

# CHICAGO STATE UNIVERSITY

## **I. Psychology 5790(431): Pre-Practicum Counseling Laboratory (3 Sem. Hrs.) Fall 2009**

**II. Instructor:** Lindsay Bicknell-Hentges **Office:** HWH 245 **Office Phone:** 773-995-2210  
**Office Hours:** T/R 2:00-4:30 and by appointment (Call 773-995-2359 or speak with instructor for appt.)  
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### **III. Attendance:**

Attendance is required at all classes. If you must be absent from class notify the instructor before the class meeting time. Points will be taken from work turned in late. This class is highly interactive. Students will be expected to participate in group activities and class discussions. **Two unexcused absences will be allowed. More than two unexcused absences will result in grade reduction and possibly administrative withdrawal from the course per CSU attendance guidelines.**

### **IV. ADA policy**

#### American Disabilities Act

Students with diagnosed learning disabilities, or physical disabilities that interfere with learning, are strongly urged to register each semester with the CSU abilities office (SUB 190, x4410). Services may be requested at any time but are not retroactive. The College of Education and the Department of Psychology are strongly committed to taking all reasonable steps to ensure that our students are able to work to their fullest potential. The Abilities Office provides services for all students in attendance at Chicago State University with verified disabilities. Please direct all requests for accommodations due to a disability to the Abilities Office: (773) 995-4401. The Office is located in the Student Union Building, Room 198.

**V. Course Prerequisite:** PSYC 5600/406 or 5611/411, /410, 414, 416, and 423 and acceptance as a candidate for clinical courses. Completion of all pre-candidacy courses in the program and submission of application by the appropriate deadline.

**VI. Conceptual Framework:** All activities in the College of Education are guided by the belief that we Prepare All Candidates To Succeed, which translates into the PACTS acronym. The PACTS acronym also represents the strands for the College of Education's

Conceptual Framework:

- P – Professionalism
- A – Assessment
- C – Content
- T – Technology
- S – Standards

### **Department Mission**

The mission of the Counseling Graduate Program is to produce highly qualified graduates equipped to serve the complex counseling needs in the urban setting with specific emphasis on addressing the needs of urban youth and their families. This mission is generated from the belief that counselors equipped to deal with the more difficult problems in large cities will also be effective in other, less challenging settings.

### **VII. Course Description:**

Clinical laboratory experience with actual clients and live and videotaped supervision in techniques of counseling/psychotherapy.

### **VIII. Method of Instruction:**

Initial class sessions will involve didactic lecture, discussion, instructor modeling of counseling skills, and student role plays to assist in the integration and application of knowledge from theory, skills, and other pre-candidacy content. In second portion of the course, students will engage in individual counseling relationships with clients in the Counseling Laboratory. Each session will be videotaped with live supervision. Students will observe and analyze the counseling of classmates. In addition to analyzing their own work and completing a written review of each taped session, students will be responsible for orally presenting their work in class and receiving feedback from peers and supervisor. Supervision will address the (1) students' individual issues which may be adversely impacting their delivery of counseling services, and (2) the continued development of clinical skills in the application of counseling theory to actual counseling situations, (3) the conceptualization of cases, (4) the ability to diagnose with the DSM-IV and apply these descriptive classifications to the unique needs of their clients, (5) the appropriate use of a treatment plan, developed in conjunction with the client and the supervisor/instructor. Students will also complete a written case report for each client.

All Students must purchase liability insurance from HPPSO and bring in the Certificate of Coverage prior to seeing their first client. Students will need two VHS video tapes and two 90 minute cassette tapes (both full size) to record sessions.

### **Use of Technology:**

Students are expected to be able to use a computer, access the internet, send and retrieve email, turn in assignments via blackboard (the CSU online learning system located at [www.csu.edu](http://www.csu.edu)), open attachments, and conduct a library search online. The CSU blackboard will be used to make announcements, post lecture notes, course documents, videos, and assignments. Email will be used to send messages to the class and to individual students. As such, it is your responsibility to ensure that you have access to blackboard and your email account as messages will be sent to the account on file with the university. In the event that you have problems with accessing either blackboard or your email account, contact Academic Computing as soon as possible. If you do not utilize your university email account, Academic Computing can assist you in having your messages forwarded to the address of your preference.

### **IX. Program Objectives met in this Course (*italicized*):**

1. Students will demonstrate knowledge in the relationship between human growth and development and counseling.
2. Students will demonstrate knowledge in assessment, research, and evaluation.
3. ***Students will understand the dynamics of the helping relationship and be able to apply this understanding in counseling and group guidance.***
4. Students will understand educational and career planning and be able to apply this understanding effectively including in settings with the complex challenges of urban youth, families and communities.
5. *Students will demonstrate a professional orientation and knowledge of professional and ethical issues.*
6. ***Students will understand how to assess a client, including urban youth, as well as develop and implement an appropriate plan of intervention to use in effectively working with the client.***
7. ***Students will demonstrate knowledge of social and cultural issues relevant to counseling and be able to apply this knowledge in counseling settings.***
8. Students will be prepared for employment as a counselor.
9. Students will demonstrate a high level of knowledge in clinical mental health counseling or school guidance and counseling.

