Delta State University

Division of Counselor Education & Psychology
Counselor Education Program
Counseling Laboratory Manual
Delta State University  
Division of Counselor Education and Psychology  
Counselor Education Program

Counseling Laboratory Manual

The Counseling Lab is located in Ewing Hall, rooms 332a-332i. The lab is available for use Monday through Thursday during the Spring and Fall semesters. Hours of operation vary by semester. This schedule is available by contacting the Counseling Lab Director. The Lab Director’s office is located across from the lab in Ewing 338.

Purpose

The Counseling Lab is designed to train counseling graduate students by allowing them to enhance their knowledge of counseling theory and techniques through direct client interaction, observation, and professional consultation. Counseling services are provided to student volunteers and are conducted under the supervision of faculty members. Counseling sessions may address personal difficulties, enhance personal development, and explore educational or vocational interests. More specific topics with which counselor-trainees may want to be familiar with are: interpersonal and roommate relationship issues, self-esteem, grief issues, and study skills/test taking skills.

Staff

Counseling Lab Director. The Counseling Lab Director is responsible for the coordination, administration, and direction of lab activities. The Lab Director is available to students to answer questions about the lab and assist with any lab difficulties during the scheduled office/lab hours. In addition, the Lab Director shares with the counseling faculty the responsibility of observing and supervising practicum students.

Lab Graduate Assistant. A graduate assistant assists the Counseling Lab Director with a variety of administrative and clerical tasks, including the scheduling of counseling sessions.

Facilities

The Counseling Lab is a suite of eight cubicles (three of which are available for counseling sessions) adjacent to the department's classrooms and offices. One cubicle is designated for group therapy sessions (Cubicle G/H). Cubicle A/B is designated as a playroom for play therapy sessions.

Each cubicle is equipped to support a professional and confidential setting. It is the counselor’s responsibility to orient the client to the cubicle. Items such as the surveillance camera and one-way glass are to be identified by the counselor and their purpose to be discussed.
with the client. The observation room is adjacent to the individual counseling rooms. The observation room is equipped with video monitors, VCR’s and headphones.

All rooms used for counseling sessions are acoustically sound to filter outside noise from the halls and to prevent comments made by clients and counselors from being transferred to the hall. Even so, students are encouraged to not congregate outside of the counseling suites. This will assure that counselor-trainees and clients are not disrupted and confidentiality is maintained.

Counseling Lab Office. The Counseling Lab Office is located in Ewing, Room 342. The lab office contains the display board on which schedules of counseling sessions are posted. In addition, counselor trainees will file progress notes, review counseling records and turn in assignments to the Lab Director in this office. Moreover, in Room 342 trainees may receive correspondence from the Lab Director, Graduate Lab Assistant and or the CED 604 professor regarding their work. It is imperative that practicum students regularly check this office for such correspondence.

Counseling Library. The Counseling Library is located in the lab assistant’s office, Ewing 339. It contains numerous books and video tapes that are useful to helping professionals. These materials are available (ON LOAN) to all counseling graduate students and faculty. Anyone taking materials from the counseling library is required to sign for them and return the materials in a timely manner.

Testing Lab. The Testing Lab is located in Ewing, Room 309. It holds a variety of testing inventories that are also available (ON LOAN) to counseling students and faculty. Materials must be checked out appropriately, by providing the borrower's signature, the name of the testing instrument, and the date borrowed. Please return the testing materials as soon as possible, to ensure availability to other students and faculty.

Facilities Outside the Counselor Education Department Supportive of Counselor Trainees

Delta State Library. Trainees preparing for their work with clients are recommended to search for relevant information in the DSU library. Information not found in the Counseling Library is likely to be found in the DSU library. The DSU library contains several professional counseling journals and related materials. Other information is available through inter-library loan.
Counseling and Testing Center. The Counseling and Testing Center, located in the Student Health Building provides counseling services to students experiencing personal, social, or vocational difficulties. Counselor trainees are encouraged to explore personal concerns that may be influencing their success in the counseling program. Periodically, the CED 604 instructor, the student’s supervisor or their advisor recommends counseling students to seek help from a professional outside the department. A counselor trainees’ work with a counselor is held confidential between them and their counselor.

Clients

Students are recruited by the Lab Director from various undergraduate and graduate classes to volunteer as clients. Volunteer clients complete a “Request for Counseling Form” (Appendix A) and agree to attend a minimum of three (3) sessions. The “Request for Counseling Form” is filed in the client's folder to be viewed by the assigned counselor-trainee. In return for attending the three sessions, the volunteer client often receives extra credit from the instructor. Counselor trainees are responsible for accurately recording their clients’ attendance. Attention to record keeping is most important to insure that clients receive their credit.

Occasionally, the lab will receive clients from a community agency, be self-referred or be referred by a former student-volunteer. The practicum student is to follow the same scheduling procedures as they do with other volunteer clients.

The Practicum Experience

The practicum experience provides students enrolled in CED 604 the opportunity to apply counseling techniques and skills to the actual client setting. Counselor-trainees will be assigned clients and conduct counseling sessions. The trainee will videotape each session for review purposes with their supervisors. Counselor-trainees must purchase their own videotapes prior to their first lab experience.

Counselor-trainees are required to attend supervision sessions immediately following their counseling sessions. The following section discusses supervision.

