The University of Texas Rio Grande Valley
College of Educator Preparation and P-16 Integration
Department of Counseling
and Guidance
Revised October 2016
Contents

The University of Texas Rio Grande Valley ................................................................. 1
Faculty/Staff Information ............................................................................................ 4
Introduction to Practicum/Internship ........................................................................ 6
Section I: FORMS FOR PRACTICUM/INTERNSHIP ............................................. 7
  STUDENT PRACTICUM/INTERNSHIP AGREEMENT ........................................... 8
  Confidentiality Agreement for Visitors and Non-Practicum/Internship Students ....... 9
  STUDENT PRACTICUM/INTERNSHIP FIELD SITE AGREEMENT ....................... 10
  School Counseling Consent .................................................................................. 13
  Consentimiento para Consejería Escolar ............................................................... 14
  INFORMED CONSENT FOR AUDIO / VIDEO RECORDING ............................ 15
  CONSENTIMIENTO INFORMADO PARA GRABACIÓN DE AUDIO/VIDEO INFORMACIÓN DEL INTERN .......... 12
  SUPERVISOR’S EVALUATION OF STUDENT (MID and FINAL) ......................... 14
  Mid and Final Evaluation of Student Counselor by University Supervisor .......... 17
  Pre-Self-Assessment of Basic Helping Skills and Procedural Skills .................... 18
  Post-Self-Assessment of Basic Helping Skills and Procedural Skills .................. 20
  PRACTICUM/INTERNSHIP DIRECT SERVICES LOG ......................................... 22
  PRACTICUM/INTERNSHIP INDIRECT SERVICES LOG ....................................... 23
  SCHOOL/COMMUNITY COUNSELING PRACTICUM/INTERNSHIP SUPERVISION LOG ......................... 24
  Guidelines for Direct/Indirect Services ............................................................... 25
  EVALUATION OF SITE SUPERVISOR AND FIELD SITE BY PRACTICUM/INTERNSHIP STUDENT .......... 26
SECTION II: UTRGV COMMUNITY COUNSELING CLINIC POLICIES AND PROCEDURES ......................... 28
  Crisis Assessment ............................................................................................... 49
  Safety Plan  Crisis Hotline Number 877-289-7199................................................ 50
Section III: FORMS FOR UTRGV COMMUNITY COUNSELING CLINIC CLIENTS .................................. 54
  New Client Checklist ............................................................................................ 55
  Client Intake ......................................................................................................... 56
  Professional Disclosure ....................................................................................... 58
  Declaración Profesional ..................................................................................... 59
  Informed Consent ............................................................................................... 60
  Consentimiento Informado .................................................................................. 53
  Informed Consent- Group .................................................................................. 54
  Consentimiento Informado - Grupo ................................................................. 55
  Professional Disclosure - Group ........................................................................ 56
  Declaración Profesional - Group ................................................................. 57
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Intake- Group</td>
<td>58</td>
</tr>
<tr>
<td>Client Intake- Group</td>
<td>59</td>
</tr>
<tr>
<td>Client Psychosocial History</td>
<td>60</td>
</tr>
<tr>
<td>Treatment Plan</td>
<td>66</td>
</tr>
<tr>
<td>Session Notes</td>
<td>67</td>
</tr>
<tr>
<td>Release of Confidential Information</td>
<td>70</td>
</tr>
<tr>
<td>Autorización para publicar y/o utilizar información confidencial</td>
<td>72</td>
</tr>
<tr>
<td>Counseling Summary</td>
<td>73</td>
</tr>
<tr>
<td>File Management Checklist:</td>
<td>72</td>
</tr>
<tr>
<td>File Management Evaluation</td>
<td>73</td>
</tr>
<tr>
<td>Observation of a Counseling Session</td>
<td>74</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>75</td>
</tr>
<tr>
<td>Useful Spanish Translations in Counseling</td>
<td>76</td>
</tr>
<tr>
<td>COUNSELING SKILLS SCALE (CSS)</td>
<td>79</td>
</tr>
<tr>
<td>Counseling Session Rating Scale</td>
<td>82</td>
</tr>
</tbody>
</table>
### Faculty/Staff Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Wimberly, Ph.D.</td>
<td>Associate Professor, Interim Chair</td>
<td>(956) 665-3464 <a href="mailto:cynthia.wimberly@UTRGV.edu">cynthia.wimberly@UTRGV.edu</a></td>
</tr>
<tr>
<td>Victor Alvarado, Ph.D.</td>
<td>Professor UTRGV Dept. of Counseling and Guidance</td>
<td><a href="mailto:victor.alvarado@utrgv.edu">victor.alvarado@utrgv.edu</a> Edinburg EDUC 1.646</td>
</tr>
<tr>
<td>Javier Cavazos Vela, Ph.D.</td>
<td>LPC Intern supervised by Eunice Lerma, Ph.D., LPC-S, CSC Director Center for Teaching Excellence</td>
<td>(956) 882-5709 <a href="mailto:lavela@UTRGV.edu">lavela@UTRGV.edu</a></td>
</tr>
<tr>
<td>Veronica Castro Ph.D.</td>
<td>Associate Professor Department of Counseling and Guidance</td>
<td>(956) 665-5319 <a href="mailto:veronica.castro@UTRGV.edu">veronica.castro@UTRGV.edu</a></td>
</tr>
<tr>
<td>James F. Whittenberg, Ph.D.</td>
<td>Assistant Professor of Counseling &amp; Guidance College of Education and P-16 Integration</td>
<td>(956) 882-5841 <a href="mailto:james.whittenberg@UTRGV.edu">james.whittenberg@UTRGV.edu</a></td>
</tr>
<tr>
<td>Mehmet A. Karaman, Ph.D.</td>
<td>Assistant Professor Edinburg EDUC 1.642</td>
<td>(956)-665-3470</td>
</tr>
<tr>
<td>Eunice Lerma, Ph.D.</td>
<td>College of Education &amp; P-16 Integration Assistant Professor Department of Counseling and Guidance</td>
<td>(956)882-5850 <a href="mailto:eunice.lerma@utrgv.edu">eunice.lerma@utrgv.edu</a></td>
</tr>
<tr>
<td>Diana Delinda Ruiz, PhD.</td>
<td>Assistant Professor in Practice University of Texas Rio Grande Valley College of Education and P-16 Integration Department of Counseling &amp; Guidance Edinburg Campus, EDCC 1.640</td>
<td>(956) 665-8091 <a href="mailto:diana.ruiz@utrgv.edu">diana.ruiz@utrgv.edu</a></td>
</tr>
<tr>
<td>James Ikonomopoulos Ph.D.</td>
<td>Assistant Professor The University of Texas Rio Grande Valley Department of Counseling and Guidance MAIN 2.200G 956-882-7880</td>
<td><a href="mailto:james.ikonomopoulos@utrgv.edu">james.ikonomopoulos@utrgv.edu</a></td>
</tr>
<tr>
<td>Gregory Scott Sparrow, EdD.</td>
<td>Professor, University of Texas-Rio Grande Valley Board Chair, International Association for the Study of Dreams Co-Chair of IASD's Online Dream Research Conference, iasdreamresearch.org</td>
<td>(956) 367-2337</td>
</tr>
<tr>
<td>Selma d. Yznaga Ph.D.</td>
<td>Associate Professor Department of Counseling &amp; Guidance</td>
<td>(956) 882-7855 <a href="mailto:selma.yznaga@UTRGV.edu">selma.yznaga@UTRGV.edu</a></td>
</tr>
<tr>
<td>Yih-Jiun Shen, D.Ed., NCC, CSC</td>
<td>Associate Professor Department of Counseling and Guidance The University of Texas Rio Grande Valley</td>
<td>(956) 665-7086 E-Mail: <a href="mailto:jean.shen@utrgv.edu">jean.shen@utrgv.edu</a></td>
</tr>
<tr>
<td>Peter Kranz Ph.D.</td>
<td>Professor Department of Counseling &amp; Guidance</td>
<td><a href="mailto:Peter.kranz@utrgv.edu">Peter.kranz@utrgv.edu</a></td>
</tr>
</tbody>
</table>

---

**College of Educator Preparation and P-16 Integration**  
**Department of Counseling and Guidance**
ADMINISTRATIVE ASSISTANT(S)

Bertha Mujica and Norma Sahadi

bertha.mujica@utrgv.edu
norma.sahadi@utrgv.edu

Note: In addition to full-time faculty, the department has several adjunct faculty members who teach on an as-needed basis. If you need to contact an adjunct faculty member, contact Norma Sahadi or Bertha Mujica or use the contact information provided in the adjunct faculty member’s syllabus.
Introduction to Practicum/Internship

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

The practicum/internship manual serves as a resource for the field site experience. All forms required for practicum and internship are included. Students are responsible for familiarizing themselves with the information in this manual and for abiding by the requirements and policies set forth.

Students’ faculty advisors have the primary responsibility for assisting them in planning the completion of requirements for the Master’s Degree in Counseling and Guidance (COUN). The University of Texas Rio Grande Valley Graduate Catalog supersedes any information in this manual.

Practicum – Internship Coordinator

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

Prerequisites

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

COUN 6310 (Intro C&G), COUN 6301 (Rsch), COUN 6313 (PS), EDCI 6306 (Human Gwth), COUN 6327 (Theories I), COUN 6311 (Prof.Leg.), COUN 6364 (Multi), COUN 6328 (Theories II), COUN 6314 (Assess), COUN 6368 (Grp), COUN 6367 (Comm), COUN 6344 (Sch), COUN 6340 (DSM), COUN 6345 (Career), COUN 6349 (Child & Adols).
SECTION I: FORMS FOR PRACTICUM/INTERNSHIP
1. I hereby attest that I have read and understood the ethical standards set forth by the American Counseling Association, the American School Counselor Association, the Texas State Board of Examiners of Licensed Professional Counselors, the American Association of Marriage and Family Therapists, the Association for Specialists in Group Work, Texas Education Agency and any other ethical codes pertaining to counseling and/or therapy.

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

2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site. If I am asked to leave my practicum/internship site due to a breach of ethics or any unethical behavior it could result in being dropped from the course and receiving a failing grade.

3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.

4. I understand that I will not be issued a passing grade in practicum/internship unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.

Student’s Signature 

Date
Confidentiality Agreement for Visitors and Non-Practicum/Internship Students

Welcome to the UTRGV Community Counseling Clinic. The Clinic is the training lab for students pursuing a master’s degree in Counseling and Guidance. We serve members of the community free of charge in exchange for training opportunities. Since our opening in 2002, we have assisted many individuals, couples, and families.

We are very proud and protective of our reputation in the community as being a facility that provides quality mental health services. Part of our commitment to the community includes their right to confidentiality.

It is possible that while you are in the Clinic you may come into contact with our counseling clients. You are expected to abide by the same policies as Practicum and Internship students, especially with regard to confidentiality. In addition, you should be familiar with the ACA and LPC Codes of Ethics regarding client welfare and confidentiality. Specifically, remember these regulations when you encounter a client:

1. Never disclose a client’s presence at the Clinic to anyone.
2. Never read a client file unless you are authorized by program faculty to do so.
3. Never disclose any information that you have overheard or have been privy to regarding specific clients.
4. Never communicate with clients you saw at the Clinic when you are out in the community, unless you have their permission to do so or have a relationship with them that preceded your contact with them in the Clinic.
5. Always keep the clients’ best interests and welfare at the forefront of your actions.

Violation of the Clinic Confidentiality Agreement is considered serious misconduct and is grounds for discipline to be determined by the Counseling and Guidance program faculty, including employment termination and dismissal from the Counseling and Guidance Program.

Your signature below indicates that you are aware of the Clinic policy on confidentiality and agree to abide by it while you visit, work, or study in the Clinic.

Printed Name ___________________________ Date ________________

________________________________________
Signature

________________________________________
Position or Course Name

________________________________________
Supervisor or Professor’s Signature
STUDENT PRACTICUM/INTERNSHIP FIELD SITE AGREEMENT

This agreement is made on____________________ by and between ______________________________________

(Date) (Field site)

and __The University of Texas Rio Grande Valley__. The agreement will be effective for a period

(University program)

from____________________ to____________________ for____________________ per week for____________________.

(Starting date) (Ending date) (No. hours) (Student name)

Purpose

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

The university program agrees

1. to assign a university faculty liaison to facilitate communication between university and site;
2. to provide the site prior to placement of the student the following information
   a. an academic calendar that shall include dates for periods of field experience, and
   b. the Ethical Standards of the American Counseling Association; the American School Counselor Association;
      and other related material
3. to notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
4. that the faculty liaison shall be available for consultation with both site supervisors and students and shall be
   immediately contacted should any problem or change in relation to student, site, or university occur; and
5. that the university supervisor is responsible for the assignment of a fieldwork grade.

6. that the university will offer supervision training or will provide information on supervision training opportunities that offer CEU hours.

The practicum/internship site agrees

1. to assign a practicum/internship supervisor who has appropriate credentials, time, and interest for training the
   practicum/internship student, including
   a. a minimum of a master’s degree in counseling or closely related field with equivalent qualifications, including appropriate certifications and/or licenses
   b. a minimum of two (2) years of pertinent professional experiences in the program area in which the student is
      completing clinical instruction
   c. knowledge of the program’s expectations, requirements, and evaluation procedures for students
2. to provide opportunities for the student to engage in a variety of counseling activities under supervision and for
   evaluating the student’s performance (suggested counseling experiences are included in the “Practicum/Internship
   Activities” section);
3. to provide the student with adequate work space and materials to conduct professional activities; and an appropriate
   system to place confidential records and materials.
4. to provide supervisory contact (1 hour per week) that involves some examination of student work using audio/visual
   tapes, observation, and/or live supervision; and
1. to provide written midterm and final evaluations of student based on criteria established by the university program.
Within the specified time frame, _________________________________ (site supervisor) will be the primary practicum/internship site supervisor. The training activities (checked below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student’s level of competence in each activity.