**X. Course Objectives – Assessment/Outcome Measures:**

<b>Objectives</b>	<b>Measures of Objectives</b>	<b>CACREP = Council for Accreditation of Counseling and Related Educational Programs SC – School CMH – Clinical Mental Health</b>
1. To learn how to establish effective counseling relationships	Live and taped supervision in counseling lab, tape review and peer feedback; evaluation by University Supervisor and self-evaluation	CACREP=, 5b,
2. To apply the knowledge of interviewing procedures and counseling skills	Live and taped supervision in counseling lab, tape review and peer feedback; evaluation by University Supervisor and self-evaluation	CACREP = 5c
3. To analyze procedures for determining goals, solving problems, and communicating information in counseling situations	Live and taped supervision in counseling lab, tape review and peer feedback; evaluation by University Supervisor and self-evaluation	CACREP= CMH = D1
4. To develop an understanding of diagnostic, intervention/treatment and referral procedures	Live and taped supervision in counseling lab, tape review and peer feedback; evaluation by University Supervisor and self-evaluation	CACREP= CMH = D1, D9, L1
5. To learn to recognize characteristics of and respond appropriately to high risk clients	Live and taped supervision in counseling lab, tape review and peer feedback; evaluation by University Supervisor and self-evaluation	CACREP= 5g SC = D4 CMH = D6, L1
6. To develop an understanding of issues related to the needs of multicultural clients	Live and taped supervision in counseling lab, tape review and peer feedback; evaluation by University Supervisor and self-evaluation	CACREP=2e
7. To apply knowledge of legal and ethical issues related to counseling and assessment	Live and taped supervision in counseling lab, tape review and peer feedback; evaluation by University Supervisor and self-evaluation	CACREP=1j
8. To appropriately apply concepts of theoretically driven case conceptualization in planning and implementing counseling interventions	Evaluation by University Supervisor and self-evaluation; written case report	CACREP= 5d CMH = L2
9. To learn to write succinct and accurate case reports of counseling sessions with diagnoses and appropriate treatment planning	Written case report	CACREP= CMH = L2
10. To demonstrate self-awareness,	Live and taped supervision in	SC = D1

sensitivity to others, and the skills needed to relate to diverse individuals, groups, and classrooms	counseling lab, tape review and peer feedback	
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### Professional Standard Sets

National Council for Accreditation of Teacher Education (NCATE) <<http://www.ncate.org>>

Illinois State Board of Education Content Area Standards  
<<http://www.isbe.state.il.us/profprep/standards.htm>>

Council for Accreditation for Counseling and Related Educational Programs (CACREP) <<http://www.cacrep.org>>

### XI. Grading Policy

#### Course Requirements:

The pre-practicum clinical laboratory is the students' first direct contact with volunteer clients. Students are closely supervised during this initial experience. The class includes a didactic component which addresses issues such as case conceptualization, developing a therapeutic relationship, ethical concerns, clinical report writing, brief clinical interventions, and counseling diverse populations including children and adolescents.

Students are eligible to enroll in the pre-practicum clinical laboratory (PSYC 431/5790) during candidacy evaluation. Students in this class will have sessions with actual clients which are supervised live by faculty in the Counseling Laboratory. Feedback is continuously given to the counselors-in-training by both the instructor and other counselors-in-training. Students will learn and apply a brief model of counseling with two separate clients during the semester. They will conduct four 35-minute sessions with individual clients while being observed by their professor and other students in the class. In addition to observing other students' sessions, each student will review audio and video tapes of their own sessions, as well as completing case reports on their experiences with the clients. After the sessions, the students will process their own and their client's behavior during group supervision.

Students must arrive on time for each weekly session. Attendance is mandatory. Students who miss a class must inform the instructor prior to the time of the class. Student must make up all missed classes during another pre-practicum class. Students who are tardy or who miss class may be either dropped from the class or given a grade of I (Incomplete). The first six weeks, the teacher will lecture and then students will role-play to prepare for the first session. Students will then complete four 35-minute sessions with two clients. They must submit a written case report for each client along with other assigned written exercises (e.g, the Final Summary report of the student's experience of growth in the class). Students should come to class prepared with the class notebook, the Student Clinical Handbook, video tapes, and audiotapes.

#### Evaluation Criteria for Grading:

Each week, the supervisor will give students a written evaluation of their performance. Students will also receive a midsemester evaluation. The evaluation of clinical skills will comprise 75% of the students' grades. The other 25% will come from the average grade of all written assignments. (75% - Evaluation of Clinical Skills; 25% - Average of grades on written Case Reports and Final Summary)

A = 90 - 100 (Mastery of clinical application of beginning counseling skills)

B = 80 - 89 (Adequate clinical application of beginning counseling skills)

C = 70 - 79 (Some, but inadequate demonstration of appropriate clinical application of beginning counseling skills.)

D = 60 - 69 (Extremely inadequate demonstration of appropriate clinical application of beginning counseling skills.)

F = Below 60 (Little to no demonstration of counseling skills or gross ethical violation within the class)

### XII. Required Texts:

PSY 5790/431 Course Reader: Compilation of articles related to counseling

Bicknell-Hentges, L. (2009). *Student Clinical Handbook*. Chicago: Chicago State University Department of Psychology.

Russell-Chapin, L. & Ivey, A. (2004). *Your supervised practicum and internship: Field resources for turning theory into action*. Pacific Grove, CA: Brooks/Cole.