Supervision Sessions

Supervision provides counselor-trainees with both peer and professional consultation. That is, in addition to being observed by a faculty member, trainees will also be observed by other counseling graduate students. Feedback given in supervision is intended to help trainees to become better counselors; therefore, it is important to learn to accept constructive feedback. Try to implement the suggestions given during supervision in future counseling sessions.

Supervision sessions are designed to help students learn. Thus, all students involved in supervision are encouraged to ask questions. Counselor-trainees are NOT expected to be free

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from errors. Nevertheless, remember to keep a positive attitude and a sense of humor; these will help you deal more effectively in stressful situations and help you maintain perspective.

About Supervision

The supervision process is an important component of the counseling-training process. Supervisors of counseling lab sessions will complete a “Supervisor Rating Scale” (Appendix B) while observing the session. The counselor-trainees will be rated by the supervisor on their successful demonstration of attending behaviors and interviewing skills. The “Supervisor Rating Scale” is designed to generate discussion during supervision and outline specific strengths and weaknesses to enhance future counseling performance. The completed “Supervisor Rating Scale” is forwarded to the Practicum Instructor with a copy provided to the trainee. Student ratings are averaged and considered at midterm and final evaluations.

About Observation

Observers should sign up for observations by printing their names on the designated space on the scheduling slip found on the scheduling board in the Counseling Lab Office, Ewing 342. (The scheduling slip will be discussed further later in the manual). The number of observers will be limited to four (4) per session and will be assigned on a "first come, first served" basis.

Observers need to arrive at the observation room at least five minutes before the counseling session. Observers need to be seated with headphones on prior to the beginning of the session. Observers should avoid touching the controls after the session has begun as this creates distracting noise in the cubicle. The lights to the observation room should be kept off and the door closed at all times.

Observers must not stand in the hall before the session begins. If you are in the hall and meet a counselor escorting a client to the cubicle, enter the observation room only after they are out of sight. In the event that you arrive after the session has started, the supervisor may not allow you to receive credit for the session if you have missed important material.

All students must adhere to the lab rules. This includes not talking, coughing, or making any unnecessary noise in the observation room. Observers should distance themselves far enough away from the wall, so that there is no chance of kicking or bumping it. The observation rooms are not soundproof. Consequently, noises made in the observation room are distracting to both the client and counselor and may impede the client and counselor’s work. Eating, drinking, and smoking are also prohibited.

Observers should stay with the session for which they have previously registered. Moving from one session to another is not allowed.

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Observers should leave the observation room only after they are sure that all counselors and clients have cleared the hall. Observers are expected to accompany the supervisor to the supervision session.

At the end of each observed session, observers are to complete an observation form, which serves as a critique of the counselor's performance. These forms are designed to help both the counselor and the observer, thus they are to be discussed briefly in feedback sessions. Observers will try to make constructive comments that can help the counselor improve his/her counseling skills. Because observation forms are included in the lab manual, it is the observer's responsibility to copy enough forms for use during the semester. Failure to complete an observation form will result in a loss of credit. The “Student Observation Form” is located in Appendix C.

The observation forms are given to the counselor after the feedback session for inclusion in the practicum log.

It is imperative that observers record their observation by initialing the scheduling slip next to the space where they originally signed up in order to register for the observation. The observer's signature and subsequent initialing serves as documentation that he/she attended the session. Without such, no credit is given for the observation. Figure 1 describes this procedure in detail.
### Figure 1

<table>
<thead>
<tr>
<th>Observer</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith</td>
<td>J</td>
</tr>
<tr>
<td>John Jones</td>
<td>J</td>
</tr>
<tr>
<td>Ann Williams</td>
<td>A</td>
</tr>
</tbody>
</table>

- Session Held: Yes
- Credit: Yes
- Counselor: Yes
- Client: Yes
- Observers: Yes
- Session Status: Terminated
- Rescheduled: No

Date: 
Time: 
Counselor: 

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Preparation for Counseling Sessions

All counselor-trainees are expected to have sufficient knowledge of professional ethics. Therefore, professional and ethical conduct is required of all students participating in the Counseling Lab. Counselor-trainees must sign the Counseling Lab Agreement (Appendix D) and return it to the practicum instructor prior to their first experience in the counseling laboratory. This form is filed in the trainee’s folder as documentation of the trainee’s commitment to uphold professional ethics and conduct.

Ethics

The Counseling Lab adheres to the professional ethics of the counseling profession as advocated by the American Counseling Association (ACA). Counselor-trainees should be familiar with these standards and uphold these standards at all times.

Client information folders are not to be removed from the building under any circumstances. Videotapes and material from client files are never to be discussed or shown to anyone other than the attending supervisor, instructor, or fellow students in practicum class (as directed by the instructor). Students are not to view the videotapes of others unless advised to do so by their instructor for learning enhancement. All client information is confidential and must be protected – this is the counselor trainee’s responsibility!

Professionalism

Counselor-trainees are expected to maintain standards of professionalism throughout their training. This includes refraining from "chatting" about clients, counselors, or staff/faculty, in the halls, waiting room, or elevator. Trainees should dress professionally when conducting sessions with clients. Remember a counselor’s personal appearance contributes greatly to the client’s initial impression of the counselor and can influence the therapeutic alliance. Questions as to what is appropriate attire can be discussed with the Lab Director or Practicum Instructor.

Unethical conduct and/or a breach of code of ethics and standards of practice by the counselor-trainee will result in disciplinary action!

Scheduling

Counselor-trainees will learn of their client assignments by checking the display board located in Counseling Lab Office (Ewing 342). The lab assistant will post scheduling slips (Appendix F) at the beginning of each week. The trainee is responsible for viewing the board each week to be aware of any new clients.

