client’s behavior to foster awareness of how client appears to others.</td>
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</tr>
<tr>
<td>Reflecting Meaning and Values</td>
<td>Reflects underlying spoken or unspoken meanings (i.e., core experiences) accurately to client, in a manner that extends beyond paraphrasing.</td>
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<tr>
<td>Reframing</td>
<td>Encourages client to see issue, feeling, or behavior from a different perspective to challenge client meaning effectively.</td>
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<tr>
<td>Interpretation</td>
<td>Identifies and reflects behaviors, patterns, goals, wishes, and feelings that are suggested or implied by the client’s communication; uses hunches to make implied client messages more explicit.</td>
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</tr>
<tr>
<td>Self-Disclosure</td>
<td>Provides both direct and indirect self-disclosure appropriately in a manner that fosters rapport building, promotion of feelings of universality,</td>
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</tbody>
</table>
increases in therapeutic trust, and instillation of hope. Self-interest is not used for counselor personal gain.

**Psychoeducation**

Provides psychoeducation for the purpose of awareness, clarification, and the achievement of goals; discusses pragmatic behaviors involved in the psychoeducation; plans how to generalize the learning to daily life.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>Example</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homework</td>
<td>Assigns or collaborates on the creation of behaviorally-specific and goal-related activities to complete between sessions and/or over time; reviews homework at the start of counseling session; effectively discusses issues surrounding homework non-completion (if relevant).</td>
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</tr>
<tr>
<td>Directives</td>
<td>Provides a direct suggestion (e.g., I suggest…) and/or activity (e.g., role play, empty chair) to the client, which provide new options without taking away client choice and freedom. Avoids overuse and advice giving.</td>
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</tr>
</tbody>
</table>

**GROUP SCORE:**

**Part B:** Use the scale below to rate the trainee’s ability to intervene appropriately at various phases of a counseling session, providing a supporting example per rating. As applicable, provide a recommendation for improving a respective rating. Calculate the group score by summing ratings per section and dividing by the number of items not receiving “NA.”

<table>
<thead>
<tr>
<th>Score</th>
<th>Description of Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Superior ability to provide appropriate skills and techniques associated with various phases of counseling.</td>
</tr>
<tr>
<td>Phase</td>
<td>Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Opening Phase</td>
<td>Warmly greets client, offers summary of last session (if applicable) and applies theoretically consistent transitions into the working part of session.</td>
</tr>
<tr>
<td>Working Phase</td>
<td>Explores story, develops understanding, keeps client focused on goals of treatment, demonstrates clear evidence of working with interventions, creating change, evaluating progress relative to goals, and providing resources and referrals if necessary.</td>
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<tr>
<td>Closing Phase</td>
<td>Has timely ending of session, summarizes session, handles unexpected end of session client behavior appropriately, and, if needed, plans for future sessions.</td>
</tr>
</tbody>
</table>

**Phases of a Counseling Session**

Phases of a counseling session include aspects of each session (e.g., opening, working, and closing the counseling session). In addition to understanding the essence of the phases of counseling, trainee displays multicultural competency, engages client in a developmentally appropriate manner, and understands contextual issues that may serve as a benefit or negative consequence within a particular phase of counseling.

**GROUP SCORE:**
Part C: Use the scale below to rate the trainee’s ability to intervene appropriately at various stages of counseling, providing a supporting example per rating. As applicable, provide a recommendation for improving a respective rating. Calculate the group score by summing ratings per section and dividing by the number of items not receiving “NA.”

<table>
<thead>
<tr>
<th>Score</th>
<th>Description of Score</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Superior ability to provide appropriate skills and techniques associated with various session of counseling.</td>
</tr>
<tr>
<td>4</td>
<td>Excellent ability to provide appropriate skills and techniques associated with various session of counseling.</td>
</tr>
<tr>
<td>3</td>
<td>Acceptable ability to provide appropriate skills and techniques associated with various session of counseling.</td>
</tr>
<tr>
<td>2</td>
<td>Substandard ability to provide appropriate skills and techniques associated with various session of counseling.</td>
</tr>
<tr>
<td>1</td>
<td>Poor ability to provide appropriate skills and techniques associated with various session of counseling; stages of counseling not performed but had opportunities to do so.</td>
</tr>
<tr>
<td>NA</td>
<td>Session of counseling not applicable at this time.</td>
</tr>
</tbody>
</table>

Sessions of the Counseling Relationship

Sessions of the counseling relationship include the macro aspects of the entire counseling relationship (e.g., intake, assessment, and termination of the counseling relationship). In addition to understanding and performing the essence of the sessions, trainee displays multicultural competency, engages client in a developmentally appropriate manner, and understands contextual issues that may serve as a benefit or negative consequence within a particular phase of counseling.

<table>
<thead>
<tr>
<th>Session</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>Example</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Session</td>
<td>Conducts basic functions of an intake session, including (but not limited to) orienting client to the counseling process, goal setting, reviewing client rights and limits to confidentiality, and conducting initial assessments (intake, mental status examination, screenings, environmental).</td>
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<tr>
<td>Assessment Session</td>
<td>Ability to perform assessments while developing the therapeutic alliance, gathers basic demographic and background data, performs necessary functions of a psychosocial interview, follows specific protocol for the utilization of validated assessment measures, and provides accurate and appropriate feedback to client based on the assessment report.</td>
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<tr>
<td>Termination Session</td>
<td>Is able to conduct all of the basic functions of a termination session, including (but not limited to), evaluation of what was completed in counseling, informing client of changes that occurred, describing with client any acquisition of new skills, reiterating achieved goals, what would need to happen to undo changes, and hopes for the future. Trainee must understand how to conduct a collaborative termination and a unilateral termination</td>
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<td></td>
<td></td>
<td>GROUP SCORE:</td>
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</table>

Additional Comments
APPENDIX I
MANDATORY SIGNATURE FORMS/STUDENT DUE PROCESS
All trainees utilizing The Helping Center adhere to their Professional Code of Ethics and The Helping Center Handbook and Procedural Manual during their work at the Helping Center. As a Center, we believe that all people have rights and responsibilities through every stage of human development. An overarching expectation for all helping professionals is to treat everyone with the dignity, honor, and reverence that is fitting to them.

Helping professionals have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work. They reveal such information to others only with the consent of the person or the person’s legal representative, except in those unusual circumstances in which not to do would result in serious or foreseeable harm to the person or to others. Where appropriate, helping professionals inform their clients of the legal limits of confidentiality.

All certified/licensed professionals, trainees, and faculty/supervisors utilizing The Helping Center have a responsibility to adhere to the following guiding principles:

1. I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. I will dedicate myself to the best interests of clients and assist them to help themselves.
3. I shall only maintain a professional relationship with clients.
4. I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
5. I shall adhere to my applicable code of ethics (e.g., ACA, AMHCA, ASCA, NASP, APA, AAMFT)
6. I shall not, in any way, discriminate against clients or other professionals.
7. I shall respect the rights and views of other professionals and clients.
8. I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
9. I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
11. I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. I respect the client’s right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
13. I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. I have a regard for an individual’s needs and rights to equal protection and due process under the laws of the state of New Hampshire.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are, or may be, under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.
When you have completed reading, please sign below:

**Acknowledgement:** I ______________________ have read, understand and agree to abide by the policies and procedures for the Helping Center as described within the Helping Center Handbook and Procedural Manual, my professionals code of ethics, and the above basic professional expectations.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Print</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>University Supervisor Signature</th>
<th>Print</th>
<th>Date</th>
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