**XIII. Required reading:** Selected readings from articles made available by the instructor

**XIV. Bibliography:**

- American Psychological Association. (2009). *Publication Manual for the American Psychological Association*, 6th Ed. DC: APA Press.
- Anderson, C.M.; & Stewart, S. (1983). *Mastering resistance: A practical guide to family therapy*. New York: Guilford Press.
- Aponte, J.F. & Wohl, J. (2000). *Psychological intervention and Cultural Diversity*. Boston, MA; Allyn and Bacon.
- Boylan, J., Malley, P., Scott, J. (2008). *Practicum and Internship, Textbook for Counseling and Psychotherapy, (4<sup>th</sup> Edition)*. Muncie, Indiana: Accelerated Development.
- Friedman, S. (1997). *Time-Effective psychotherapy: Maximizing outcomes in an era of minimized resources*. Boston: Allyn and Bacon.
- Huber, C.H., & Savage, T.A. (2009). *Promoting research as a core value in master's-level counselor education. Counselor Education & Supervision*, 48, (3), 167-178.
- Hutchins, D.E.; & Cole Vaught, C. (1997). *Helping relationships and strategies (3<sup>rd</sup>. Ed)*. Pacific Grove, CA. Brooks/Cole.
- Ivey, A. E., & Ivey, M. (2003). *Intentional interviewing and counseling: Facilitation client development in a multicultural society (7<sup>th</sup> Ed)*. Pacific Grove, CA: Brooks/Cole.
- James, R.K.; & Gilliland, B.E. (2007). *Crisis intervention strategies*. Belmont, CA: Brooks/Cole.
- Lambie, G. W., Sias, S. M., Davis, K.M., Lawson, G., & Akos, P. (2008). A scholarly writing resource for counselor educators and their students. *Journal of Counseling and Development*, 86, (1), 18 - 25.
- Martz, E. (2001). Expressing counselor empathy through the use of possible selves. *Journal of Employment Counseling*, 38, 128-133.
- Meier, S.T.; & Davis, S.R. (2007). *The elements of counseling (6<sup>th</sup> Ed.)*. New York: Brooks/Cole.
- Orton, G.L. (1997). *Strategies for counseling children and their parents*. Pacific Grove, CA: Brooks/Cole.
- Roberts, A. R., & Yeager, K. R. (Eds.). (2004). *Evidence-based practice manual: Research and outcome measures in health and human services*. New York: Oxford Press.
- Somner, C. A. (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. *Counselor Education and Supervision*, 48, (1), 61 – 71.
- Stout, C. E., & Hayes, R.A. (Eds). (2005). *The evidence-based practice methods, models, and tools for mental health professionals*. Hoboken, NJ: Wiley.
- Weisz, J.R. (2004). *Psychotherapy for children and adolescents: Evidenced-based treatments and case examples*. Cambridge, UK: Cambridge University Press.
- Young, M.E. (2008). *Learning the art of helping: Building blocks and techniques, 4<sup>th</sup> Ed*. Columbus, OH: Merrill/Prentice Hall.

**Examples of Relevant Journal Titles:**

*Adultspan Journal*

*Counselor Education and Supervision*

*Journal of Abnormal Psychology*

*Journal of Abnormal Child Psychology*

*Journal of Clinical Psychology*

*Journal of College Counseling*

*Journal of Counseling and Development*

*Journal of Behavior*

*Journal of Counseling Psychology*

*Journal of Multicultural Counseling and Development*

*Journal of Substance Abuse*

*Journal of Addiction*

*The Journal of Addictions and Offender Counseling*

*Measurement and Evaluation in Counseling and*

*Development*

**XV. Course Calendar and Content:****Content Areas:**

Topics will vary according to the needs and experiences of each pre-practicum student. Topics will include but will not be limited to:

- Case presentations by students.
- Counselor characteristics/behaviors that influence helping process
- Effective development and use of treatment plans.
- Mental Status Examinations.
- Consultation Theory and Application
- Ethical standards, issues and applications.
- Application of counseling theory and techniques for individuals.
- Appropriate use of the DSM-IV for diagnostic, treatment, and referral purposes.
- Interplay of professional skills, interpersonal abilities, and personal qualities.
- Termination of counseling.
- Suicidal risk assessment and intervention
- Development of strategies for working with diverse individuals.
- Appropriate referral strategies
- Special issues, such as Child Abuse and Neglect, Substance Abuse, etc.
- Cultural self-awareness
- Counselor role in promoting social justice, advocacy, conflict resolution, and other behaviors promoting optimal growth and total wellness

**Calendar**

- Week 1: Role and function of counselor; Confidentiality and other ethical; concerns; Professionalism; Orientation to the Counseling Laboratory
- Week 2: The Helping relationship -Listening Skills: Affect and Content; Counselor Characteristics that Influence the Counseling Process – Improving Self-Awareness
- Week 3: Summarization and Integration; Informed Consent: Role Play
- Week 4: Tentative Analysis, Action Plan, Evaluation; Role Play
- Week 5: Report Writing
- a. Identifying Information
  - b. Presenting Problems/ Referral Source
  - c. Behavioral Observations
  - d. Mental Status Exam
  - e. Analysis of the Problem
  - f. Treatment Goals
  - g. Course of Treatment
  - h. Recommendations
- Week 6: (Child abuse/Neglect, Suicidal and Homicidal Ideation); Crisis Intervention;
- Week 7 - 10: Sessions with First Client and Case Consultation
- Week 11 - 15: Sessions with Second Client and Case Consultation

**Policy on Unattended Children**

Unattended children are not allowed in Harold Washington Hall and other campus buildings. Please consider leaving your child at the CSU Child Care Center (x2556) where they will be safe while you are in class.