_______________________________ (course instructor) will be the faculty liaison with whom the student and practicum/internship site supervisor will communicate regarding progress, problems, and performance evaluations.

The Student Agrees

1. Be at the agreed upon location at times scheduled with Site Supervisor throughout the duration of the practicum/internship placement.
2. Attend one hour of weekly individual/triadic supervision with the site supervisor and at least 23 hours of group supervision meetings with university instructor at UTRGV.
3. Complete assignments as described in the course syllabus.
4. Arrange to have some counseling sessions audio/video taped.
5. Keep a weekly log of time spent that will be reviewed and signed by internship site supervisor and university instructor.
6. Read the ACA Code of Ethics, American School Counselor Association Code of Ethics, and other applicable codes and use as a guide for ethical and professional practice.
7. Abide by all site policies, rules, and regulations.

Practicum/Internship Activities

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

Direct Hours

_____ Individual Counseling  _____ Group Counseling

_____ Family Counseling  _____ Assessment/Intake

_____ Consultation  _____ Psychoeducation

Other: _______________________________________

Indirect Hours

_____ Recordkeeping  _____ Individual Supervision (REQUIRED)

_____ Group Supervision  _____ Staff Meetings

_____ Training/Workshops  _____ Research

Other: _______________________________________

Signatures

Practicum/Internship Site Supervisor _________________________________ Date _____________
School Counseling Consent

Student’s Name ____________________________________________

The Graduate Department of Guidance and Counseling at The University of Texas at Brownsville (UTRGV) conducts a Counseling Practicum Course each semester at the college/university. The Counseling Practicum Course is an advanced course in counseling required of all degree candidates in the Counseling Program at The University of Texas at Brownsville. Students are required to audio- and/or videotape counseling sessions as part of their course and degree requirements. Your school’s counselor, ________________, has recommended that your child participate in this program.

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

Some of the counseling sessions conducted with your child may be audio- and/or videotaped and will be reviewed by the UTRGV student’s supervisor at The University Of Texas At Brownsville and his/her supervisor at ___________________________ School. All audio- and videotapes made will be erased at the completion of your child’s involvement in the program.

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

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

We hope that you will take the opportunity to have your child become involved in the UTRGV Counseling Program. If you are interested in having your child participate, please sign the form where indicated. Questions may be directed to your school counselor or to me at 956-882-7880.

Thank you for your cooperation.

_____________________________ _________________________
Parent’s Signature Date

_____________________________ _________________________
School Counselor’s Signature Date
CONSENTIMIENTO PARA CONSEJERÍA ESCOLAR

Nombre del estudiante _____________________________________________

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

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

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

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

Esperamos que usted aproveche la oportunidad de involucrar a su hijo/hija en el programa de consejería en UTRGV. Si le interesa que su hijo participe en este programa, por favor firme la presente donde se indica. Si tiene preguntas se puede dirigir con su consejero escolar o conmigo al hablar al 956-882-7880.
Gracias por su cooperación.

Firma del Padre __________________________ Fecha ____________

Firma del Consejero Escolar __________________________ Fecha ____________
INFORMED CONSENT FOR AUDIO / VIDEO RECORDING

COUNSELING STUDENT INFORMATION

Intern Name: ___________________________  Practicum / Internship Site: ___________________________

SITE SUPERVISOR INFORMATION

Site Supervisor Name: _____________________  Title: ___________________________

Phone: ___________________________  Email: ___________________________

UNIVERSITY SUPERVISOR INFORMATION

University Supervisor Name: _____________________  Title: ___________________________

Phone: ___________________________  Email: ___________________________

INFORMED CONSENT FOR AUDIO / VIDEO RECORDING

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

☐ I am not required and I am under no obligation to have this session recorded.
☐ I may withdraw my permission at any time during or after the recording session. My care will not change by my
decision not to be recorded.
☐ I have the right to review my recording with my student counselor during a counseling session.
☐ My student counselor receives supervision both at this location and by the faculty at The University of
Texas Rio Grande Valley.
☐ The contents of this recording will remain confidential within the supervision faculty at UTRGV.
☐ This recording will be destroyed upon completion of the supervisory review of the session.
☐ This

consent expires 180 days from the date of my signature below. I may revoke this consent at any
time prior to the expiration date by submitting to the student counselor a request to withdraw my
permission.

☐ The original copy of this consent form will be kept in my records with this agency.
☐ This recording will only be used as a tool to help my student counselor in assisting me or my family
☐ I may contact the Counseling and Guidance Department at UTRGV with questions or concerns at 956-882-7880.

SIGNATURES

Clients Signature ___________________________  Date _____________

If minor,
Signature of Parent/Guardian ___________________________  Date _____________

Student Counselor’s Signature ___________________________  Date _____________
CONSENTIMIENTO INFORMADO PARA GRABACIÓN DE AUDIO/VIDEO INFORMACIÓN DEL INTERN

Nombre: ___________________________   Sitio de prácticas: ___________________________

INFORMACIÓN DEL SUPERVISOR DEL SITIO

Nombre: ___________________________   Título profesional: ___________________________
Teléfono: ___________________________   Email: ___________________________

INFORMACIÓN DEL SUPERVISOR UNIVERSITARIO

Nombre: ___________________________   Título profesional: ___________________________
Teléfono: ___________________________   Email: ___________________________

CONSENTIMIENTO INFORMADO PARA GRABACIÓN DE AUDIO/VIDEO

Como estudiante de posgrado, es un requisito que este bajo la directa supervisión de supervisores clínicos calificados. Mis supervisores revisan todos los aspectos de los servicios que le proporciono a usted. Usted tiene el derecho de conocer los nombres de mis supervisores y cómo puede contactarlos. Esta información la encuentra en la parte de arriba. Su firma en la parte de abajo confirma que esta forma se le ha explicado, y que usted entiende lo siguiente:
☐ Yo no estoy requerido (a) y ni estoy bajo obligación a que se grabe esta sesión.
☐ Yo puedo retirar mi permiso a cualquier hora durante o después de la sesión en grabación.
☐ Yo tengo el derecho a revisar mi grabación con mi consejero estudiante durante una sesión de consejería.
☐ Mi consejero estudiante recibe supervisión tanto en esta locación como por el profesorado en la Universidad de Texas en Brownsville (UTRGV).
☐ El contenido de esta grabación se mantendrá confidencial entre el profesorado de supervisión en UTRGV.
☐ Esta grabación será destruida, una vez finalizado el proceso de supervisión de la sesión.
☐ Este consentimiento expira 180 días después de la fecha de mi firma en la parte de abajo. Puedo revocar este consentimiento en cualquier momento antes de la fecha de vencimiento mediante la presentación a mi consejero estudiante de una solicitud para retirar mi permiso.
☐ La copia original de esta forma de consentimiento se mantendrá en mis registros con esta agencia.
☐ Esta grabación será usada solamente como una herramienta para ayudar a mi consejero estudiante en atender a mi familia.
☐ Si tengo dudas o preguntas, puedo contactar al departamento de Consejería y Orientación en UTRGV al 956-882-7880.

FIRMAS

Firma del cliente ___________________________   Fecha____________________

Si es un menor,
Firma del padre/tutor ___________________________   Fecha____________________

Firma del consejero estudiante_________________________   Fecha____________________
Firma del supervisor del sitio ________________  Fecha______________
SUPERVISOR’S EVALUATION OF STUDENT (MID and FINAL)

Student Counselor’s Performance

Name of Student Counselor  

Period of Supervision From  to  

Directions for Site Supervisor: Please circle the number that best evaluates the student counselor on each performance over the entire supervision period. If you did not observe the student on a particular performance please indicate using N/A.

General Supervision Comments

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

The Counseling Process

9. Researches the referral prior to the first session.  
10. Keeps appointments on time.  
12. Explains the nature and objectives of counseling when appropriate.  
13. Is relaxed and comfortable in session.  
14. Communicates interest in and acceptance of clients.  
15. Facilitates clients’ expression of concerns and feelings.  
16. Focuses on the content of the clients’ problems.  
17. Recognizes and resists manipulation by clients.  
18. Recognizes and deals with positive affect of clients.  
19. Recognizes and deals with negative affect of clients.  
20. Is flexible and adaptable to client’s needs in session.  
21. Uses silence effectively in session.  
22. Is aware of own feelings during the counseling sessions.  
23. Communicates own feelings to clients when appropriate.
24. Recognizes and skillfully interprets clients’ covert messages.
25. Facilitates realistic goal setting with clients.
26. Encourages appropriate action-step planning with clients.
27. Employs judgment in the timing and use of different techniques.
28. Initiates periodic evaluation of goals, action-steps, and process during counseling.
29. Explains, administers, and interprets tests correctly, including the Outcome Questionnaire.
30. Terminates the interview smoothly.

The Conceptualization Process

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

Personal and Professional Behavior

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

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

**Additional comments and/or suggestions**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Strengths:**

________________________________________________________________________

**Areas Needing Development:**

________________________________________________________________________

Date  
Supervisor’s Signature  

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

Date  
Student’s Signature  

________________________________________________________________________
### Mid and Final Evaluation of Student Counselor by University Supervisor

#### Student Name___________________________________________Date____________________________

<table>
<thead>
<tr>
<th></th>
<th>Number of Clients</th>
<th>Number of Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of No Shows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Counselor Absences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Terminations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Counseling Skills**

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays warmth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses client’s language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of Problem</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Processes OQ in session</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses changes in eating/sleeping/meds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addresses critical items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporates psychosocial in treatment planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses current counseling literature to study presenting problem and best practice interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting Goals</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Writes appropriate treatment plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>References goals in every session</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing Interventions</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Uses interventions that correspond to theoretical orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plans interventions based on goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows flexibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses resource library</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assigns between-sessions work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminating Sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Plans ahead</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acknowledges difficulty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Case Management Skills**

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>File Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes paperwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains orderly files</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate terminology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Follows up on no shows and cancellations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes appropriate referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of community resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows through on supervisor recommendations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Professional Skills**

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No more than two absences (class and clinic)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works collaboratively with peers and staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional demeanor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Counselor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pre-Self-Assessment of Basic Helping Skills and Procedural Skills

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

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

**Basic Helping Skills**

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

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

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

Student Signature  

Supervisor Signature  

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

Purpose:
1. To provide a student with an opportunity to review levels of competency in the performance skills areas of basic helping and procedural skills.

2. To provide student with a basis for identifying area of emphasis within supervision.

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

Basic Helping Skills

1. Ability to demonstrate active attending behavior
2. Ability to listen to and understand nonverbal behavior
3. Ability to listen to what a client says verbally, noticing mix of experiences, behaviors, and feelings
4. Ability to understand accurately the client’s point of view
5. Ability to identify themes in client’s story
6. Ability to identify inconsistencies between client’s story and reality
7. Ability to respond with accurate empathy
8. Ability to ask open-ended questions
9. Ability to help clients clarify and focus
10. Ability to balance empathetic response, clarification, and probing
11. Ability to assess accurately severity of client’s problems
12. Ability to establish a collaborative working relationship with client
13. Ability to assess and activate client’s strengths and resources in problem solving
14. Ability to identify and challenge unhealthy or distorted thinking and behaving
15. Ability to use advanced empathy to deepen client’s understanding of
16. Ability to explore the counselor-client relationship
17. Ability to share constructively some of own experiences, behaviors, and feelings with client
18. Ability to summarize
19. Ability to share information appropriately
20. Ability to understand and facilitate decision making
21. Ability to help clients set goals and move toward action in problem solving
22. Ability to recognize and manage client reluctance and resistance
23. Ability to help clients explore consequences of the goals they set
24. Ability to help clients sustain actions in direction of goals
25. Ability to help clients review and revise or recommit to goals based on new experiences

**Procedural Skills**

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

Student Signature ____________________________________________________________

Supervisor Signature _________________________________________________________

Date _______________
# PRACTICUM/INTERNSHIP DIRECT SERVICES LOG

Intern Name: ___________________________ Practicum/Internship Site: ___________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>#Hrs</th>
<th>Ind</th>
<th>Fam</th>
<th>Grp</th>
<th>Activity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature ___________________________ Total Hours: ______(This Sheet)

Supervisor Signature _________________________ Cumulative Total: ______(Overall-last sheet only)
<table>
<thead>
<tr>
<th>Date</th>
<th>#Hrs</th>
<th>Activity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature_________________________ Total Hours: _______ (This Sheet)

Supervisor Signature______________________ Cumulative Total: _______ (Overall-last sheet only)
Intern Name: ___________________________ Site: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>#Hrs</th>
<th>Focus of Discussion</th>
<th>Supervisor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Cumulative Total: _____(Overall)
**Guidelines for Direct/Indirect Services**

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

**Individual Counseling** — (45-55%) 18-22 hours (practicum) and 54-66 hours (internship)
Counseling individual clients and work with the on-site supervisor to create treatment plans and facilitate ideas. Co-counseling is also included.

**Intakes/Interviews with clients (Individual Counseling)**
Completing intakes and/or interviews over the phone or in person.

**Family/Parent Consultation (Individual Counseling)**
Communication with family and/or parents of an individual client for assessment and treatment progress. Client must be present.

**Guidance Curriculum/Psychoeducation** — (20-30%) 8-12 hours (practicum) and 24-36 (internship)
Providing counseling and/or guidance lessons to multiple students/clients, larger than a small group.

**Group Counseling** — (25-30%) 10-12 hours (practicum) and 30-36 hours (internship)
Counseling involving the application of knowledge and skills in group facilitation.

**Testing/Assessment (Individual Counseling)** (5%-10%) 2-4 hours (practicum) and 6-12 (internship)
Administering and interpreting counseling related assessments in which the student has been appropriately trained, including risk assessments, career interest inventories, personality inventories among others.