Practicum students are assigned a file drawer (in Room 342) at the beginning of the

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semester. These drawers are labeled with each counselor’s name and serve as a location for returned paperwork and other correspondence from the Lab Director and the Practicum instructor. Counselors should check their drawer regularly. Whenever the trainee needs to contact the Lab Director, their supervisor or the Practicum instructor, and it is not during the faculty/staff member’s office hours, they are encourage to leave a message in their mail box in room 335.

Scheduling Slips

Every session is recorded on a scheduling slip. This slip is to be completed by the counselor-trainee to schedule the following week's session and will include documentation of observers as previously described. If a scheduling slip is not posted on the board, there is no session! This also means that there is no record for the counselor, client, or observers. It is imperative that record keeping be prompt, accurate, and include all pertinent information.

Once the counselor-trainee has completed the initial session with the client, the trainee is then responsible for scheduling all subsequent sessions with that client. This is done by ACCURATELY completing all information on the back of the slip. This information applies to the next session only. That is, the next session number, day of next session, date of next session, time of next session, cubicle, and client code are included on the designated lines. Sessions must be scheduled for the same time and in the same cubicle from week to week unless prior permission is obtained from the Lab Director. Figure 2 provides an example of a completed scheduling slip.
Figure 2
Completed scheduling slips MUST be returned to the counseling lab office (Ewing 342) or the lab assistant immediately after the feedback session. Failure to do so will result in much confusion and loss of credit for the trainee and observers.

**Client Cancellations and "No Shows"**

Clients have been previously advised to provide the lab with 24-hour notice of cancellation of a session. If the client calls prior to the scheduled appointment time, a member of the lab staff will attempt to contact the counselor-trainee. If unable to make contact, a message will be posted in the Counseling Lab Office. It is the counselor’s responsibility to document that the client canceled the session and file the documentation in the client’s folder, i.e., complete a progress note for the session not held. Clients will be rescheduled at the discretion of the Lab Director.

No credit will be given to clients, counselors or observers for cancellations. The counselor-trainee must wait fifteen minutes past the hour before declaring the client a "no show." In the event this occurs, counselor-trainees should check the line marked “no show” on the scheduling slip. Counselor-trainees are still expected to complete a progress note for the session not held. The progress note should indicate that the session was not held due to the client’s failure to attend.

In the event that a client arrives prior to the 15 minute “no show” designation, the session should be held for the remainder of the 30 minutes. Please remember that other sessions and faculty appointments are scheduled around the concept of each session ending promptly on the half hour.

**Counselor Cancellations**

Counselor-trainees are NOT TO MISS ANY APPOINTMENTS! However, if in the rare event of an emergency, the counselor is unable to keep the scheduled appointment, the counselor-trainee must contact the Counseling Lab and reschedule an available time and cubicle. Remember that other sessions are constantly being assigned, and the previously used cubicle may no longer be available. The Lab Director will contact the client to discuss availability for rescheduling the session. Usually in these circumstances, the client is given credit and consequently does not have to meet the minimum three sessions with their counselor. In other words, the client is not penalized for the counselor-trainee’s scheduling conflict. However, a cancellation on the part of the counselor-trainee reflects poorly on the trainee’s professionalism and is not acceptable in the practicum lab. Moreover, cancellations require additional sessions on the part of the trainee to meet course requirements and additional work for the Graduate Assistant and the Lab Director.

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The Counseling Process

Counseling sessions are approximately thirty minutes long and are followed by thirty-minutes of supervision. The sessions begin on the hour and end at the bottom of the hour. Courtesy and professionalism dictate that counseling sessions start and end on time. Sessions should not be initiated early, as the supervisor and observers are prepared to be present at the designated time.

Guidelines for Counselor-trainees

The counselor-trainee should arrive in enough time to prepare the cubicle for the counseling session. The trainee should straighten the chairs, ensure that tissue is available, and check the accuracy of the clock. On the observation side, the trainee will turn on the video/audio recording equipment. The client should be waiting for the counselor in the waiting area, located in Ewing, Room 355. The counselor-trainee should meet the client at the appropriate time and escort the client to the counseling cubicle.

In the initial session, it is the counselor-trainee’s responsibility to appropriately and adequately explain the concepts of privacy and confidentiality, including exceptions to such. To facilitate this discussion, two agreement forms (Appendix F) are reviewed and signed by both the counselor-trainee and the client. The documents are provided as a guide to you and are not to be read to the client. Rather, use them as the foundation for your opening speech to insure that the client’s rights are both understood and protected. At the close of the first session, these agreements are to be returned to the lab director or assistant for inclusion in the client file.

At the completion of each session, the client should be given an appointment card to the client with details for the next session. Counselor-trainees should complete the card prior to the session and bring it to the cubicle. The appointment cards are available in the Counseling Lab Office, Room 339. A sample appointment card is displayed in Appendix G.

After the session, the trainee should walk the client back to room 355 or otherwise off of the hall. At that time, the counselor will indicate to faculty and observers that they may exit the observation area. The trainee is to be conscientious of the other sessions occurring and other clients being escorted off of the hall before notifying observers to exit.