**Policy on Plagiarism and Academic Misconduct**

Academic misconduct includes but is not limited to cheating, encouraging academic dishonesty, fabrication, plagiarism, bribes, favors, threats, grade tampering, non-original work, and examination by proxy. Procedures regarding academic misconduct are delineated in "Student Policies and Procedures", article X, section 2. If an incident of academic misconduct occurs, the instructor has the option to notify the student in writing and adjust grades downward, award a failing grade for the semester, or seek further sanctions against the student.

## **XVI. Course Handouts and Forms:**

### **A Brief Model of Counseling**

#### **Stages**

#### **I. Reflective Listening (Sessions One and Two):**

The initial therapeutic process in which rapport is established and a therapeutic relationship is developed. The basic goal is to simply listen to the client and reflect back what you have heard for focusing and clarification. There should be NO attempts to make changes or give advice at this point. Simply listen and trust the process of building a relationship and coming to a better understanding of your client and the issues being presented. Any attempt to change your client at this point would be premature and based upon a superficial understanding. Focus on listening and understanding.

##### **A. Content:**

Listen for the details of what is being said and reflect back the essence (not parrot back everything they have said).

##### **B. Affect:**

Also, attune to the feelings that the client is experiencing. The basic feeling states include: glad, mad, sad, and afraid. Feelings may be demonstrated verbally or nonverbally and the two levels may not match. Notice this, but save confrontations for later after the relationship is stronger. The level of safe confrontation depends upon the strength of the relationship.

##### **C. Integration of Content and Affect**

Notice what feelings are associated with the details being presented ("I notice you feel sad when you talk about your mother.")

##### **D. Summarization**

Summarize the patterns, themes, or general story that your client is presenting. ("You have talked about feeling unappreciated at home, work, and with your friends" = Pattern or "Tonight you discussed your conflict with your boss, the behavior problems of your son, and some financial concerns" = Summarization of the general content of a session). Summarization is used to start and end a session. It is also important for focusing the client, identifying patterns, and testing initial hypotheses about the real, underlying problem. It is often used a few times a session at natural breaks or may be used to help focus a client who talks nonstop.

#### **II. Tentative Analysis (Session Three)**

Developing and presenting to the client a hypothesis about the Real, underlying problem that is keeping the client stuck in a place that does not work for them. This is the essence case conceptualization. For example, many people may not be able to pay their bills, but you have to look at the dynamics within the person to understand the Real problem underlying their financial woes. The financial problems are the smoke or symptom; the underlying problems are the fire or cause.

##### **A. Hypothesis Testing:**

After you are beginning to have some sense of the real problem, you test your hypothesis through

reflection and summarization to help you refine your hypothesis.

#### **B. Formal Presentation of the Tentative Analysis:**

During the first and second session, you will be developing and refining your hypothesis. After session two, the class will stay as late as it takes until the instructor has helped every student to plan their presentation of the tentative analysis for their client. At the start of the third session, the counselors-in-training will summarize the second session and then present the tentative analysis. (“It seems like you keep getting stuck because you resent all that you do for your mother, but can never say, No” to her because you feel too guilty when you don’t do everything she asks. However, the resentment is growing to the point that you feel you are not treating her right, which also makes you feel guilty.”) After this is presented, the client responds to your hypothesis and you make refinements or adjustments based upon their response.

#### **III. Action Plan (Session Three)**

Once the Tentative Analysis is presented and refined as needed for acceptance by the client, then you ask the client to develop an Action Plan. The client is asked to come up with several small strategies for attacking their problem. This is not a time to give advice, but some clients may need information, which introduces them to possible responses to the problem. For instance, extending from the example given above: “I was wondering if you could think of a few small things that you could start to do differently to help our reduce the building resentment you have for your mother.” It is important that the client chooses small and reasonable strategies that have a relatively high chance of being actually implemented with some success. Clients should develop a list of at least three things that they will try to do differently in the following week before the final session. Information and education can be offered in this process, but not advice (even advice stated as a question, “Have you ever thought of trying....?”)

#### **IV. Evaluation (Session Four):**

In the final session, the counselor-in-training introduces the session by summarizing the Action Plan and asking the client, “Were you able to try any of these things during the week?” The counselor and client then review any changes and the impact to assess (what worked, what did not, what got in the way of attempted change) future strategies. If the client was unable to make changes, then this is reframed as trying to move too fast with goals that were too large, so the goals are revised and scaled down, given the obstacles that were present during the week. Be sure that you end the session a positive note, going over the progress made even if the client did not follow through with their homework successfully.

#### **Exercises:**

Role play up to the point of Tentative Analysis and the development of an Action Plan (try using real life problems that a friend or family member may have had to assure that the details of your problem are real and have meat for the counselor to explore).

**CHICAGO STATE UNIVERSITY  
COUNSELING GRADUATE PROGRAM  
PRE-PRACTICUM CLINICAL LABORATORY  
CLINICAL SKILL EVALUATION**

\_\_\_\_\_ *Counselor's Name*      \_\_\_\_\_ *Observer's Name*      \_\_\_\_\_ *Date*      *Circle One*      *Circle One*  
 1 2 3 4      1 2 3  
*Session*      *Client*

Comment on the following dimensions using listed behaviors/skills as a reference of possible observations. Describe any behaviors that may need improvement or were not displayed. In addition, also comment on skills/behaviors that were satisfactory or outstanding.