**Outreach/Advocacy**— (5%-10%) 2-4 hours (practicum) and 6-12 (internship)
Outreach is providing or presenting counseling materials to educate the community/school on mental issues and services available at various sites, including UTRGV counseling and training clinics. Advocacy is helping clients become aware of external factors that act as barriers to an individual’s development.

**Indirect Services**

**Case Consultation (can appear in both direct and indirect)**
Working with the on-site supervisor to staff cases, discuss any dilemmas and/or progress, and facilitate client goals and treatment planning.

**Training/Workshops/Research**
Attendance to training/workshops and/or conducting research relevant to specific client cases

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

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

**Other**
Other activities that are relevant to the practicum/internship objectives approved the department.
**EVALUATION OF SITE SUPERVISOR AND FIELD SITE BY PRACTICUM/INTERNSHIP STUDENT**

Student Name: __________________________________________ Date: __________

Field Site: __________________________________________

Site Supervisor: ________________________________________

E-Mail: ________________________________________________

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

**A. SUPERVISON SKILLS**

1. Performs supervisory functions as teacher, counselor, or consultant as appropriate. 1 2 3 4 5 N/A

2. Raises questions that encourage supervisee to explore alternatives of problem solving, seeking solutions, and responding to clients. 1 2 3 4 5 N/A

3. Establishes good rapport with supervisee. 1 2 3 4 5 N/A

4. Supports supervisee's professional development. 1 2 3 4 5 N/A

5. Provides clear and useful suggestions. 1 2 3 4 5 N/A

6. Is sensitive to individual differences and demonstrates flexibility in the supervisory relationship. 1 2 3 4 5 N/A

7. Assists supervisee in conceptualizing cases when shared by students. 1 2 3 4 5 N/A

8. Gives appropriate feedback to supervisee. 1 2 3 4 5 N/A

9. Confronts supervisee when appropriate. 1 2 3 4 5 N/A

10. Helps supervisee assess own strengths. 1 2 3 4 5 N/A
11. Assists supervisee in planning effective client goals and objectives when cases are shared. 1 2 3 4 5 N/A

12. Has knowledge of supervisee's professional and personal strengths and weaknesses. 1 2 3 4 5 N/A

**B. SUPERVISOR EFFECTIVENESS**

1. Your overall satisfaction with supervisor. 1 2 3 4 5 N/A

2. Interactions with supervisor contributed to improving your counseling ability. 1 2 3 4 5 N/A

3. Interactions with supervisor contributed to increasing your self-confidence as a counselor. 1 2 3 4 5 N/A

**C. SITE EVALUATION**

1. Appropriateness of the site to your orientation within the counseling program. 1 2 3 4 5 N/A

2. Adequacy of the physical facilities. 1 3 4 5 N/A

3. Receptivity of staff toward you as an internship student. 1 2 3 4 5 N/A

4. Availability of clients for counseling sessions. 1 2 3 4 5 N/A

5. Receptivity of clients to you as an internship student. 1 2 3 4 5 N/A

6. Provided a variety of professional tasks and activities. 1 2 3 4 5 N/A

7. Availability of needed resources. 1 2 3 4 5 N/A

8. Staff support for consultation. 1 2 3 4 5 N/A

9. Provided with appropriate orientation to site and training. 1 2 3 4 5 N/A

10. Overall rating of this site for future internship students. 1 2 3 4 5 N/A

**D. COMMENTS**
SECTION II: UTRGV COMMUNITY COUNSELING
CLINIC POLICIES AND PROCEDURES
Clinic Policies for Practicum/Internship Students

NEVER leave a client file or the appointment book unattended, even for a minute.

Never use clients’ names when talking to them in the lobby or calling them in to the session. If you need to call a client on the telephone, call from the supervisor’s office in the back.

Always start the session on time. Clients will be scheduled to come in 15 minutes ahead so that they have time to complete the Outcome Questionnaire. You should begin each session on the hour. If the client is not finished with the OQ, talk with him or her about arriving earlier to complete the OQ without taking session time. All sessions need to begin on the hour. Likewise, all sessions need to end on time. Session should last on average 45-50 minutes.

When using counseling rooms located in the Clinic,

- Return all furniture to its original location if you move it.
- Take all reading materials, the boom box, games, CDs, etc. out of the counseling room when you are finished with the session.

When using the playroom,

- Put away all toys, games, and books, or any other materials you use. It is important to put everything back in the place where you found it- this is essential in play therapy.

In the observation/resource room,

- Avoid personal conversations and chatting while other students are completing peer evaluations
- Keep your voice and laughter down, it can be heard in the next room and is distracting to counselors and clients in session.
- Throw away your trash before leaving. If you notice someone leaving their trash behind, throw it away for them or call their attention to it.
- Don’t leave extra copies, books, forms, etc. on the conference table

In the kitchen,

- Wash any dishes that you use.
- Items in the refrigerator are not public domain. Feel free to put anything in, but don’t take anything out unless you have someone’s permission.
- Don’t leave trash or anything else on the counter.

In the lobby,

- Avoid congregating and socializing with fellow students; this might make clients uncomfortable.
- Avoid calling clients by name.

When using clinical resources,

- Check books out with the Administrative Clerk or Clinic Graduate Assistant. Never take out a resource without checking it out through the proper channels. Books may be checked out for one week at a time.
- If you use anything from the resource files, make copies of it; please don’t use the originals with your clients.
- Please put books back on the shelf in the section where they belong.
- The copy machine may be used to copy materials for use in your counseling sessions. Please don’t use the copy machine to make personal copies or study materials. You can check out a resource to make copies. Plan your interventions well in advance so that you are not making copies at the last minute.
1.) INTRODUCTION

A. PURPOSE

1. The University of Texas Rio Grande Valley (UTRGV) Counseling and Training Clinic was established to provide clinical opportunities for practicum and internship students from the various UTRGV graduate programs, including, but not limited to, Counseling and Guidance, School Psychology, Educational Diagnostician, Psychology and Rehabilitation.

2. The Counseling and Training Clinic serves the community’s mental health needs by providing counseling and assessment services free of charge.

3. The Counseling and Training Clinic also serves the educational needs for course requirements.

B. LOCATION

1. The Brownsville Campus Counseling and Training Clinic is located at 2168 East Jackson St. Brownsville, TX

The Edinburg Campus Counseling and Training Clinic is located in EDCC 1.272 B of the Education Complex (EDCC) on the UTRGV campus.

2. The physical space in each of the Counseling and Training Clinics include

Brownsville:

a) Reception area
b) Director/Supervisor Office
c) General/Individual counseling rooms;
d) Group/Family counseling room;
e) Play room;
f) Waiting room; and

g) Student resource/observation/class room with

(1) Storage closet with locking lateral file for client records.

Edinburg

a) Reception areas with lock storage;
b) Director’s office;
c) Supervising Clinical Therapist’s offices;
d) General/Individual counseling rooms (ten);
e) Individual assessment rooms (eight)
f) Group counseling room;
g) Family therapy room;
h) Play therapy room;
i) Break room:
j) Support staff office lock file for client records;
k) Monitoring room;
l) Student resource library/observation/class room
3. Technology resources available in the Counseling and Training Clinics include

Brownsville:
- a) Closed-circuit cameras in all counseling rooms for live supervision and videotaping;
- b) A television in each counseling room;
- c) Monitors for the cameras located in the offices of the student resource/observation class and the storage closet.
- d) Pull-down screens and LCD projectors in the waiting room, observation room, play room, and group room;
- e) Desktop PCs with Internet access in the student recourse/observation room, the storage office space, and receptionist area; and
- f) Six hand-held communication devices and headsets for “bug-in-the-ear” supervision.

Edinburg:
- a) Closed-circuit cameras in all counseling rooms for live supervision and videotaping;
- b) Monitors for the cameras located in the offices of the Director and Supervising Clinical Therapist;
- c) Desktop PCs with Internet access in the Director’s and Supervising Clinical Therapist’s, and Administrative Assistant I’s area;
- d) Laptop; and A monitoring room with individual monitors and VCR equipment

C. Clinic Personnel

Edinburg and Brownsville Campus

1. Clinic Director
   - a) The Clinic is under the direction of:
      Celinda Quintanilla, LPC-S, CRC.
   - b) Responsibilities (see Appendix A).

2. Clinical Supervisors (includes when appropriate: Licensed Professional Counselor; Licensed School Psychologist; Certified Educational Diagnostician; Licensed Psychologist.
   - a) Responsibilities of Clinical Supervisors who are direct employees of the Clinic.
   (see appendix A)
   - b) Daily supervision of all student counselors, internship students during Clinic operating hours is provided by full time Clinical Supervisors or discipline respective licensed faculty supervisors.
   (i) When the Director or directly employed Clinical Supervisors are not available, a faculty who holds an active appropriate Licensure can provide supervision of UTRGV practicum and internship students at the Clinic.
   (ii) A Counseling and Guidance, or appropriate licensed designee must be on-site
during all counseling and/or assessment sessions.

(iii) In the event of an emergency and the Clinical Supervisor must leave the clinic they are to notify the Director and/or the Chair of the Counseling and Guidance Department in order to arrange clinic coverage before leaving. A UTRGV Counseling and Guidance faculty will be called to serve at the clinic as a monitor (not supervisor) of practicum and/or internship students until the emergency is resolved.

(iii) If this is not possible, the Administrative Assistant cancels all appointments and the Clinic is closed.

2. Administrative Assistant I

a) The Clinic office is managed by an Administrative Assistant.

b) Responsibilities (see Appendix A).

4. Counselors

a) Practicum and/or internship graduate students from any of the respective programs authorized in utilizing the clinic (hereafter called counselors) enrolled in one of the UTRGV graduate programs comprise the majority of the counselors at the Clinic. Counselors only work under the supervision of the Director, or a discipline respective Clinical Supervisor or faculty member who holds an active licensure under the State of Texas Board of Examiners.

b) Practicum and Internship students must have documentation on file in their respective department from their Department Chair or Program Coordinator and/or Practicum/Internship Coordinator indicating that the student has completed the minimum number of required hours of their respective graduate program before beginning counselor practicum and/or internship hours in the clinics.

c) Graduate programs not currently utilizing the Clinic must seek approval from the Counseling and Guidance Department Chair in consultation with the Clinic Director before Practicum and/or Internship students begin utilizing the clinic to fulfill their graduate program requirements.

d) All Practicum and/or Internship students must complete a practicum/internship application, a criminal background check, and be approved by the faculty.

e) All Practicum and/or Internship students must attend the Clinic Orientation prior to beginning Practicum and/or Internship hours.

5) Licensed Professional Counselor Interns

a) Licensed Professional Counselor Interns (LPC-Interns) and/or Interns from other UTRGV graduate programs complete direct client contact hours in the Counseling and Training Clinic under the supervision of an LPC Board-approved supervisor, and add another Level of Care (LoC) to the Counseling and Training Clinic clients. Additionally LPC Interns help ensure that we respond to referrals from our community partners, and that services are available to the referred clients during all official operation hours of the University.

b) LPC-Intern candidates for Supervision at the UTRGV Counseling and Training Clinic must have earned a master’s degree in a field approved by the Texas State
Board of Examiners and Counseling for Licensure and have filed the appropriate application to the Texas State Board of Examiners for fulfilling hours toward licensure requirements.

c) The LPC-Interns will be supervised by an approved Texas State Board of Examiners Professional Counselor Supervisor.

d) Prior to filing the appropriate forms with the Texas State Board of Examiners of Licensed Professional Counselor to officially begin fulfilling LPC Intern hours the candidate will schedule an appointment with the Director of the Counseling and Training Clinic. The LPC-Intern candidate will provide and/or complete:

- Professional Vitae
- Three Professional Letters of Reference
- Two letters must be from faculty members of the Institution and/or program from which the LPC Intern graduated with a Masters qualifying them to apply for LPC Licensure.
- Proof of having filed the appropriate forms for LPC Internship hours with the Texas State Board of Examiners of Licensed Professional Counselors.
- Proof of completion and results of a Criminal Background Check.
- Proof of completion and results of Fitness to Practice.
- Complete an interview with the Director and at least one full-time UTRGV faculty member who is a Licensed Professional Counselor Supervisor.
- Upon notification of successful application and interview the LPC will complete the orientation process of the Counselor and Training Clinic and sign all required forms (recognition and understanding of policy and rules, confidentiality and LPC Intern Volunteer form).

- LPC Intern will prepare and send the required Supervisor and Supervisor Site forms to the Texas State Board of Examiners of Professional Licensed Counselor.

- The LPC Intern will not begin hours until official approval is received from the Texas State Board of Licensed Professional Counselors.

1. Upon supervisor and supervision site approval by the Texas State Board of Examiners of Licensed Professional Counselor the UTRGV LPC-Interns are required to complete at least 5 hours of counseling and one hour of supervision at the Counseling and Training Clinic per week.

2. An LPC Intern must adhere to the Texas Administrative Code of the Texas State Board of Examiners of Professional Counselors Chapter C (Code of Ethics) and Chapter 681, Subchapter F (Experience Requirements (Internship), Rule 681.92.

3. Any complaints or violations of Chapter C or Chapter 681, Subchapter F will be processed as required through the Texas State Board of Examiners of Licensed Professional Counselors, Title 22; Part 30, Chapter 681; Subchapters, K. L and M.
4. Under Rule 681.93e (Supervisor Requirements): (4) If a supervisor determines that the LPC Intern may not have the counseling skills or competence to practice professional counseling under a regular license, the supervisor shall develop and implement a written plan for remediation of the LPC Intern.

5. UTRGV Department of Counseling and Guidance further stipulates that the plan for remediation be reviewed at least once every 6 months. If the LPC Intern is evaluated by the LPC Supervisor as having not made adequate improvement within a reasonable amount of time that the LPC Intern and Supervisor will submit to the Texas State Board of Examiners of Professional Counselors the officially LPC Board approved form to initiate a change of supervision and change of supervision site. The LPC Intern is therefore not denied continuing with required hours for LPC Licensure under a new supervisor and at a new site.