Keeping Records

A counselor-trainee may locate a client's file by obtaining the client's name code, as displayed on the scheduling slip. The clients first and last names are NEVER posted on the board, as this is a violation of the clients' right to privacy. Codes are assigned by semester. For example, the first client scheduled in Fall, 2003, will be coded F03001. The trainee will use this code to search for the needed file in order to review client information prior to the counseling

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Current client files are kept in the Lab Office, Ewing 342. This office is open during counseling lab hours. Please keep this door closed at all times. If you need access to a client's file on another day, please arrange access to files with the Counseling Lab Director during office hours. Always return the file to the filing cabinet in Room 342. **No files are to leave room 342** without the permission of the Lab Director.

**Case Notes**

It is the trainee's responsibility to keep case notes in an appropriate and timely manner. The progress note format is often referred to as the S.O.A.P. note (see Appendix H), as it indicates the client's **subjective** report, **objective** observations, **assessment**, and **plan** for upcoming sessions. This format will be reviewed in class. Trainees will complete their SOAP note immediately following their session. Completed notes are placed in a designated tray in Room 342. The Lab Director will critique the note and return it to the counselor by placing it in the counselor’s drawer. Trainees will review the returned note, make any necessary corrections and then place the note in the client’s file.

Client files are routinely reviewed by the Lab Director. Failure to complete and file progress notes in a client’s file is considered not professional conduct. The trainee risks losing credit for sessions if her or his clients’ files are not complete. Therefore, counselors are encouraged to complete paperwork promptly.

**Termination of Clients**

The counselor is responsible for noting on the scheduling slip when the client has completed the required number of sessions (3) and should receive credit. It is possible that the client will want to continue the counseling sessions after the minimum requirement is met. Clients are allowed to attend as many sessions as they desire. In the event that the number of sessions is extended, counselors should mark on the scheduling slip that credit will be received and schedule the client for a subsequent session(s). If the client wishes to terminate the counseling relationship at the close of the third session, the counselor should give the client a “Client Evaluation Form” (see Appendix I), along with an addressed envelope. The client should be asked to complete the evaluation at the completion of counseling and return it by campus mail. It is the responsibility of the counselor-trainee to prepare sufficient numbers of this form with envelopes provided in the lab office.

Upon termination of a client, along with writing the appropriate progress note, the counselor trainee is expected to complete a “Client Closing Summary” (see Appendix J). This form provides a general description of the presenting problem, goals of counseling, intervention(s) used, reason for termination, and recommendations/referral. A closing summary

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should be completed for any client who has been terminated (including those who did not complete their three sessions but discontinued coming to counseling). The closing summary should indicate the reason that the sessions were terminated. The closing summary is to be placed in the designated tray located in Room 342 for the Lab Directors review and will be filed with the client’s record.

Making Referrals

Upon termination of the counseling relationship, it is possible that the client will have further treatment needs that are beyond the trainee’s realm of expertise. Making appropriate referrals is an important part of thorough treatment with certain clients. It is important that the trainee discuss any possible referrals with the supervisor. The supervisor can assist the counselor-trainee in making the decision and in finding the appropriate referral sources. As a reference, a suggested list has been provided (Appendix K).

Crisis Procedures

In addition to routine referrals made during the course of counseling, counselors in training may find there are occasions when more immediate assistance is needed. Although it is not common to encounter someone who is “dangerous” in the Lab, you may encounter those who are under significant stress and/or may not be coping well with life situations. The following information is not designed to address every potential situation; however, it is provided as a general procedures policy to address difficult and/or crisis situations.

Counseling Sessions

Most sessions are provided live supervision utilizing the two-way mirror. However, on occasion, live supervision may not occur. Being prepared for crisis situations is part of the counselor-training experience. However, an assigned faculty/staff member will be available to you during all lab operating hours.

Office Crisis Response And Procedures (OCRAP!)

Know that your supervisor is there to monitor the situation. If there is a crisis, the supervisor will provide assistance – as needed. Your supervisor is not there to rescue you from a situation you are trained to handle, but will serve as back-up and intervene when appropriate. If confronted with a difficult client or crisis situation, DO NOT PANIC!!!

1. Many situations are stressful while few are genuine crisis. In the absence of immediate danger to yourself or the client, attempt to work through what is presented to you in the course of the session.
2. Trust your gut! Remember your training and deal with difficult situations or people as best you can. Be aware of when your attempts to help are only leading to greater frustrations.

3. Remember it is okay to turn to others and ask for help. Do not keep it to yourself. Others need to know when you are dealing with a situation that you feel is beyond your expertise. This is how you grow and develop as a counselor. If you are unable to handle the situation with the client because of imminent danger (e.g., suicide assessment need, violent client, etc.), you may **ask for supervisor to step in.**

**If No Supervisor Behind the Mirror**

If, for whatever reason, you do not have a supervisor behind the mirror, and you feel that you are in a situation that is beyond your ability or you feel you need support in dealing with a client, you should take the following steps:

1. If no one is observing, ask the client to accompany you to a faculty member’s office. If client refuses, and you feel you are in danger, leave the room and seek assistance.
2. Make contact with any counseling faculty member in the department.
3. Notify the departmental secretary, that an emergency situation requires assistance.
4. Notify University Police (846-4155) that there is a situation outside of your control.

Also, if it is necessary to call University Police:

- Identify yourself and the office and where you are (Ewing 330)

- What are you asking for? What level of urgency is it?
  - Level 1: We just want them to be aware that something COULD be brewing here and we might be calling for an officer.
  - Level 2: We are going to need an office for support
  - Level 3: We need an officer immediately for a situation that is dangerous or rapidly headed that way.