<b>1.</b>	<b><i>Use of Self</i></b>	<b><i>Observations</i></b>
	a. Open Body Posture b. Appropriate Voice Level and Tone c. Appropriate Facial Expression: d. Open Body Posture (warm, congruent with topic, nonjudgmental) e. Appropriate Eye Contact f. Appears relaxed	
<b>2.</b>	<b><i>Relationship Skills:</i></b>	
	a. Conveys warmth and caring to client b. Establishes rapport (they have a client) c. Appears genuine d. Ability to engage e. Clearly demonstrates empathy f. Does not appear judgmental	
<b>3.</b>	<b><i>Listening Skills:</i></b>	
	a. Reflects and reacts to client's feelings b. Recognizes/addresses client's covert message c. Able to reflect process, not just content d. Able to integrate feelings and content e. Listens more than talks	
<b>4.</b>	<b><i>Communication Skills:</i></b>	
	a. Avoids giving advice b. Avoids use of closed/content focused questions c. Avoids asking "Why" d. Avoids using clinical jargon e. Avoids dominating or wordiness (less is more) f. Responds well to silences g. Demonstrates appropriate boundaries	
<b>5.</b>	<b><i>Structuring Skills:</i></b>	
	a. Appropriate presentation of Informed Consent b. Opens session well c. Terminates session well d. Uses succinct and timely summarization e. Able to supportively confront f. Able to use tentative analysis/action plan	
<b>6.</b>	<b><i>Conceptualization and Observation Skills:</i></b>	
	a. Understands underlying issues b. Can explain case from a theoretical perspective c. Presents case within a context d. Interventions are consistent with conceptualization e. Focus is on issues and process, rather than content f. Recognizes and identifies issues of transference and countertransference g. Explains case within a multicultural perspective	

**CASE REPORT (Outline)**  
**COURSE (PSY \_\_\_\_)**  
**Semester, Year**  
**Student's Name**

**Name of Client:** (Initials or first name only)

**Dates Seen:** (note whether individual or group)

**Demographic Information:** Age, ethnicity, SES, educational level, occupation, family and living situation, other relevant information

**Presenting Problem:** As represented by the client and/or referring agency

**Behavioral Observations:**

**Mental Status Exam:** Appearance, hygiene and grooming, speech (i.e., rate, volume, cadence), relational style, cognitive functioning (i.e., average, above average, below average), memory, judgment, insight, thought process (e.g., loose associations), thought content (e.g., delusions, hallucinations), affect/mood (i.e., intensity, range of affect, symptoms of depression or anxiety), reported suicidal or homicidal ideation.

**Other relevant observations** including verbal/nonverbal response to counselor and counseling process (e.g., eye contact; open vs. suspicious or guarded)

**DSM IV Diagnosis: (All Axes)**

**Analysis of the Problem:** Underlying dynamics: biological/emotional/familial/economic/interpersonal/cultural constraints impacting the problem

**Counseling Process:**

Counseling Theory(ies) appropriate for conceptualizing this case:

Goals:

Session by Session Description: relationship with client, progress toward goals, session content and process

**Session Content and Goals:**

**Session One – Goals-** Complete the Informed Consent, establish rapport and actively listen.

**Process** - During session one, ...

**Session Two – Goals –** Maintain rapport, listen, and begin to clarify the problem.

**Process** - During session two, ...

**Session Three – Goals** - Present the tentative analysis of the underlying problem. Complete problem solving and develop a plan of action.

**Process** - In this session, ...

**Session Four – Goals** – Evaluate implemented action plan, modify goals as appropriate, review progress, terminate, and refer when needed.

**Process** – In the final session, ...

Note – These will not be summarized session by session when clients are seen on a more long-term basis.

**Recommendations and plan for future sessions:** This includes what you actually plan to do with the client and should address actual theory-driven interventions appropriate for this client's problems and context

**SAMPLE CASE REPORT**  
**PSYC 431**  
**Semester**  
**Name of Counselor-in-Training**

**Name of Client:** S.T.

**Dates Seen:** April 23, April 30, May 6, May13, 2001

**Demographic Information:** S.T is a 47 year-old African American female. She is a graduate student at Chicago State University. She is married and has three sons, ages 7, 15, and 19. S.T. is currently employed as a third grade teacher in a local urban school district. S.T.'s husband recently asked her for a divorce and moved out of the family home. S.T.'s 15 year old son began demonstrating behavior and performance problems at school after his father moved out.

**Presenting Problem:** S.T. presented with symptoms of anger, depression, and anxiety related to her recent separation from her husband. She also expressed concern regarding her ability to concentrate on her school assignments. Her academic performance has deteriorated. She stated that she is behind in her work and is worried that her professors will not be understanding.

**Behavioral Observations/Mental Status:** S.T. is approximately 5'4'' tall and weighs about 180 lbs and appears her stated age. Her hygiene and grooming were good and she was appropriately dressed in all sessions. Her speech was normal in rate, volume, and cadence. Her cognitive abilities and memory appear intact. Her judgment is fair and her insight is good. She did not exhibit any signs of loose associations, hallucinations or delusions. She reported symptoms of depression or anxiety, but denied past or present suicidal or homicidal ideation. S.T. was polite and friendly immediately upon meeting the counselor. Her eye contact was good. She appeared open and comfortable throughout the counseling process.