6. If there is not concurrence on level of improvement between the LPC Intern and the Counseling and Training Clinic Supervisor the LPC Intern can write a letter to the Chair of the Counseling and Guidance Department and request further review. The review will be conducted by two full-time UTRGV faculty members who are Licensed Professional Counselor Supervisors. The decision of the faculty members will be final and will result in one of the following by filing the appropriate forms to the Texas State Board of Examiners of Licensed Professional Counselors: a) a change in supervisor, b) a change in supervision site, c) or a change in supervisor and a change in supervision site.

Source Note: The provisions of this §681.92 adopted to be effective September 1, 2003, 28 TexReg 4134; amended to be effective September 1, 2005, 30 TexReg 4978; amended to be effective April 27, 2008, 33 TexReg 3268; amended to be effective September 1, 2010, 35 TexReg 7801; amended to be effective December 12, 2013, 38 TexReg 8889; amended to be effective January 12, 2015, 40 TexReg 233

Source Note: The provisions of this §681.93 adopted to be effective September 1, 2003, 28 TexReg 4134; amended to be effective November 21, 2004, 29 TexReg 10512; amended to be effective September 1, 2005, 30 TexReg 4978; amended to be effective April 27, 2008, 33 TexReg 3268; amended to be effective September 1, 2009, 34 TexReg 5535; amended to be effective September 1, 2010, 35 TexReg 7801; amended to be effective May 20, 2012, 37 TexReg 3591; amended to be effective December 12, 2013, 38 TexReg 8889; amended to be effective January 12, 2015, 40 TexReg 233

Faculty
In addition to practicum students and LPC-Interns, faculty who are licensed may serve clients at the Counseling and Training Clinic for training purposes and add yet another level of care (LoC) to the Counseling and Training Clinic.
2.) NATURE AND EXTENT OF SERVICES PROVIDED

A. COUNSELING SERVICES

1. Types
   a) Personal Growth
   b) Problem Solving
   c) Goal-Setting
   d) Communication Skills
   e) Stress/Time Management
   f) Career and Vocational
   g) Marriage and Family
   h) Social/Personal
   i) Assessment
   j) Other types of counseling may be approved by the Director, Clinical Supervisors, or Counseling and Guidance program faculty.

2. Delivery Modes
   - Individual Counseling
     - Counselors are responsible for choosing the theoretical orientation and strategies/interventions under supervision.
   - Couples and Families Counseling
     - Clients can participate in conjoint sessions or a combination of conjoint and individual sessions.
     - Counselors assigned to couples or families must have successfully completed the COUN Marriage and Family course and be familiar with Marriage and Family theories and techniques.
   - Group Counseling
     - Clients are allowed to participate in as many groups as they choose.
     - Clients are not enrolled in more than one group concurrently.
     - Groups may be facilitated by student counselors who have completed the COUN Group Counseling course.
   - Psycho-Educational Groups
     - Psycho-educational groups for elementary and secondary age students may be conducted by a student counselor who is seeking school counselor certification and has completed the appropriate course work.
   - Training Workshops
     - Workshops may be offered by faculty or clinic staff at any time for specific populations based on community need.
     - Workshops are coordinated and presented by student counselors under the direction of practicum/internship faculty.
   - Informational Seminars
• Seminars may be offered by student counselors under the direction of practicum/internship faculty at any time for specific populations based on community need.

  Educational Support to meet Course Requirements
  o Faculty may request video recording to fulfill assignment requirements for courses.

B. ASSESSMENT AND EVALUATION

1. Various assessment tools are utilized by counselors to effectively plan treatment.
   a) Problem Formation
      (1) Telephone Intake (see Appendix D)
         (i) Administered by the administrative assistant, the intake determines the caller’s eligibility for services and obtains general information regarding the caller’s needs.
      (2) Outcome Questionnaire (see Appendix D)
         (i) (see B below)
      (3) Psychosocial History (see Appendix D)
         (i) An amalgamation of several established psychosocial history interviews, the psychosocial used in the Clinic was created for our specific population and includes Arthur Kleinman’s questions for cultural sensitivity.
   b) Outcome Measurement
      (1) Outcome Questionnaire (OQ)
         (i) Administered every fourth session. (1st, 4th, 8th, 12th)
         (ii) Adults 18 years of age and older.
             (i) OQ-30.2 or OQ-45.2
         (iii) Youth 17 years of age and younger.
             (i) Y-OQ-30.2 or Y-OQ-SR or Y-OQ-2.0
      (2) Client’s Satisfaction with Counseling (see Appendix D)
         (i) Administered at termination.
   c) Symptom Distress (see b above)
      (1) Outcome Questionnaire (OQ)
   d) Psychological
      (1) Beck’s Suicide Scale or the Suicide Probability Scale
   e) Academic/Study Skills
   f) Vocational and Educational Inventories
   g) Academic and Cognitive Assessment (anticipated future service from School Psychology)

2. Licensed faculty members supervise all assessments and interpretations.

3. Assessments are purchased by the UTRGV Counseling and Training Clinic and administered at no charge to clients.

C. ELIGIBLE POPULATION

1. Ages 6 and older.
2. All members of the local community are eligible for services at the Counseling and Training Clinic.
   - UTRGV students should be referred to the campus Counseling and Psychological Services.
   - UTRGV faculty and staff should be referred to the Employee Assistance Program (EAP).
3. Community members who are actively psychotic, suicidal, or homicidal will be referred to more appropriate agencies.
4. Eligibility is determined during the initial assessment.

D. GUIDELINES FOR NUMBER OF SESSIONS
1. Individual/Couple/Family Counseling
   a) Clients are allowed twelve (12) sessions of individual or conjoint counseling or a combination of both at no charge.
      May be waived when justified:
      - Client needs interim support during referral or alternate services are unavailable.
      - Client is actively engaged in counseling but has not achieved goals and wishes to continue.
   b) Any exception to these guidelines must be discussed in advance with the Director and/or Supervising Clinical Therapist.
2. Personal Growth/Support/Counseling Groups
   a) There is no predetermined limit of group sessions clients may attend.
   b) Groups may be ongoing based on the need and interest of the clients and approval of the Director or Supervising Clinical Therapist.

E. CRISIS INTERVENTION
1. Assistance in the event of a non-life threatening crisis situation is available through the Counseling and Training Clinic during regular operating hours. See page 42 for emergency procedures.
2. The Director and/or Supervising Clinical Therapist are responsible for the evaluation of a crisis and ensuing intervention.
   a) Counselors working with clients who are identified to be at risk of harm to themselves or others (through interview, or instrument items) are to complete a crisis assessment, a safety plan, and a safety contract. After these forms are completed, (and while client is still in the office) counselors are then to staff crisis assessment with on-site supervisor to determine disposition of client. If it is determined that the client is unable to remain safe should they leave the clinic, the counselor and site supervisor are to call the crisis hotline at 1-877-289-7199 who may send the Tropical Texas Mobile Crisis Outreach Team (MCOT) on site to assess the client for safety, and eligibility into their program.
   b) Individuals who pose a threat in any form to themselves, other clients, counselors, or Counseling and Training Clinic staff will find themselves in the jurisdiction of the UTRGV Campus Police.
i. When possible, this call is made by the Director, the Supervising Clinical Therapist, or the Administrative Assistant I.

ii. The Director, when not on-site, is notified of referrals to Campus Police immediately.

b) Clients who exhibit inappropriate behavior will be released to a family member or other person in the client’s support network.

3. After-hour services are not available.

a) Clients are made aware of the lack of on-call services at intake.

b) Clients should be directed to 911 if the crisis is life-threatening.

F. REFERRALS TO OTHER AGENCIES

1. Physician/Psychiatrist

a) Counselors refer clients to physicians and psychiatrists only under the supervision of the Director or Supervising Clinical Therapist.

b) Counselors may recommend that clients follow up with the client’s existing physician for mental health screenings when appropriate.

2. Community Counseling Agencies

Counselors refer clients to community counseling agencies only under the supervision of the Director or Supervising Clinical Therapist.

3. Child Protective Services (CPS)

All Counseling and Training Clinic counselors are mandated to report any physical, emotional/verbal, or sexual abuse of a child (18 years old and younger).

(1) The Director or Supervising Clinical Therapist is to be notified when a report of abuse is made by a client.

(2) The counselor to whom the outcry was made is responsible for making the report within 24 hours.

(3) All reports to CPS are reviewed by the Director and Supervising Clinical Therapist.

(4) All reports to CPS are documented in the client’s file.

4. Adult Protective Services (APS)

a) All Counseling and Training Clinic counselors are mandated to report of any physical, emotional/verbal, or sexual abuse of an adult who is elderly or not able to protect him/herself.

b) See 4 above.

G. LIMITATIONS

The Counseling and Training Clinic is not intended to treat serious chronic or acute psychiatric disorders. Individuals clearly requiring or requesting such treatment will be aided in obtaining services in another setting via a referral.

a) Individuals needing expert testimony in court should seek professional assistance from another community resource.

b) Clients are made aware of the lack of on-call services at intake.

c) Clients needing after-hour services should refer to the resource section of their Clinic brochure.

d) Clients should be directed to call 911 if their crisis is life-threatening.
3.) OFFICE AND APPOINTMENT PROCEDURES

A. CONFIDENTIALITY

1. Strict maintenance of confidentiality is critical to clients’ comfort and satisfaction with Counseling and Training Clinic services.

   All possible efforts are made to maintain both the practice of and clients’ perception of confidentiality, in terms of both record-keeping and day-to-day office interactions.

2. Each client is asked to sign a confidentiality policy (the Confidentiality Agreement), which is part of the Informed Consent form, at intake.

3. Counselors and staff members sign the Confidentiality Agreement.

4. All visitors who enter the clinic during operating hours are required to sign the Confidentiality Agreement.

5. All faculty and students who use the clinic for course lectures and/or assignments are required to sign the Confidentiality Agreement.

6. Violations

   a. Any suspected breach of confidentiality must be reported immediately to the Director, so that action can be taken to minimize further disclosure of information and manage discomfort for the individual(s) involved.

   b. Any Counseling and Training Clinic staff member or student counselor who is responsible for violating client confidentiality is subject to dismissal from the Counseling and Training Clinic and/or academic repercussions as deemed appropriate by the Counseling and Guidance Department chairperson.

   c. Violation of ethical standards will be reported to the appropriate ethics committee if warranted.

7. Information is not provided to anyone regarding clients or services unless the criteria for the request meets ACA ethical standards for release of confidential information:

   a. Circumstances warranting disclosure of confidential information (all of which must be reviewed with client at intake PRIOR TO RENDERING ANY SERVICES)

      • Court Subpoena

         - Must be reviewed by Director and Supervising Clinical Therapist.

      • Suspicion of Abuse of Children or Elderly

         - Abuse report must be made by counselor within 24 hours of outcry.

         - Report must be reviewed by Director and Supervising Clinical Therapist.
THE UNIVERSITY OF TEXAS
RIO GRANDE VALLEY

- Imminent Danger of Harm to Self or Others
  - Information may be released to law enforcement and/or emergency personnel.
- Client’s Written Permission
  - Client must sign Release of Confidential Information from the Counseling and Training Clinic or
  - Client must sign and present Request for Confidential Information from another agency or physician.

7. Any person who contacts the Counseling and Training Clinic by phone requesting information should be told by the Administrative Assistant I and/or student personnel that she/he “can neither confirm nor deny that the individual in question is or was ever a client at the Counseling and Training Clinic.” The caller should be encouraged to discuss this issue with the client in question.

8. Requests for information that have been signed by the client may be faxed to the Counseling and Training Clinic.

9. All requests must be approved by the Director.

10. Files are never left out in view of any visitor to the office. Files and appointment books are kept in locked files when the office is closed.

11. All correspondence regarding clients is prepared and distributed by the Administrative Assistant I.

12. Clinical and clerical staff should discourage the public discussion of client problems among clients in the waiting room.

13. Telephone messages
   a. The caller should confirm that the client has given permission for messages to be left by checking the intake form.
   b. When it is necessary to leave a telephone message for a client, only the Counseling and Training Clinic staff or counselor’s name and Counseling and Training Clinic phone number are provided.

14. Client files DO NOT leave the Counseling and Training Clinic under any circumstances.

B. APPOINTMENTS

1. Initial Appointments
   a. Eligible persons can make an appointment with the Administrative Assistant I and/or student personnel by calling and leaving a message on the voice mail system or coming to the Counseling and Training Clinic during office hours.
b. Every effort is made to accommodate the schedule of the client with the earliest appointment available.

c. If the client is in crisis, an attempt will be made to contact a counselor to see the individual immediately.

d. Clients who request a specific counselor will be given an appointment with that person if schedule and case load permit.

e. The scheduled client’s name is placed in the appointment book with a telephone number where he/she can be contacted.

f. If a scheduling conflict arises, every effort will be made to contact the individual for rescheduling.

g. For appointments made in person, an appointment card is provided which notes the date and time of the appointment and the counselor’s name.

h. Clients must give a twenty four (24) hour notice if they are unable to keep their appointment.

i. Appointments are scheduled for forty five (45) minutes unless otherwise advised by the counselor.

2. Return Appointments

a. When counselor and client agree to a return appointment, clients will be asked to stop at the front desk to schedule their appointment.

b. The Administrative Assistant I and/or student personnel should document appointments in the clinic database and an appointment card is to be provided to the client.

c. If an on-going weekly appointment is agreed upon clients must still stop and confirm their appointment for the following week with the Administrative Assistant I and/or student personnel.

d. Weekly appointments should be kept on the same scheduled date and time. Exceptions must be approved by clinic staff.