- What will they need to know?
  - If anyone is in immediate danger.
  - In what way is it a dangerous situation? Weapons involved?
  - May want a description of the person in question (include build, gender, etc.)

**Additional Crisis Situations Requiring Attention**

It is possible that in the course of a counseling session you may uncover evidence of child or elder abuse. Having already discussed informed consent with your client, you will need to remind him/her of your ethical obligation to report to the appropriate authorities. When
reasonable, it is generally wise to attempt to engage your client in the actual making of the report. To make a report of child or elder abuse in Mississippi, you will need to call the Department of Human Services and explain where the abuse is allegedly occurring and/or call the state hotline at 1-800-222-8000. Reports are to be filed immediately and your faculty can provide assistance.

**Documentation and Debriefing**

The process of documentation becomes especially critical following a crisis incident. Some general guidelines for documenting events:

- If someone clearly acts out of line, is frightening, or in a crisis mode, it is best to document it. Do not ask the disturbed person for any information in order to document and don’t attempt to document while interacting with the client.
- Include a description of the event(s), the time, any threat mentioned, immediate future recommendations (e.g., contact physician, contact support person, etc.), and any emergency steps taken (e.g., supervisor intervened, contacted campus police department, called family member, etc.)
- Include in your documentation any written or oral reports made to any authorities (Department of Human Service, law enforcement, medical personnel, etc.).

Additionally, debriefing is needed in most crisis situations. Anyone who has had an intense emotional reaction or has been party to an intense client experience in the lab will be provided debriefing. The lab faculty and staff will assist in this endeavor.
COUNSELING LABORATORY
MANUAL

APPENDICES
REQUEST FOR COUNSELING

Name_____________________________    Age__________   Sex_________
Major_______________________________Classification_________________
Current/School Address____________________________________________
Phone_________________________  Phone___________________________
Email___________________________________________________________
Class Day/Time_____________________  Professor_____________________

Do you wish to see a counselor immediately? _______________Yes ________________ No
Do you have a previous psychiatric/psychological history (including substance use)?
________ Yes ________No
Current medications:_________Yes_________No
List medications(including dosage/length taken:_____________________________________
______________________________________________________________________________

Possible Areas of Concern:Check all that apply

| Depression | Low self-esteem |
| Emotiona Stress | Physical illness |
| Relationship | Anger Management |
| Divorce | Loss(job,death,ect.) |
| Abuse(please describe) | Extra Credit Only |
| Other(please describe) | |

Counseling sessions are scheduled at the top of each hour
Please Check All Times You Might Be AVAILABLE
DO NOT CHECK TIMES THAT YOU ARE IN CLASS!!!!

<table>
<thead>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
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<td>not available</td>
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<td></td>
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<tr>
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Delta State University
Counselor Training Lab

Thank you for volunteering in the counseling lab. We hope this will be an enriching experience for you. As a courtesy, please remember that some counselors drive from considerable distances for sessions. Try to keep all appointments.

- You will be expected to complete a minimum of 3 counseling sessions.
- You are to be on time for your session. Sessions are scheduled every hour and cannot exceed the time allotted. Late arrivals will not receive credit.
- Failure to attend one group session or one or more individual appointments may result in the loss of opportunity to complete the three sessions.
- In the event that a session must be canceled, a 24-hour notice is required. More than one cancellation may result in the loss of opportunity to complete the sessions.
- Please turn off your cell phone/pager during the sessions.
- Feel free to contact the counseling lab office (846-4366) or lab director (846-4364) through the Division of Counselor Education and Psychology with any questions.

Agreement of Intent and Permission

The counseling lab has two purposes: training and service. The lab is designed to train graduate students in direct counseling, observation, and professional interaction.

The lab provides individual or group counseling services. Through the service portion of the lab, a person may request educational, vocational, or personal counseling, information, or assessment. It is the intent of the counseling lab to provide quality services to its volunteer clientele.

All matters conducted in the lab are confidential. Only the client, counselor, and others directly involved in one of the training components will be given access to information. Additionally, live observation is limited to graduate counseling students involved with a clinical component of their training.

As a volunteer in the lab, you must be advised of and consent to the following:
1. Your counseling session may be taped and/or observed by counseling students or supervisors for teaching purposes in the lab setting.
2. Your sessions may be discussed in professional staffing for training purposes.
3. Information about your sessions may not go outside of this setting with the exceptions of a court order requiring such or in the event of a disclosure of a threat of harm to self or others.

By your signature, you are attesting that you have read this document and agree to the purposes of the counseling lab training program regarding your participation.

Signature____________________________ Date_______________________
Thank you for volunteering in the counselor training lab. We hope this will be an enriching experience for you.

As a participant, you will receive supervised counseling from a graduate student in the Counselor Education program. Rather than providing you with advice, these students are trained to facilitate your own exploration of significant events, experiences, and emotions. As you participate in this personal growth process, you may make decisions and have a better understanding of your life.

If you have never participated in counseling, it may be helpful for you to consider the following:

- What are the significant events or people that you think shaped your life?
- How would people in your life describe you?
- What things have you been successful in?
- What behaviors would you like to change?
- Do you have feelings that concern you?
- What relationships are important to you?
- What are your current priorities?
- What has been the happiest time in your life?
- What has been the saddest time in your life?

You and your counselor will discuss session confidentiality and the supervision process when you arrive for your first appointment. Sessions will be scheduled at the top of the hour and will meet for three consecutive weeks. You will be notified in advance of your session time and may contact the lab graduate assistant with any questions about scheduling.