**DSM-IV-TR Diagnosis:**

Axis I Adjustment Disorder with Mixed Anxiety and Depressed Mood - 309.28

Axis II No Diagnosis - V71.09

Axis III None

Axis IV Marital separation, behavior problems of child

Axis V GAF 70

**Analysis of the Problem:** S.T. is currently experiencing almost debilitating levels of depression and anxiety related her recent separation and impending divorce. She is moving through the stages of grieving and is presently feeling an intense sense of despair and powerlessness. S. T. is demonstrating some irrational thinking that is fed by her grief and depression. She often experiences spirals of negative and catastrophic thinking. She has lost sight of any control she still maintains in her life and expects that events in her life will only get worse. Given her current state of despair and agitation, she has limited energy to support her children in their own pain. She has distanced herself from her sons, which has worsened their behavioral and emotional response to the separation. At the point that S. T. entered counseling, she was convinced that she was a victim and could not do anything to improve the situation of herself or her children. In fact, she was partially invested in allowing herself and the family to disintegrate, in order to demonstrate how badly her husband has hurt the family.

**Counseling Process:**

Counseling Theories: The Cognitive Behavioral theoretical approach seems to be appropriate for assisting S.T. with her concerns. By identifying and challenging cognitive distortions, S.T. will be able to shift from her present position of powerless and defeat. In addition, she can begin to alter behaviors (e.g., staying in bed crying all weekend) that only increase her depression, academic problems, and the emotional strain on her children. In addition to addressing her

individual issues, a family systems approach could be used to stabilize the family system and offer support for the children.

**Session Content and Goals:**

**Session One** – **Goals-** Complete the Informed Consent, establish rapport and actively listen.

**Process** - During session one, the counselor used active listening skills to build rapport and establish trust. The counselor displayed empathy, warmth, genuineness, and maintained eye contact and an inviting body posture. This allowed the client to feel safe in the counseling environment and tell her story. The client responded by expressing her pain and the anger she feels toward her husband, as well as her own feelings of powerlessness. The counselor validated that the client's response are understandable given her situation.

**Session Two** – **Goals** – Maintain rapport, listen, and begin to clarify the problem.

**Process** - During session two, the counselor, continued to build rapport and gain more information from the client. In the session, the client reported being in extreme distress. She stated that she her son had been suspended from school for fighting. She reported extreme anger and said that her son had never had problems in the past. She blamed all of the family problems on her husband and expressed doubts that the situation would ever improve. S.T. also admitted that she sits in her room crying most of the time she is in her home. She indicated that her house is a mess and that she has completed no work for her graduate courses since her husband moved out. The counselor used reflection of feelings to validate the client's reaction to her situation, but also explored how the client's passivity is impacting her family and academics.

**Session Three** – **Goals** - Present the tentative analysis of the underlying problem. Complete problem solving and develop a plan of action.

**Process** - In this session the counselor presented the tentative analysis or confrontation. The counselor identified some of the distorted thinking of the client along with the behavioral and family consequences. In particular, the counselor challenged the total sense of powerless and passivity demonstrated by the client. After being gently confronted, the client agreed that her own thinking and behavior only made the situation worse. The counselor encouraged the client to identify two small changes in her thinking and/or behavior that she could attempt the upcoming week. The client decided to use thought stopping to deal with her negative and catastrophic thinking. She agreed to focus on taking "one day at a time" to decrease her anxiety about the future. She also decided that she would set a goal for each day to keep herself active rather than staying in bed. The counselor supported the goals of the client, but warned that so many goals could lead to defeat. The client then agreed to stay out of her bedroom and take "one day at a time."

**Session Four** – **Goals** – Evaluate implemented action plan, modify goals as appropriate, review progress, terminate, and refer when needed.

**Process** - The goals of this session were to evaluate the homework assignment, terminate, and refer for ongoing support, if appropriate. The client excitedly reported that her week had improved although her husband still wanted a divorce. She admitted that she still struggles with hopelessness, fear, and anger. However, she has developed some tools to take charge of her runaway emotions. She reported that she felt much better when she went to a movie with her sons rather than staying in bed all weekend. She expressed serious concern that she would not maintain her improvements without weekly support. The counselor explored possible sources for continued counseling. The client state that she would visit the university counseling center. At the end of the session, the counselor reviewed the goals and progress of the client, commending her on attempting change in a difficult situation.

**Recommendations and plan for future sessions:** S.T. has made some important steps in addressing her distorted thinking and intense emotional pain. The client has agreed to continue counseling in a more long-term setting. The client will need to continue using cognitive behavioral strategies to address her anxiety and depression. In addition, some family therapy may help the family stabilize at a higher level of functioning.

**CONFIDENTIALITY POLICY**

I understand the sensitive nature of both content and affect as may be disclosed in a counseling/helping relationship such as the counseling laboratory at Chicago State University.

I also understand that it is in violation of professional ethics and standards, as well as departmental policies, to discuss or disclose any part of my client's content or emotional expression outside of said laboratory without express written permission of the client and practicum supervisor. This statement also applies to the confidential use of audio/video tapes.

I also understand that should I violate the above standards, I will be immediately terminated from further consideration as a candidate for the degree or for certification purposes pending and official department hearing.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_

Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_

Date

**Goals of Sessions:**

One: Simply, listen and build a relationship.

Don't interrogate, give advice, try to fix, confront, self-disclose.  
 Notice the feelings and process. Don't get stuck in content.  
 Simply listen, reflect and connect with the client.

Two: Listen and build a relationship. Gain a deeper understanding of the client.

Use reflection and summary to focus on the emotionally intense areas.  
 After the session, develop a Tentative Analysis of what is keeping the client stuck and blocking change. Consider the negative consequences of change for the client.

Three: Summarize and lead into the Tentative Analysis. ( Do this early in the session,)

Back up if the client rejects your hypothesis.  
 After you have developed a shared hypothesis of where the client is stuck, make an Action Plan for instituting one or two small changes

Four: Check in to see if the client was able to make any of the planned changes.