3. Cancellations

a. Cancellations should be noted in the clinic database with the appropriate code.

b. Client calls to cancel with reschedule should be noted as an “RCL.”

c. Counselor cancelling appointment should be noted as “RCO”.

d. No-shows should be noted as “NS.”

e. Cancellations and no-shows are not erased, because they are counted for reports.

f. If another appointment is made where one has been canceled, the newly scheduled name can be written below the previous name.

4. Clinic Database

a. The clinic database is maintained by the Counseling and Training Clinic Administrative Assistant I.
b. The clinic database for the Counseling and Training Clinic is kept in the Counseling and Training Clinic share drive accessible to clinic staff only.

c. Counselors’ available appointment times are noted in the clinic database.

d. The clinic database is used for providing statistical reports of Counseling and Training Clinic activities.

5. Counselor Schedules

a. Counselors will provide Administrative Assistant I with available times for scheduling.

b. Counselors should commit to a specific time and day that they are available so that return clients can maintain consistency.

c. Counselors are expected to be physically present in the Counseling and Training Clinic during their scheduled hours.

d. If a counselor plans to be unavailable during any regularly scheduled appointment time, it should be indicated in the clinic database.

e. The Administrative Assistant I should be notified as soon as possible to prevent the scheduling of appointments for that time.

f. The Administrative Assistant I will attempt to reschedule the client.

g. With regular practicum counselor at a different date.

h. It is the responsibility of the counselor to check regularly to be aware of scheduled appointments.

6. Appointments for graduate students fulfilling course assignment requirements.

a. Faculty of record for the course will provide the Administrative Assistant at the beginning of the semester, with a class roster of students who will be scheduling appointments for assignments that require video recordings.

b. Faculty will provide estimated time of semester assignments are due and estimate length of time of recording sessions.

c. Faculty will acquire Confidentiality forms from the clinic and provide instruction on Confidentiality, have students sign and file with the Clinic Administrative Assistant prior to student scheduling.

C. EMERGENCY PROCEDURES

1. For clients in crisis on-site during office hours

a. Clerical staff and counselors must consult with the Director, Supervising Clinical Therapist or Guidance and Counseling designee anytime they believe a client might be in crisis and require immediate assistance.

b. If risk is deemed to be high,
• Campus Police should be notified at extension 4357 or 665-2625 immediately.
• In the event that Campus Police are not available, 911 emergency services should be procured.
• The Director must be notified.

c. In an urgent, but not emergency, situation in the waiting room (ex. person crying uncontrollably, very agitated) the Counseling and Training Clinic Director should be notified and the Administrative Assistant I will reschedule the client whose session had to be interrupted by the emergency.

d. In the event that counseling students and staff are in a situation where they feel their safety is in danger, and attempts to de-escalate the situation have failed, those counseling students and staff are to leave their office and go into the observation room (or a designated safety area behind a locked door), call campus police, and shelter in place until police arrive.

2. For telephone callers in crisis during office hours
   a. A telephone number for re-contacting the caller should be obtained at the beginning of the call.
   b. The Supervising Clinical Therapist will assess the level of risk and make the appropriate referral.
      • If risk is low, the caller should be invited to visit the Counseling and Training Clinic if space and counselor are available.
         - If neither space nor counselor is available, the caller should be directed to another community agency.
      • If risk is high, the caller should be directed to emergency 911 services.

3. The Clinical Director will make a follow-up call to ensure that services were rendered appropriately.

D. REFERRAL FOR OTHER SERVICES
   1. If the caller is deemed inappropriate for the Counseling and Training Clinic counselors’ training and experience levels, the Administrative Assistant I will refer the caller to an appropriate counseling agency.
   2. Referral resources are available via written handout.

E. INFORMATION REGARDING PRIOR TREATMENT
   1. Clients who have sought consultation or treatment prior to seeking services in the Counseling and Training Clinic may elect to make records of this treatment available to the Counseling and Training Clinic by providing written consent
a. A Request for Confidential Information should be completed by the client, and provided to the previous counselor or therapist to release the files
b. All Requests for Confidential Information must be reviewed by the Director and/or the Supervising Clinical Therapist.
   • Information is never released over the telephone.
   • Information may be faxed from the Counseling and Training Clinic.
   • Information may be mailed to the requesting facility.

F. OFFICE HOURS
   • Monday through Thursday – 1:00 pm – 9:00 pm
   • Friday – 8:00 am – 5:00 pm
   • Closed Saturday and Sunday

4.) RECORD MAINTENANCE

A. GENERAL GUIDELINES
   1. A file is maintained in the Counseling and Training Clinic for each client seen for services.
   2. Files are accessible only to Counseling and Training Clinic staff members and counselors unless the client makes a request in writing for release of information.
   3. Files are retained for a period of time according to ACA and UT System guidelines, after which period they are destroyed by the Counseling and Training Clinic staff via shredding.

B. CONTENT OF FILES
   1. File Identification
      Files are identified by code number for confidentiality purposes:
      • Client’s first and last name initials;
      • Chronological order of client’s Counseling and Training Clinic visit; and
      • Last two digits of year of visit.
   2. Client Registration
      a) A client file folder with registration documents is provided to the counselor at initial visit with the following documents (see Appendix C)
         i. New Client Checklist
         ii. Intake and Diagnostic Assessment
         iii. Informed Consent and Professional Disclosure
         iv. Treatment Plan
         v. Authorization for Release of Confidential Information (to be used only if necessary)
vii. Session Notes

- Entries should be brief, legible and avoid unnecessarily specific details regarding sensitive issues.
- The case notes will be reviewed and signed by the Director and/or Supervising Clinical Therapist prior to the next counseling session.

b) It is the counselor’s responsibility to assess the file for accuracy and completeness.

The Clinical Director ensures compliance with file management policies.

c) Use of Diagnosis

i. No psychiatric diagnosis is required of persons using our services, as they are presumed to be “clients” seeking counseling about life problems rather than “patients” with medical or psychiatric illness.

ii. Use of DSM-V classifications is for educational purposes, and DSM diagnoses are not required on the Counseling and Training Clinic documents.

iii. A counselor concerned about the presence of a major psychiatric disorder must consult with the Clinical Director.

C. FILE MAINTENANCE

1. Completed files should be returned after each session to the locked filing cabinet. When a record is returned to the locked file, it should be placed under the counselor’s name.

Each appointment is entered by the clerical staff in a confidential database.

- Couple or family sessions are recorded in each client’s file but are counted as one counseling session.
- The Administrative Assistant I will maintain the numbering system, files, and makes data entries using this system.
- The Clinical Director and/or Supervising Clinical Therapist must review and sign case notes for each session.
- Once the data is entered, the record will again be filed under the counselor’s name.

2. If a client terminates, the counselor’s entry indicates that a client is not returning and the client’s file will be closed using a Termination Summary and the file placed in a locked cabinet with other “inactive files.” If the client has missed two consecutive appointments the client will be removed from the counselor’s case load and the closing procedure will be applied.

3. Confidentiality of Files

a) Security and confidentiality of files is crucial.

b) Client files are retrieved from the locked filing cabinet before each visit and returned to the locked filing cabinet that day.

c) Files are not left unattended for any reason at any time.
D. DOCUMENTATION OF OTHER CLIENT CONTACTS

1. Files will not be required for participants of workshops, seminars, etc., but these contacts will be counted, and when possible, workshop or seminar leaders should report the number of attendees via a sign-in sheet.

2. Groups
   a) Client files will be required and attendance records will be maintained for individual discussion group or support group members.
   b) A general description of topics, issues, and focus of each meeting, along with members in attendance, will be recorded as a Group Note and maintained in the group file.

3. Walk-in Clients
   a) Initial assessment will be completed by a counselor.
   b) May be scheduled providing staffing and space is available to accommodate the client without appointment.

E. RELEASE OF INFORMATION

1. Clients may be asked in the future by other agencies regarding their use of mental health services.
   a) Clients are notified of this possibility as well as the Counseling and Training Clinic’s position on disclosure of confidential information.
   b) Clients may elect to release their Counseling and Training Clinic file contents by signing a Release of Confidential Information form.

2. Information regarding a client will not be released to anyone without written permission from the client.
   a) Client files are not to be copied and released to the client or anyone else.
   b) Upon client’s written request, a summary letter will be prepared by the Director or designee.
   c) A new Authorization for Release of Information form, specific to the situation, should be obtained each time a client’s record information is requested, specifying the receiving resource.

5.) ADMINISTRATION

A. END OF SEMESTER REPORTS

The Director and Administrative Assistant I will prepare an end of semester report to assess utilization of clinical staff and any need for changes in staffing patterns.

- All client contacts;
- Activities for each semester;
- Summary of each counselor’s client contacts.

1. End of Semester Report
a. The Counseling and Training Clinic Director will prepare an End of Semester report to summarize the Counseling and Training Clinic’s services.
   i. Counseling and Training Clinic staffing, service utilization and other activities.
   ii. The report will be due at the end of each semester of each year.

b. Copies are distributed to:
   i. Department Chair; and
   ii. College of Education Dean.
Questions to Ask in Evaluating a Suicidal Ideation

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

Questions to Ask in Evaluating a Homicidal Ideation

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

2) Do you have suicidal (or homicidal) thoughts now?

3) If yes, how long have you had these thoughts?

4) How would you harm or kill yourself (or others)?

5) Do you have other dangerous methods to harm yourself (or others)?
1) Steps to make the environment safe

a. ______________________________________________________

b. ______________________________________________________

c. ______________________________________________________

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

a. ______________________________________________________

b. ______________________________________________________

c. ______________________________________________________

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

a. ______________________________________________________

b. ______________________________________________________

c. ______________________________________________________

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

a. ______________________________________________________

b. ______________________________________________________

c. ______________________________________________________

Client Signature _____________________________________ Date ______________________

* Place original in file- Make client copy.
## Suicide Risk Assessment

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Data Gathering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous suicide attempts</td>
<td>Directly ask about previous attempts (gestures)</td>
</tr>
<tr>
<td>Verbalizing of threats</td>
<td>Take all threats or verbalizations seriously (ideation)</td>
</tr>
<tr>
<td>Recent loss of a friend or family member (especially through suicide)</td>
<td>Listen carefully to what the client is telling you</td>
</tr>
<tr>
<td>Themes of death evident in conversation, reading selections, or artwork</td>
<td>Ask client to draw for you or bring in artwork to share; ask about recent reading selections</td>
</tr>
<tr>
<td>Statements or suggestions that the speaker would not be missed if he/she</td>
<td>Listen carefully to what the client is telling you</td>
</tr>
<tr>
<td>was gone</td>
<td></td>
</tr>
<tr>
<td>Expression of hopelessness, helplessness, and anger at oneself or the world</td>
<td>Extrapolate from the client’s talk about the future</td>
</tr>
<tr>
<td>Collection and discussion of information on suicide methods, especially if</td>
<td>Determine whether the client has a plan for suicide in the works</td>
</tr>
<tr>
<td>they result in the development of a suicide plan</td>
<td></td>
</tr>
<tr>
<td>Giving away of prized possessions</td>
<td>Listen carefully to what the client is telling you</td>
</tr>
<tr>
<td>Physical symptoms such as eating and sleeping disturbances, chronic</td>
<td>Directly ask the client if she is sleeping more than usual, or has difficulty falling and/or staying asleep</td>
</tr>
<tr>
<td>headaches or apathetic appearance</td>
<td></td>
</tr>
<tr>
<td>Sudden and dramatic decline or improvement in academic performance, chronic</td>
<td>Ask about job performance or grades</td>
</tr>
<tr>
<td>truancy, or running away</td>
<td></td>
</tr>
<tr>
<td>Collection and discussion of information on suicide methods, especially if</td>
<td>Determine whether the client has a plan for suicide in the works</td>
</tr>
<tr>
<td>they result in the development of a suicide plan</td>
<td></td>
</tr>
<tr>
<td>Self-destructive acts such as scratching or marking of the body</td>
<td>Keep your eyes open for evidence of self-mutilation</td>
</tr>
<tr>
<td>Use or increased use of substances</td>
<td>Directly ask about substance abuse and change in pattern of use</td>
</tr>
</tbody>
</table>

### Action

ALWAYS call your supervisor in and let him/her help you.

Determine the level of gravity: Low, Moderate, or High Risk

**Low Risk**

- Sign suicide contract.
- Establish the client’s support network outside the clinical setting.
- Get in touch with someone in the network. Ask the client whom they would prefer.
- Give the client and his/her support person a list of suicide hotline numbers, especially local help.

**Moderate Risk**

- Follow steps for Low Risk.
- Refer the client to a local psychiatrist or hospital. Encourage the client to make the appointment from your office or offer to make the call yourself.

**High Risk**

- Follow steps for Low and Moderate Risk. Release client to a family member or friend who can monitor the client until the crisis passes. If no one is available, the Clinical Specialist will confer with the Clinic Coordinator and may call Campus Police, who will in turn call 911 for transport to the hospital for evaluation.
SAFETY CONTRACT

I, ________________________________, agree not to kill myself, attempt to kill myself, or cause harm to myself during the period of time from ________________ to ________________, or the next time of my appointment on ________________.

I agree to get enough sleep and to eat well.
I agree to get rid of things I could use to kill myself (e.g. guns, pills, etc.).
I agree to follow the steps on my safety plan.
Steps I will also take to help me manage my thinking:

1. Positive behaviors (e.g. music, reading, prayer, exercise): ________________________________

2. Positive people I will call to talk with: ________________________________

3. I agree that if I believe that I might hurt myself, I will call the Tropical Texas MHMR Crisis Hotline at 1-877-289-7199 or the Texas Suicide Hotline at 1-800-SUICIDE (1-800-784-2433), or Law Enforcement at 911.

I agree that these conditions are part of my counseling contract with the UTRGV Community Counseling Clinic.