We ask that you commit to three consecutive sessions and that you are on time. Failure to meet a scheduled appointment, canceling without a 24 hour notice, or canceling more than one session may require you to forfeit your opportunity to complete the sessions.

If you have scheduling concerns or other questions, please contact the Counseling Lab Office:

Graduate Assistant
339 Ewing
846-4366
counsel@deltastate.edu

Kashanta Jackson, Counseling Lab Director
338 Ewing
846-4364
kmurphy@deltastate.edu
APPENDIX B
<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Initiating Change - Accurate response to personalized problem and goal alignment with initial statements of needs.</td>
<td>5.0</td>
</tr>
<tr>
<td>Defining Desires - Accurate response to personalized problem and goal definition of goals</td>
<td>4.5</td>
</tr>
<tr>
<td>Personalizing problem, feeling, and goal - Accurate response to personalized problem, feeling, and goal</td>
<td>4.0</td>
</tr>
<tr>
<td>Personalizing meaning - Accurate response to feeling and personalized meaning</td>
<td>3.5</td>
</tr>
<tr>
<td>Responding to Meaning - Accurate response to feeling and meaning</td>
<td>3.0</td>
</tr>
<tr>
<td>Responding to Feeling - Accurate response to feeling and meaning</td>
<td>2.5</td>
</tr>
<tr>
<td>Responding to Content - Accurate response to content and feeling absent or inaccurate (e.g., accurate summary of content and/or directional advice)</td>
<td>2.0</td>
</tr>
<tr>
<td>Reflecting - Accurate response to content and feeling absent or inaccurate (e.g., accurate summary of content and/or directional advice)</td>
<td>1.5</td>
</tr>
<tr>
<td>Nondisclosing - Feeling and content both absent or inaccurate</td>
<td>1.0</td>
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</tbody>
</table>

Feedback

Observation

Counselor Goals

Performance: _______ Meets Expectations, _______ Marginal Performance, _______ Below Expectations

Supervision Type: _______ Live Observation, _______ Tape Review

Counselor: _______ Supervisor: _______ Date: _______
APPENDIX C
STUDENT OBSERVATION FORM

Observer Name:____________________________  Date:_________________________
Counselor Name:____________________________  Client Code:__________________

SPECIFIC CRITERIA
RATING
(best-least)
OPENING:  Was the opening comfortable, friendly and pleasant?  5 4 3 2 1
RAPPORT:  Did counselor establish good rapport with client?  5 4 3 2 1
Was the stage set for a productive session?

INTERACTION:  Were the client and counselor communicating below a surface level?  5 4 3 2 1

ACCEPTANCE/PERMISSIVENESS:  Was the counselor accepting and permissive of the client’s emotions, feelings, and expressed thoughts?

REFLECTION OF FEELING:  Did the counselor reflect and react to feelings, or did the Session remain on a cognitive level?  5 4 3 2 1

RESPONSES:  Were counselor responses appropriate in view of what the client was expressing rather than concerned with trivia and minutia?  5 4 3 2 1

RESPONSIBILITY:  Did the counselor facilitate client taking responsibility for own actions?  5 4 3 2 1

VALUE MANAGEMENT:  How did the counselor cope with values?  Were attempts made to impose counselor values during the interview?

COUNSELING RELATIONSHIP:  Was a therapeutic relationship established/evident?  5 4 3 2 1

CLOSING:  How well did the counselor handle the closing?  5 4 3 2 1

NONVERBAL INTERACTION:  Did the counselor display appropriate nonverbals which enhanced the therapeutic relationship?  5 4 3 2 1

VERBAL INTERACTION:  Did the counselor avoid dominating the session, allow for client responses, and prevent client storytelling?  5 4 3 2 1

Give two specific examples of positive counseling behaviors.

Give two specific examples of counseling behaviors YOU would have done differently. Why?
APPENDIX D
COUNSELING LAB AGREEMENT

In order to be involved with the counseling laboratory and related activities, counselor-trainees must sign the following agreement:

I will adhere to the policies and procedures of the Counseling Lab as clearly explained in the Counseling Lab Policies and Procedures Manual, and I will accept the consequences of non-compliance. I agree to abide by all regulations of the Counseling Lab as contained in the lab manual, communicated to me by the practicum instructor and lab director, and/or as posted in the lab office. I know that I am responsible for regularly checking the lab office for updates of policy and schedule.

I am familiar with the American Counseling Association (ACA) Code of Ethics and Standards of Practice and agree to uphold professional and ethical conduct at all times.

I will not change times, dates, or cubicles for appointments without notification to the lab director or designee.

I will initial the appointment scheduling slip as an observer only when I have attended both the counseling and feedback sessions.

I will keep accurate and timely documentation of all counseling sessions.

I acknowledge that I have purchased professional liability insurance. I understand I will not be able to see clients in the lab until professional liability insurance is obtained (absolutely no exceptions).

I HAVE READ AND UNDERSTAND THE COUNSELING LABORATORY REQUIREMENTS.
I ACCEPT RESPONSIBILITY OF MY ACTIONS AND KNOW THAT FAILURE TO COMPLY WITH COUNSELING LAB POLICY AND PROCEDURES MAY RESULT IN LOSS OF SESSION CREDIT OR OTHER DISCIPLINARY ACTION.