If not, review what got in the way and take responsibility for not predicting the impediments. Then revise the Action Plan based on this new information.  
 If so, have the client review their reaction to the changes. Discuss what worked well and what did not. Make revisions as needed. Predict any expected negative reactions to change and how progress may be sabotaged.  
 Review the progress of the client through summarization. Give them credit for all positive changes. Encourage future growth and refer for support when appropriate.

**Summary of Important Clinical Issues**

**I. Self-Awareness – Monitoring Countertransference:**

Noticing and understanding your reactions to clients

Each of us is human. Despite good intentions, we can respond emotionally to statements or behaviors of our clients. Even hurting people can be afraid of change. These fears can cause them to get upset with you and resist your counseling. Their resistance often feels personal and can stir up our own feelings. It is important to notice and understand your own feelings about clients. Ask yourself how you can use your feelings to help the client (e.g., They may be making other people feel the same way.)

**II. Predict your own reactions**

A. How would you feel when:

- Someone does not want to work with you or stops coming to meetings
- Someone comes late to meetings
- Someone's problems do not improve or relapse
- Someone does not appear to be trying
- Someone wants you to fix their problems
- Someone asks you for money, a ride, to borrow your car, housing
- Someone makes a decision that you truly believe is wrong
- A client misunderstands you and gets upset
- A client cries each time you see him or her
- Someone who yells and becomes angry
- Someone who tells you that nothing you say is helpful

B. \* Sometimes a client talks about problems that we may have experienced or are currently experiencing. Although our experiences may be a helpful reference we must remember:

We never know exactly how another person is feeling.

Their experiences may sound similar, but be different in important ways.

Don't make assumptions, but ask for clarity.

If our emotions are too strongly stimulated, we may lose our perspective and ability to be helpful (Like looking a mirror, we are only able to see ourselves.)

Seek assistance and supervision in these situations.

Remember transference and countertransference!

### III. Tools for maintaining self-awareness

A. Maintaining self-awareness is a discipline that requires external validation.

Supervision

Peer feedback

Review of video/audiotapes

Paying attention to how you are feeling during training, sessions, supervision (What was your experience? What did you want to happen? What was your self-talk?)

B. Signs that you may be in trouble

Constant worrying about your client

Wanting to avoid your client

Angry or irritable feelings toward your client

Feeling depressed, burdened, or overwhelmed

You feel like you are doing all the work

### IV. Listening Skills in the Initial Sessions – Forming a relationship

#### A. Active Listening Skills

\*It is truly a gift to be able to sit and simply listen to someone's pain. Not everyone can do this without jumping in to try and fix things. We want to hear it all without rushing to try and solve all of the problems. While we are listening to our clients, we want to get our agenda out of the way.

#### 1. Listen completely.

You aren't listening when you are thinking about what you will say next

Listen to all that is said through: words, body language, voice tone

Don't jump to assumptions or be quick to judge

Don't interrupt

Don't offer premature advice – wait for the whole story

Listen more than you talk

Notice where they are in pain

Express empathy

Work on building trust (Genuineness, empathy, warmth)

**2. Reflect back what you have heard by paraphrasing.**

Reflect content (details) –

Reflect feelings (Much more powerful)-

Integrate feelings and words

Reflect and clarify what you have heard as an observation rather than a

fact using stems - (Watch for psychobabble or overused stems and encouragers or the Bobble Head)

It sounds like ...

I hear you saying ...

It seems like ...

Could you be feeling ...

After you have listened for a time, reflect back the essence of what you heard

When you speak, speak briefly – less is more (Don't parrot. They know what they said.)

Encourage the individual to respond to your reflection and clarify, if necessary

**B. Avoid communication blockers – “Blah, blah, blah”**

Moralizing, admonishing, warning, threatening, ordering, arguing, lecturing, judging, blaming, evaluating, giving premature advice, psychobabble

**C. Avoid minimizing the situation or their feelings–**

“It's not so bad”, “Don't worry, it will get better,” “You can always try again”

**D. Use of questions**

**Closed questions:** (who, where, when – often does not matter)

Require a yes-no or short response focused on details

When did you get married?

Are you thinking about divorce?

How many children do you have?

**Open-ended questions:**

Requires a deeper and more extended response

What is happening right now?

What things worry you the most?

How is this affecting \_\_\_\_\_?

What was that like for you?

How would you like your life to change?

Use questions sparingly and only open-ended questions

Avoid “why” questions

Avoid interrogation, probing, cross-examination, or prying

(let the client open up to you as they feel comfortable)

**E. Be sensitive to the impact of differences in culture, education, economics, etc.**

**F. Samples Responses for Reflective Listening**

<u>Mirror</u>
<ul style="list-style-type: none"> <li>• “What I am hearing you say is...”</li> <li>• “Did I get that right?”</li> <li>• “Is there more about that?” or “Do you want to tell me more?” (Continue until your client says, “There is not any more for now.”)</li> </ul>
<u>Summarize</u>
<ul style="list-style-type: none"> <li>• “So let me see if I’ve gotten it all...” (Summarizes the essence of what you have heard.)</li> </ul>
<u>Validate</u>
<ul style="list-style-type: none"> <li>• “I understand what you are saying and it make sense to me because...” (If it does not make sense to you, say.)</li> <li>• “Help me understand...” (Ask for clarification of the specific part you don’t yet understand. After you receive the clarification, mirror the new information.”)</li> <li>• Repeat this process until it does make sense.</li> <li>• Remember <b>validation is not the same as agreement</b>. The goal her is to understand something from your client’s perspective.</li> </ul>
<u>Empathize</u>
<ul style="list-style-type: none"> <li>• “I can imagine you feel (or have felt)...” (If your client corrects or clarify what you said, mirror again.)</li> <li>• “Is there more about that?” (Continue until the client says. “There is no more.”)</li> </ul>