_________________________________________ Date

Client

_________________________________________ Date

Parent/Guardian

_________________________________________ Date

Witness

* Place original in file- Make client copy.
Contrato de Seguridad
Yo, ________________, prometo no quitarme la vida o atentar contra mi vida, y/o causar daño a mi persona durante el siguiente periodo de tiempo, de ________________ a ________________, o hasta mi próxima cita, el día ________________.

Yo prometo dormir adecuadamente y alimentarme bien.

Yo prometo deshacerme de todo objeto que podría utilizar para quitarme la vida. (ej. Armas, pastillas, etc.)

Pasos que tomaré para ayudar a controlar mis pensamientos:

1. Comportamiento positivo (ej. música, ejercicio, lecturas, oración, etc.): ________________

2. Gente positiva a la que puedo llamar y hablar: ________________

3. Yo estoy de acuerdo que si estoy en riesgo de atentar contra mi persona, me comunicaré a Tropical Texas MHMR Línea de Crisis al 1-800-877-289-7199 o a la Línea de Suicidio de Texas (Texas Suicide Hotline) al 1-800-SUICIDE (1-800-784-2433), y/o al 911.

Yo estoy de acuerdo con estas condiciones que son parte de mi contrato con la Consejería.

Firma del Cliente ____________________ Fecha ____________________

Padres/ Guardián ____________________ Fecha ____________________

Testigo ____________________ Fecha ____________________
Section III: FORMS FOR UTRGV COMMUNITY COUNSELING CLINIC CLIENTS
New Client Checklist

Client Name ____________________________________________________________ Confidential ID # ________________________________

CCC Counselor(s) _______________________________________________________

I ______ Intake
Date

I ______ Informed Consent ......................................................... English or Spanish (circle one)
Date

I ______ Professional Disclosure ..................................................... English or Spanish (circle one)
Date

I ______ Treatment Plan
Date

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

Ongoing OQ or Y-OQ Reports

Ongoing Case Notes Signed by Counselor and Supervisor After Each Session

I ______ Counseling Summary
Date

I ______ Case Closed by Above Counselor
Date
Client Intake

Client’s Name ___________________________  Dominant Language __
Parent/Guardian Name ___________________  Dominant Language __
Address _________________________________  City __________________________ State ____________________ Zip __________
Phone #s: Home __________________________ Work __________________________ Cell ____________________ OK to Leave Message: __________
Male ____  Female ____  Age* __________  Marital Status M ____ S ____ D ____ W ____ Sep ____ CL _____
Employed ____  Yes ____  No _____ Current Occupation __________  How long? __________
Student ____  Yes ____  No _____ School __________  Grade Level __________

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

Can you tell me why you are interested in counseling?

### DEPRESSION/ANXIETY

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Social/Personal</th>
<th>Marriages/Family</th>
<th>Vocational/Career</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>No Friends</td>
<td>Divorce</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Sad/Blue/Crying</td>
<td>Lonely</td>
<td>Domestic Violence</td>
<td>Job Interest</td>
</tr>
<tr>
<td>Nervous</td>
<td>Anger Control</td>
<td>Parenting</td>
<td>Retirement</td>
</tr>
<tr>
<td>Phobic/Fearful</td>
<td>Sexual Abuse History</td>
<td>Relationship</td>
<td>Grades/School</td>
</tr>
<tr>
<td>Panic Attacks</td>
<td>Drug/Alcohol Abuse</td>
<td>Blended Family</td>
<td>School Issues</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>Trauma/Rape</td>
<td>Infidelity</td>
<td></td>
</tr>
<tr>
<td>(ADVISE SUPERVISOR)</td>
<td>Sexual Identity</td>
<td>Separation</td>
<td></td>
</tr>
<tr>
<td>Previous Suicide Attempts</td>
<td>Homicidal Ideation</td>
<td>Conduct</td>
<td></td>
</tr>
<tr>
<td>(*ADVISE SUPERVISOR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grief/Bereavement</td>
<td>Court Mandate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio/Visual Hallucinations</td>
<td>Any Court Involvement?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COMMENTS/OTHER

Are you taking any medications?

**None**

*Talk to supervisor before scheduling

<table>
<thead>
<tr>
<th>Antidepressants</th>
<th>Anti-Anxiety</th>
<th>Mood Stabilizers</th>
<th>Antipsychotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prozac</td>
<td>Lexapro</td>
<td>Klonapin</td>
<td>Tegetrol</td>
</tr>
<tr>
<td>Paxil</td>
<td>Luvox</td>
<td>Ativan</td>
<td>Lithium, Escalith,</td>
</tr>
<tr>
<td>Zoloft</td>
<td>Serzone</td>
<td>BuSpar</td>
<td>Lithane, Lithobid</td>
</tr>
<tr>
<td>Tofranil</td>
<td>Effexor</td>
<td>Xanax</td>
<td>Depakote</td>
</tr>
<tr>
<td>Wellbutrin</td>
<td>Cymbalta</td>
<td>Valium</td>
<td>Clozaril</td>
</tr>
<tr>
<td>Celexa</td>
<td></td>
<td></td>
<td>Seroquel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Haldol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stimulants</th>
<th>Beta Blockers</th>
<th>Opiate Blockers</th>
<th>Other/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ritalin</td>
<td>Inderal</td>
<td>RiVe</td>
<td></td>
</tr>
<tr>
<td>Dextidine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cylert</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerta</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adderall</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How Long __________  Prescribing Doctor __________________________

Have you ever received psychiatric treatment or counseling? _____ Yes ____  No

If yes, name of provider __________________________  Reason for termination __________________________

Confidential ID# __________  Assigned to Counselor __________

Intake Completed by __________  on __________
*Supervisor’s Comments: ________________________________
I, ____________________________________________, agree to be counseled by a practicum/intern graduate student in the Department of Counseling and Guidance at The University of Texas Rio Grande Valley (UTRGV).

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

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

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

__________________________________________
Client’s Name

__________________________________________
Client’s Age

__________________________________________  _________________
Client’s or Guardian’s Signature          Date

__________________________________________  _________________
Counselor’s Signature          Date
Declaración Profesional (Professional Disclosure Statement)

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

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

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

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

______________________________  ______________________________________
Nombre del Cliente  Fecha

______________________________  ______________________________________
Edad del Cliente  Fecha

______________________________  ______________________________________
Firma del Cliente o Tutor (Guardián)  Fecha

______________________________  ______________________________________
Firma del Consejero  Fecha
Below are listed important facts about your counseling. Please read them carefully. If you have any questions, please discuss them with your counselor.

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

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

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

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

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

**Emergency/On-Call Services:** The Clinic does not provide on-call services. If in crisis, the client should call 911 or Tropical Texas MHMR at 877-289-7199.

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

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

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Esta es una lista de factores importantes de su consejería. Por favor léalos cuidadosamente. Si tiene alguna pregunta, por favor, pregúntele al consejero.

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

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

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

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

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

**Servicios de Emergencia/Teléfonos a Llamar:** La Clínica no provee servicios para el cliente en caso de emergencia. Si hay crisis, el cliente deberá llamar 911 o Tropical Texas MHMR en el 877-289-7199.

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

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

<table>
<thead>
<tr>
<th>Nombre del Cliente</th>
<th>Edad</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Firma del Cliente / tutor (Guardián)</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Firma del Testigo</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Informed Consent- Group

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

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

**Fee Information:** Group counseling is free.

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

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

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

**Emergency/On-Call Services:** The Clinic does not provide on-call services. If in crisis, the client should call 911 or Tropical Texas MHMR at 546-2230.

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

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

Client Name _______________________________  Age

Client/Guardian Signature ___________________  Date

Witness Signature ___________________________  Date
Consentimiento Informado - Grupo (Informed Consent)

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

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

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

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

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

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

**Servicios de Emergencia/Teléfonos a Llamar:** La Clínica no provee servicios para el cliente en caso de emergencia. Si hay crisis, el cliente deberá llamar 911 o Tropical Texas MHMR al 546-2230.

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

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

<table>
<thead>
<tr>
<th>Nombre del Cliente</th>
<th>Edad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firma del Cliente / tutor (Guardián)</td>
<td>Fecha</td>
</tr>
<tr>
<td>Firma del Testigo</td>
<td>Fecha</td>
</tr>
</tbody>
</table>
I, ________________________________________________, agree to be counseled by a practicum/intern graduate student in the Department of Counseling and Guidance at the University of Texas Rio Grande Valley (UTRGV).

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

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

Client’s Name

________________________________________________________________________

Client’s Age

________________________________________________________________________

Client’s or Guardian’s Signature Date

________________________________________________________________________

Counselor’s Signature Date
Declaración Profesional - Group (Professional Disclosure Statement)

Yo, ____________________________________________, estoy de acuerdo en recibir consejería de un interno/practicante del estudiantado de posgrado del Departamento Psicología Educativa y Liderazgo en el programa de Consejería y Orientación en The University of Texas (UTRGV).

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

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

__________________________
Nombre del Cliente

__________________________
Edad del Cliente

__________________________   _______________________
Firma del Cliente o Tutor (Guardián)   Fecha

__________________________   _______________________
Firma del Consejero   Fecha
Client Intake- Group

Name: ________________________________
(First) (Last) (Middle)

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

Birth Date: ___/___/___ Age: ________ Gender: ❑ Male ❑ Female

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

Please list any children/age: ________________________________________________________________

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

Home Phone: ____________________________ May we leave a message? ❑ Yes ❑ No
Cell/Other Phone: ____________________________ May we leave a message? ❑ Yes ❑ No

Are you currently employed? ❑ No ❑ Yes

If yes, what is your current employment situation? ________________________________

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

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

How did you hear about the clinic? _____________________________________________

OFFICE USE

Confidential ID# ____________________________ Completed by ____________ on ____________

Group: ________________________________

Assigned Counselor: ________________________________
Client Intake - Group

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

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

Fecha de Nacimiento: ____/____/____ Edad: ________ Sexo: □Masculino □Femenino

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

Enliste, si tiene, hijos y sus edades: __________________________________________________________

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

No de teléfono de casa: ___________________________ ¿Nos permite dejar un mensaje? □Sí □No
Celular/Otro: ________________________________  ¿Nos permite dejar un mensaje? □Sí □No

¿Está trabajando actualmente?  □No □Sí

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

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

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

¿Por quién o cómo se entero de la clínica?
__________________________________________________________

PARA USO DE LA OFICINA

Confidential ID# __________________________ Completed by ______________ on ____________

Group: ____________________________________________________

Assigned Counselor: __________________________________________
# Client Psychosocial History

Client ID ____________________________ Date ____________________________

Completed By ________________________

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

<table>
<thead>
<tr>
<th>CURRENT CONTEXT</th>
<th>Physical Condition</th>
<th>Drug and Alcohol Use</th>
<th>Intellectual and Cognitive Functioning</th>
<th>Involvement with Legal/Correctional System</th>
<th>Coping Style</th>
<th>Self-Concept</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How’s your health? Any medical problems?</strong></td>
<td><strong>Do you use drugs and/or alcohol?</strong></td>
<td><strong>Do/did you have any problems at school or work? Are you able to think clearly?</strong></td>
<td><strong>Have you ever been arrested?</strong></td>
<td><strong>What do you do when the problem gets really bad? How do you make yourself feel better?</strong></td>
<td><strong>How do you feel about yourself?</strong></td>
<td><strong>Tell me about your family?</strong></td>
<td></td>
</tr>
<tr>
<td>Sociocultural Background</td>
<td>Are there any cultural factors that make this problem easier/harder to deal with?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion and Spirituality</td>
<td>How would you describe yourself in terms of religion/spirituality?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESOURCES/BARRIERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Resources</td>
<td>What are your personal strengths that might help you get through this?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Resources</td>
<td>Do you have any friends or family that you can turn to or count on to help you with this?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School and/or Work</td>
<td>Tell me about work/school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Resources</td>
<td>Do you participate in any community activities or clubs? Sports? Family-oriented activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentors and Models</td>
<td>Who do you look up to? Who do you wish you were more like?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstacles to Change</td>
<td>What or who stops you from doing things that would make this problem go away?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Relationship</td>
<td>How do you think that I could best help you? What do you need from your counselor?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Expectations</td>
<td>How will you know when counseling is working? What do you want things to look like when we finish?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Client Psychosocial History** (Spanish Translations)

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

**CURRENT CONTEXT**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Events</td>
<td>¿Que lo motivo a buscar ayuda? ¿Ha tenido problemas últimamente?</td>
</tr>
<tr>
<td>Physical Condition</td>
<td>¿Como esta de salud? ¿Tiene algún problema medico?</td>
</tr>
<tr>
<td>Drug and Alcohol Use</td>
<td>¿Usa drogas o alcohol para poder sobrellevar la situación o el problema?</td>
</tr>
<tr>
<td>Involvement with the Law</td>
<td>¿Alguna vez ha sido arrestado? ¿Alguna vez ha tenido que ir a corte a defenderse?</td>
</tr>
<tr>
<td>Intellectual and Cognitive Functioning</td>
<td>¿Ha tenido algún problema en la escuela? ¿Puede pensar claramente?</td>
</tr>
<tr>
<td>Coping Style</td>
<td>¿Que hace cuando los problemas realmente empeoran? ¿Que hace para hacerse sentir mejor?</td>
</tr>
<tr>
<td>Self-Concept</td>
<td>¿Cree que estos problemas son su culpa? ¿Cómo se siente de usted mismo?</td>
</tr>
<tr>
<td>Family</td>
<td>Tell me about your Family?</td>
</tr>
<tr>
<td>Section</td>
<td>Question</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sociocultural Background</td>
<td>¿Existen factores culturales que puedan hacer este problema más fácil/difícil de confrontar?</td>
</tr>
<tr>
<td>Religion and Spirituality</td>
<td>¿Cómo se describiría en términos religiosos/espiritualidad?</td>
</tr>
<tr>
<td><strong>RESOURCES/BARRIERS</strong></td>
<td></td>
</tr>
<tr>
<td>Individual Resources</td>
<td>¿Cuáles son sus fortalezas personales que puedan ayudarlo a superar esto?</td>
</tr>
<tr>
<td>Social Resources</td>
<td>¿Tiene amigos o familiares con los que puede contar para ayudarlo en esto?</td>
</tr>
<tr>
<td>School and/or Work</td>
<td>Cuénteme sobre su escuela o trabajo?</td>
</tr>
<tr>
<td>Community Resources</td>
<td>¿Usted participa en alguna actividad comunitaria o club? ¿Deportes? ¿Actividades en familia?</td>
</tr>
<tr>
<td>Mentors and Models</td>
<td>¿A quien admira? ¿Cómo quien le gustaría ser?</td>
</tr>
<tr>
<td>Obstacles to Change</td>
<td>¿Quién o que lo detiene para tratar de solucionar este problema?</td>
</tr>
<tr>
<td>Therapeutic Relationship</td>
<td>¿Cómo cree que yo le voy a poder ayudar mejor? ¿Qué necesita de su consejero?</td>
</tr>
<tr>
<td>Outcome Expectations</td>
<td>¿Cómo sabrá que la consejería está funcionando? ¿Qué quiere que las cosas parezcan cuando terminemos?</td>
</tr>
<tr>
<td>Other Comments/Observations</td>
<td>Use this space to make note of non-verbal behavior, your reactions to the client’s answers, etc.</td>
</tr>
</tbody>
</table>
Treatment Plan