______________________________
Name

______________________________
Signature

______________________________
Date
APPENDIX E
Day: Wed  Date: Sept 10  Time 2:00  Cubicle I

Client  Joe Client  Session 1

Counselor  Jane Practicum Student  Faculty  Dr. Practicum Professor

OBSERVER

INITIAL

---------------------------------------------------------------
SESSION HELD _______YES ______ NO
CREDIT:  YES  NO
COUNSELOR  ________  _______
CLIENT  ________  _______
OBSERVERS  ________  _______

SESSION STATUS:
TERMINATED______
RESCHEDULED______

DAY/DATE__________________________
TIME____________________________
CUBICLE_________________________
APPENDIX F
Counseling Training Lab  
Delta State University  
Cleveland, MS 38733

---

**AGREEMENT FOR COUNSELING**

The Counseling Training Lab of Delta State University is a training center for graduate students in counseling. Observation and consultation by faculty supervisors and other designated counseling student trainees, as well as video taping of sessions are important parts of the training for our practicum students. Video taping of sessions is done with the consent and knowledge of every client. Tapes are used in supervision and other training activities for the purpose of enhancing the trainee’s skills and knowledge. Only authorized, appropriate personnel will have access to the tape. Confidentiality of your sessions is a serious matter and care is taken to maintain that confidentiality related to the videotapes and/or actual sessions.

Privacy addresses your (client’s) right to disclose or not disclose that you are in counseling or to acknowledge or not acknowledge your counselor trainee outside of the counseling session. Therefore, to assure that privacy, if you see your counselor trainee outside the counseling lab, he/she will not address you unless you first address him/her. In addition, healthy boundaries are necessary for both the counselor trainee and you. Therefore, the counselor trainee will not discuss your case with you outside of the therapy room.

**AGREEMENT**

I have read and clearly understand the above agreement for counseling and communicate such by signing this form. This agreement will remain in effect until services are terminated with the Counseling Training Lab at Delta State University.

---

Client  
______________________________  
Date  ______________

Counselor  
______________________________  
Date  ______________
CONFIDENTIALITY AND DUTY TO WARN

Confidentiality is the right of all clients, and we exercise every effort to maintain this right. This is a training facility, and it is necessary to consult with my clinical supervisor, practicum professor, and other student trainees. However, we are all bound by the same confidentiality guidelines presented below. Information included in your file (e.g., intake form, progress notes, assessment information, etc.) is not shared with anyone other than previously stated unless applicable legal exceptions apply or we have written permission signed by you authorizing us to do so. Occasionally we may need to consult with other professionals about your case, but extreme care will be taken to share only relevant information necessary to assist us to help you.

Legal Exceptions

- When court order is received, legal advice to comply will be sought and followed.
- When there is an emergency that threatens your (client’s) life
- When there is clear and imminent danger to yourself (including mental or emotional injury)
- When there is clear and imminent danger to others (every attempt will be made to locate the necessary person(s) to inform them of this perceived danger)
- When there is evidence of child abuse and/or neglect
- When there is evidence of elder abuse and/or neglect

We will make every effort possible to notify you, the client, in advance of any intention to release information. However, please understand this may not always be possible.

AGREEMENT

I have read and clearly understand these limits of confidentiality and indicate my understanding by my signature below. This agreement will remain in effect until services are terminated with the Counseling Training Lab at Delta State University.

Client  _______________________________  Date  _____________

Counselor  _______________________________  Date  _____________
APPENDIX H
SOAP NOTE

Client Code:_______________________                         Counselor: ___________________

Session #_____                                                                   Date Held:_____________

S  CLIENT(s) REPORT ON PLAN:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

O  OBJECTIVE OBSERVATIONS:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

A  ASSESSMENT
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

P  PLAN:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

________________________________________                             __________________
Counselor’ s Signature                                               Date of Note

________________________________________                          _________________
Lab Director’s Signature                                               Date
APPENDIX I
EVALUATION

We thank you for volunteering in the counseling lab. Please take a moment to evaluate your experience and include any comments you may care to make.

Counselor Name________________________________ Date____________________

DIRECTIONS: Please read each of the following questions carefully and circle the response for each one that most nearly reflects your honest opinion.

1. How much help did you get with your concern(s)?
   a. none    b. a little    c. some    d. very    e. all I needed

2. How satisfied were you with the relationship with your counselor?
   a. not at all   b. a little   c. somewhat   d. much    e. very

3. How much has counseling helped you in understanding yourself?
   a. none    b. a little    c. moderately    d. quite a bit    e. greatly

4. How willing would you be to return to your counselor if you wanted help with another concern?
   a. unwilling    b. reluctant    c. slightly    d. moderately    e. very

5. How willing would you be to recommend your counselor to a friend?
   a. unwilling    b. reluctant    c. slightly    d. moderately    e. very

6. How much did your counseling experience differ from what you previously thought about an ideal counseling situation?
   a. greatly    b. in many ways    c. somewhat    d. a little    e. not at all

7. Based on your experience in our counseling lab, how competent did you judge your counselor to be?
   a. incompetent    b. mildly    c. moderately    d. competent    e. highly

8. How open and accepting did you judge your counselor to be?
   a. not at all    b. a little    c. moderately    d. quite a bit    e. greatly

9. If counseling were available only on a fee-paying basis, how likely would you be to return?
   a. would not    b. unlikely    c. might    d. probably    e. would