**V. Boundaries:**

- Explanation of the boundary concept
- Examples of poor and healthy boundaries
  - Challenges to boundaries when helping
  - Impact of unhealthy boundaries when helping
  - Strategies for maintaining healthy boundaries
  - Recognizing when you are doing too much and the client too little

**VI. Common mistakes in beginning counselors**

- Responding to a sense of urgency to prematurely offer a quick “fix”
- Talking too much and listening too little
- Offering advice before you even know what the person has already tried
- Demonstrating judgment to the person through nonverbals or voice tone.
- Expressing judgment or confronting individual before a relationship has formed
- Thinking that you have to tell the individual everything that you are thinking about them or their issue (You can only confront as much as the relationship can bear. Confrontation must be well timed.)
- Focusing on what you will say rather than listening to the person
- Missing nonverbal communication (body language, voice tone)
- Getting focused on details and interrogating instead of listening
- Asking too many closed questions
- Asking “why” questions
- Taking control of the session and losing the client’s focus
- Getting infected with the client’s hopelessness

**VII. Problem-solving strategies**

- Identify the problem
- Brainstorm possible solutions
- Evaluate possible solutions
- Decide on a solution to implement
- Implement the attempted solution
- Review the impact and revise strategy, if needed

**VIII. Ending the session**

- Prepare the individual before the end of the sessions (“Our time is almost up”)
- Summarize the main point or issues you have heard (Be intentional)
- Ask the individual to observe or do one small thing differently
- Encourage and highlight positive goals

**IX. Identifying appropriate goals and confrontation**

**A. Identifying appropriate goals**

- Ideally, goals will be developed by the client with support
- Goals should be realistic considering all aspects of the client’s life
- Goals need to be broken down into small steps to minimize failure
- Goals should include referrals for ongoing support when needed
- Goals should be sensitive to the family, social, economic, cultural, etc. context
- Make sure the client has information about needed support services, programs, etc.

**B. Appropriate and timely confrontation (Do you really have a client?  
If not, you have one job – get a client!!!!)**

- You can confront only as much as the relationship can bear
- You can confront only as much as the client is ready to hear
- People often respond to confrontation in nonproductive ways;  
defending themselves, attacking back, withdrawing
- Premature or inappropriate confrontation leads to nonproductive response
- The productive response to confrontation is to listen and try to accept what is being said
- Resistant clients can attack and confront us as well

**Sample Feeling Words:**

**Mad, glad, sad, afraid**

Mad	Glad	Sad	Afraid
Abusive	Appreciative	Blue	Alarmed
Agitated	Calm	Broken-hearted	Anxious
Aggravated	Comfortable	Dejected	Apprehensive
Aggressive	Contented	Despairing	Concerned
Angry	Delighted	Disappointed	Confused
Annoyed	Ecstatic	Discouraged	Edgy
Argumentative	Elated	Disheartened	Fearful
Bitter	Exhilarated	Dismayed	Frightened
Disgruntled	Glad	Distraught	Horrified
Displeased	Grateful	Distressed	Insecure
Frustrated	Happy	Down	Jittery
Furious	Joyous	Downhearted	Mortified
Infuriated	Jubilant	Embarrassed	Nervous
Intimidating	Optimistic	Grieving	Overwhelmed
Irked	Overjoyed	Helpless	Restless
Irritated	Peaceful	Hopeless	Scared
Miffed	Pleased	Hurt	Shaky
Resentful	Relaxed	Lethargic	Shocked
Rageful	Relieved	Lonely	Tense
Tense	Satisfied	Melancholic	Terrified
Threatening	Secure	Miserable	Troubled
Upset	Thankful	Pessimistic	Uneasy
Violent	Tranquil	Sorrowful	Unsure
		Unhappy	

### Assessing Suicidal Risk

**If any client is depressed, you must assess suicidal ideation.**

**Symptoms of depression include** (can be assessed with the Beck Depression Inventory):

- Changes in sleep (decreased need or sleep problems)
- Changes in eating
- Lethargy or low energy
- Apathy or lack of motivation (don't feel like doing anything)
- Excessive guilt or negative self-image
- Thought of self-harm or suicide
- Lack of enjoyment in usual activities
- Decreased libido (interest in sex)
- No plans for the future
- Giving away important possessions
- Psychomotor retardation or agitation (thoughts slowed down or sped up)
- Trouble concentrating
- Hopelessness
- Irritability
- Excessive worry

**Be sure to assess if the client uses phrases like:**

- It's too much.
- I can't go on.
- I can't take it anymore.
- I don't enjoy anything anymore.
- It's not worth it.
- I feel so overwhelmed.
- I just want to sleep.

**Until you are more experienced, have your supervisor assist in risk assessment.**

1. Do they have suicidal ideation (thoughts of self-harm)?
2. Do they have a plan for killing themselves?
3. Do they have the means to fulfill this plan?
4. Have they ever hurt themselves in the past or attempted suicide?
5. Do they know or know of someone who has killed him/herself?
6. Have they recently experienced a death or loss?
7. What are their age, gender, and ethnicity?