Client’s Confidential ID # ___________________________ Age ____________ Sex __________

CCC Counselor(s) ___________________________ Date of Initial Session ___________________________

Client Demographics: ______________________________________________________________________

______________________________________________________________________________________

Problem Assessment
1. ____________________________________________________________________________________
2. ____________________________________________________________________________________
3. ____________________________________________________________________________________

Total Initial OQ/YOQ ______________________________________________________________________

___ Highest Subscale ______________________________________________________________________

Goals
Immediate ______________________________________________________________________________
Intermediate ______________________________________________________________________________
Long Term ______________________________________________________________________________

Supervisor’s Recommendations
1. ____________________________________________________________________________________
2. ____________________________________________________________________________________
3. ____________________________________________________________________________________

Revised Goals
1. ____________________________________________________________________________________
2. ____________________________________________________________________________________
3. ____________________________________________________________________________________

Client’s Signature ___________________________ Date ___________________________

Counselor’s Signature ___________________________ Date ___________________________

Supervisor’s Signature ___________________________ Date ___________________________
Client Name: ____________________________ Date: __________________

**Problem Area #1**

Problem: __________________________________________________________

Indicators: __________________________________________________________

Goal: ______________________________________________________________

Objectives:  
1. ________________________________________________________________  
   Methods: __________________________________________________________

2. ________________________________________________________________  
   Methods: __________________________________________________________

3. ________________________________________________________________  
   Methods: __________________________________________________________

**Problem Area #2**

Problem: __________________________________________________________

Indicators: __________________________________________________________

Goal: ______________________________________________________________

Objectives:  
1. ________________________________________________________________  
   Methods: __________________________________________________________

2. ________________________________________________________________  
   Methods: __________________________________________________________
Problem Area #3

Problem : ____________________________________________________________
________________________________________________________

Indicators: __________________________________________________________
________________________________________________________

Goal: ________________________________________________________________
________________________________________________________

Objectives:
1. ________________________________________________________________
   Methods: __________________________________________________________

2. ________________________________________________________________
   Methods: __________________________________________________________

3. ________________________________________________________________
   Methods: __________________________________________________________

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

Diagnostic Impressions:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Counselor: _______________________________ Date: ________________________

Supervisor: ______________________________ Date: ________________________
Session Notes

Client ID __________________________________________ Date ____________________________ Session No. ____________

Between Sessions Documentation

Date

☐ Use this space to document any phone calls, cancellations, or communication with others regarding this case that occurred between the last session and this one.

Current Session

Oriented to Person Place Time Physical Appearance Appropriate or Inappropriate

Changes in Eating Document Changes Only Sleeping Changes Medication Changes

Current Risk Factors: None Suicidal Attempt Suicidal Ideation Other

Action Taken: N/A Suicidal Attempt Suicidal Ideation Other

Referral to: N/A Suicidal Attempt Suicidal Ideation Other

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

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

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

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

Consultation with Client’s Parent or Guardian

If your client is a minor, document your consultation regarding the client’s progress.

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

Plan:
Future Treatment Strategy:

Supervisor’s Comments
<table>
<thead>
<tr>
<th>Date</th>
<th>Use this format when you need to document events that need more space than the usual session note.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Release of Confidential Information

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

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

Records or information will be shared between:

<table>
<thead>
<tr>
<th>Counselor</th>
<th>Position or Relationship to Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Counseling Clinic</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>School or Agency</td>
</tr>
<tr>
<td>80 Fort Brown</td>
<td>Address</td>
</tr>
<tr>
<td>Brownsville, TX 78520</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>(956)882-7792</td>
<td>Phone</td>
</tr>
<tr>
<td>(956)882-5834</td>
<td>Fax</td>
</tr>
</tbody>
</table>

_______________________________

Client’s Name

_______________________________

Client/Guardian Signature

_______________________________

Date
Autorización para publicar y/o utilizar información confidencial

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

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

Información confidencial se publicara entre

<table>
<thead>
<tr>
<th>Terapeuta/Consejero(a)</th>
<th>Puesto o relación al cliente</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Counseling Clinic</td>
<td>Escuela o Agencia</td>
</tr>
<tr>
<td>Agencia</td>
<td>Domicilio</td>
</tr>
<tr>
<td>80 Fort Brown</td>
<td>Ciudad, estado, código postal</td>
</tr>
<tr>
<td>Brownsville, TX 78520</td>
<td>Domicilio</td>
</tr>
<tr>
<td>(956)882-7792</td>
<td>Ciudad, estado, código postal</td>
</tr>
<tr>
<td>Teléfono</td>
<td>Teléfono</td>
</tr>
<tr>
<td>(956)882-5834</td>
<td>Fax</td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

Nombre del Cliente

Firma de Cliente/ Guardián | Fecha
**Counseling Summary**

Confidential ID ___________________________ Counselor ___________________________

## Appointment History

<table>
<thead>
<tr>
<th>Present</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Show</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancelled</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counselor Cancelled</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Goal Summary

List each goal from the Treatment Plan.

<table>
<thead>
<tr>
<th>Goal Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. *List goals verbatim*

2. 

3. 

## Additional/Modified Goals

List each additional or modified goal.

<table>
<thead>
<tr>
<th>Goal Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. 

2. 

3. 

## Status at End of Semester

- □ Goals Achieved / Client WILL NOT Return
- □ Semester Ended/Client WILL NOT Return
- □ Semester Ended/Client WILL Return
- □ Referral to Another Agency (___________________________)
- □ Terminated Due to Non-Attendance (Client contacted on_________ and___________)
- □ Other
- □ Recommended for Group Counseling:

- □ Social Skills for Children (6-12 y.o)
- □ Skills for Adolescence (13-17)
- □ Parenting Skills
- □ Relationship Skills for Adults

File Closed On ______________________ Supervisor Signature ______________________ Date ______________________

**OQ Scores**

<table>
<thead>
<tr>
<th>Initial</th>
<th>Final</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**File Management Checklist:**

**Location of items in the clinical record**

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

<table>
<thead>
<tr>
<th>Left Side of File</th>
<th>Right Side of File</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ New Client Checklist</td>
<td>___ Counseling Summary</td>
</tr>
<tr>
<td>___ Client Intake Form</td>
<td>___ Treatment Plan</td>
</tr>
<tr>
<td>___ Professional Disclosure</td>
<td>___ Case Notes</td>
</tr>
<tr>
<td>___ Release of Confidential Information (if used)</td>
<td>___ OQ Reports</td>
</tr>
<tr>
<td>___ Letters or Correspondence</td>
<td>___ Psychosocial History</td>
</tr>
<tr>
<td>___ File Management Checklist</td>
<td>___ Any other materials used in counseling</td>
</tr>
<tr>
<td></td>
<td>___ Safety Contract (if used)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Left Side of File</th>
<th>Right Side of File</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ File Management Checklist</td>
<td>___ Counseling Summary</td>
</tr>
<tr>
<td>___ New Client Checklist</td>
<td>___ Treatment Plan</td>
</tr>
<tr>
<td>___ Client Intake Form</td>
<td>___ Case Notes</td>
</tr>
<tr>
<td>___ Professional Disclosure</td>
<td>___ OQ Reports</td>
</tr>
<tr>
<td>___ Release of Confidential Information (if used)</td>
<td>___ Psychosocial History</td>
</tr>
<tr>
<td>___ Letters or Correspondence</td>
<td>___ Any other materials used in counseling</td>
</tr>
<tr>
<td></td>
<td>___ Safety Contract and Safety Plan</td>
</tr>
</tbody>
</table>

Counselor Signature: ______________________________________ Date: ______________
# File Management Evaluation

**Student Counselor** ___________________________  **Semester** ___________________________

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Client Checklist</td>
<td></td>
<td>Total Number of Client Contact Hours</td>
</tr>
<tr>
<td>Intake Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informed Consent</td>
<td></td>
<td>Total Number of No Shows</td>
</tr>
<tr>
<td>Professional Disclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session Notes</td>
<td></td>
<td>Beginning OQ Above Below Clinical Range</td>
</tr>
<tr>
<td>OQ Reports</td>
<td></td>
<td>Ending OQ Above Below Clinical Range</td>
</tr>
<tr>
<td>Counseling Summary</td>
<td></td>
<td>OQ Difference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Client Checklist</td>
<td></td>
<td>Total Number of Client Contact Hours</td>
</tr>
<tr>
<td>Intake Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informed Consent</td>
<td></td>
<td>Total Number of No Shows</td>
</tr>
<tr>
<td>Professional Disclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session Notes</td>
<td></td>
<td>Beginning OQ Above Below Clinical Range</td>
</tr>
<tr>
<td>OQ Reports</td>
<td></td>
<td>Ending OQ Above Below Clinical Range</td>
</tr>
<tr>
<td>Counseling Summary</td>
<td></td>
<td>OQ Difference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Client Checklist</td>
<td></td>
<td>Total Number of Client Contact Hours</td>
</tr>
<tr>
<td>Intake Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informed Consent</td>
<td></td>
<td>Total Number of No Shows</td>
</tr>
<tr>
<td>Professional Disclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session Notes</td>
<td></td>
<td>Beginning OQ Above Below Clinical Range</td>
</tr>
<tr>
<td>OQ Reports</td>
<td></td>
<td>Ending OQ Above Below Clinical Range</td>
</tr>
<tr>
<td>Counseling Summary</td>
<td></td>
<td>OQ Difference</td>
</tr>
</tbody>
</table>