10. In general, how satisfied were you with your counseling experience?
    a. not at all    b. a little    c. somewhat    d. much    e. very
11. What was your reaction(s) to the counseling sessions – please mark all that apply:
   a. I found it unpleasant and uncomfortable at times
   b. I found it interesting and enjoyable
   c. I often got angry at my counselor
   d. I often felt discouraged at the process
   e. I felt relaxed and looked forward to my sessions
   f. I felt that I could not get my story across

12. Please make any other comments about your experience that would help us in better serving the volunteers in the lab and continue to provide quality training for our counselors:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
____________________
APPENDIX J
CLOSING SUMMARY

Client Code ___________________________ Counselor ____________________________

Demographic Description of Client:

Presenting Problem:

Dates of Service: Client seen from ______________ to ______________

Total # Sessions:

Goals of Counseling:

Types of Interventions/Skills Used:

Summary of Client Progress (From Theoretical Perspective):

Reason for Termination:

Recommendations or Referrals Made to Client:

__________________________________________ ________________________
Counselor’ Signature       Date

__________________________________________ ________________________
Lab Director’s Signature     Date
## Counseling Referral Guide

### On Campus

<table>
<thead>
<tr>
<th>Service</th>
<th>Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling &amp; Testing</td>
<td>Health Services Bldg</td>
<td>846-4690</td>
</tr>
<tr>
<td>Student Health Service</td>
<td>Health Services Building</td>
<td>846-4630</td>
</tr>
<tr>
<td>Campus Police</td>
<td>Student Union (2(^{nd}) Floor)</td>
<td>846-4155</td>
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### Outpatient Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Location</th>
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<tbody>
<tr>
<td>Community Counseling</td>
<td>Cleveland</td>
<td>843-8444</td>
</tr>
<tr>
<td></td>
<td>Greenville</td>
<td>332-1819</td>
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<tr>
<td>Delta Community Mental Health</td>
<td>Cleveland</td>
<td>843-9445</td>
</tr>
<tr>
<td></td>
<td>Greenville</td>
<td>335-5274</td>
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<tr>
<td>LifeHelp</td>
<td>Greenwood</td>
<td>453-6211</td>
</tr>
<tr>
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<td>Indianola</td>
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<td>Carrollton</td>
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<td></td>
<td>Kosciusko</td>
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</tr>
<tr>
<td>Region I Mental Health</td>
<td>Clarksdale</td>
<td>627-7267</td>
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<tr>
<td></td>
<td>Tunica</td>
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</tr>
<tr>
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<td>Marks</td>
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<td></td>
<td>Charleston</td>
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<tr>
<td>Grenada Lakes Counseling Center</td>
<td>Grenada</td>
<td></td>
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<tr>
<td>Parkwood Outreach Center</td>
<td>Cleveland</td>
<td>843-9999</td>
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<tr>
<td></td>
<td>Grenada</td>
<td>227-9733</td>
</tr>
<tr>
<td>St Francis Assessment Center</td>
<td>Batesville</td>
<td>1-800-292-7708</td>
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### Inpatient Psychiatric Services

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<tr>
<td>St. Francis Hospital</td>
<td>Memphis</td>
<td>1-800-538-7540</td>
</tr>
<tr>
<td>Methodist Central</td>
<td>Memphis</td>
<td>901-726-7000</td>
</tr>
<tr>
<td>Delta Medical Center</td>
<td>Memphis</td>
<td>901-369-6021</td>
</tr>
<tr>
<td>Solutions Psychiatric Center</td>
<td>Greenville</td>
<td>1-877-502-1082</td>
</tr>
<tr>
<td>Service</td>
<td>Location</td>
<td>Phone Number</td>
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<tr>
<td>----------------------------------------------</td>
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<tr>
<td>Parkwood Hospital</td>
<td>Olive Branch</td>
<td>1-800-477-3422</td>
</tr>
<tr>
<td>St. Dominic’s Hospital</td>
<td>Jackson</td>
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<tr>
<td><strong>A&amp;D Inpatient Services</strong></td>
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<tr>
<td>Crosspoint</td>
<td>Greenville</td>
<td>334-2200</td>
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<tr>
<td>Grenada Lake CDU</td>
<td>Grenada</td>
<td>1-800-354-5037</td>
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<tr>
<td>Fairland Treatment Center</td>
<td>Dublin</td>
<td>624-4905</td>
</tr>
<tr>
<td>Sunflower Landing (Adolescent)</td>
<td>Dublin</td>
<td>624-4905</td>
</tr>
<tr>
<td><strong>Geriatric Services</strong></td>
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<tr>
<td>North Sunflower County Hospital Senior Care Unit</td>
<td>Ruleville</td>
<td>756-9910</td>
</tr>
<tr>
<td>Quitman County Hospital Senior Health Center</td>
<td>Marks</td>
<td>326-8560</td>
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<tr>
<td><strong>Other</strong></td>
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<td>Bolivar County Hospital</td>
<td>Cleveland</td>
<td>846-0061</td>
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<tr>
<td>Cleveland Police Department</td>
<td>Cleveland</td>
<td>843-3611</td>
</tr>
<tr>
<td>Salvation Army Domestic Violence Shelter</td>
<td>Greenville</td>
<td>1-800-898-0834</td>
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<tr>
<td>Domestic Violence Shelter</td>
<td>Oxford</td>
<td>1-800-227-5764</td>
</tr>
<tr>
<td>Our House, Inc.</td>
<td>Greenville</td>
<td>334-6873</td>
</tr>
<tr>
<td>State Child Abuse Hotline</td>
<td>Jackson</td>
<td>1-800-222-8000</td>
</tr>
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