**Supervisor** ___________________________  **Date** ___________________________
# Observation of a Counseling Session

<table>
<thead>
<tr>
<th>Remarks</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How did counselor establish rapport with client?</td>
<td></td>
</tr>
<tr>
<td>Social conversation</td>
<td></td>
</tr>
<tr>
<td>Changes in eating/sleeping/medications</td>
<td></td>
</tr>
<tr>
<td>Follow-up on last week’s session or between session work</td>
<td></td>
</tr>
<tr>
<td>Which elements of the OQ were discussed?</td>
<td></td>
</tr>
<tr>
<td>Gains</td>
<td></td>
</tr>
<tr>
<td>Losses</td>
<td></td>
</tr>
<tr>
<td>Suicide or critical issues</td>
<td></td>
</tr>
<tr>
<td>What is the current treatment goal?</td>
<td></td>
</tr>
<tr>
<td>Verbal statement of short, intermediate, or long-term goal</td>
<td></td>
</tr>
<tr>
<td>What is the current treatment strategy?</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
</tr>
<tr>
<td>Did the counselor inappropriately take responsibility for the client’s problem?</td>
<td></td>
</tr>
<tr>
<td>Band-aiding, advice giving, and/or making the client “feel better”</td>
<td></td>
</tr>
<tr>
<td>How did student counselor move the session beyond an intellectual level?</td>
<td></td>
</tr>
<tr>
<td>Show of emotion</td>
<td></td>
</tr>
<tr>
<td>Gave client permission to emote</td>
<td></td>
</tr>
<tr>
<td>Which client statements did the student counselor inquire about further?</td>
<td></td>
</tr>
<tr>
<td>Explored underlying feelings associated with what client is saying</td>
<td></td>
</tr>
<tr>
<td>Vertical as opposed to horizontal questioning</td>
<td></td>
</tr>
<tr>
<td>How did the student counselor convey respect for the client’s values?</td>
<td></td>
</tr>
<tr>
<td>Diversity issues</td>
<td></td>
</tr>
<tr>
<td>Multiculturally responsive</td>
<td></td>
</tr>
<tr>
<td>Give examples of the student counselor’s use of the client’s language.</td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td></td>
</tr>
<tr>
<td>Perceptions</td>
<td></td>
</tr>
<tr>
<td>Metaphors</td>
<td></td>
</tr>
<tr>
<td>Describe the non-verbal behavior of the client.</td>
<td></td>
</tr>
<tr>
<td>Physical posturing</td>
<td></td>
</tr>
<tr>
<td>Facial expressions</td>
<td></td>
</tr>
<tr>
<td>Eye contact</td>
<td></td>
</tr>
<tr>
<td>Describe the non-verbal behavior of the student counselor.</td>
<td></td>
</tr>
<tr>
<td>Physical posturing</td>
<td></td>
</tr>
<tr>
<td>Facial expressions</td>
<td></td>
</tr>
<tr>
<td>Eye contact</td>
<td></td>
</tr>
<tr>
<td>How did the student counselor use silence?</td>
<td></td>
</tr>
<tr>
<td>Waited too long</td>
<td></td>
</tr>
<tr>
<td>Rushed to fill in the silence</td>
<td></td>
</tr>
<tr>
<td>How did the student counselor terminate the session?</td>
<td></td>
</tr>
<tr>
<td>Goal progression</td>
<td></td>
</tr>
<tr>
<td>Next week’s treatment goal</td>
<td></td>
</tr>
<tr>
<td>Confirm next week’s appointment</td>
<td></td>
</tr>
</tbody>
</table>
MISCELLANEOUS
<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
<th>Pronunciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hello, hi</td>
<td>Hola</td>
<td>Oh-lah.</td>
</tr>
<tr>
<td>Hello (on the phone)</td>
<td>Hola or Bueno or Diga</td>
<td>Oh-lah. Bwen-o. Dee-gah.</td>
</tr>
<tr>
<td>Goodbye</td>
<td>Adiós</td>
<td>Ah-dee-ose.</td>
</tr>
<tr>
<td>How are you?</td>
<td>¿Cómo estás?</td>
<td>Koh-moh ehs-tahs?</td>
</tr>
<tr>
<td>Very well, thank you</td>
<td>Muy bien, gracias</td>
<td>Moo-y byen, grah-see-ahs.</td>
</tr>
<tr>
<td>Good day, good morn</td>
<td>Buenos días</td>
<td>Bwen-ohs dee-ahs.</td>
</tr>
<tr>
<td>Good afternoon</td>
<td>Buenas tardes</td>
<td>Bwen-ohs tar-dez.</td>
</tr>
<tr>
<td>How's it going?</td>
<td>¿Cómo le va? or</td>
<td>Koh-moh leh vah?</td>
</tr>
<tr>
<td>What's happening?</td>
<td>¿Qué tal?</td>
<td>Keh tall?</td>
</tr>
<tr>
<td>What's happening?</td>
<td>¿Qué pasa?</td>
<td>Keh pah-sah?</td>
</tr>
<tr>
<td>What's your name?</td>
<td>¿Cómo te llamas? or</td>
<td>Koh-moh teh yah-mahs?</td>
</tr>
<tr>
<td></td>
<td>¿Cómo se llama usted?*</td>
<td>Koh-moh seh yah-mah oos-ted?</td>
</tr>
<tr>
<td>My name is ______</td>
<td>Me llamo ______</td>
<td>Meh yah-moh ______</td>
</tr>
<tr>
<td>At your service.***</td>
<td>Para servirle.</td>
<td>Pah-dah sehd-veed-leh.</td>
</tr>
<tr>
<td>I’m the school</td>
<td>Yo soy la consejero(a)</td>
<td>Yoh soy lah cone-seh-head-oh ehs-coh-lahr.</td>
</tr>
<tr>
<td>counselor.</td>
<td>escolar.</td>
<td></td>
</tr>
<tr>
<td>It's a pleasure to</td>
<td>Mucho gusto or</td>
<td>Mooch-oh goose-toh.</td>
</tr>
<tr>
<td>meet you.</td>
<td>Encantado(a)</td>
<td>En-kahn-tah-doh.</td>
</tr>
<tr>
<td>Welcome</td>
<td>Bienvenido(a)</td>
<td>Byen-ben-ee-doh.</td>
</tr>
<tr>
<td></td>
<td>Bienvenidos(as)</td>
<td>Byen-ben-ee-dohs.</td>
</tr>
</tbody>
</table>

* There are two ways to say “you” in Spanish: *tu* and *usted*. *Tu* is informal, and can be used with friends and children. *Usted* is formal and should be used with adults and strangers until given permission by them to use *tu*. The "simple rule" that has been stated is that if one is on a first name basis with someone, then “*tu*” is appropriate. Otherwise use “*usted.*”

**Use the masculine “o” ending when speaking with males and the feminine “a” ending when speaking with females. If the company is mixed, use “o.”

***Mexicans appreciate a more formal introduction and “at your service” indicates that you are willing to help them."
<table>
<thead>
<tr>
<th>Feelings and Emotions</th>
<th>English</th>
<th>Spanish</th>
<th>Pronunciation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calm/Relaxed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>calm</td>
<td>calmado</td>
<td>cahl-mah-doh</td>
<td></td>
</tr>
<tr>
<td>relaxed</td>
<td>relajado</td>
<td>reh-lah-ha-doh</td>
<td></td>
</tr>
<tr>
<td>at ease</td>
<td>estar cómodo(a) or estar a gusto(a)</td>
<td>ehs-star koh-moh-doh ehs-star ah-goose-toh</td>
<td></td>
</tr>
<tr>
<td>peaceful</td>
<td>tranquilo(a)</td>
<td>trahn-key-loh</td>
<td></td>
</tr>
<tr>
<td>satisfied</td>
<td>satisfecho(a)</td>
<td>sah-tees-feh-choh</td>
<td></td>
</tr>
<tr>
<td>quiet</td>
<td>callado(a) or reservado(a)</td>
<td>kye-ah-doh reh-sehr-vah-doh</td>
<td></td>
</tr>
<tr>
<td>pensive</td>
<td>pensativo(a)</td>
<td>pehn-sah-tee-vooh</td>
<td></td>
</tr>
<tr>
<td><strong>Surprised/Shocked</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>surprised</td>
<td>sorprendido(a)</td>
<td>sohr-prehn-deed-oh</td>
<td></td>
</tr>
<tr>
<td>shocked</td>
<td>impresionado(a)</td>
<td>eem-preh-shohn-ah-doh</td>
<td></td>
</tr>
<tr>
<td>amazed</td>
<td>asombrado(a)</td>
<td>ah-sohm-brah-doh</td>
<td></td>
</tr>
<tr>
<td>speechless</td>
<td>sin palabras(a)</td>
<td>seen pah-lah-brahs</td>
<td></td>
</tr>
<tr>
<td>numb</td>
<td>paralizado(a)</td>
<td>pah-rah-lee-zah-doh</td>
<td></td>
</tr>
<tr>
<td><strong>Proud/Competent</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>proud</td>
<td>orgulloso(a)</td>
<td>ohr-goo-yoh-soh</td>
<td></td>
</tr>
<tr>
<td>competent</td>
<td>competente</td>
<td>kohm-peh-tehn-teh</td>
<td></td>
</tr>
<tr>
<td>accomplished</td>
<td>cumplido(a)</td>
<td>koom-plee-doh</td>
<td></td>
</tr>
<tr>
<td>brave</td>
<td>valiente</td>
<td>vah-lee-ehn-teh</td>
<td></td>
</tr>
<tr>
<td>deserving</td>
<td>meritorio(a)</td>
<td>med-ee-tohr-ee-oh</td>
<td></td>
</tr>
<tr>
<td>independent</td>
<td>independiente</td>
<td>een-deh-pehn-dee-ehn-teh</td>
<td></td>
</tr>
<tr>
<td><strong>Sad/Depressed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sad</td>
<td>triste</td>
<td>treehs-teh</td>
<td></td>
</tr>
<tr>
<td>depressed</td>
<td>deprimido(a)</td>
<td>deh-pree-mee-doh</td>
<td></td>
</tr>
<tr>
<td>tearful</td>
<td>lloroso(a)</td>
<td>yoh-roh-soh</td>
<td></td>
</tr>
<tr>
<td>pessimistic</td>
<td>pesimista</td>
<td>peh-see-mehs-tah</td>
<td></td>
</tr>
<tr>
<td>distraught</td>
<td>desconsolado(a)</td>
<td>dehs-cohn-soh-lah-doh</td>
<td></td>
</tr>
</tbody>
</table>
Notes:
COUNSELING SKILLS SCALE (CSS)

University Name ___________________________ Student Name ___________________________
Review by Audio___Video___Transcript ___ Faculty Name ___________________________
Reviewed after Skills____ Practicum ____ School Intern. ____ Community Intern____ Stud. Affairs Intern____

This survey assesses the quality of student performance of counseling skills. It divides twenty-two specific “microskills” into six groupings (in caps following roman numerals). Please first rate the student’s microskills as –2, -1, 0, +1, or +2 according to the scale below. Then summarize each grouping of skills by adding and averaging its individual microskills scores. Place that average in the blank following the grouping heading.

NOTE: If a skill is not performed but does not seem necessary, then assign it an “NN” and average only those skills performed into mean grouping scores. If a skill is not performed but should have been, then give it a score of –2 or –1 and average it with the rest of the skills performed under that super-heading.

I. SHOWS INTEREST AND APPRECIATION

1. Body Language and Appearance – Maintains open, relaxed, confident posture with appropriate eye contact. Leans forward when talking, leans back when client talks on target. Uses head nods and body gestures to encourage client talk. Maintains professional dress.  
   
   1. Continued practice: not helpful or well-timed, or no skill existent when it should be
   2. Major adjustment needed: not at all helpful or well-timed
   3. Developing skills: somewhat helpful but too many missed opportunities
   4. Well developed: helpful, well-timed, and consistently well-performed
   5. Not performed, but not necessary; (an)other skill(s) within this “grouping” used to effectively meet this grouping’s goals

   Group Score ______________________

   1. Body Language and Appearance
   2. Minimal Encouragers
   3. Vocal Tone
   4. Evoking and Punctuating Client Strengths

II. ENCOURAGES EXPLORATION

5. Questioning -- Asks open-ended questions that encourage the client to continue talking and to provide information. Uses when needed and when theoretically consistent. Uses closed questions judiciously. Does not overuse questions.

   Group Score ______________________

   1. Questioning
   6. Requesting Concrete and Specific Examples -- Asks for concrete and specific instances when clients provide vague generalities. Provides an example of how you might feel or behave when facing.

II. ENCOURAGES EXPLORATION

6. Requesting Concrete and Specific Examples -- Asks for concrete and specific instances when clients provide vague generalities. Provides an example of how you might feel or behave when facing.
7. **Paraphrasing (reflection of content)** -- Engages in brief, accurate, and clear rephrasing of what the client has expressed.

8. **Summarizing** -- Makes statements at key moments in the session that capture the overall sense of what the client has been expressing.

III. **DEEPENS THE SESSION**

9. **Reflecting Feeling** -- States succinctly the feeling and the content of the problem faced by the client ("You feel ______ when ______.")

10. **Using Immediacy** -- Recognizes here-and-now feelings, expressed verbally or nonverbally, of the client or the counselor. Can be related to the counselor-client relationship. ("As we talk about ______ problem, I sense you are feeling ______ about me. In turn, I'm feeling ______ about how you are viewing the problem right now.")

11. **Observing Themes and Patterns** -- Identifies more overarching patterns of acting, thinking, or behaving in problem situations ("In ______ situations, you regularly do ______ [or think ______ or feel ______].")

12. **Challenging/Pointing out Discrepancies** -- Expresses observations of discrepancies. ("You expect yourself to do ______ when facing the problem of ______, but you do ______ instead. When this happens you feel ______ about yourself.")

13. **Reflecting Meaning and Values** -- Reflects the unexpressed meaning or belief/value system that is behind the words the client is saying. ("You feel strongly about making choices based on ______ belief.")

IV. **ENCOURAGES CHANGE**

14. **Determining Goals and Desired Outcomes** -- Collaboratively determines outcomes toward which the counseling process will aim. Helps client set goals.
15. Using Strategies for Creating Change – Uses theoretically-consistent and intentional intervention strategies to help client move forward toward treatment goals [such as setting up reinforcement systems, using guided imagery, asking the miracle question, directives, self-disclosure, interpretation, advice, opinion, information instruction].

-2 -1 0 +1 +2 NN

16. Considering Alternatives and their Consequences -- Helps the client review possible solutions and the value of each over the long term. (“One option would be_______, and that would mean_______.
Another option would be….”)

-2 -1 0 +1 +2 NN

17. Planning Action and Anticipating Possible Obstacles -- Reaches agreement about actions to take between sessions, who is responsible for them, and when they will be done. Helps client to list what obstacles might interfere and decide how to handle them. (“So, you will do_______ by _______ date. What could prevent you from accomplishing your plan?”)

-2 -1 0 +1 +2 NN

V. DEVELOPS THERAPEUTIC RELATIONSHIP

18. Consistently engages in caring manner with client, particularly by demonstrating such core conditions as genuineness and authenticity, warmth and acceptance, respect and positive regard, and empathy.

-2 -1 0 +1 +2

VI. MANAGES THE SESSION

19. Opens session smoothly and warmly greets client. Begins work on counseling issues in a timely way. Structures session, directing client naturally through opening, exploration, deeper understanding, creating change, and closing; focuses client on essence of issues at a level deep enough to promote positive movement. Smoothly and warmly ends the session, in a timely way, planning for future sessions or for termination.

-2 -1 0 +1 +2

TOTAL CSS SCORE (add grouping averages): _______________

Instructor/Supervisor Comments:

@Karen Eriksen. Permission to copy after participating in rater training and contingent on sending results back to Karen Eriksen.
## Counseling Session Rating Scale

This rating scale is based on factors demonstrated to be important in establishing a therapeutic alliance with clients. Therapeutic alliance has been demonstrated to be perhaps the most important contributor to positive outcomes in counseling apart from factors outside of counseling. Practicum students are expected to progress toward “good” or “very good” ratings in each of the skill areas shown.

<table>
<thead>
<tr>
<th></th>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor: Skill absent or performance has potential for harm</td>
<td>Unsatisfactory: Some evidence of beginning skill, but insufficient</td>
<td>Adequate: Evidence of beginning skill but inconsistent</td>
<td>Good: Skill generally well performed</td>
<td>Very Good: Skill consistently well performed</td>
<td></td>
</tr>
</tbody>
</table>

Opening/greeting  
Eye contact  
Attentive body language  
Vocal style  
Use of questions  
Minimal encouragers  
Strategic/appropriate silence  
Restatement/paraphrase  
Reflection of feeling  
Being “present” with the client  
Appropriate and collaborative goal setting  
Immediacy  
Awareness and attention to meaning

Comments: